

## Executive Summary

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This is the Final Report of the External Evaluation of Roll Back Malaria. The Evaluation was designed and commissioned by a loosely connected team of ‘core’ partners of Roll Back Malaria which included three of the four ‘founding’ partners – World Health Organization (WHO), United Nations Children’s Fund (UNICEF) and the World Bank – DFID, US Agency for International Development (USAID) and others. The ‘core’ partners selected a seven-member team with wide-ranging expertise in the areas of communications, economics and finance, health systems, human resources, global partnerships, and tools and research. Between the start of the Evaluation on January 14, 2002 and its close on March 31, 2002 the Evaluation Team made three country visits and interviewed many partners and stakeholders. A preliminary presentation of the Team’s Report was given at a meeting of the RBM partners in Geneva on February 27, 2002. A preliminary draft of the Team’s Report was circulated to partners for their comments in April 2002. The Report’s findings and recommendations are based on the Team’s assessment of RBM’s performance from its launch in 1998 until the close of the Evaluation on March 31, 2002. Thus, the many changes that were begun or have been completed by the Partnership following that date are *not* reviewed. Nonetheless, the Evaluation Team is pleased to note that many of these changes are consistent with the spirit of the findings and recommendations of this Report.

The Roll Back Malaria (RBM) movement was launched in November 1998 with great fanfare. Tackling malaria was a prominent part of the platform of Dr. Gro Harlem Brundtland’s campaign for the position of Director-General of the World Health Organization (WHO). RBM became one of the major initiatives of Brundtland’s new administration – a so-called ‘Cabinet Project’ which would report to her directly, rather than through a cluster unit at headquarters or one of the Regional Offices. Other partners, most notably the World Bank, UNICEF, DFID, and USAID, enthusiastically joined the enterprise. Roll Back Malaria was viewed to be different in important ways from other global partnerships. It was hoped that a ‘loosely’ constructed Partnership would avoid the risks inherent in a top-heavy management structure, and increase partners’ flexibility to act.

During Phase I (1998 to mid-2002) of RBM, there have been enormous achievements. A strategy of global advocacy has resulted in greater attention to the problem of malaria than ever before. International expenditures on malaria control have doubled. There is widespread agreement on the set of priority interventions that are required to make progress in the area of malaria control and prevention. It is possible that without RBM we would not now have a Global Fund for AIDS, Malaria and TB (Global Fund).

However, the Evaluation Team also identified serious constraints that have slowed progress in Phase I, and will continue to threaten progress in Phase II (mid-2002 to 2007) if not quickly resolved. Continued lack of progress will undermine the credibility of the Partnership and undercut future global initiatives. The most urgent message of the Evaluation Team is that the absolute and overriding priority for RBM is to demonstrate a significant reduction in the global burden of malaria by 2007. Thus, the Report emphasizes the need to get activities clearly underway at the country level in the very short term (three to five years).

To get progress quickly underway, the Evaluation Team recommends three major reforms of the RBM global architecture, and two tactical changes:

- Reorganization of the RBM Secretariat;
- Creation of an independent governance board;
- Reconstitution of the Technical Support Network (TSN);

- ❑ Selection of eight to twelve focus countries that show a high degree of commitment and can make rapid progress in the next three years; and
- ❑ Appointment of Country Champions to provide dynamic leadership in these focus countries.

The rationale for each of these recommendations, as well as for others made by the Evaluation Team, is based on findings which can roughly be described in terms of five categories of observation. These are:

- ❑ There have been major accomplishments in advocacy, resource mobilization, and consensus-building around priority interventions;
- ❑ The 'loose' governance structure has introduced inefficiencies in decision-making and has contributed to the overall lack of accountability within the Partnership;
- ❑ At the country level, progress in rolling back malaria has been slower than anticipated, and there are few systems in place to ensure rapid progress in Phase II;
- ❑ Countries receive inadequate and sometimes inconsistent technical advice from RBM and its partners;
- ❑ In practice, there has been insufficient attention given to multi-sectoral approaches, particularly as regards private sector activity.

There is no one-to-one relationship between key findings and recommendations of the Evaluation Team. However, the examples and supporting evidence which link them together are presented in tabular form below. This is by no means an attempt to represent the exhaustive list of findings and recommendations contained in the Report. The specific recommendations linked to each technical area such as communications, human resources and capacity development, monitoring and evaluation, and tools and research, to name only a few, merit individual discussions. These are provided in the comprehensive presentation of findings in Chapters 2 and 3 of the Report.