



## CHAPTER 5

# The Malaria Task Force

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## 5.1 Objectives

The Malaria Task Force is a Bank-wide group drawn from corporate units, networks, operational VPUs, and the IFC. It will support the Bank's country and regional teams to do the following:

- Increase rapidly the scale and impact of the Bank's support for malaria control at the country level, with the aim of reducing the burdens of preventable illness and deaths due to malaria over both the short and medium term
- Improve the institutional knowledge base regarding (i) the economic effects of malaria at the household, sectoral, and macro levels, and the implications of these effects for the Bank's work on poverty reduction, and (ii) the effects of subsidies for antimalarial drugs and ITNs on households, service providers, and program managers
- Mainstream malaria control into PRSPs and into the Bank's lending and nonlending services.

This Task Force will support the execution (by country and regional units) of the Global Strategy and Booster Program to enable countries to make more rapid progress in malaria control. The Task Force will have a lifespan of five years, after which it will be dissolved or modified on the basis of progress made and corporate needs. It will be nimble and results-oriented, with a small bureaucratic footprint and cross-sectoral membership from regional and corporate units.

## 5.2 Oversight

A Steering Committee will provide institutional oversight and guidance. The Steering Committee will include the Senior Vice President and Head of the Human Development Network, the Regional Vice Presidents for Africa, South Asia, East Asia, and the Pacific, the Vice President for Operations Policy and Country Services, and the Senior Vice-President and Chief Economist. The Poverty Reduction and Economic Management Network will provide guidance on the integration of malaria control into PRSPs.

## 5.3 Staffing: Secretariat and Regional Clusters

The Malaria Task Force will have a small secretariat in the Health, Nutrition and Population Unit of the Human Development Network Hub (HDNHE) and a substantial presence in the regional VPUs, with membership from corporate units and multiple sectors in the Bank. Apart from those in the secretariat, the Malaria Task Force members will remain in their home units within the Bank. No new full-time staff members will be recruited for the Secretariat, whereas Task Force Members will either be providing cross support or be seconded. The only exceptions are (i) a full-time Public Health Specialist on secondment from the Roll Back Malaria Secretariat in Geneva and (ii) one Young Professional (YP) and one Assistant in the Task Force Secretariat. At the discretion of each regional VPU, full-time specialists could be recruited over time.

*Regional clusters:* The Malaria Task Force will operate mainly through regional clusters that may include senior specialists, economists, operations officers, and external relations officers. The size and configuration of the cluster will depend on the needs of each region and decisions made by the respective regional VPUs.

Table 5.1 shows a possible staffing and distribution of the Task Force.

## 5.4 Financing the Malaria Task Force

One of the main lessons from Bank experience is that major commitments such as those outlined in this document require sustained financing from the

regular Bank budget and trust funds. For example, both the highly successful Onchocerciasis Control Program (see <http://www.worldbank.org/afr/gper/>) and the ongoing work on HIV/AIDS in Africa (see <http://www.worldbank.org/afr/aids/actafrica.htm>) had unstinting support from senior management and regular financing, at a level of US\$1.5 to US\$3 million per year. There is a need for equally strong senior management commitment to the Malaria Task Force, commensurate with the size of the problem and the level of effort that is required to tackle it. Budget allocation from the regular Bank budget would make it possible to leverage additional resources from partner institutions. Regional VPUs and Country Units would need to allocate funds for project preparation on a country-by-country basis in addition to this budget. Funding should be consistent with the decisions around the increases in deliverables agreed to by RVPs, country units, and sector units.

**Table 5.1:** Potential Staffing and Distribution of the Malaria Task Force

LOCATION	FULL-TIME EQUIVALENT (FTE)
<b>Secretariat (in HDNHE)</b>	
Coordinator	0.4 (Bank staff)
Public Health Specialist	1.0 (Secondee from RBM Secretariat)
Operations Officer	0.5 (Bank staff)
Health Economist or Specialist	1.0 (Bank staff, YP)
Communications Specialist	0.5 (Bank staff, from HDNVP)
Task Force Assistant	1.0 (Bank staff)
<b>Regional and corporate clusters</b>	
<i>Africa (to be determined by Africa VPU, and will take into account lessons learned through the Onchocerciasis Control Program and ACTafrica)</i>	
• Regional Focal Point	1 (Bank staff)
• Regional Implementation Specialists	1.5 (Bank staff)
• Task Team Leaders	$8 \times 0.25 = 2.0$ (Bank staff)
• Task Force Assistant	1.0 (Bank staff)
• External Relations Officer	0.5 (Bank staff)
South Asia	$4 \times 0.25 = 1.0$ (Bank staff)
East Asia and Pacific	$2 \times 0.25 = 0.5$ (Bank staff)
Latin America and the Caribbean	$2 \times 0.25 = 0.5$ (Bank staff)
Development Economics	$2 \times 0.25 = 0.5$ (Bank staff)
Operations Policy and Country Services	$1 \times 0.25 = 0.25$ (Bank staff)
World Bank Institute	$1 \times 0.25 = 0.25$ (Bank staff)