

World Bank Booster Program for Malaria Control in Africa

BACKGROUND

Malaria is a preventable and treatable disease. Yet, it remains a major challenge to achieving several of the Millennium Development Goals (MDGs) in Africa. Every year, malaria infects more than 500 million people globally and is responsible for over one million deaths a year, 90% of them occurring in Africa. Malaria is a leading cause of death among children under the age of five. In addition to this devastating human toll, the mosquito-borne disease has an enormous “tax on development”—it is estimated to cost Africa about US\$12 billion annually in direct costs and lost productivity, slowing GDP growth by as much as 1.3% per year.

In response, the World Bank revitalized its efforts in 2005 by launching the Booster Program for Malaria Control in Africa. With a 10-year horizon, the Program translates the Bank’s global strategy for malaria control into a concrete plan within the framework of the Roll Back Malaria (RBM) Partnership and is a contribution to achieving the Abuja Targets. It supports country-level efforts to deliver concrete and measurable results and works with countries to address health systems bottlenecks to achieve the targets of their national malaria control plans. During the initial three-year “Phase I” of the program (2005-2008) financing for malaria control in Africa has increased to more than US\$460 million in International Development Association (IDA) resources and trust funds, in projects across 18 countries and one sub-region. This commitment represents a 9-fold increase from the approximately US\$ 50 million the Bank committed from 2000 to 2005.

The Booster Program has a two-pronged approach:

- Supporting rapid scale-up of proven malaria control interventions; and
- Supporting country efforts to build capacity within their national health systems by strengthening procurement and supply-chain capacity, M&E and health planning.

FOCUS ON RESULTS

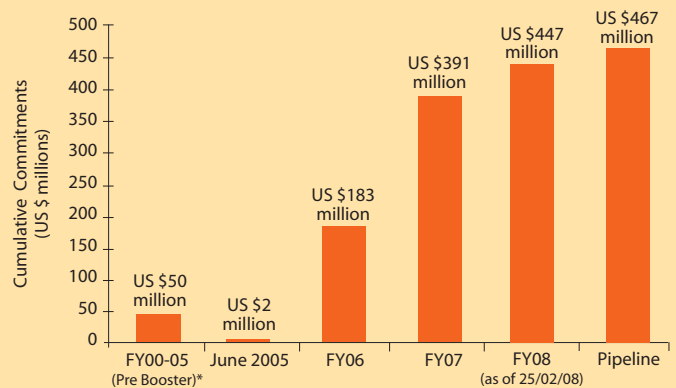
The program ensures effective monitoring and evaluation (M&E) through comprehensive and tailored M&E plans that are included in the initial project design. The World Bank and its partners have worked together to develop a Malaria Scorecard for tracking dollar investments and coverage progress for key interventions. The Bank is also working with partners to augment the Scorecard with a joint tool through the development of a Data Warehouse that all partners and countries can use to track progress and results to facilitate project planning.

After three years, the Booster Program is already contributing to the global effort to bring malaria under control in Africa. For example, in Zambia, 44



Backing Promises with Actions: Booster 500

Malaria Booster Program Lending in Africa
FY00–FY08



*Prior to the Booster Program, malaria-specific financing was not tracked, so only very rough regional estimates are available.



THE WORLD BANK

Status of Booster Projects in the Booster Program

Board Approved	Amount (US\$ million)	Board Dates
Eritrea	2	Jun 2005
D.R.Congo	30	Aug 2005
Zambia	28*	Nov 2005
Niger	10	Jan 2006
Burkina Faso	12	Apr 2006
Ethiopia (MDG TF)	21.5	May 2006
Benin	31	Jun 2006
Senegal River Basin (Regional)	42	Jun 2006
Malawi	5	Jul 2006
Senegal	5	Nov 2006
Nigeria	180	Dec 2006
D.R.Congo (Emergency Urban and Social Rehabilitation Project)	13	
Ghana	10	Jul 2007
Tanzania	25	Jul 2007
Kenya	4	Jul 2007
Ethiopia Additional Financial Package	12.2	Dec 2007
Southern Sudan (MDTF)	16.5	N/A
Northern Sudan (MDTF)	1.2	N/A
Total to Date	448.4 million	

FY 2008 Pipeline

(indicative amounts subject to change)

Project	Amount (US\$ million)	Board Dates
Kenya	4.0	TBD
Mozambique	15**	TBD
Total FY06-08	467.4 million	

* Includes US\$8 million in IDA co-financing by the Russian Federation

** Includes US\$7 million in IDA co-financing by the Russian Federation

Estimated population living in Board-approved Project areas:

Total population: 254 million

Children under five: 44 million

Pregnant women: 11 million

percent of households now have at least one insecticide-treated bednet—from less than 5% just 3 years ago. In addition, 62% of pregnant women now receive preventive malaria treatment, tripling the coverage from 3 years ago; (b) in Ethiopia, over 90% of households now own at least one bednet—from less than 5% just four years ago. Recent data suggest that the number of malaria cases has sharply declined; (c) in South Sudan, US\$10.9 million worth of long-lasting bednets, malaria treatments, water purification, and oral re-hydration therapy are on their way; (d) Finally, in Benin, about 1.4 million nets were distributed through a national bednet campaign in October 2007. This delivery was Benin's largest net distribution in history.

During its initial phase, financing under the program is expected to help distribute more than 21 million long-lasting insecticidal nets (LLINs) and provide more than 42 million doses of artemisinin-based combination therapy (ACT). The Bank also is also financing indoor residual spraying where appropriate. About 254 million people—including more than 44 million children under age five and nearly 11 million pregnant women—are living in areas covered by Board-approved Booster Program projects.

The program is supported at the regional level by the Malaria Implementation Resource Team (MIRT). At the country level, World Bank Task Team leaders are responsible for leading the dialogue with governments and assisting them in implementing Booster Projects.

MOVING FORWARD

The battle against malaria has intensified with partners and countries committing to the ambitious agenda of eliminating and even eradicating malaria in the longer term. In addition, the commitment by the global malaria community to achieving the RBM targets by 2010 calls for a massive scale-up effort of malaria control interventions which will require significant 'front-loading' of resources. In light of this new landscape, the World Bank, in close collaboration with partners and countries, has now embarked on the development of the second phase of the Booster Program, spanning from 2008–2015. Partners and countries agreed that the Bank needs to remain strongly engaged and build on the leadership role it has played during the first phase of the program. They also expect the Bank to capitalize on its comparative advantages in implementing large-scale regional programs to benefit malaria control while strengthening health systems. In this context, the Bank is working with partners to strengthen harmonization efforts and to mobilize resources needed to scale-up for impact and sustain progress. Already, the Bank has secured support from donors such as the Russian Federation and is working to engage other emerging partners in the fight against malaria.

As Tedros Adhanom Ghebreyesus the Honorable Minister of Health of Ethiopia and Chair of the RBM Board Partnership rightly said, "To truly bring malaria under control, we must begin to treat Africa as an island. We've made remarkable progress in some countries over the past few years, but many are being left behind. Malaria does not respect borders, and it's time we find a way to eliminate malaria as a public health threat across Africa, building on the good work that individual countries are doing. We need to take the nets and drugs to continental scale, and quickly, to break the back of transmission in Africa and free up scarce resources in the health system to tackle other pressing concerns."