MALARIA STRATEGY

GFATM 16th Board Meeting

Kunming, 12-13 November 2007
Compared to a decade ago, malaria is much higher on the development agenda, more players are today involved on fighting the disease and annual funding grew more than tenfold (Global Fund, PMI, World Bank Booster Program, Gates Foundation & others).

Extensive progress have been achieved in improving access to new tools:
- 3 to 10 fold increase of deliveries
- More and more success stories regarding scaling-up for impact
- But challenges remain

Resistance is threatening the new tools.

Research and development of new anti-malarial drugs, vector tools and vaccines shows promise, but much work remains.

Some examples of demonstrable national impact on disease morbidity and mortality – e.g. Kenya, Eritrea, Ethiopia, Zambia, Rwanda.

Performing RBM support mechanisms e.g.: HWG – Global Fund Rnd 7.
# Malaria Landscape

**RBM HWG Support to Global Fund Round 7 Proposal Development in Africa (including RCC proposals)**

<table>
<thead>
<tr>
<th>Type of support</th>
<th>TRP+</th>
<th>TRP-</th>
<th>% positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>HWG intensive support package*</td>
<td>16</td>
<td>5</td>
<td>76</td>
</tr>
<tr>
<td>Limited or no support</td>
<td>3</td>
<td>5</td>
<td>38</td>
</tr>
<tr>
<td>Total for Africa</td>
<td>19</td>
<td>10</td>
<td>61</td>
</tr>
</tbody>
</table>

*Angola, Benin, Burkina Faso, Burundi, CAR (did not submit), Chad, Congo, DRC, Ethiopia, Ghana, Liberia, Madagascar, Malawi, Rwanda, Senegal, Sierra Leone, Sudan (N), Sudan (S), Tanzania, Tanzania (Zanzibar), Zambia*
The Roll Back Malaria Partnership

A global movement which now brings a formidable assembly of expertise, infrastructure and funds to the fight against the disease.

A catalyst for renewed commitment to reduce malaria mortality by 50% between now and 2010.
RBM'S VISION & TARGETS

Vision
- By 2015 the malaria-related MDGs are achieved. Malaria is no longer a major cause of mortality and no longer a barrier to social and economic development and growth anywhere in the world.

Targets
- By 2010
  - 80% of people at risk from malaria are protected and have access to diagnosis and effective treatment within one day of illness
  - 50% reduction in malaria burden (morbidity and mortality) compared to 2000

- By 2015
  - Malaria morbidity and mortality are reduced by 75% compared to 2005
  - Millennium Development Goals are achieved
RBM'S STRATEGIC APPROACH

- Rapid implementation of proven treatment and prevention interventions to scale-up the coverage/use and achieve impact
  ➢ Tailored to each country specific needs

- Achieve equitable, affordable and sustainable access to treatment and prevention through a result-oriented approach

- Sustain high coverage

- Advocate for greatly increased investment in fighting Malaria

- Continuously improve R&D for both preventive and curative tools to
  ➢ improve effectiveness
  ➢ prepare for potential resistance against current tools

- Strengthen the partnership
Evolving Context

- RBM Board recently requested a revision of the Global Strategic Plan and a Global Malaria Business Plan to guide the implementation of that plan.

- The call for action of the Gates Foundation Leadership Summit in October has increased our collective ambition in the fight against Malaria.
  
  "Elimination of Malaria as a public health and economic burden. This will lay the foundation for the eradication of Malaria, which we agree is the long-term goal."

  - Partners will take responsibility for the enhancement of existing RBM structures within next 6 months to support dramatic scale-up.

  - Creation of a design and implementation support team to take this forward.
MULTIPLE ESTIMATES OF FUNDING NEEDS HAVE BEEN DEVELOPED

Global Malaria Business Plan will define final global funding requests

2007 funding

Commodity needs

Commodity needs & some implementation needs for 70 countries

Commodity needs at 80% coverage & some implementation support for all malaria endemic countries + R&D

$B

$1B

$3B

$4B

$7B
## INTENSIVE 6 MONTHS TIMELINE TO PREPARE THE GLOBAL MALARIA BUSINESS PLAN

<table>
<thead>
<tr>
<th>Goal</th>
<th>Plan for the Plan</th>
<th>Define the Why, the What and the How</th>
<th>Finalize and share the Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period</td>
<td>November to early December 2007</td>
<td>December 2007 to May 2008</td>
<td>May to June 2008</td>
</tr>
<tr>
<td>Activities</td>
<td>Define plan development process &amp; governance, plan scope &amp; framework</td>
<td>Develop group work on all specific topics</td>
<td>Share with major stakeholders</td>
</tr>
<tr>
<td></td>
<td>Agreed approach for the Plan</td>
<td>Coordinate work across working groups and synthesize the GMBP</td>
<td>Update and finalize</td>
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<td>Developing tools, human resources building consensus on in country business process</td>
<td>Needs assessment, operational planning, business planning process in 89 countries</td>
<td>Organize implementation</td>
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<td>Communicate to the Community</td>
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<tr>
<td>Deliverables</td>
<td>Agreed approach for the plan</td>
<td>Draft of the Plan</td>
<td>Final Plan and implementation tools</td>
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*Active contribution of the whole Malaria Community will be needed to create a successful GMBP*
WHAT WE EXPECT FROM THE GLOBAL FUND

- Close collaboration to improve performance of approved malaria grants (e.g. timely signing, implementation support, procurement alignment)

- Close collaboration to coordinate country applications for Round 8, RCC, development of National Strategy Application modalities, etc.

- Involvement in the RBM Global Malaria Business Plan development

- Renewal of MOU between RBM and GFATM (expires December 2007)