Roll Back Malaria

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Responsible Network and Sector: HDNVP
Recipient Agency: World Health Organization
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Financial Arrangements for FY07 (Amount in US $ Million)

<table>
<thead>
<tr>
<th>Total Budget:</th>
<th>12.00</th>
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<tbody>
<tr>
<td>DGF Funding Request:</td>
<td>1.00</td>
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<tr>
<td>DGF Percentage:</td>
<td>8%</td>
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</tbody>
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Objectives and Expected Outcomes

Malaria is endemic to the poorest countries in the world, causing over a million deaths and up to 500 million clinical cases each year. About 90% of the deaths occur in Africa; most are children aged less than five years. The financial need for malaria control has been estimated at about US$3 billion per year. The Roll Back Malaria (RBM) global partnership was founded in 1998 by WHO, UNICEF, the World Bank, and UNDP, with the objective of halving the malaria burden worldwide by the year 2010. This goal will be achieved by scaling up a set of core interventions, including rapid effective treatment at the community level, controlling the malaria vector (the mosquito) through the use of insecticide-treated bed nets and indoor-residual spraying (where appropriate), prevention of malaria during pregnancy, and epidemic preparedness and response. Additional RBM goals include achieving the Millennium Development Goal (MDG) for malaria and contributing to the MDG for child mortality.

RBM has now shifted its focus to the facilitation of partner’s efforts to support the implementation of RBM strategies on a national scale in endemic countries. The DGF grant will be utilized to (i) strengthen the partner coordination managed by the RBM Secretariat; (ii) facilitate support for implementation of the RBM strategy at the country and regional levels; and (iii) mobilize technical assistance to facilitate countries’ access to new financing for scaling-up for impact – including, but not limited to, the World Bank’s Booster Program for Malaria Control, the Bill and Melinda Gates Foundation-supported MACEPA Project, the Global Fund for AIDS, TB, and Malaria and bilateral agencies (USAID, CIDA, DFID, and others)

Main Components

The following activities are planned for 2006/07: (1) Follow through to ensure that countries implement key elements of the Global Strategic Plan for 2005-2015, which was launched in November 2005. (2) Intensify support for sub-regional networks, which in turn support implementation in high- and medium-readiness countries. (3) Continue coordination of technical support to countries that have committed to rapid scaling-up of interventions with support from World Bank, GFATM, MACEPA, and others (countries include, but not limited to: Zambia, Benin, DR Congo). (4) Support Global Advocacy Plan to raise the profile of RBM activities (and of malaria control generally). (5) Continued facilitation of existing partnerships in developing new tools for malaria. (6) Strategies developed and adopted to increase private sector and NGO participation in RBM. (7) Partners’ consensus on the RBM partnership operational framework reached. (8) Number of high-readiness countries in all regions that are scaling-up RBM interventions increased. (9) Continued increase Malaria integrated into country health sector review and planning in six countries. (10) Continued and expanded operationalization of the “Malaria Medicines & Supplies Service”. (11) Explore options to increase access to effective antimalarials among the poor.
### Performance Indicators

(i) Countries assisted in the implementation of RBM strategic plans for impact.  (ii) Countries assisted in developing, updating, and implementing rational anti-malarial drug policies within the context of national essential drug programs.  (iii) Countries assisted in scaling up the use of insecticide-treated bed nets.  (iv) Countries supported in implementing the RBM monitoring and evaluation framework.  (v) Countries supported in going to scale with implementation of Integrated Management of Childhood Infections (IMCI).  (vi) Countries that have integrated malaria control activities into annual health sector plans and have allocated sufficient resources for implementation of those plans.

### Progress and Achievements

1. Functioning RBM Partnership Board, with further strengthening to be done in line with the outcomes of ongoing consultations among all partners. The consultations are underway as of May 2006.  
2. Global Strategic Plan was agreed and published in 2005.  
3. Global working groups have been established and are functioning to produce strategic frameworks to guide efforts to scale-up malaria control interventions in the following areas: Case Management, ITNs and vector control, Monitoring and Evaluation, Finances and Resources, Malaria in Pregnancy.  
4. Countries have been assisted in coordinating country RBM partnerships to ensure that the comparative advantages of multiple partners are brought to bear at country level.  
5. Sub-regional networks established in four regions in Africa to facilitate country level planning to mobilize support.  
7. Malaria Medicines and Supply Service continues to provide intelligence services to partners.  
8. Maintain RBM website and web-alerts used as primary sources of communications.  
9. RBM Secretariat facilitated communications among partners in jump-starting a first set of operations under the Bank-financed Booster Program for Malaria Control in Africa.

### Partners

WHO, UNICEF, UNDP, malaria-endemic countries, official bilateral donors, Gates Foundation, corporations, NGOs, academia.

### Governance and Management

RBM is coordinated by a Secretariat located at WHO headquarters in Geneva. The Secretariat engages relevant partners on various aspects of RBM and mobilizes and coordinates the support provided to countries. It oversees four key areas: global advocacy and communication, partner coordination, country support, and resources and financing. An RBM Board was established in 2002 to develop and monitor the activities of the Secretariat. The Board sets the goals and objectives of RBM partnership, approves the Secretariat’s workplan, and coordinates the input of partner agencies. The Secretariat reports on overall progress to the Board, which is accountable to the broader partnership through bi-annual Partners' Forums. The Bank holds one voting seat on the Board. RBM uses working groups to develop and refine technical strategies for going to scale. Interagency Coordinating Committees in each country develop annual workplans and determine requirements for technical and programmatic assistance. Four African sub-regional networks, which are extensions of the RBM Secretariat, assist with planning and coordinating external support to countries scaling up RBM interventions.

### Exit Strategy

The Bank has acknowledged that this program will involve a long-term engagement by the Bank. It has transitioned from Window 2 to Window 1. The launch in 2005 of the Bank’s Global Strategy and Booster Program to Control Malaria marks the Bank’s long-term commitment to the fight against malaria and underscores the need for sustained RBM Secretariat support. An independent evaluation will be done in 2008.