



## CHAPTER 3

# Priorities and Business Model

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The Bank's priority is to enable countries to achieve and sustain large-scale impact in malaria control. More specifically, the Bank will support countries to develop and implement programs to (i) cost-effectively reduce morbidity, productivity losses in multiple sectors, and mortality due to malaria, particularly among the poor and vulnerable subgroups such as children and pregnant women, and (ii) address challenges of regional and global public goods. The Bank will achieve the stated priorities through a business model that combines an *emphasis on outcomes* with *flexibility in approaches and lending instruments*.<sup>16</sup> Products and services will be tailored to different client segments in a way that meets their needs and maximizes the institution's comparative advantages. This approach is consistent with the new Global Strategic Plan of the Roll Back Malaria Partnership (RBM 2004). The Bank participated actively in the formulation of that strategy.

In the short to medium term, a new Booster Program for Malaria Control, outlined in table 3.1, will provide increased financing and technical support to accelerate program design and implementation, increase coverage, and improve outcomes more rapidly than in the recent past. The Booster Program for Malaria Control will be global in scope and consist initially of an intensive effort over a five-year period. It may include one or more Horizontal Adaptable Programs<sup>17</sup> at the global or regional level and will cover many countries, with emphasis on country ownership, measurable outcomes, and rigorous application of epidemiology. While the immediate objectives are fixed—increasing coverage, improving outcomes, and building capacity—the means will be flexible. The business model and the Booster Program take into account lessons learned from successful malaria programs in several countries, and also constitute a substantial departure

from the Bank's previous approach to malaria control. There is a need for decisive action on a large scale in order to achieve impact. Crucially, the Bank's approach will be proactive while respecting and supporting country leadership and ownership. Experience of the past five years shows that a pledge of commitment, such as that made by the Bank in Abuja in 2000, with neither a clearly funded program for malaria control nor the internal budget to ensure that the Bank's malaria team can function effectively, does not lead to success on a large scale. A different and more robust approach is needed for success.

Drawing on lessons of the past five years, Bank management is designing a program for Board approval to ensure that the Bank responds to country demands with flexibility and speed. On the basis of initial demand from clients, the working assumption is that a total commitment of US\$500 million to US\$1 billion is feasible over the next five years. The Bank will mobilize financial and technical resources from within and outside the institution, including the public and private sectors, to: stimulate the production of commodities such as ITNs and antimalarial drugs; lower taxes and tariffs on such commodities; improve and maintain a long-term commitment to malaria control by governments and civil society groups; and build public-private partnerships for program design, management, and evaluation. Several key partners have expressed interest in a collaborative and stronger effort. The International Finance Corporation (IFC), which has a particularly strong comparative advantage in working with the private sector, will play an important role in this enhanced effort by the World Bank Group. Subject to satisfactory performance and resource availability, the Bank will continue its highly selective support for partnerships working on product development and applied research that are relevant to malaria control.

Henceforth, malaria control will be mainstreamed into the Poverty Reduction Strategies and large sector-development programs that emphasize outcomes. The high coverage rates achieved in most countries will be sustained through combinations of domestic financing, programmatic operations, and budget support on a case-by-case basis. High coverage with preventive interventions will decrease the burden of disease and the pressures on health services.

Approaches and instruments will depend on what is needed in each context. This combination of an emphasis on outcomes with flexibility of approaches and instruments will make the Booster Program relevant and adaptable to a variety of countries in each region, taking into account dif-

ferences in their institutional capacities, risk profiles (which vary from post-conflict to stable), resource needs, relative strength of the public and private sectors, and the pattern of malaria in each setting. For Sub-Saharan Africa, which bears the highest burden of malaria, the approach is consistent with the Strategic Framework for Assistance to Africa in its recognition of the need for adaptability to a client typology continuum. The Framework states that “the array of instruments appropriate for a given country will vary with the country’s capacity and performance” (World Bank 2004e, p. 85). The Booster Program is adaptable to postconflict settings, Low Income Countries Under Stress (LICUS), middle performers, and high performers. The business model puts emphasis on results, system indicators, and high-impact partnerships with a predictable resource flow.

Countries will have three main options for accessing more funds and technical support from the Bank. These options, which are not mutually exclusive, are outlined below.

- *Enhancing PRSCs and health SWAs to support malaria control.* In this option, the Booster Program for Malaria Control will be used to enhance health SWAs and PRSCs, with additional financing when required, to include stronger malaria control programs, technical support, and results-based monitoring and evaluation. The recently approved PRSC for Rwanda is a useful example. It includes technically sound malaria control activities within the health sector plan of work, including the monitoring and evaluation matrix and the Medium-Term Expenditure Framework (MTEF). Beyond the health sector, PRSCs provide opportunities for cross-sectoral work on malaria through, for example, the education, agriculture, environment, and transport sectors.
- *Malaria Control Projects at the country or subregional level.* Based on country requests, the Booster Program for Malaria Control will support Malaria Control Projects, as in the successful examples of Brazil, India, and Vietnam. Project design and objectives will depend on the local context in terms of government policy, disease burden and distribution, the nature of the vector (the mosquito), and local management capacity. Countries may choose to use community-driven development (CDD) approaches, depending on the context. These Malaria Control Projects will supplement, not disrupt, systemic development programs for the health sector. Strengthening the health infrastructure will facilitate malaria control and help to sustain the gains to be achieved under the

Booster Program for Malaria Control. The success of the Onchocerciasis Control Program, as well as the ongoing lessons from the Bank's work on HIV/AIDS, will be applied to the challenge of addressing system-wide needs while improving coverage and outcomes in the short to medium term. In this option, the Booster Program for Malaria Control will support investment operations that are consistent with broader sectoral frameworks in each context. For LICUS and postconflict countries, special implementation arrangements may include more extensive contracting of CSOs for service delivery, combined with technical and operational support from agencies such as WHO and UNICEF.

- *Combined HIV, Tuberculosis, and Malaria Control Projects.* Another option is to develop and implement operations covering HIV, tuberculosis, and malaria, such as those in Angola and Eritrea. In this option, the Booster Program for Malaria Control will support broader operations covering several disease control objectives in a way that is consistent with medium- to long-term sectoral and multisectoral development.

By the end of the fifth year of the Booster Program, most eligible countries are expected to have achieved significant increases in coverage of essential interventions, in line with targets set by client countries and the global Roll Back Malaria Partnership for 2010.

**Table 3.1:** The Booster Program for Malaria Control: Matrix of Options for Financing and Instruments

KEY FEATURES OF THE PROGRAM		
<ul style="list-style-type: none"> <li>• May include one or more Horizontal Adaptable Programs at the global or regional level, covering many countries</li> <li>• Can combine with cofinancing from other sources (foundations, bilateral agencies) and country-by-country partnerships with the GFATM</li> <li>• Can use grants or performance-based buydowns (converting credits into grants and providing incentives to achieve results)</li> <li>• Linked to a Malaria Control Advisory Service, to be funded through grants (foundations, multilateral and bilateral agencies)</li> <li>• Addresses the global public good financing and supply issue to expand access to malaria-related commodities (namely, the new ACTs and long-lasting ITNs).</li> </ul>		
OPTIONS FOR IMPLEMENTATION (These are not mutually exclusive.)	Main requirements	Implications for Bank operations
Enhancing PRSCs and health SWAps to support malaria control	Emphasis on measurable results	Increased operating budget (Bank Budget)
Malaria Control Projects <ul style="list-style-type: none"> <li>• At country level</li> <li>• At subregional level</li> </ul>	Increased and more predictable flow of funds for malaria control	Untied Trust Funds Commitment from country directors
Combined HIV, TB, and Malaria Control Projects	Increased technical support Clients have choices in the type of instrument that they can use to access support from the World Bank	Incentives for team leaders to focus on results and be flexible in approaches
CROSS-CUTTING ISSUES		
<ul style="list-style-type: none"> <li>• More proactive and effective collaboration with CSOs</li> <li>• Better utilization of country capacity, concurrent with development of human resources</li> <li>• User-friendly tools and operational support for country-based planning and budgeting</li> <li>• The roles of major partners: leveraging financing, coordination and technical resources from partners such as the RBM Secretariat, Bill and Melinda Gates Foundation (which finances the Malaria Control and Evaluation Project in Africa [MACEPA]), GFATM, UN Foundation, WHO, large multinational corporations, and others</li> </ul>		
IMPLICATIONS FOR BANK OPERATIONS		
<ul style="list-style-type: none"> <li>• Increased operating budget and untied trust funds to enable effective Bank support</li> <li>• A Bank-wide Malaria Task Force to prepare and spearhead execution of the Global Strategy and Booster Program</li> <li>• Emphasis on measurable results, with flexibility in approaches, depending on client preferences and contexts</li> <li>• Internal coding and tracking: Bank will know how much it is committing to malaria control</li> <li>• Review of programmatic operations related to the health sector and their effects on malaria control: What is the evidence?</li> <li>• Strategic communications: The Bank will be more active in shaping global discussions and in disseminating its approach and success stories.</li> </ul>		