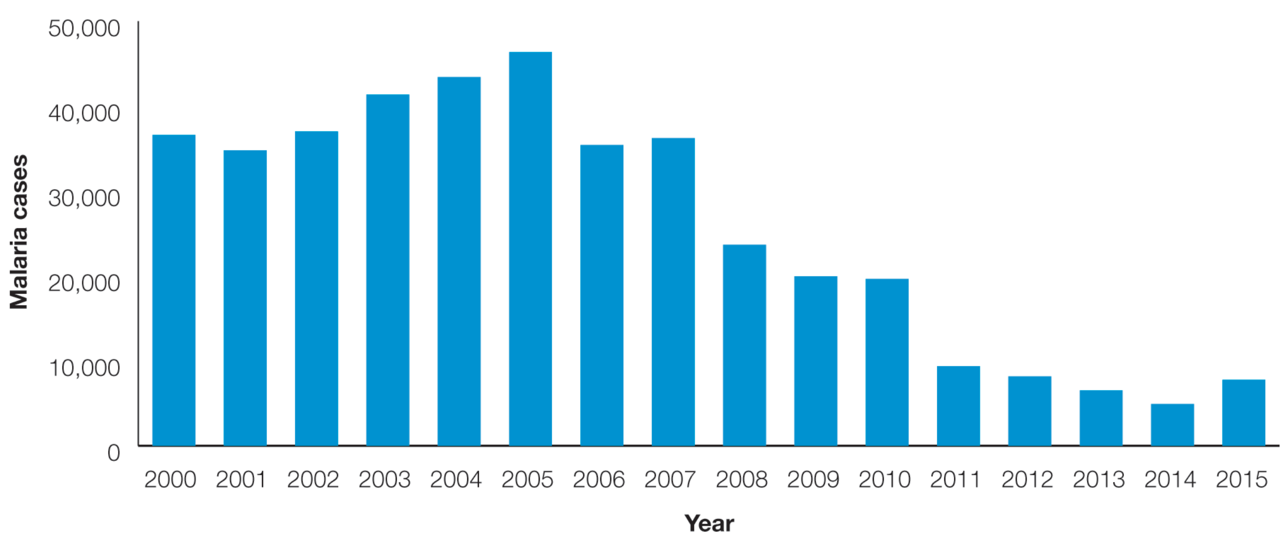
Investing in malaria elimination in the Philippines

Allocating domestic resources to accelerate malaria elimination produces robust economic benefits

Overview

- The Philippines has made great progress in controlling and eliminating malaria using a provincial stratification strategy. Since 2005, malaria cases and deaths have dropped by 83% and 92% respectively, and 17 provinces have successfully eliminated malaria, positioning the Philippines to reach its national elimination goal by 2030.
- Despite success, the malaria program faces declining donor assistance and competing disease priorities that threaten national momentum toward elimination. If activities are not sustained, progress in eliminating malaria will stall, or worse, reverse, resulting in a costly and deadly resurgence. **A five-year resurgence could cost approximately USD 1.55 billion** in excess healthcare spending, foregone income from lost productivity, and increased out-of-pocket household expenditures.
- The benefits of malaria elimination far outweigh the costs. In 2015, **the estimated total cost of malaria activities was only USD 1.03 per capita**. Investing in malaria is one of the best investments regions and provinces can make, generating a **strong return on investment of more than 13 to 1**.
- Committing additional domestic financing will ensure efforts against malaria and unabated progress towards a malaria-free Philippines are sustained.
- Malaria program managers at local, provincial, and regional levels should increase their budgetary allocations to ensure that elimination targets are achieved and reintroduction is prevented:
    - Provinces can increase budgetary allocations to strengthen local health system capacity for surveillance.
    - Regions can increase budgetary allocations to assist Local Government Units (LGUs) in their malaria elimination initiatives and decrease reliance on central Department of Health (DOH) sub-allotments.

Figure 1. National malaria incidence, 2000-2015



The Philippines is on its way to eliminating malaria by 2030

The Philippines has embarked on a sub-national approach to malaria elimination, with great success. As of 2016, 32 provinces are malaria-free and the NMCEP aims to add ten more to this list by the end of 2017. The number of provinces with zero indigenous cases in 2016 was 41, bringing the total number of provinces that are malaria-free or have zero indigenous cases to 73. Due to epidemiological stratification, strong financial and political commitment, and targeted interventions, national malaria incidence has declined significantly in the last decade. Between 2005 and 2015, there has been an 83% reduction in malaria cases and an 87% decrease in malaria-related deaths (Figure 1).

The Philippines' remarkable gains against malaria have been buoyed by substantial investments from the DOH National Malaria Control and Elimination Program (NMCEP) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). Key investments were made in human resources, capacity building, improved vector control, and robust surveillance systems for monitoring and reporting cases.

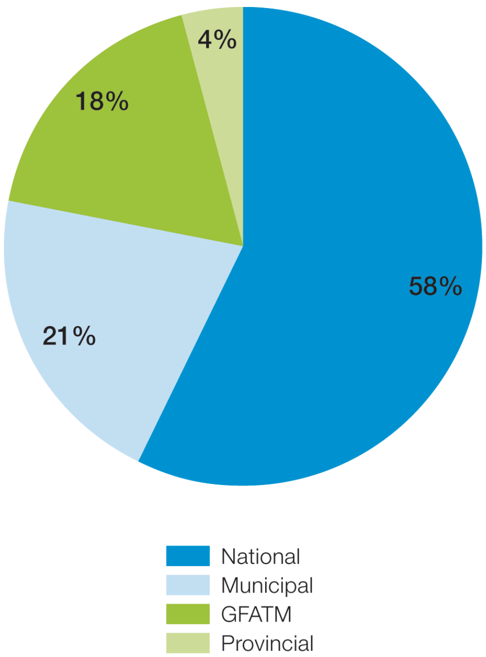
Sustained efforts are required to maintain progress and reach zero

Despite progress towards elimination, the Philippines faces challenges in achieving its elimination goals and has, at times, become a victim of its own success. To reach countrywide elimination by 2030 and prevent reintroduction in malaria-free provinces, appropriate funding and revitalized political commitment are paramount, particularly at a time when national focus on malaria is waning and external donor funding is declining. Although eliminating countries like the Philippines have relatively low burdens, they require significant investment in the short-term to build and maintain robust surveillance systems and train cadres of health workers to recognize, report, and respond to cases in a timely and effective manner. These upfront investments will elicit cost savings and health dividends in the future by preventing onward transmission of malaria.

The Philippines currently covers the majority of its program costs (82% in 2015) but receives approximately USD 5.9 million per year in external funding from the Global Fund for the 13 highest-transmission provinces (Figure 2). The Philippines has also benefited from incremental revenue generated by the Sin Tax on tobacco and alcohol for the overall health budget, contributing roughly USD 16.78 million in 2016 to the elimination of several diseases that pose a public health threat—including malaria. However, the sustainability of this funding is uncertain, and financing is currently insufficient to meet the intensified financial requirements of elimination.

Based on our findings, the malaria program in the Philippines will face a financial gap between 2016-2020. In order to sustainably fund malaria elimination and POR efforts through the 2030 elimination target and beyond, additional domestic resources are required.

Figure 2. Distribution of malaria program costs by source (2015)



The risk of resurgence is real

After a decade of consistent progress in defeating malaria, the Philippines experienced a setback in 2015: malaria cases increased by 63% and deaths by 68%. The province of Palawan has had the most dramatic surge in cases, experiencing a 105% increase from 2014 levels. The increase in cases is linked to abrupt changes in the malaria program, which created programmatic challenges including delayed release of budgets and scaling down of interventions.

As with Palawan's recent surge in documented cases, malaria resurgence events worldwide have historically been associated with a weakening of the national program. More than half of documented malaria resurgences worldwide have been attributed to resource limitations. A break in funding for malaria activities in the Philippines could lead to a critical reversal of progress. A five-year resurgence scenario peaking in 2017 could cost the Philippines an estimated USD 1.55 billion.

The relatively low cost of achieving a malaria-free Philippines and the return on investment make malaria a 'best buy'

The cost of current activities to fight malaria is minimal: **an estimated USD 1.03 per capita was required to fund all malaria elimination and control activities in the country in 2015**. Every dollar spent on malaria elimination and preventing a malaria resurgence generates USD 13 in financial and economic benefits. Sustaining investment in malaria programming results in major cost-savings to the Philippines health system and strengthens healthcare delivery. Getting the Philippines to malaria-free status is good for business, economic development, security, and the livelihoods of all Filipinos.

Required investments and actions to achieve elimination are attainable

The Government of the Philippines at central, regional and provincial levels can ensure the success of malaria elimination by 2030. Decision-makers—including those in planning, health programming, and budgeting—can ensure sufficient allocations for malaria are included in the next annual budget. A few concerted actions by decision-makers will position the Philippines to continue on its path to a malaria-free future: while preserving the national malaria budget for commodity procurement and other centralized program expenses, sub-national budgets can be augmented to fill the gaps. Costing the required activities to achieve and sustain elimination by provincial target dates can serve as the basis for effective, evidence-based budgeting.

Actions for malaria control and elimination program staff

DOH NMCEP to:

- Maintain a national budget sufficient to support and complement all regional, provincial, and LGU elimination activities.
- Provide technical support to Regional Offices to link requested budget to a costed elimination plan.
- Impress the value of investing in malaria elimination upon Congress, the Department of Finance, and the Department of Budget by providing evidence of how past support has contributed to a decline in malaria burden and economic benefit.

DOH-Regional Offices to:

- Increase regional budgetary allocations to assist provinces and LGUs in making progress toward their elimination goals and ensure regional sustainability by limiting central DOH sub-allotments.

Provincial Health Offices to:

- Increase provincial budgetary allocations to ensure provinces and LGUs have adequate resources to finance all necessary activities to achieve their elimination goals and prevent reintroduction.

Actions for national, regional, and provincial leaders and politicians

- Support budget allocations at each respective level of government that is sufficient to support and complement all elimination activities and efforts.
- Champion the success of the NMCEP and provinces that have eliminated malaria or are making substantial progress, while calling for sustained vigilance and financial support when speaking to the media, multi-sector partners, and constituencies.

The **Malaria Elimination Initiative (MEI)** at the University of California, San Francisco (UCSF) Global Health Group believes a malaria-free world is possible within a generation. As a forward-thinking partner to malaria-eliminating countries and regions, the MEI generates evidence, develops new tools and approaches, documents and disseminates elimination experiences, and builds consensus to shrink the malaria map. With support from the MEI's highly-skilled team, countries around the world are actively working to eliminate malaria—a goal that nearly 30 countries will achieve by 2020.

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