



ROLL BACK MALARIA PARTNERSHIP

The Case for Change

OBJECTIVES OF THIS DISCUSSION

Share Board's thoughts on significant value of a global malaria partnership

Discuss the changes required for the Roll Back Malaria Partnership to realize that value

Secure commitment and leadership required from Partners to proceed with change process

OVERVIEW: THE CASE FOR CHANGE

There is very substantial value to global collaboration against malaria

To date, the RBM Partnership has realized multiple successes at global, regional and local levels

However, the Partnership is far from reaching its full potential

- **has yet to maximize “returns” – or outcomes – of Partners’ individual and collective “investments”**
- **increasing scrutiny for institutions and governments involved**

Partnership requires a comprehensive re-engineering⁽¹⁾ and re-commitment process including the RBM Board, Partners, and Secretariat

The Board advocates for a focused change effort to:

- **address the root causes of historical shortcomings**
- **enable RBM to facilitate a drastic reduction in the global malaria burden**

(1) A change process to improve the efficiency and structure of the RBM partnership

A PRODUCTIVE PARTNERSHIP CREATES GREATER IMPACT THAN PLAYERS ACTING ALONE

A partnership is advantaged in ...

Advocacy

- Raising awareness to maximize political and financial support

Communication

- Disseminating innovations and best practices
- Broadly promoting progress and successes

Coordination

- Identifying gaps; resources to fill them
- Enabling focus and specialization

Efficiencies

- Eliminating redundancies
- Creating scale where benefits exist

Resource mobilization

- Pooling resources across Partners
- Matching expertise to needs

... creating traction against malaria challenges...

Need for countries to balance multiple available interventions

Interventions involve complex procurement of multiple commodities by endemic countries

- Requires local entities to establish links with global entities
- Must bridge the sometimes disparate priorities of the public and private sector

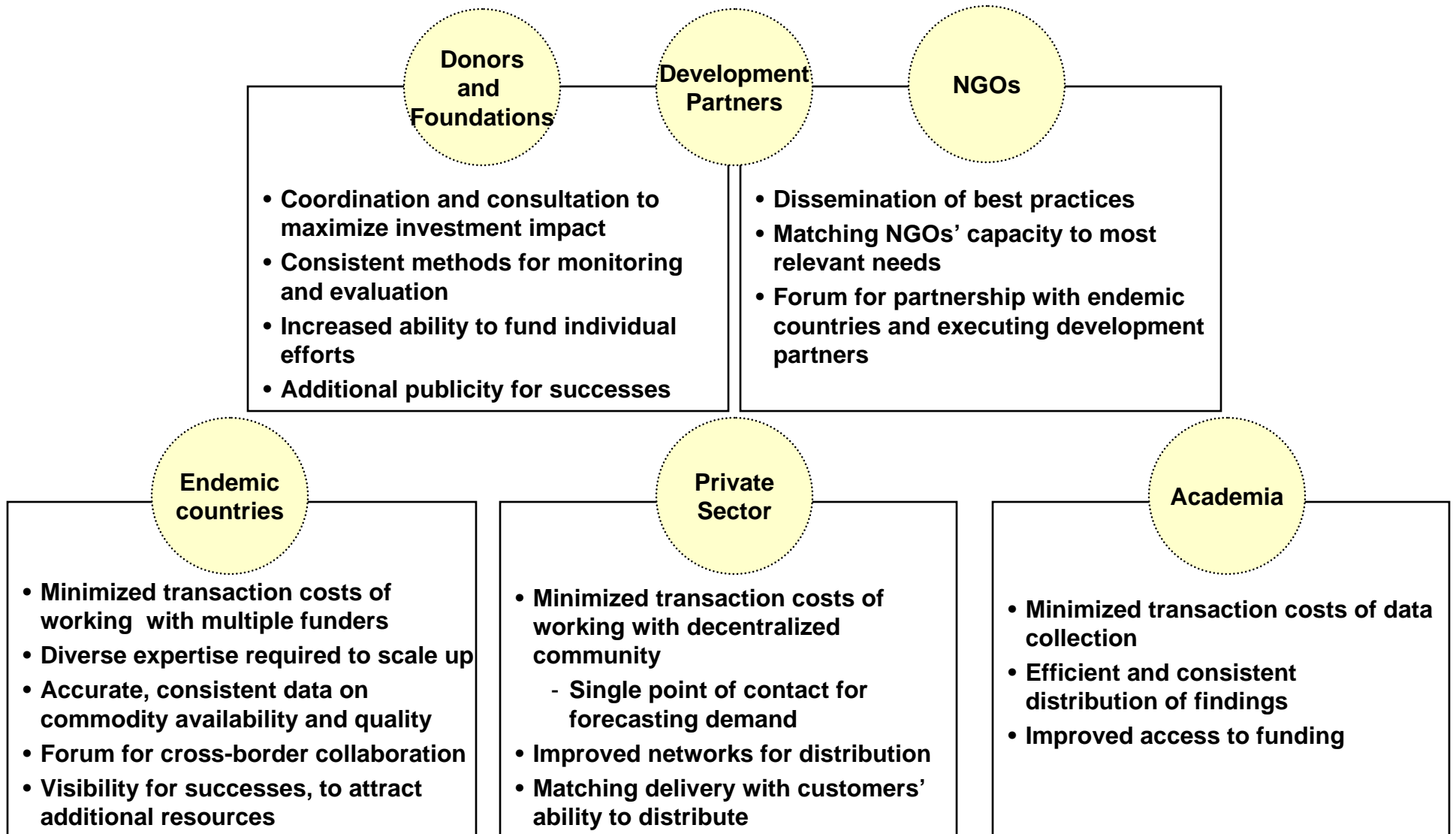
Lack of expertise and infrastructure required to scale programs at a country level

Risk of distraction for countries fulfilling diverse requirements of multiple funders

... to maximize outcomes created by Partners' efforts

PARTNERSHIP ALSO OFFERS SIGNIFICANT VALUE TO INDIVIDUAL ORGANIZATIONS ACROSS CONSTITUENCIES

Value Propositions by Constituency Enhance Ability to Improve Outcomes



THE RBM PARTNERSHIP HAS REALIZED SIGNIFICANT SUCCESS AT GLOBAL LEVEL

- ▶ **Malaria higher on political agenda than ever before among donor countries and multilaterals (i.e., United Nations)**
 - **Link to economic development acknowledged**

- ▶ **Unprecedented level of funds available for malaria control**
 - **10x increase in funding since RBM's inception**

- ▶ **Endemic countries have committed to devoting resources towards 2010 targets**

- ▶ **Nearly universal commitment to uniform drug and vector control policies at country level**

- ▶ **RBM partnership as first international mechanism for scaling up malaria interventions**

- ▶ **Working groups demonstrating significant value with limited resources**
 - **e.g., Monitoring & Evaluation Reference Group**

Partnership has transformed fragmented projects into a global movement

COUNTRY LEVEL SUCCESSES ALSO DEMONSTRATE CRITICAL ROLE OF PARTNERSHIP IN ACHIEVING POSITIVE OUTCOMES

In each example ...

... country level partnerships enabled key success elements

Eritrea

- New approach post national RBM meeting
- Malaria prevalence reduced 60%

Integrated strategy, close collaboration

Vietnam

- Malaria national priority, well resourced
- Reduced cases from 25/1000 to 2/1000

Political commitment, effective drug policy, stratification tactics

Mozambique

- BHP Billiton formed tri-lateral partnership
- Cost effective: 80% malaria reduction

Advocacy, private sector incentive, project management

Togo

- Leveraged measles delivery platform for ITNs
- Achieved universal coverage of children < 5

Leveraging existing health platforms, education collaboration

Tanzania

- LLIN tech transfer from Japan via PPP
- Over 1M LLINs produced in Africa

Open tech transfer, leveraging partner comparative advantage

Yemen

- Mobilized key community leaders
- Vector control yielded 50x malaria reduction

Active community participation, community training

HAVE FAILED TO REPLICATE LOCAL SUCCESSES, SCALE-UP PROGRAMS TO WIN BATTLE AGAINST MALARIA

Challenges to overcome include...



Translating RBM's first global strategy into execution, i.e.

- **Improving country and global level malaria management**
- **Overcoming bottlenecks in deployment of resources**
- **Eliminating off-policy distribution (i.e., monotherapy)**



Harmonizing / aligning fragmented initiatives, i.e.

- **Donor initiatives duplicating country efforts, failing to leverage established reporting systems**
- **Technical support and training lagging behind resources**



Improving inefficient procurement processes, i.e.

- **Planning, storage, distribution systems**
- **Improving procurement coordination and monitoring**
- **Addressing taxes/tariffs on ITNs**



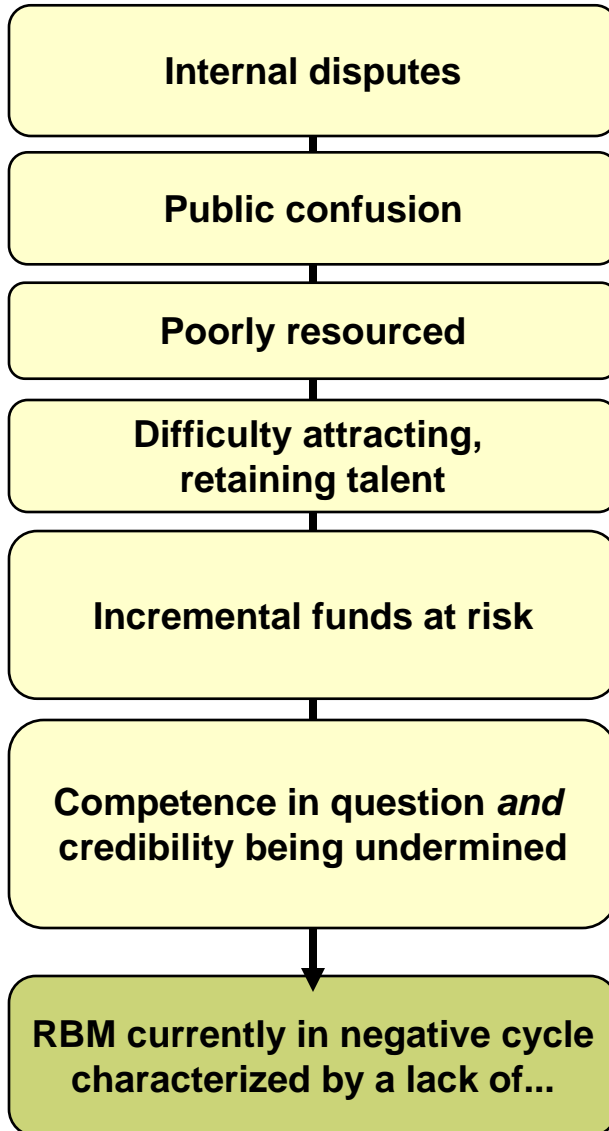
Forecasting demand for ACTs and ITNs and other commodities; aligning with manufacturers and distributors



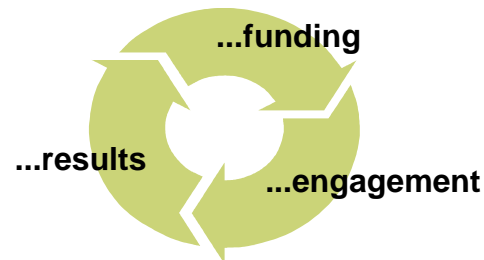
Overcoming global malaria funding gap

- **Estimated need as high as \$3B per year, currently funded at ~\$600M**

RBM AND MALARIA COMMUNITY CURRENTLY BOGGED DOWN AND UNDER INTENSE SCRUTINY



- Disagreements between RBM secretariat and WHO department on roles, responsibilities and hosting arrangements
- Donors blamed for lack of commitment, delivery system for ineffectiveness
- Partners' successes not perceived to be Partnership outcomes
- Lack of awareness around distinction between RBM and WHO department
- \$5-6M of committed operational support for RBM Secretariat unfunded by Partners
 - 50% of 2005 budget
- High turnover of RBM leadership – 4 leaders in 5 years
- Uncertainty of funding/contracts for staff, history of poor employee retention
- Higher Global Fund grant failure for malaria than HIV/AIDS or TB
 - ~\$160M of Phase II funding at risk⁽¹⁾
- Few malaria grants approved in Round 5
- *Yet progress has been worse than sluggish... more people are suffering now than when the campaign started. This is simply unacceptable. What is lacking is the drive and resourcefulness to do it. -- The New York Times⁽²⁾*
- *RBM has done very little to halt the march of malaria -- The Lancet⁽³⁾*



(1) GFATM Phase II, Round 1 and 2 malaria commitments
(2) October 16, 2005
(3) April 23 – 25, 2005

LOSS OF MOMENTUM ATTRIBUTABLE TO FACTORS SPANNING SECRETARIAT, PARTNERS AND BOARD

1) Strategy

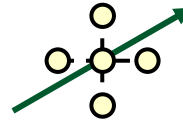


Partnership “Contract”

Partnership needs to identify and clarify its:

- comparative advantage
 - global activities it is best suited to provide
 - role of each entity in fulfilling those activities
- value to / incentives for Partners
- expectations and commitments to which Partners will be held
 - leading role in establishing RBM agenda

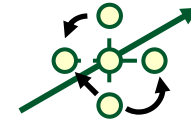
2) Structure



Organization of Partnership

- Secretariat hosting relationship poorly defined, hinders collaboration, efficiency, impact
- Lines and methods of communication unclear; not optimizing information exchange
- Board needs to engage more frequently and intensively with:
 - RPS on priorities and plans
 - constituents to represent them accurately

3) Systems



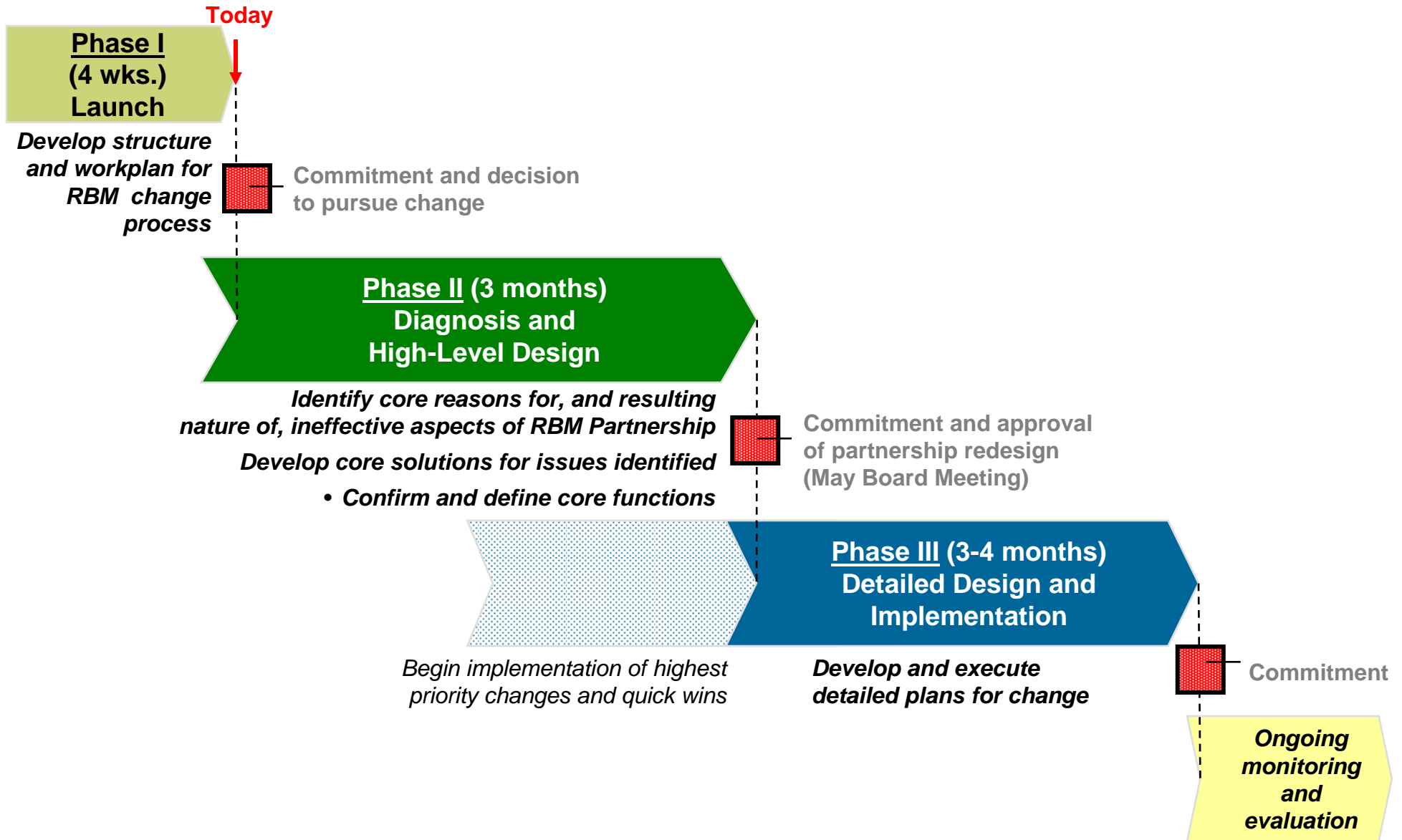
Functioning of Partnership

Partnership lacks a:

- transparent, inclusive, engaging planning and prioritization process
- system for mobilizing Partners and creating accountability
- sound process for securing stable funding for RPS
- defined set of effectiveness metrics
- method for demonstrating successes of Partnership

Factors have different implications at global, regional and local levels

CAN CAPITALIZE ON MOMENTUM FROM YAOUNDÉ TO CREATE MAJOR CHANGE THROUGH A RAPID PROCESS



CRITICAL FOR PARTNERSHIP TO CONTINUE MOVING FORWARD DURING CHANGE PROCESS

Key Areas for RPS Focus

- ▶ **Actively engage with WHO department throughout their reorganization process**

- ▶ **Coordinate the engagement between major donors and endemic countries to identify barriers to results**
 - **convening summit to address gaps in reaching Global Fund targets**

- ▶ **Maintain continuity of operations**
 - **address near-term contract expirations of staff**
 - **mobilize financial resources to fund operations**

- ▶ **Continue progress on critical issues, i.e.**
 - **leading global advocacy / communication**
 - **supporting sub-regional networks and countries**
 - **managing information flow around supply chain**

Need Partnership engagement and support more than ever

SUMMARY OF REQUIREMENTS FOR RBM SUCCESS

Will

Board demonstrated unanimous desire for reform at November Board Meeting in Yaoundé

- Acknowledged malaria situation has evolved since RBM's founding in 1998;
- ...urgent need for collaboration and support to scale-up interventions;
- ...current governance, structure, and relationships are insufficient to produce results

Change process

Turnaround will require outside support

- Board has engaged The Boston Consulting Group's expertise and involvement

Strong and visible commitment from Partners critical to successful change

Leadership engagement

Senior leadership at Partners needs to provide time, personal commitment

Will require focused engagement to define and establish new:

- Value propositions for RBM and its entities
- Structures, roles and accountabilities across Secretariat, Partners and Board
- Governance system and funding strategy

Perseverance

Change will occur concurrently with diagnosis and design; requires time and iteration

Assets such as financial resources and political capital likely to accrue gradually

– Work in Progress –

BACKUP SLIDES

ACRONYMS USED

ACT	Artemisinin-Based Combination Treatment
DALY	Disability-Adjusted Life Year
GFATM	The Global Fund to fight AIDS, Tuberculosis and Malaria
ITN	Insecticide Treated Net
LDSI	Lubombo Spatial Development Initiative
MDG	Millennium Development Goals
NGO	Non-Governmental Organization
RBM	Roll Back Malaria Partnership
RPS	RBM Partnership Secretariat
TB	Tuberculosis
UNICEF	United Nations International Children's Emergency Fund
WB	World Bank
WHO	World Health Organization

GAINS AVAILABLE ARE EXTRAORDINARY (I)

Several Examples Show Malaria Addressable with Current Interventions

ITN technology transfer to Africa

- **Sumitomo Chemical in Japan developed a long-lasting insecticidal net (LLIN) (The Olyset) in 1978**
 - only approved by WHO in 2001
- **WHO sought to distribute LLINs in Africa, but required scaling production and transferring technology to African manufacturers**
- **Olyset PPP formed including: A-to-Z Textile Mills, Acumen Fund, ExxonMobil, Population Services International, Sumitomo Chemical, UNICEF and WHO⁽¹⁾**
- **A-to-Z produced 300,000 nets in 2004 and 3M nets in 2005**
 - distribution and affordability ongoing challenges

Vector control success in Yemen

- **Rains and social unrest contributed to malaria epidemic in Socotra Island in Yemen**
 - by 1999, malaria case rate rose from 1/1000 to 160/1000
- **Malaria vector control launched in 2000 in coordination with WHO, GFATM, NGOs**
- **Key community opinion leaders, UN agencies and other partners provided guidance**
 - community members trained, paid daily rate to execute
- **Malaria cases dropped from ~500/mo to under 10/mo by 2004**

(1) Each partner contributed a unique element to the partnership: A-to-Z (manufacturer), Acumen Fund (financing), ExxonMobil (resin inputs), Population Services International (distribution and education), Sumitomo (LLIN technology), UNICEF (procurement, distribution/education), WHO (policy/facilitation)

GAINS AVAILABLE ARE EXTRAORDINARY (II)

Several Examples Show Malaria Addressable with Current Interventions

Universal ITNs in Togo

- **Just under 1 million ITNs distributed in 2004**
 - achieved nearly universal coverage of children under 5
- **Leveraged measles immunization delivery platform**
 - incremental delivery cost ~\$0.50 per ITN
- **Program coordination with Red Cross to support marketing / door-to-door education campaign preceding initiative**
- **Model being replicated to achieve 60% ITN coverage MDG target**

Full ACT adoption in Burundi

- **First country in Africa to adopt ACTs as first line of treatment**
 - forced to act after epidemic claimed 10K lives; drug resistance seen prevalent
- **Coordinated efforts through a workshop in 2002 attended by government reps, NGOs, technical experts, etc**
- **Overcame procurement challenges with coordinated UNICEF/GFATM drug stock**
- **New treatment policy launched in 2003 and demonstrating success in recent evaluations**

GAINS AVAILABLE ARE EXTRAORDINARY (III)

Several Examples Show Malaria Addressable with Current Interventions

Eritrea malaria initiative

- In July 1999, Eritrean Ministry of Health coordinated with more than 200 people at a national RBM meeting to develop a five-year strategic plan
- Gov't implemented integrated approach to combat malaria
 - combined effective treatment, ITNs, and vector control
 - coordinated with UNICEF, WHO, WB, GFATM, and Italian Government
- Malaria illness & death reduced by 60% in 2004 vs. 1999
 - small geographic area and little rainfall helped success

Targeting eradication in Vietnam

- Vietnam made malaria a national priority, set ambitious targets
 - eliminate major outbreaks
 - reduce mortality by 50%
- Key to success in Vietnam was a well-resourced and well-coordinated plan
 - effective drug policy integrated with ITNs, spraying and education
 - heavy funding (~\$42M over 10 years, 10x increase vs. 1991)
 - segmentation of needs
- Vietnam reduced malaria cases from 25 per 1000 to 2 per 1000
 - only 1 malaria death in 2005

Corporate partner in Mozambique

- In 1999, the success of a \$2B BHP Billiton smelter in Mozambique was threatened by a malaria epidemic
- BHP Billiton partnered with the Lubombo Spatial Development Initiative (LSDI) in 2000 to engage in an integrated approach to combat malaria
 - indoor spraying, rapid diagnostics, ACT distribution
- For BHP Billiton Malaria control was a cost-effective investment
 - malaria prevalence has been reduced by 80% in Mozal region

Can replicate best practices and increase DALYs through global management