

**4th Global Partners Meeting**  
Washington DC  
April 18-19, 2001



***Progress and remaining challenges***



**Working document prepared by  
The Malaria Consortium**

***Working Draft for Discussion 13 April 2001***

**Synthesis of country round table experiences and country  
partnership updates**

**A background paper for the Fourth RBM Global Partners Meeting  
18-19 April 2001, Washington DC**

**Malaria Consortium, April 2001**

**Commissioned by the WHO RBM Cabinet Project**

**Author: Sylvia Meek, Malaria Consortium**

**Based on roundtable and country partnership reports prepared by WHO and  
Ministries of Health, 2001**

Malaria Consortium  
London School of Hygiene & Tropical Medicine      Liverpool School of Tropical Medicine  
Email: [sylvia.meek@lshtm.ac.uk](mailto:sylvia.meek@lshtm.ac.uk)      Email: [j.hill@liv.ac.uk](mailto:j.hill@liv.ac.uk)  
[www.lshtm.ac.uk/itd/dcvbu/malcon](http://www.lshtm.ac.uk/itd/dcvbu/malcon)

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# **Synthesis of country round table experiences and country partnership updates**

## **1 Purpose and scope of the paper**

This paper provides background material for the Fourth Global Partnership Meeting to Roll Back Malaria held in Washington, DC, USA on 18 and 19 April hosted by the World Bank.

The objective of the meeting is: “expanding the capacity of the RBM Partnership to get to scale”. It aims to address the following: How can malaria-affected countries and their partners mobilise action beyond malaria control programmes, beyond the public health sector and beyond the public sector?

The purpose of the paper is to contribute to expansion of the capacity of the RBM partnership to go to scale by providing a synthesis of country experiences of RBM partner round tables in selected countries, and to highlight key issues raised at the round tables for discussion during the GP4 meeting.

This paper is not intended to address technical issues of RBM strategy and implementation, but focuses on development of partnerships. A valuable and more comprehensive summary of country activities up to June 2000 can be found in “RBM Action at Country Level: Country Updates October 1998-June 2000, WHO/CDS/RBM/2000.24 obtainable from WHO Geneva.

While the present synthesis is limited to the above roundtables and partnership updates, countries have been involved in many other stakeholder events which are also a rich source of lessons, especially locally, on how partnerships can develop. A further step in the synthesis of country experiences and concerns will be to track over time the development of the RBM partnership in a selection of countries, as the current cross-sectional synthesis cannot capture the dynamic processes underway.

Attribution of some events in partnership development to Roll Back Malaria is difficult, as there was already a move towards comprehensive national plans for malaria control as an integral part of national health sector plans in many countries, and partners were encouraged to feed into these plans. However, RBM has clearly accelerated and spotlighted this approach.

This is a working paper to be developed further on receipt of further information.

## **2 Methodology**

### **Sources of information**

#### **a) Roundtable meetings**

The RBM development process may involve roundtable meetings where partners in countries meet to discuss current and potential contributions and commitments to RBM.

We have attempted to document the experiences from a number of roundtable meetings that took place in the period January to March 2001 so that the Global Partners' Meeting would be fully informed about development, ideas and the issues which countries see as most crucial to success of RBM.

WHO RBM Cabinet Project personnel participated in the meetings, and arranged for reports to be written. Reports have been received from country roundtable meetings in seven countries: Ghana, Ethiopia, Zambia, India, Senegal, Mali and Nigeria. Reports varied in length from one to forty-five pages, so the level of detail is variable, but all the roundtable reports captured key points in different ways. For instance, in Zambia there was a direct record of discussion and an Aide-Memoire, while India produced a useful analysis of constraints.

**b) Country partnership updates**

In order to supplement the information from the country round table meetings from a broader range of countries the WHO RBM Cabinet Project sent a request to the WHO Country Offices of all malaria endemic countries participating in the Fourth Global Partners' meeting (as well as to some countries not participating) to make an update on the development of the partnership to roll back malaria, providing information on 1) management of malaria control activities, 2) consensus building, 3) partnership building, 4) institutional strengthening, 5) strategy development, 6) resources and 7) gaps. The framework is attached in Annex 1.

By 8 April 2001 updates were received from the following countries:

<b>AFRO-West Africa</b> Benin Burkina Faso Cameroun Cote d'Ivoire The Gambia Guinea Guinea Bissau Nigeria Senegal Togo	<b>AFRO- East and Southern Africa</b> Eritrea Kenya Malawi Tanzania Uganda Zambia	<b>PAHO</b> Brazil Peru Bolivia + some information on: Colombia, Ecuador, French Guiana, Guyana, Suriname, Venezuela	<b>EURO</b> Armenia Azerbaijan Georgia Kazakhstan Kyrgyzstan Russian Federation Tajikistan Turkey Uzbekistan
<b>AFRO-Central Africa</b> Burundi Congo	<b>EMRO</b> Afghanistan Iraq Morocco Sudan Yemen	<b>SEARO/WPRO</b> Cambodia Indonesia PNG Sri Lanka	

**c) Preparation meeting**

Finally, preliminary findings from the roundtable meetings and partnership updates were discussed at a preparation meeting in Geneva on 3 to 4 April 2001, which was attended by WHO Regional Advisers, Cabinet project staff, UNICEF and World Bank representatives and two keynote speakers. The issues identified as the most important are incorporated in this paper.

The following sections are structured according to the themes of the Fourth Global Partners' meeting.

### **3 Country perspective: Progress and challenges**

An impressive start has been made in strengthening and widening partnerships to roll back malaria in many countries with many participants at country RBM meetings who have had little or no past involvement in malaria control. Partners are recognising each others' comparative strengths and there is growing willingness to internalise and share problems with other partners.

Many countries were already making progress in developing malaria control strategies and implementing programmes prior to RBM, but RBM has accelerated action in some areas, changed the focus towards broader participation, and encouraged closer linkage of plans to situation analyses.

A challenge in developing RBM is how best to build on existing country achievements and work with existing initiatives rather than to start again with loss of ownership and time. Success in meeting this challenge has been mixed, but lessons are being learnt on how to monitor progress of partnerships.

Intensified malaria control actions are already happening, such as the greater efforts to monitor and combat drug resistance, progress in increasing access to ITMs and efforts to reach marginalised groups. However, in many countries malaria mortality appears to be increasing. Although some of the increase may relate to increased surveillance, there is still a lot more to be done to achieve acceptable outcomes. Despite excellent plans very little is happening yet at community level; drugs are often not available, and people are dying at home.

An important concept of RBM which was raised by Ethiopia, Ghana and Zambia but not raised much in the other country reports is the question of how do the planning process, financing and implementation of RBM link to broader strategic health planning, financing and health sector development processes. This may be an area to be highlighted for special consideration in the next few months. The extent to which malaria control programme managers need or are permitted to engage in health sector development debates to ensure their programmes are (1) given due priority and (2) fit in with national policy development needs to be addressed.

In order to move forward in going to scale countries highlighted the following:

- The need for clearer definition of roles and responsibilities of different actors
- The importance of communication on what RBM actually means for countries and on the opportunities it offers
- The need for capacity development at local as well as central level to be able to achieve RBM's objectives by going to scale and to absorb the needed resources

Some of the key issues raised on resource mobilisation are covered in the companion background papers on Poverty Reduction Strategy Papers (Jane Edmondson) and Sector Wide Approaches (Mary Starling), so are not covered here.

The affordability of antimalarial drugs is a particularly major concern to countries facing the prospect of changing to much more costly drugs due to drug resistance and recognising the large proportion of their populations who die due to lack of access to adequate treatment. These issues are covered in detail in another background paper by Rima Shretta.

In the original plans for RBM the first three years were to focus on inception, strategy development, baseline information collection and partnership development as a basis to have the capacity to expand action. While many partnerships are not perfect, we have moved a long way from the narrow scope of people involved in malaria before, and are in a strong position to move forward to the next phase of Roll Back Malaria.

## **4 Engaging All Actors**

A key concept of Roll Back Malaria is that, in order to make a real impact on the burden of malaria, coordinated action by more people from different sections of society is essential.

Clear progress in partnership building has been made through RBM meetings. As the RBM partnerships develop, it will be valuable to look for lessons on:

- How are partnerships developed and maintained?
- What are their outputs in terms of decisions taken, resources committed and action taken?
- How much can be expected from partnerships?
- What are some of the limitations in partnership development?
- The importance of clear definition of roles and responsibilities to achieve a balance between efficiency of completing tasks and the benefits of wider capacity development with awareness and ownership creation.
- Levels of commitment in terms of long-term involvement and maintained activity
- Transparency of partnerships

At this stage the main questions are;

- Is RBM leading to engagement of new partners?
- Are these partnerships beginning to function in terms of activity and resource mobilisation?

The following tables show some of the lessons emerging from country experiences as recorded in the roundtable meetings of 2001 and the country partnership updates. It must be re-emphasised that many more examples and lessons are available in other reports, and this synthesis just serves to stimulate discussion at the Fourth Global Partners' meeting of recent experiences. A key indicator of progress in partnership development is the participation at RBM meetings. The first table shows that in most countries there was broad representation in roundtable meetings including non-health and non-public sectors, while others were limited to Ministry of Health, mainly malaria control staff and multilateral agencies thus missing an opportunity for updating partners.

Overall, strong commitments to partnership were expressed. Ethiopia and Nigeria had a strong press presence to use the opportunity for advocacy.

#### Attendance at roundtable meetings 2001

	Ethiopia	Ghana	India	Mali	Nigeria	Senegal	Zambia
Senior Government leader (central)	v	v	v	v	v	v	v
Senior Government leader (local)	v	v			v	?	v
Government dept. -health	v	v	v	v	v	v	v
Government dept. -non-health		v					v
UN agency	v	v	v	v	v	v	v
Bilateral	v	v		v	v	?	v
NGO	v	v		v	v	v	v
Private sector	v	v		v	v	v	v
Community/CSO	v	v				v	
Research inst.		v	v		v	v	v
Press	v				v	?	v
<b>Total number participants</b>	<b>33</b>	<b>64</b>	<b>13</b>	<b>?</b>	<b>200</b>	<b>c. 100</b>	<b>c.70</b>

Note: not all reports included participant lists, so some countries may have had additional participants.

**Engaging all actors: general lessons**

Lesson	Example from country roundtable or partnership update
<p>RBM has engaged high political levels, which has already been significant when political decisions such as removing taxes or managerial decisions such as allocation of senior Ministry staff time are needed</p>	<p>In Mali the Chief of State is personally involved in RBM and in Senegal the Minister of Health toured the country to catalyse the social movement.</p> <p>In Armenia a report on the malaria situation was presented to the President who has taken malaria under his personal control</p> <p>The presidents of several countries including Sri Lanka committed their countries to RBM.</p> <p>The president of Nigeria organised the RBM Africa summit in 2000, which was attended by many other African Heads of State, who signed a declaration to achieve the targets set.</p> <p>Guinea Bissau noted the importance of high level political support for fundraising</p> <p>In Cameroon the president authorised the Ministry of Health with other relevant ministries to undertake all necessary action to reach the Abuja declaration targets.</p>
<p>A well-managed consensus building process is extremely valuable, so that partners contribute to a clear agreed strategy. Consensus building is likely to be an iterative process rather than a single event. Maintenance of partnerships requires commitment of time, and it will be important to continue to document at country level the added value brought by the process.</p>	<p>At the Zambia and Ghana roundtable meeting resource pledging was possible on the basis of agreed strategies.</p> <p>Nigeria developed a programme of work for the next six months to lead to an agreed strategy</p> <p>In Senegal the round table was an opportunity to present the five year RBM strategic plan. Participants asked questions and made comments to improve it. Most of the questions were on implementation issues or on specific components of the plan.</p> <p>In Mali the comments made at the roundtable meeting were used to finalise the strategic plan. The exposure of senior officials to the plan makes it more likely they will support it.</p> <p>Sri Lanka had active involvement of key partners in a series of activities leading to the</p>

	<p>five-year strategic plan.</p> <p>In Senegal some partners could not attend because of conflicting agendas. The malaria programme met most of them before the round table and they expressed their interest to participate in the founding of the strategic plan.</p> <p>India noted that changing personnel is a big issue for maintaining partnerships, and political advocacy is needed to overcome flagging commitment Armenia noted that WHO made huge efforts to maintain partnerships</p> <p>One of partners at Nigeria roundtable meeting noted the Plan of Action was public sector oriented</p> <p>Involvement of partners in situation analyses, plan development and decision making has increased their commitment (Benin, Senegal, Guinea, DR Congo)</p> <p>DR Congo noted an increased involvement of national and international partners since RBM began and a great willingness to work together</p>
<p>Carefully developed communication strategies are an important component of effective partnerships</p>	<p>Nigeria emphasised the importance of communication strategies for better coordination through the RBM core committee</p> <p>Malaria Programme Managers are sometimes not kept sufficiently informed of developments in the Ministry of Health – eg in Tanzania there was lack of communication on budget changes, which seriously affected planning</p> <p>The process of presenting strategic plans to a broad group of stakeholders for discussion encourages the NMCPs to develop clearer plans and communication skills</p> <p>Mali noted the opportunity presented by advances in communication technology</p> <p>Guinea expressed the need for more information on donor plans</p> <p>Armenia uses mass media for consensus building</p>

<p>Role of Task Forces and coordinating committees in involving partners and managing them is an opportunity</p>	<p>Bolivia has organised the Epidemiological Shield National Committee involving multiple sectors and government, NGOs and external partners. It is seen as a very strong initiative to link the malaria control sector, research and other sectors</p> <p>Several national coordination council and committees are multisectoral and meet regularly (eg Armenia, Kenya, Uganda)</p>
<p>The process of partner involvement may be gradual but incremental. It is important to provide repeated opportunities for partners to become involved</p>	<p>Zambia last year broadened participation in working group</p> <p>In a series of three partners' meetings Benin progressively involved more partners each time</p>
<p>Interest in multicountry activities is increasing. Several of these began prior to RBM, but can benefit from support of RBM</p>	<p>Country groups are coordinating drug efficacy mapping (eg EANMAT in Kenya, Rwanda, Tanzania and Uganda). A West African network is under discussion</p> <p>ACTMalaria in Southeast Asia organises collaborative training</p> <p>Several South American countries with common epidemiological problems are developing joint plans of action. This has also been initiated in Southeast and east Asia</p> <p>Bilateral cooperation between Yemen and Oman is reported to be very successful and there are intentions to strengthen it.</p> <p>The subregional partnership of The Gambia, Guinea Bissau, Guinea Conakry and Senegal in the Health for Peace Initiative has developed clear roles and responsibilities for each country,</p> <p>The regional programme for mapping malaria risk (ARMA-MARA) undertaken by a range of institutions was noted by Cameroon where OCEAC is involved as an important management tool</p>

#### 4.1 Expanding Capacity through Partnerships with Non-government organisations (NGOs)

NGOs and civil society organisations (CSOs) have a very important potential role in RBM, particularly at community level, in information, education and communication (including social marketing) and in providing some services. With the exception of Zambia the country reports did not provide detailed information on funding sources of NGOs (eg contracts from government, external etc), but provided many examples of the type of activities they undertook.

Some key questions to consider in the role of NGOs in going to scale include;

- How do NGOs/CSOs feed into RBM strategy development?
- How do current and newer mechanisms of financing affect the role of NGOs?
- What mechanisms are in place for coordination and quality assurance?

Lesson	Example from country roundtable or partnership update
<p>NGOs are showing much increased interest in malaria and providing specialist support in several countries (service delivery, capacity building advocacy, IEC). Some of the roundtable meeting reports reflect limited involvement of NGOs, but the country updates, especially in West Africa and Cambodia show much involvement</p>	<p>NGOs specialising in complex emergencies have provided substantial support in epidemic control in Kenya and Burundi and have provided longer term support in several complex emergencies such as DRC, Afghanistan and East Timor, Tajikistan</p> <p>In Sudan there is more community involvement through formation of community environmental health societies</p> <p>Nigeria highlighted the need for massive grass-roots mobilisation and sensitisation on RBM to ensure community ownership, but the role of NGOs to support this received little mention</p> <p>In Malawi NGOs are seen as major contributors in capacity building, ITM promotion and social mobilisation</p>
<p>NGOs are playing a significant role in social marketing insecticide treated mosquito nets (ITM) through a variety of mechanisms. Their involvement in strategy development meetings is important for definition of roles and</p>	<p>Kenya had an extensive process of consensus building to develop its ITM strategy which revealed the importance of discussion with NGOs to identify what role they can most usefully play</p> <p>In Cambodia NGOs have supported the national malaria programme to achieve high coverage of limited risk groups with ITMs</p>

responsibilities	<p>In Tanzania social marketing projects have played a major role in developing national ITM strategy</p> <p>In Ghana the Ghana Social Marketing Fund has made good progress in creating demand evenbeyond what can be met by local production</p> <p>In Eritrea NGOs are supporting revolving funds, and there is good ITM coverage in some zones</p> <p>Rotary Against Malaria has provided significant support for ITMs for several years in Papua New Guinea</p>
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## 4.2 Engaging the Private Sector

The private sector provides essential capacity for going to scale, but the public sector has less experience of working in partnership with the private sector than with other public sectors, so that there are many lessons to be learnt, and capacity is needed to improve mutual understanding. RBM has made a major impact in opening the door to public-private partnerships

Lesson	Example from country roundtable or partnership update
Progress has been variable and government needs to provide an enabling environment for the private sector	<p>India and Guinea found efforts to involve private sector not encouraging</p> <p>Nigeria manufactures most antimalarials, but producers are not working at full capacity, so there is scope for expansion</p> <p>In Tanzania the local mosquito net manufacturing capacity has rapidly grown Involvement of private sector representatives in consensus building and strategy development meetings has been an opportunity to assist local private sector to identify and fill market gaps</p>
It is important to develop private sector partnerships at different levels of the health system and include informal private sector	<p>Ethiopia proposed more work with drug vendors</p> <p>Nigeria noted few partnerships at State and Local Government Authority level, little attention in plan of action to informal providers</p> <p>Need to include non-formal private sector in training as they provide a large percentage of health care (60-70% in Nigeria)</p>
Taxes and tariffs removal/reduction on nets and insecticides is an important achievement	<p>Ghana and Zambia succeeded but stressed it was not easy. Several countries in Africa and Papua New Guinea noted it as an achievement</p>
Private sector can play an important role in IEC and training	<p>Nigeria proposed that pharmaceutical companies support education on correct drug usage</p> <p>In Benin an insecticide company (Bayer) supports training in net treatment. Other insecticide companies such as Aventis and Zeneca provide similar support in other countries</p>
There is significant potential for support of RBM from companies with interests in malaria endemic countries	<p>Copper mines play a role in Zambia</p> <p>Exxon-Mobil has committed support in Cameroon to work together in accordance with the national plan</p> <p>Several oil companies provide support in Nigeria</p> <p>ENI (Italian oil and gas company) provides support in Azerbaijan</p>

### 4.3 The Role of the Public Sector

One of the main challenges in engaging all partners is the need for the public sector to redefine its own role (eg in stewardship, policy development, standard setting and regulation, rather than service delivery). Is there evidence that this is happening?

What capacities are needed in the public sector to fulfil its role, and are steps being taken to develop these capacities?

Lesson	Example from country roundtable or partnership update
All roundtables demonstrate leadership role of the public sector	
Efforts have been made with some success to involve other sectors, but the role of other ministries needs to be strengthened. Further advocacy directed to local government is needed	<p>In Eritrea the responsibilities of different ministries are linked to the NMCP</p> <p>Iraq plans to involve a range of other sectors in a national RBM committee</p> <p>Morocco has initiated increased communication among sectors</p> <p>Nigeria proposed greater involvement in community level and intersectoral committees, and plans advocacy for chief executives</p> <p>Peru noted limited appreciation of the social mobilisation element of RBM at regional and local level</p>
Human resource development is a priority for RBM	<p>Zambia discussed the need to consider where are priority HRD needs – central or peripheral?</p> <p>Brazil has a highly decentralised health system and noted inadequate experience in disease control and the need for trained people at local level</p> <p>India noted there was more to do but fewer staff to do it</p>

## 5 Resource mobilisation

Detailed discussions of the interactions of Roll Back Malaria with debt relief in heavily indebted poor countries (HIPC) and Sector Wide Approach can be found in two companion background papers with examples from Bolivia, Cambodia, Cameroon, Ghana, Tanzania and Uganda, so will not be repeated here. A few observations from the roundtables and partnership updates are included.

Key issues to consider include:

- the need to define as accurately as possible the resources needed to scale up, and this can only be done on the basis of a long term strategy
- the need to ensure that resource mobilisation includes resources for the broader systems development needed to support malaria interventions. This may be budgetted separately but cannot be ignored
- the need to determine what funds are available and not being used effectively and what is the need for additional resources
- the need for efficient and transparent systems for resource flows

Lesson	Example from country roundtable or partnership update
<p>Budget constraints are still constraining activity. Development of costed plans is very valuable to show this problem. However, it is difficult to quantify RBM funding in common sectoral support. Support for health systems also supports malaria.</p> <p>Much of the RBM advocacy seems to be for malaria-specific activities, and countries with less advanced health sector reforms need to consider advocacy for support systems.</p>	<p>Through the process of planning according to desired results Ghana and Democratic Republic of Congo identified large gaps between funds needed and available. The ability to show this gap in relation to a clear plan is important for resource mobilisation. Not all countries have reached this point.</p> <p>Most of the country updates have few figures on resources but state sources (at least of direct support) and plead (mainly unquantified) shortfalls. They mainly deal with direct resources to national programmes. Not much analysis of indirect through service delivery funds or e.g. IMCI or other sectors. Is this information obtainable?</p>
<p>Countries are anxious about the future of external support for malaria and thus their</p>	<p>Despite apparent global commitment reports from Kenya and Armenia expressed concern about future funding</p>

<p>ability to have an impact, as donors are unclear about their long term commitment. This makes planning difficult. However, greater diversity of donors provides some security</p>	<p>Senegal has seen a significant increase in partners supporting malaria</p>
<p>The mechanisms through which partners support malaria activities are many. Is there the right balance between the flexibility this multiplicity of mechanisms offers and the burden/difficulty of co-ordination, and multiple bureaucratic systems?</p> <p>This remains a major challenge.</p>	<p>Mechanisms used in country include (usually in combination):</p> <ul style="list-style-type: none"> <li>- Direct support for specific malaria activities or projects – managed by donors themselves, government, contracted to NGOs</li> <li>- Indirect through budget support/SWApS and loans</li> <li>- Within larger projects and programmes that include malaria or as part of service delivery</li> <li>- Through provision of manpower for training, technical advice etc in short or longer term.</li> <li>- Through provision of commodities and demand creation – drugs, ITNs etc – commercially (industries) or free/subsidised (donors, NGOs)</li> <li>- As health care providers in NGO and private sector</li> <li>- As implementers of projects/ programmes funded by others</li> <li>- As industries, support healthcare in districts where they work e.g copper mines in Zambia</li> </ul> <p>(Little information on contribution of communities to costs – e.g through ITM purchases, cost-sharing, use of private/informal sector)</p>
<p>The process for negotiating support from funding partners at country level is important, and requires adequate consultation. Roundtables did not always result in pledging.</p>	<p>In Senegal some funding partners said that they prefer to pledge money after a one by one meeting on the adopted strategic plan rather than during the round table. Few examples of new specific commitments for malaria were made at the meetings, largely statements of existing commitments or indications of possible future support but without firm sums of money. In Zambia, Nigeria, Ghana and at the DR Congo National Consensus Forum, however, following good preparation, pledges were made.</p>
<p>Problems with flow of funds during development of new systems or in decentralised systems is a major threat to success</p>	<p>In Nigeria most Local Government Authorities hampered by non-release of statutory allocation by Federal Government</p> <p>With the introduction of SWAp in Tanzania disbursement to districts has been slow and there have been problems accessing resources channelled through Treasury. This has constrained social marketing programmes. Lack of flexibility has limited capacity for scaling up different activities simultaneously</p> <p>In Brazil the mechanisms for fund transfer from Federal Government to States and Municipalities are already defined</p>
<p>How is prioritisation of malaria in political</p>	<p>In Tanzania only a small proportion of funds released by debt relief have been</p>

<p>rhetoric translated to prioritisation in financial support?</p>	<p>assigned to malaria</p> <p>Mali noted debt relief as a potential source of support for RBM</p>
<p>There are a wide range of different mechanisms to make malaria control more affordable to the poor</p>	<p>Nigeria is planning to remove taxes and tariffs on pre-packaged antimalarials with analgesics</p> <p>Several countries are removing taxes and tariffs on mosquito nets, and Benin noted that the support of the partnership, in particular the World Bank, was influential in achieving this</p> <p>Several countries reported social marketing projects offering subsidised products or subsidising the promotion</p>
<p>RBM needs to be seen as a longterm commitment, so longterm funding agreements are preferable, but special shortterm funding mechanisms may be needed, for instance for new initiatives, in complex emergencies or sometimes in epidemics</p>	<p>Indonesia updates suggest funding gaps should be filled using systems and procedures put in place for decentralised health service.</p>
<p>Resources alone do not guarantee rapid scale-up.</p>	<p>Lessons from large World Bank loan in India – funds sometimes too rigidly earmarked</p>
<p>Global funders need to have mechanisms that can support the many different stages and rates of health reform and the whole spectrum that exists from highly centralised to highly decentralised health systems</p>	<p>Some countries have decentralised systems with a very fast pace of health reform and implementation at below district level (e.g. Brazil, Tanzania, Uganda), others have relatively centralised programmes (e.g. India, Cambodia) and other countries are in conflict or post conflict with fragmented services and funding (e.g. Afghanistan).</p>

## 6 Working through All Avenues

### 6.1 Addressing malaria throughout the health sector

Many parts of the health sector can contribute to Roll Back Malaria. Particular achievements of RBM in this area have been the increasing collaboration with IMCI and, to a lesser extent so far, with safe motherhood programmes. Essential Drugs Programmes have become involved in issues of provision of effective treatment, and broader health planning and health systems staff are beginning to work more closely with malaria staff.

RBM has begun to improve communications for mutual understanding between those responsible for disease control and for health systems strengthening, so that polarisation between so-called vertical and horizontal approaches is recognised as not useful

Lesson	Example from country roundtable or partnership update
It is important to engage broader health sector beyond malaria control for sustainable scaling up. How to improve services and provide specific support for malaria in context of long-term system strengthening?	Malaria control in Brazil is part of a World Bank supported Disease Surveillance and Control Project
Major opportunities to prevent and treat malaria and pregnancy	Nigeria situation analysis showed 50% antenatal clinic use. In some countries of East Africa it is even higher
Coordinated scale up of IMCI and RBM is evident in some countries, but needs more attention in others	Nigeria had limited reference to IMCI in its case management plan  Senegal and Benin have joint management of certain important activities
The interaction of different levels of the health service in achieving the objectives of RBM is essential	In India experience with District Malaria Societies was mixed, and needs more State involvement

## 6.2 Enlisting the Non-Health Sectors

- Activities in other sectors (e.g., agriculture, infrastructure, water) can affect malaria morbidity and mortality, so that it is important for these sectors to take responsibility for designing and implementing projects that mitigate negative effects.
- There are examples of experiences in some non-health sector programmes which could be valuable for malaria control
- Intersectoral collaboration is difficult to initiate and maintain. What has the RBM partnership achieved in promoting it?

Lesson	Example from country roundtable or partnership update
The involvement of non-health sectors may need to be progressively achieved with more partners becoming involved as RBM develops and the role of non health sectors becomes clearer	Senegal now has a focal point in the Ministry of Finance for RBM
Partners outside the health sector are becoming interested	In Nigeria oil companies have expressed strong support for RBM  Ministry of National Defence works closely with MOH and NGOs to control malaria in Sri Lanka
Traditional supporters of broader community development can become involved in RBM	UNDP through its poverty reduction programmes is supporting RBM at community level in Senegal and Benin
School health is a particularly promising area of development for RBM	FRESH is a new international partnership, which aims to improve the educational outcomes of the poorest children through improved health and nutrition. It has specifically identified malaria as a major constraint to learning. In Senegal the FRESH partnership has a malaria component

### 6.3 Research to Policy and Programmes

Evidence-based decision-making is a key feature of RBM. Efforts to increase the amount of appropriate operational research, to build capacity and to ensure results feed back into policy and practice are numerous. An original element of RBM partnerships was the development of Technical Support Networks. It will be useful in the future to assess their impact on national programmes.

Lesson	Example from country roundtable or partnership update
Has RBM used partnership development to improve the working relationships of research institutions and control programmes to strengthen demand for an evidence-based approach to malaria control?	Sri Lanka has set up a Malaria Research Committee as part of its RBM development, and uses RBM situation analyses to improve evidence-based planning. It perceives a better link of programme and research staff. There is still a problem in linking research, policy and practice. Mechanisms to strengthen linkages as part of Essential National Health Research have made limited progress in Kenya despite relatively strong research capacity. Malaria research carried out by NGOs is sometimes but not always reported to the MOH. In Senegal the research community is very engaged in RBM with strong representation on the coordinating committee.
Most countries have a useful range of operational research underway	Research portfolios in many countries are showing some shift in emphasis from parasitological, entomological and clinical to socioeconomic and systems research, but traditional areas have not been abandoned. Peru has increased operational research as part of RBM
There is great urgency to use data on drug resistance to update drug policy	Noted in Zambia and given top priority in Nigeria operational research agenda.  Several networks for intercountry drug resistance monitoring have been mentioned
The RBM situation analyses will provide important data for planning and monitoring progress, but there are some reservations on whether the process really supports better malaria control	In India it was noted that the situation analyses identify many potential partners at district level In Tanzania with limited human resources there is a problem of prioritisation of activity, and the situation analyses are very time-consuming  Senegal noted that the situation analysis was the basis for high level commitment to RBM  Guinea Bissau noted the importance of the situation analyses for evidence-based planning
Networks for operational research are developing and feeding into RBM development	EANMAT is an important example of a four country partnership including malaria programmes and local research institutions collecting, analysing and disseminating data on drug sensitivity and feeding this into policy making

## Framework For Country Updates

### **1. Management of Malaria Control Activities**

Describe the impact that the RBM inception process has had on the ongoing malaria control activities, outlining experiences and influences.

### **2. Consensus Building**

Describe the main activities targeted for consensus building. Outline participation of the political leadership, external partners, various government departments, civil society, the private sector and the media. Describe where ever possible the added value of various partners or stakeholders. Describe what has changed as a result of RBM principles, concepts and approaches. \

### **3. Partnership Building**

Describe the strategies and activities employed to build dynamic country level partnerships, outlining partners targeted and analyse the experiences, including false start and perceived underlying factors. Describe the added value of RBM principles, concepts and approaches.

### **4. Institutional Strengthening**

Describe the strategies and activities employed to strengthen institutional capacity in line with the expanded scope of RBM. Evidence of adequacy or inadequacy of the institutional arrangements, and perceived further strengthening by various stakeholders.

### **5. Strategy Development**

Describe the strategies and activities to develop or review strategies and plans of action at various levels in accordance with RBM principles. Describe the implementation process. Describe perceived underlying factors for the current level of implementation and perceived necessary corrections to the process.

### **6. Resources**

Describe in detail the resource inputs from various partners, commenting on adequacy, timeliness, absorption, etc. Comment on experiences and challenges, and perceived underlying factors. Comment on the trends in resource flows and the potential impact on further development of RBM as perceived by various partners. Prepare a partner-by-partner resource commitment and the trend per partner for the next few years or potential and attendant conditionalities.

### **7. Gaps**

What areas of the agreed plan of action have not been funded? Why is this? Are there prospects for such funding? Please list, in general terms, the areas that require funding and the level of funding needed. What other contributions might be useful to these areas? Who might a logical partner to carry out this activity? Are there areas where expertise or in-kind contributions could be useful?

RBM Secretariat, 11.12.2000