

## **Foreword**

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#### **Director General World Health Organization**

During 1997, I was meeting Heads of State and Senior Public Health professionals – particularly in Africa – as I prepared to stand for the position of Director General. I heard from them about the extent of the burden of malaria – about its effect on the health of hundreds of millions of people, and its impact on their productivity, prosperity and contribution to national development. I knew that low-cost and effective approaches to malaria prevention and treatment were available, and that more were under development. But it was evident that poor people in poor nations were just not benefiting from these opportunities. Malaria is a complex condition. An effective response must be tailored to local realities. It calls for an effective health system, for popular involvement and inter-sectoral action. It demands more financial resources: the level of expenditure in the 1990s was pitifully low. Above all, the different organizations that tackle malaria need to pursue a common strategy in a synchronized manner. All this poses big challenges for national malaria control efforts and the international community.

That is why I proposed a new approach to help affected countries Roll Back Malaria. I suggested that the World Health Organization could play a catalytic role in making this approach successful – helping governments, community groups, scientists, private entities and NGOs (Non-Governmental Organizations) to work more effectively together within countries, especially at local level.

Shortly after I took office in 1998, many Heads of State confirmed that they wanted to be part of a long-term effort to roll back malaria. In response, WHO, UNICEF, UNDP and the World Bank founded the Roll Back Malaria Partnership. Over time, we were joined by many national governments, donor agencies, foundations, research and teaching institutions, NGOs and private entities. As we started out, the partners opted for an unstructured partnership, bound by common purpose, focusing on raising the international profile of malaria, working together effectively in countries, but with minimal reciprocal obligations. This approach proved highly effective in building the political commitment, creating the momentum, and stimulating the innovation needed to reach the present phase of scaling up interventions within countries.

WHO took on a leadership role through combining our public health contributions with support for effective Roll Back Malaria Partnerships at local, national, regional and international levels. One part of this function included a small Secretariat for the Global RBM Partnership at our Geneva Headquarters.

From the start, the partners all appreciated that the Roll Back Malaria Partnership would evolve to reflect the realities within which partners are working, and I welcome this first external evaluation.

The report's main message is that, in the Partnership's first three years, more attention has been paid to rolling back malaria, international expenditure on malaria has doubled, and concerned parties have agreed on the strategies necessary to fulfil the task. I would add, however, that considerable effort has been made by partners to establish common ground for working at country level, to stimulate new institutional arrangements for inter-sectoral action and to build

capacity for absorbing any new resources that become available. The preparation has proved to be particularly relevant as countries respond to the promising opportunity of additional development funds for Roll Back Malaria action – particularly through the *Global Fund to Fight AIDS, Tuberculosis and Malaria*.

Some of the evaluation's recommendations provide partners with useful suggestions on how to move forward at global level. They have now established mechanisms to guide the evolution of the Partnership as it scales up implementation – agreeing the composition and Terms of Reference for a Steering Committee. Founding partners have agreed that WHO continue to serve as Secretariat to the Partnership, with a clear definition of what this entails. As Roll Back Malaria partners develop a clear understanding of how they can work together better, their expectations of the Secretariat will likewise become more precisely defined. The evaluation's analysis will help to improve the accountability of the Partnership and the Secretariat to people and communities at risk of malaria.

The evaluation also analyses ways in which WHO's malaria work can be strengthened. We will continue to bring together programmatic and research expertise in malaria throughout WHO, seeking to link it with the available malaria skills in the international scientific community and partner organizations. Working closely with other partners, we have accelerated our programme to establish four interagency, inter-country teams to provide technical and programme development expertise for Roll Back Malaria action in Africa.

As we move into the second phase of this vital endeavour, Roll Back Malaria partners are increasing their commitment to effective action at local level. UNICEF is giving increased priority to supporting Roll Back Malaria action within country programmes. Donor agencies within OECD governments are increasing their funding for malaria action through a variety of different channels. The US Government's Malaria Action Coalition will provide resources at the regional level in response to the emerging opportunities for effective action within countries.

Indeed, the preparatory work undertaken by Roll Back Malaria partners within countries, as well as at regional and global levels, has offered new opportunities for effective action. I anticipate that the accelerated response by partners will continue, and that we will be able to demonstrate our increasing impact on local and national capacities to roll back malaria.

I would like to thank Professor Feachem, the evaluation team, the hundreds of people that contributed to the process and the Department for International Development of the United Kingdom for providing support to this external evaluation and thus stimulating the further evolution of this vital Partnership.

**Gro Harlem Brundtland, MD, MPH**