



APPENDIX 5

High-Impact Partnerships: Private Sector and Civil Society

As there are transaction costs to working in partnership, the benefits of so doing need to be clear. The reasoning behind this strategy is based on pragmatism. Without partnering with the formal and informal private sectors, as well as with civil society, the Bank will be unable to leverage their capacities to support substantial increases in coverage, which is critical to reducing disease transmission, morbidity, and mortality. In addition, given the increasing financial demands for malaria control worldwide, coordination and cofinancing will be key. The Bank will leverage complementary investments by committing resources, identifying unmet needs, and supporting ownership and dialogue around common implementation strategies. Global-level partnerships will be useful to the extent that they support country operations and help to achieve measurable impact at reasonable transaction costs.

The Private Sector in Malaria Control

Three layers of for-profit private sector will be engaged: (i) global providers for inputs such as ACTs and ITNs, (ii) international or local companies that employ large numbers of people in malarious affected countries, and (iii) health service providers, formal and informal. Each layer will have particular contributions to be extracted and needs to be fulfilled.

- Global providers need reliable forecasts. The Bank will have a regular dialogue to exchange information that has an impact on their forecasting. The new service, based at the RBM Secretariat called Malaria Medicines and Supply Service, aims to provide this function, but strengthened collaboration with the Bank's procurement specialists and the IFC is needed.

Rolling Back Malaria

- Large companies operating at the country level could become allies in the fight against malaria, offering treatment to their employees, their families, and communities. There are analogies to the role this part of the private sector plays in the fight against HIV/AIDS, and examples already exist relating to malaria. As part of its Chad-Cameroon Development Project, ExxonMobil protects project workers and their families with a strong malaria prevention and treatment program.²¹
- The informal health sector is the major supplier for malaria treatment in most countries. In the absence of adequate regulation and enforcement, what can be done to supply effective, good-quality medicines at prices affordable to the poor, through these informal channels? Issues such as pricing, financial incentives, distribution mechanisms, quality assurance, and counterfeiting come to mind. Educating and empowering consumers is an important aspect in this regard.

Civil Society and Malaria Control

At the country level:

- Not-for-profit health care providers (NGOs, faith-based providers, and others) are already providing the majority of malaria control services, particularly in Sub-Saharan Africa. Linkages with national malaria control programs and with district implementation plans, however, are weak. Empowerment of local communities is key, starting with goal setting and monitoring of results in a practical and meaningful way. Nonprofits should have flexibility to channel funds to the providers that deliver results.
- Include local civil society in the top-level dialogue as much as possible, with an explicit understanding that the goal is to achieve measurable improvements in morbidity and mortality due to malaria through effective interventions.

At the global level:

- Maintain stakeholder dialogue at the global level throughout the strategy development and implementation process.

- Meet with global civil society leadership around country-specific projects and operational topics to ensure linkages with local counterparts where applicable.
- Ensure that civil society is updated on active and pipeline Bank support for malaria and that a mechanism exists through which they might align their support with the Bank's work, and vice versa.