Synthesis of Regional Financing for Malaria Task Force Recommended Actions

A. Background

The Regional Financing for Malaria Task Force (RFMTF) was established to advise the Asia Pacific Leaders for Malaria Alliance (APLMA) on options for increasing financing for malaria and other communicable diseases in order to meet by 2015 and sustain and improve upon beyond 2015:

- reduction of malaria cases and deaths by 75 per cent from 2000 levels; and
- containment of artemisinin resistant strains of malaria.

The RFMTF is reviewing and updating estimates of funding needs and gaps, reviewing the impacts of proposed changes in the global financing environment, assessing the case for expanding existing or developing new financing mechanisms, and developing options and recommendations to mobilise and channel sustained financing for malaria in the Asia-Pacific region.

The RFMTF collaborates with, and builds upon the work of existing global and regional organizations and networks involved in control of malaria and other communicable diseases to avoid duplication and accelerate progress.

The RFMTF is chaired by C. Lawrence Greenwood, Senior Managing Director of Government Relations, MetLife, Japan. It is comprised of senior policy officials and experts from regional countries with influence and interest in improving access to high quality medicines, diagnostics and other products, together with representatives of regional bodies, multilateral agencies, and donors in Asia and the Pacific with interest and expertise in malaria control.

APLMA convened the first meeting of the RFMTF in Hong Kong on 12th May 2014. A Chairman’s Summary from that meeting provided useful direction in moving towards an Outcome Statement which was subsequently drafted, circulated and discussed in detail during an RFMTF virtual teleconference meeting convened on 27th June, 2014. The Outcome Statement recommendations were broadly agreed to by participants during the teleconference, and were refined and finalized in early July. The Outcome Statement is reproduced in Section B below and further detail on each of the recommended urgent actions is provided in Section C.

B. Meeting outcomes

The Asia-Pacific region has made impressive gains over the past decade in reducing the burden of malaria, particularly because existing tools are effective in preventing, diagnosing and treating malaria. This is also a result of sizeable and stable levels of domestic, multi-lateral and bilateral funding.

While impressive, the gains are not consistent. Four countries may not reach the 2015 World Health Assembly goal of reducing malaria by 75%\(^1\); one is experiencing a resurgence of malaria\(^2\)

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\(^1\) India, Indonesia, Myanmar and PNG

\(^2\) North Korea
while others continue to have a high disease burden\(^3\). Most importantly, the emergence of artemisinin resistant malaria in the Greater Mekong Sub-region puts at risk the gains that have been made to date and may jeopardise further progress in malaria control and elimination in the Asia-Pacific.

The region is at an important crossroads in history and the choices that leaders make today will have a profound and lasting economic and health security impact across the region and indeed globally.

- **The potential for malaria resurgence is high** as national malaria programs are highly dependent on external financing. In the future, the emergence of artemisinin resistant malaria in the region, if not contained and eliminated, could have globally catastrophic public health and economic consequences.

- **Malaria control and elimination efforts need to become more efficient and effective** in response to funding constraints and new funding modalities that shift from an input model to financing results.

- **The region is in a position to contemplate accelerating towards region-wide malaria elimination** which is key to reducing future costs of countries that achieve elimination. Most countries in the region already have individual targets to eliminate malaria in their national plans by 2030\(^4\) or before. Many countries are experiencing strong economic growth and have an opportunity to invest in global public goods that will provide strong domestic returns in a healthy workforce and reduced healthcare burden.

- **External ODA financing for the region has plateaued and is likely to decline as countries move to middle income status**, given a shift in global priorities, the apparent lack of stated policies within the donor community for financing the maintenance of elimination\(^5\), and the expectation that the region should do more to translate its economic success into funding its own needs.

Regional health security and economic growth is at risk if countries in the region scale back aggressive control operations because of declining levels of external funding or complacency and fail to take the initiative for financing malaria interventions from domestic resources.

Some countries have already reduced their reliance on external ODA funding. The Philippines introduced a tax on tobacco which has significantly increased the annual health budget, including for malaria. In Cambodia, Government expenditure on health as a percentage of total government expenditure increased from around 8% in 2000 to 12% in 2010 and has remained stable since. Funding gaps still remain and lower income – higher burden countries will remain reliant on external financing for some years to come.

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2 There was a resurgence of malaria in Lao PDR
3 High burdens in PNG, Timor Leste and the Solomon Islands
4 Lao, PDR and Timor Leste plans are still under development. Solomon Islands has set 2035 for its elimination target
5 Shrinking the Malaria Map, UCSF 2009
The cost of eliminating malaria in 19 countries by 2030 is estimated at $32 billion, while the cost of containing artemisinin resistance in four Mekong Delta countries was estimated at $175 million per year. Countries require assistance to quantify the key funding gaps in order to develop a robust investment case for national and regional elimination and to support decision-making for resource allocation.

Due to the interdependence of nations on each other's communicable disease control, the entire region has an interest in ensuring sustained financing to avoid resurgence and resistance. Regional financing is needed because of the cross-border nature of drug and insecticide resistant malaria and because malaria elimination is both a regional and global public good. Investment in surveillance, political agreements, norms and standards and cross border programs for migrant workers has had a dramatic impact, but these gains are now under threat.

The region must commit to collective action. Only such collective action, with a vision of a region-free of malaria, will be able to mobilize the resources needed to maintain current progress. Region-wide malaria elimination is the rational solution to artemisinin-resistance in Asia, and is key to containing future costs.

**To address these issues the Task Force recommends the following urgent actions:**

1) National leaders commit to a common goal of an Asia Pacific region free of malaria by 2030
2) Increase financing to strengthen and support aggressive, rapid and evidence based responses to artemisinin and insecticide resistance,
3) Establish a regional ‘health security’ fund with a primary focus on malaria to finance priority strategic regional activities, provide support to high-burden countries in the region with least capacity to increase domestic funding and to scale up investment in national programs for malaria control and eventual elimination.
4) Support regional coordination and build national capacities to improve the effectiveness and efficiency of malaria interventions; and
5) Increase private sector participation in both financing and delivering malaria control and elimination

**C. Recommendations**

Regional leaders should commit to a malaria-free Asia Pacific by 2030. There are diverse challenges across the region, from countries with a large contribution to global mortality and cases from malaria, such as India, Bangladesh and Pakistan; to countries with low contribution to global deaths but serious focal challenges, such as Vietnam; to countries nearing elimination (including Bhutan, China, North and South Korea, Indonesia, Malaysia, Philippines, Sri Lanka and Vanuatu). Elimination involves a three-part strategy to: 1) reduce the burden of malaria through aggressive control in the malaria high burden areas; 2) progressively eliminate malaria from the endemic margins; and 3) conduct research to bring forward new malaria control tools.

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6 Prabhat Jha, Ross McLeod, Patricia Moser (2014) Priorities in Financing the Control of Malaria in the Asia-Pacific
7 Global Plan for Artemisinin Resistance Containment, WHO 2011. The four countries were Cambodia, Myanmar, Thailand and Viet Nam. This has since expanded to include Lao, PDR.
We recommend that Asia Pacific Leaders commit to a long-term strategy that would lead to elimination of malaria transmission by 2030 in the region and mobilize the financing needed to implement that strategy. The health and economic benefits of malaria elimination are enormous. Previous analyses by WHO suggest that investing in malaria could reduce the number of cases from 32.7 million to around 7.6 million within 5 years. Deaths from malaria could also decline by 75%. The estimated value of the economic benefits achieved through investment in regional malaria elimination exceeds the costs by a factor of between 1.9 and 4.7. Investment in malaria elimination has one of the highest rates of return of public expenditure and can deliver strong health benefits through fewer deaths and less illness that can be valued at over US$49 billion.

To help achieve the 2030 goal, we recommend the following five specific actions.

**Recommendation 1: National leaders commit resources to a common goal of an Asia Pacific region free of malaria by 2030**

**Definition and scope of the action**

The Task Force recommends the use of existing regional fora such as APLMA to expand and incentivize countries to coalesce around the common goal of malaria elimination from the Asia Pacific region by 2030.

**Rationale**

(i) For most countries, aggressive control measures undertaken during the past decade has brought malaria to low levels – one where elimination is now technically achievable.

(ii) Most countries in the region have already articulated a time bound vision for elimination in their national strategies within the next one and half decades, so the political will is already there.

(iii) Economically, the region’s high growth is conducive to mobilizing increased levels of domestic resources to fight malaria. GDP is estimated to increase by 1-2 percentage points by eliminating malaria.

(iv) History shows that when malaria is brought down to low levels and funding is withdrawn/reduced, countries experience a rapid resurgence of disease and all gains from past investment is lost. The region faces a similar predicament now. Total resources required for a comprehensive response against malaria have been estimated to cost more than $1.6 billion in 2014 alone. Donor financing for malaria control in the Asia Pacific region is likely to decrease, which will require an increasing share to be met domestically and by innovative external financing instruments.

(v) Eliminating malaria (with a priority on Pf malaria in the Greater Mekong Sub-region) is the only strategic choice available to address artemisinin resistant malaria, and would result in a global public good by ensuring that AR is contained and eliminated. This will help to ensure the continued efficacy of artemisinin combination therapy for high burden countries around the world.

(vi) Committing to a region wide goal of elimination by 2030 ensures that there is mutual responsibility and accountability for ensuring that investments in elimination at national level or not undermined through the inactions of one or more bordering countries.
Focused, high level advocacy to impress upon the key decision makers the success of malaria control, the threat of resistance undermining these, and the economic benefits of control are needed. However, we caution that it is not sufficient to simply ask Ministries of Finance for more money for malaria control without commensurate efforts to show more malaria control for the money spent. Current public sector malaria expenditure in the Asia Pacific region is around $280 million per year, mostly through domestic governments, with sizable contributions from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the US President’s Malaria Initiative, the Bill & Melinda Gates Foundation and the governments of Japan, Australia and the United Kingdom. From 2006-2010 external funding represented about half of public sector financing. In addition to public expenditure a large, undocumented amount of financing is derived from private consumption of malaria medicines.

There are several complementary ways for countries to fill the gap between needs and resources. The most important is to raise additional revenues for the program. Previous analyses have suggested that if Asian countries were to allocate 2 per cent of their health budgets to malaria the funding gap would be reduced to around US$685 million from 2013-15 (US$260 million excluding India and China).

**Recommendation 2: Increase financing to strengthen and support aggressive, rapid and evidence based responses to artemisinin and insecticide resistance.**

**Definition and Scope of the Action**

Without accelerated action to address artemisinin and insecticide resistance, these vital tools for fighting malaria will become less effective. With drug resistance already emerging in five countries in the Greater Mekong Sub-Region, the Task Force recommends doubling funding for anti-resistance efforts with a priority being to eliminate P.falciparum malaria from the Greater Mekong Sub-region. It will strengthen regulatory capacity to stop the production, marketing and supply of artemisinin monotherapies, and substandard and counterfeit drugs. It will engage the private sector to deliver high quality assured drugs and diagnostics and will fund operational research to monitor artemisinin and insecticide resistance in partnership with the private pharmaceutical and agricultural industries.

**Rationale**

(i) The region is characterized by multi-drug resistant parasites, abundance of ‘vivax’ malaria, high reliance on out-of-pocket health care spending, counterfeit or poor quality antimalarial drugs, and remote, at risk populations. This calls for a concerted response to tackle these factors contributing to resistance.

(ii) Growing resistance to artemisinin drugs for treatment of malaria and to pyrethroids, used to treat mosquito nets, are both of global concern. Without accelerated action, these vital tools for fighting malaria will become less effective. The emergence of resistant malaria in additional sites, its spread from countries where it has already emerged, or both, jeopardizes malaria control in all parts of the world, possibly predicting increasing death rates. This was the sequence of events which lead to chloroquine resistance, and subsequent increased death rates in Africa.
Greater penalties for counterfeit anti-malarial drugs and more resources toward testing for drug quality are required along with operations research and elimination programs for areas already in the pre-elimination phase.

The Task Force recommends doubling anti-resistance efforts to about $400 million per annum for the following activities: (1) Align the investment with the proportion typically used in private R&D for new drugs (typically about 5-10%); (2) Expand efforts to combat insecticide resistance; (3) Urgently implement and evaluate elimination strategies (including, if needed, more experimental approaches strategies) where resistance already exists; and (4) strengthen enforcement of laws against counterfeit drugs.

Fighting resistance is of global relevance, and constitutes a global public good, and hence its finance needs to attract countries and agencies, not in the region, that would benefit from preserving effective malaria interventions worldwide. As such, the extra spending should be viewed as insurance for other malaria control efforts and resurgence in the region or in Africa.

Besides biological selection in resistance, two major threats exist to the development of effective newer generation artemisinin: monotherapies, which spread resistance to artemisinin faster and counterfeit drugs. At least 37 pharmaceutical companies produce artemisinin monotherapies and market them in 29 countries. Restrictions on monotherapies have had some impact in Cambodia. However, systematic efforts to reduce monotherapies are needed. For example, the Indian government still distributes artemisinin with SP in a blister pack versus a fixed-dose combination, leading to patients taking only one drug and reducing compliance.

Means of engaging the private sector to deliver high quality assured drugs and diagnostics, while driving out harmful monotherapies or substandard drugs, needs to be evaluated with a view to expanding the supply and demand for artemisinin-based combination therapies (ACTs) and influencing supply side market dynamics.

The other major concern is counterfeit drugs. One estimate predicts that counterfeit drug sales will reach US$ 75 billion globally in 2010. It has been estimated that one in five of all malaria deaths are due to drugs which are ineffective. Counterfeit medicines are deliberately mislabelled as branded and generic products that can be toxic and inactive. Surveys have shown that from 38-52% of artemisinin was counterfeited in the region, worsening the burden of disease by decreasing cure rates of malaria and increasing the risk of severe malaria. Aside from counterfeit drugs, there is the challenge of substandard drugs which do not include adequate active ingredients to effectively control disease.

Immediate next steps would involve a feasibility study on a regional fund, pricing and comparisons across countries and careful review of strong central and clear governance (which is particularly relevant to negotiate on behalf of countries).

**Recommendation 3: Establish a regional ‘health security’ fund with a primary focus on malaria to finance priority strategic regional activities, provide support to high-burden countries in the region with least capacity to increase domestic funding and to**
scale up investment in national programs for malaria control and eventual elimination.

Definition and scope of the action

The Task Force recommends the establishment of a regional health security fund with a primary focus on malaria to finance strategic regional actions to accelerate progress towards malaria elimination. The fund could expand over time to address a major, regional, cross border infectious disease such as drug resistant malaria and provide a standing platform to address disease emergencies such as SARS and H5N1, H7N9.

Rationale

(i) Asia Pacific countries face several common challenges that will only be tackled through regional-level coordination of activities and financing. Migrant and mobile populations, counterfeit and substandard antimalarial drugs, and the spread of artemisinin resistance are not country-specific issues, they are cross-border issues; thus, collective action and regional funding are necessary to address them.

(ii) Elimination of malaria is a regional and global public good. As individual countries within the region interrupt local transmission, the importation risk to their neighbors declines, enabling them to focus resources on achieving elimination rather than simply controlling cases.

(iii) Conversely, as countries eliminate malaria within their borders, they continue to face the risk of resurgence from imported cases, and must maintain robust investments in surveillance and outbreak preparedness. It follows that if any single country is unwilling or unable to fully finance its malaria program, all countries in the region will suffer.

(iv) Establishing a regional fund would facilitate collaboration among countries, incentivizing cross-border initiatives to reach mobile populations and prevent the spread of artemisinin resistance, joint efforts to regulate antimalarial drug sales, operational research, and pooling of resources to procure commodities and ensure there are no disruptions in interventions due to lack of funding. Such a fund already exists in other regions—for example, the Gulf Cooperation Council established a Malaria Control Fund in 2006 to support control, elimination, and prevention of reintroduction activities in the region.

The Task Force recommends Asia Pacific Leaders to establish a Regional Health Security Fund. The priority for the fund is to reduce malaria in the region, with coordination among countries, so as to give benefits to all countries. A successful fund can be used as an existing platform for subsequent expansion to other priority and emergency disease responses.

Pilot efforts on novel financing mechanisms that contribute to the fund should be encouraged. A variety of fundraising instruments and sources of financing have been assessed for their applicability to achieving the goals of malaria elimination and ability to be implemented at scale. They should generate predictable and sustainable financing, but not displace existing funding commitments and do not involve high transaction costs to implement. See Annex I for a summary of these financing options.
Studies of current efforts to implement innovative specific mechanisms elsewhere should be incorporated into consideration of the applicability and adaptability of such mechanisms to the Asia Pacific. Lessons learned from other such efforts should be studied, synthesized, and considered for the regional health security fund.

**Recommendation 4:** Support regional coordination and build national capacities to improve the effectiveness and efficiency of malaria interventions

**Definition and scope of the action**

The Task Force recommends supporting and facilitating regional coordination and collaboration to ensure that affordable, cost-effective and cost-saving interventions are available to the region. In addition, assistance should be provided to countries to ensure effective and efficient uptake of the interventions.

**Rationale**

We caution that not only is more money needed for regional malaria elimination, but that, with the money spent, malaria elimination should be accelerated with greater coordination across countries and greater program capacities within countries.

(i) The primary malaria interventions currently in use (LLINs, RDTs, ACTs and insecticides) are very cost-effective, representing excellent value for money. However, weak supply chains, poor regulation of the quality of antimalarials and other malaria technologies, and fragmented information systems that result in poor stratification and targeting of interventions all undermine malaria control and elimination efforts.

(ii) As external funding declines, there is an even greater need to ensure that the most effective combinations of malaria interventions are used in the most efficient manner possible, with maximum effort directed at preventing drug and insecticide resistance and promoting their sustainability. This requires enhanced and robust surveillance systems that rapidly produce reliable, stratified epidemiological data to inform the targeting of interventions, map risk areas and groups, and identify and rapidly mobilize resources to respond to outbreaks.

(iii) A strong monitoring and evaluation system to measure program effectiveness is essential to demonstrate to governments and development partners the program’s value for money, document successes and challenges, and determine prospects for elimination. However, many countries in the region currently lack the infrastructure and human resources capacity to meet these needs, and most external support and government financing is directed toward commodities such as LLINs and insecticides rather than national capacity building and overall health systems strengthening.

Regional financing can play a substantive role in improving the effectiveness and efficiency of malaria interventions. One approach worthy of exploration is the adoption of new funding schemes; results based financing (RBF) presents has been discussed as such. Whereas current malaria donor funding uses input accounting that focuses on the procurement and distribution of key commodities (e.g. mosquito nets), RBF structures emphasize results and accountability; disbursing retroactive payments only when agreed-upon performance targets are achieved. This incentivizes
greater efficiency, coordination, and deployment of the most effective interventions, and reduces the transaction costs associated with reporting on multiple input measures across external financiers. The emphasis on achieving results also requires substantial expansion of surveillance systems to track progress toward milestones, and places responsibility for reprogramming decisions at the national level rather than with specific donors. Lessons can again be learned from other regions. For example, the Global Fund is currently supporting a $10M fund for Elimination of Malaria in Mesoamerica and Hispaniola using a cash-on-delivery model for 10 countries.

Annex I outlines additional sources of funding outside traditional donor and bilateral funding organizations and government financing and their applicability to malaria elimination.

Although new mechanisms for fundraising and sources of financing should be sought, contributions from domestic governments should serve as the foundation for building robust malaria programs. A sizable portion of funding for malaria efforts in Asia Pacific countries comes from domestic government resources rather than external donor financing and continued domestic government funding should be encouraged to support activities that contribute to regional malaria elimination. Given strong economic growth in many countries within the region, some may be well positioned to participate as ‘emerging donors’ in the regional landscape (e.g. Brunei, Malaysia, South Korea, Taiwan), playing leading roles in supporting region-wide goals.

**Recommendation 5: Increase private sector participation in both financing and delivering malaria control and elimination**

**Definition and scope of the action**

The Task Force recommends aggressively engaging the private sector to develop innovative financing mechanisms and ensure that malaria control and elimination policies and activities align with those of the public sector.

**Rationale**

(i) There is considerable potential for private sector entities as a funding source for regional malaria control and elimination. This is particularly true for private companies (e.g. in tourism, infrastructure development, and mining) whose work sites are often in remote, high-transmission areas and whose productivity is directly impacted by malaria incidence.

(ii) One non-traditional source of private sector financing are corporate social responsibility strategies (CSR), in which companies provide commodities and services (e.g. rapid diagnostic tests, LLINs) directly to employees at no cost. In Myanmar, for example, TOTAL Oil and Gas Company runs a malaria control program for workers on a pipeline along the Thailand border, focusing on detection, treatment, and prevention efforts.

(iii) Financial contributions may also be sourced from private companies that provide services that are relevant to national malaria programs, such as software and mobile phone companies, which can provide supportive services for country surveillance systems.

In many countries in the region, the drivers of economic growth, such as large-scale infrastructure projects, can also facilitate malaria transmission. Thus, there is a need for synergy and early coordination of activities between the private and public sectors to address the health security of the workforce and surrounding communities.
In order to encourage private sector contributions, more evidence is needed to build a strong business case for employers showing that the benefits of CSR are reflected in their bottom line profitability, particularly in light of the fact that the region-wide incidence of malaria has substantially declined in recent years. The current extent of private sector involvement in the delivery of malaria programs should be assessed in all countries in the region, and private industry's potential financial and material contributions to national malaria targets should be appraised. Mapping exercises have been carried out in Cambodia and Myanmar to identify risk areas and populations, assess gaps in services and identify opportunities for private sector engagement. Similar exercises should be carried out in other countries in the region to strengthen the evidence base for private sector effectiveness in malaria control and elimination.

Philanthropic funding is becoming increasingly important for development programs. There are a number of major foundations, such as the Gates Foundation, the Rockefeller Foundation, and the Ford Foundation, that have a special role in the global community because of their size and focus on health. In addition, there are several smaller foundations and other philanthropic funding agencies that contribute to global health (e.g. the MacArthur and Hewlett Foundations) who respond to targeted engagement.

It is important to recognize that the private sector is not just a source of funding, but also a critical partner for implementing malaria interventions, providing services, and maintaining the efficacy of malaria drugs through participation in regulatory and quality assurance mechanisms.
**Annex I. Applicability of financing mechanisms and sources of financing to malaria elimination**

<table>
<thead>
<tr>
<th>Financing mechanism</th>
<th>Scale</th>
<th>Predictability</th>
<th>Sustainability</th>
<th>Additionality</th>
<th>Transaction costs</th>
<th>Applicability score and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New approaches to fundraising</strong></td>
<td></td>
<td></td>
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<tr>
<td>Market financing/ debt-raising mechanisms</td>
<td>✓</td>
<td></td>
<td></td>
<td>High</td>
<td></td>
<td><strong>Applicable</strong> – greater potential where more developed financial markets</td>
</tr>
<tr>
<td>Debt-conversion mechanisms</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>High</td>
<td></td>
<td><strong>Not applicable</strong> – low debt for eliminating countries</td>
</tr>
<tr>
<td>Endowment funds</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>High</td>
<td></td>
<td><strong>Applicable</strong> – large upfront investment needed</td>
</tr>
<tr>
<td>International earmarked taxes</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>High</td>
<td><strong>Marginally applicable</strong> – can be applied at national levels</td>
</tr>
<tr>
<td>Regional funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Applicable</strong> – provides an opportunity to fund cross-border activities and regional public goods and goals, but requires additional fundraising mechanisms</td>
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<tr>
<td><strong>Additional sources of fundraising</strong></td>
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<tr>
<td>Private sector</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td><strong>Low</strong></td>
<td><strong>Applicable</strong> – resources from specific industries (tourism, water management)</td>
</tr>
<tr>
<td>Major foundations and philanthropy</td>
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<td></td>
<td></td>
<td><strong>Applicable</strong> – resources at both global and national levels</td>
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<tr>
<td>Emerging government donors</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td><strong>Applicable</strong> – represent untapped and important source of funding, especially for regional financing.</td>
</tr>
<tr>
<td>Voluntary contributions</td>
<td>✓</td>
<td></td>
<td></td>
<td>High</td>
<td></td>
<td><strong>Marginally applicable</strong> – limited experience to date</td>
</tr>
<tr>
<td>Domestic government contributions</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td><strong>Applicable</strong> – resources at the national level should lay the foundation for malaria programs</td>
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</tbody>
</table>