RBM Partnership
To End Malaria
Update on the partnership

October 2017

Kesete Admasu
Outline

- Global Malaria Progress and Challenges Building the Partnership
- Partnership Update
- RBM Strategic Priorities
  - Keep malaria high on the political agenda
  - Regional approach to accelerate progress
  - Malaria financing
Global Malaria Progress and Challenges
Good progress during the MDG’s period

- The world has witnessed unprecedented progress in malaria control
- The 2016 World Malaria Report (WMR) confirms that between 2000 & 2015,
  - Global malaria incidence rates fell by 41% and by 21% between 2010 - 2015.
  - Global mortality rates declined by 62% from 2000 to 2015 and 29% from 2010 to 2015.
  - Incidence rates fell by 31% between 2010 and 2015 in Africa.

- This progress has been made possible
  - Political commitment and recognition that malaria is an impediment to economic development
  - Availability of better tools
  - Significant scale up of Core interventions
  - Increased international and domestic financing
**Universal access to prevention, diagnosis, and treatment**

- 51% of febrile children <5 attending public health facilities received a malaria diagnostic test in 2013–2015 compared to 29% in 2010–2012, according to national surveys from 23 countries in sub-Saharan Africa.

- 31% of eligible pregnant women received three or more doses of IPTp, a five-fold increase from 6% receiving three or more doses in 2010.

- 53% of the population at risk in sub-Saharan Africa, slept under an ITN in 2015 increasing from 30% in 2010.

- This rise is driven by increased access to an ITN in households.
Coverage gaps

- We still have high coverage gaps
  - 36% of Children with fever not taken for care
  - 69% Pregnant women not receiving 3 doses of IPTp
  - 36% People not covered by ITNs or IRS
  - 212 million cases in 2015
  - 429,000 deaths- a child dies every 2 minutes
Biological Challenges—Insecticide Resistance

AFR, WHO African Region; AMR, WHO Region of the Americas; DDT, dichloro-diphenyl-trichloroethane; EMR, WHO Eastern Mediterranean Region; EUR, European Region; SEAR, WHO South-East Asia Region; WPR, WHO Western Pacific Region
Drug resistance

- Resistance to artemisinin has been detected in 5 countries in the Greater Mekong sub region.
- In Cambodia, high failure rates after treatment with an ACT have been detected for 4 different ACTs.
Building the Partnership we need
Evolving in line with the malaria landscape

Focus on control:
- develop action plans - decrease disease burden & support countries

Delivering on 2015 targets, starting to focus on elimination

2017-2020
Support achievement of 2020 & 2030 goals

Through:
- Advocacy
- Resource Mob.
- Country Support
- Regional initiatives
- Country Partnerships
- Building the case
- Attract new funds

Convening the malaria community to share knowledge, put malaria on global development agenda and escalate funding for it

- Accelerating progress
- Maintaining the gains
The Revitalised RBM

• Greater multi-sectoral engagement and cross-border collaborations will characterise the new Partnership and will enable it to realise the goals and targets of the Global Technical Strategy, AIM and Sustainable Development Goal (SDG) 3.3.

• These changes are expected to make the Partnership more able to respond to the changing needs of the SDGs environment and strengthen the Partnership’s ability in the following ways:

  ✓ Create forums for committed partners to engage in collective action.
  ✓ Provide efficient operational coordination to support endemic countries in all malarious regions.
  ✓ Deepen expertise in RBM’s core functions: resource mobilisation, communications, and country support & financing.
  ✓ Engage senior leadership from countries, donors, and other partners to keep malaria high on the agenda and sufficiently funded.
As the largest global multi-stakeholder platform to fight malaria, the RBM Partnership provides a forum to engage, amplify and align partners across sectors and geographies to increase progress towards the global malaria goals.

The Partnership will harness the power of partners to “achieve more, together”.

RBM's strength lies in its ability to form effective partnerships both globally and nationally.

Partners work together to scale up malaria-control and elimination efforts at country level, coordinating their activities to avoid duplication and fragmentation, and to ensure optimal use of resources.
The new governance model provides a number of specific opportunities and avenues for engagement, including the new Partner Committees and the continuation of Working Groups.

- **Governance body** – with diverse, senior-level composition – that oversees Partnership operations and strategy
- **Accountable** to Partners via regular reporting and regular, published, independent reviews
- **Partners nominate** candidates, individually or as groups of like-minded stakeholders

- **Day-to-day** manager and face of the Partnership
- **Leads the Management Team** in implementing the strategy and plans approved by the Partnership Board and mobilising resources required to support them.

- Formalized mechanism of **direct Partner engagement and ownership** to create strategy for the Partnership and deliver on its core functions
- **Advocacy and Resource Mobilization; Strategic Communications; Country and Regional Support**

- Continuing / Established as needed by partners to **facilitate and streamline** specific bottlenecks and coordinate partner technical area implementation efforts
The New RBM Board

- Board members serve for a 3 year term (renewable once) and a rotation policy will be approved at its next meeting in April 2017.

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<th>RBM Board Leadership</th>
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<tr>
<td><strong>Chair</strong>: Dr Winnie Mpanju-Shumbusho, former Assistant Director General – Malaria, HIV, TB, NTDs, World Health Organisation (WHO)</td>
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<td><strong>Vice-Chair</strong>: Mr Kieran Daly, Director: Global Policy &amp; Advocacy – Malaria, HIV, TB and the Global Fund, BMGF</td>
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<td>Dr Pedro Alonso, Director of the WHO Global Malaria Programme in Geneva, Switzerland.</td>
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<td>Professor Maha Taysir Barakat, Director-General Abu Dhabi Health Authority</td>
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<td>Mr Elhadj As Sy, Secretary General, IFRC</td>
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<td>Mr Simon Bland, Director New York Office, UNAIDS</td>
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<td>Prof Awa Coll-Seck, Minister of Health &amp; Social Welfare, Senegal</td>
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<td>Mr Paolo Gomes, Chairman, Paulo Gomes and Partners, former Executive Director, World Bank</td>
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<td>Dr Richard Nchabi Kamwi, Elimination 8 Ambassador, former Minister of Health, Namibia</td>
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<td>Dr Altaf Lal, Senior Advisor on Global Health and Innovation, Sun Pharmaceuticals Industries</td>
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<td>Mr Ray Nishimoto, President of Health &amp; Crop Sciences Sector, Sumitomo Chemical</td>
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<td>Dr David Reddy, Chief Executive, Medicines for Malaria Venture</td>
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<td>Dr Mirta Roses, Director Emeritus PAHO</td>
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<td>HE Yongyuth Yuthavong, Deputy Prime Minister, Thailand</td>
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RBM Core Functions

- **Convene** Partners focused on this common cause

- **b) Coordinate** Partners to maximize alignment, facilitate cooperation and ensure that common challenges are addressed cooperatively

- **c) Mobilize resources** by identifying resource requirements and creating humanitarian and business cases to support the mobilization of resources

- **d) Facilitate communication, identify and address opportunities and challenges** by facilitating communication between Partners, sharing experience and best practice with one another

- **Provide mission critical support to malaria affected countries and regions:** The RBM partnership will support critical enablers required to enhance political will, and provide targeted support where it is needed most
Partnership update
The Management Team

Dr Kesete
CEO

Clara Mathieu Gotch
CEO

Amal Medani
Strategic Policy Advisor

Lilya Boaron
Assistant to the CEO and Board Chair

Xenya Scanlon
Communications Manager

Daddi Wayessa
CRSPC Manager

ARMPC Manager
Final stages of recruitment
Engagement with China

Malaria Thematic Session at Health Silk Road Meeting

Objective of China’s engagement

✓ Forge strong partnership and substantially increase the role of China in the fight against malaria,
  ✓ with its support aligned to national malaria programme needs –
✓ contributing everything from innovation,
✓ to provision of quality-assured commodities and
✓ building capacity in surveillance and implementing IRS operations.
RBM Partnership-China Steering Group

Purpose of the SG

• Design and launch a malaria elimination demonstration project in 3-4 pilot countries with the aim of shaping China’s policy sphere in the malaria space.

• Support the development of local manufacturing of malaria products in Sub Saharan Africa.

• Organize a high-level Malaria Elimination Summit in 2019. Organize a side event to celebrate Chinese manufacturers that have WHO prequalified products.
Regional Coordination Framework in the Context of the Nouakchott Declaration

**Malaria Pre-Elimination in Seven Sahelian Countries**

- To agree on a regional partnership coordination mechanism to accelerate the implementation of focused interventions toward elimination in the seven countries;

- To agree on the Regional Elimination Framework and ensure long-term sustainable financing solutions to the seven countries; and

- To agree on how to elevate and maintain the regional elimination agenda at the highest political levels within the seven countries.
Key moments

WHA70 Side event
Key moments

WHO Afro RC meeting
Key moments

UNGA

WHO SEARO RC in Maldives
New grants

GFATM

- A grant from the Global Fund to Fight AIDS, TB, and Malaria to support the work of the CRSPC work is being finalized.
- This grant will be important to ensure the Partnership continues to provide mission critical support to endemic countries.

UAE

- His Highness Sheikh Mohammed bin Zayed, Crown Prince of Abu Dhabi and longstanding supporter of humanitarian causes announced a new US$5 million commitment to the RBM Partnership.
- The three-year contribution will be pivotal to the Partnership’s efforts to reduce the burden of malaria and save lives around the world.
The CRSPC has prioritized support to the malaria Global Fund (GF) application submission to secure resource/capital/grant for the 2018-2020 period.

Countries from all five WHO regions have received support.

An impressive 94% of the countries supported are now on the grantmaking stage demonstrating the quality of grant application made by the countries and the good support from CRSPC.

The CRSPC is supporting these countries to accelerate signature before the current grants expire to prevent delays in implementation.

Few countries are expected to submit in February 2017.
Massive opportunity to make progress in DRC

Major Health Sector Reform is underway in DRC

• The new Minister of Health has initiated major health sector reform in DRC;

• One of his objective is to establish a Public Health Institute which will have surveillance, lab and research pillars; and

• Malaria is included as one of the few diseases to be considered as priority and there is greater need for external support.
The ARMPC is working towards commencing multi sectoral initiatives by identifying methods to integrate malaria outcomes into sectors outside of health, building on existing political and economic platforms to achieve malaria targets through a regional approach, seeking a better understanding of the financial landscape of current funding, and ensuring the efficiency of the money spent.

The ARMPC has established four work streams on Leadership, New Donors, Existing Donors and Private Sector for Partners to join and actively participate.

The strategic priorities of these Work streams are to keep malaria high on the political agenda through targeted advocacy, and to increase and sustain financing for malaria globally and domestically.

The ARMPC endorsed the establishment of a Malaria Financing Task Force (MFTF).
Malaria Finance Taskforce (MFTF)

- The aim of the task force is to assist national health sector leadership in the development of a robust “investment case” to seek increased fiscal-space for malaria funding, to apply innovative financing solutions, and to mobilize influential leadership to promote increasing domestic resources.

- The MFTF held its first meeting on 14 September, via teleconference.

- The meeting served as the first brainstorming session on the proposed RBM country-focus on expanding the domestic financing space.

- The spirit behind this work is to ensure that our advocacy and technical work combined can be steered into practical applications through 4/5 country pilots (currently looking at Mozambique, Sudan, Zambia and DRC)
The focus of the SCPC has been on using targeted communications strategies to help drive overarching RBM goals and reinforce efforts of the country/regional support and advocacy/resource mobilization Partner Committees.

The overall aim is to elevate malaria on the global agenda and build momentum amongst leaders and key influencers. This focus is intended to sustain the momentum for malaria programs and support funding mobilization for regional and national elimination efforts.

Recent activity has included ensuring strong and consistent messaging for World Malaria Day 2017, supporting the RBM Board and CEO in key stakeholder engagement and outreach and developing collateral for the RBM World Health Assembly Side Event. In addition, the SCPC is developing an RBM Ambassador programme to promote the messaging priorities of the Partnership.

One critical piece of work the SCPC has been taking forward with the support of international communications experts, is the review of the RBM brand. The SCPC Branding Work stream provided contact with malaria influencers from all RBM constituencies, utilizing various outreach mediums, to solicit widespread input from across the Partnership.
**New brand for the Partnership**

**New logo**

- **RBM Partnership To End Malaria**

**Rational for the choice**

- The typography is authoritative and balanced.

- Having RBM within the sphere signals the importance of the legacy of RBM achievement.

- The simplicity of the sphere ‘completes’ the wave of rolling back malaria in the current logo, and also echoes the globe from the original RBM logo.

- The blue is very saturated and will stand out across digital media and in print, and the cyan/charcoal spot colors will give the design team a lot to work with to build a new brand language that still references the current RBM brand.

- The bright accent colors are also distinct from the orange palette of many malaria partner brands.
RBM Strategic Priorities
Framing Malaria in SDG World: Anticipating & Creating Opportunities

Challenges and Opportunities also defined in AIM and GTS

**Political**
- Maintain malaria as development priority in SDG context
- Increase political commitment at national / regional level
- Adopt a multi-sectoral approach
- Rapidly scale up progress to reach 2020 / 2030 goals

**Technical**
- Combat resistance, develop and adopt new tools
- Malaria as a proxy for health systems indicators
- Significantly scale-up of interventions & approaches

**Financial**
- Need to triple malaria funds: USD2.9bn to 6.4bn / year
- Attract new donors, maintain existing funding partners
- Need to significantly increase domestic funding
- Develop innovative financing mechanisms

RBM Partnership rollbackmalaria.org
RBM strategic priorities

• Three pillars

✓ Keep malaria high on the political and developmental agenda to ensure continued commitment and investment

✓ Establish a regional approach anchored in existing political and economic platforms such as regional economic communities to accelerate progress and build impetus for malaria elimination

✓ Increase the financing envelope for malaria
Keep malaria high on the political and developmental agenda

• Malaria prevention and treatment are among the most cost-effective public health interventions.

• Investing in malaria control and elimination amounts to an unparalleled investment in productivity, progress and people-centred development.

• The world has witnessed unprecedented progress in the fight against malaria, but the gains are fragile and the risk of malaria resurgence is real.

• To achieve the 2030 malaria goals, the global community must combine forces to defeat malaria and recognize the importance of building inclusive partnerships at all levels.

• Stakeholders at all levels (global, regional, country, subnational and local) are crucial in leveraging the case for investment to advocate for and successfully mobilize the full range of resources needed to move countries along the path from control to elimination.
Keep malaria high on the agenda

- The RBM Partnership provides the platform for coordinated, harmonized, and amplified advocacy messaging targeted to endemic countries, donors, civil societies, parliaments, media and other stakeholders.

- Provide clear, strong, accessible, and compelling messaging to leaders and key stakeholders on the importance of continuing to reduce and eliminate malaria.

- Build inclusive partnerships at global, regional, and country levels within and across sectors to address the determinants of malaria.

- Mobilize resources for the fight against malaria to ensure universal access to prevention, diagnosis, and treatment.

- Advocate for adoption and scale up of innovative new tools, which are recommended by WHO for public health use.

- Engage partners at global, regional, and country level to pursue the establishment of all party parliamentary groups on malaria elimination across endemic and donor countries.
Accelerate progress through a regional approach

• A regional approach is particularly effective in cases where issues transcend geographic or political boundaries, as in the case of malaria, drug resistance or communicable disease outbreaks.

• Regional initiatives will be based on a situational analysis of the epidemiological, entomological, political, social and economic dynamics in the region. Regional initiatives will be channelled through an existing regional economic community (REC) or relevant regional political grouping.

• The RBM Partnership will conduct situation analysis by closely working with RBM Partners including countries and will build a case for a regional intervention.

• Forging partnership with the RECs is critical to build political commitment.

• Based on this political commitment, the initiative will develop a regional implementation plan to build platforms for engagement among partners, foster collaboration, build capacity, mobilise resources etc.
Regional Approach

ALMA and RBM Partnership

• An initial discussion with RECs in Africa

• Strong interest to collaborate and put in place mechanisms to support the malaria work

• A tripartite MOU will be signed soon among ALMA, RBM, and RECs
The problem: 2016 WMR: progress but not enough. 40 / 91 malaria-affected countries not on track to meet 2020 milestones. 30 / 91 of these are in Africa
Regional Approach...

- The process and implementation of a regional initiative will be country-led.
- The role of the Partnership will be to coordinate Partners; coordinate messaging; build the case for and support resource mobilization.
  - Advocate for establishment of regional malaria initiatives to serve as platforms for regional cooperation amongst countries, facilitate engagement of partners including the private sector
  - Establish a regional malaria financing facility in collaboration with global and regional development banks to address the funding gap in malaria programs.
  - Build entomological and surveillance capacity, and create a network of regional experts able to provide quality technical assistance to countries.
  - Launch regional mechanisms to combat fake medicines and products and harmonize regulatory processes where possible
  - Maximize the impact of the Global Fund malaria investments to accelerate progress towards the 2030 goals
Increase the financing envelope for malaria

- There is a huge demand for substantial increase in malaria financing in order to meet the ambitious global malaria goals.
- Currently, malaria financing is derived from three major sources: domestic financing (mainly in health systems and the health workforce); bilateral and multilateral sources, much of which is currently used for commodity procurement; out-of-pocket expenditure at personal and household level.
- The 2016 World Malaria Report provides a comprehensive breakdown of funding sources:
  - countries with endemic malaria provide nearly one third (32%), including USD 612 m for NMCPs and USD 332 m was expenditures calculated for malaria patient care.
  - approximately 45% of malaria funding is channelled through the Global Fund
  - approximately 63% of all malaria funding in 2015 came from 8 major donors, with 35% of all funding coming from the US, 16% from the UK and the remainder (approx. 12%) being made up by France, Germany, Japan, Canada, BMGF and the EU.
Malaria financing

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Global Fund, Global Fund to Fight AIDS, Tuberculosis and Malaria; UK, United Kingdom of Great Britain and Northern Ireland; USA, United States of America
Increase the financing envelope for malaria

• The partnership will support as needed the development of 3 types of resource mobilization strategies to maintain and expand malaria resources from existing donors, new donor investments, and increased investment through increased domestic financing
  ✓ Expand domestic financing for malaria
  ✓ Increase malaria financing through global and regional innovations
  ✓ Maintaining and expanding the base of traditional donors, and attract investment from new donors
  ✓ Increase private sector investment in malaria
  ✓ Establish National and Regional End Malaria Councils to make malaria elimination a top domestic political agenda
Thank you
RBM Partnership to End Malaria