Overview of concept note and outline of the initial wave of work / engagement and the proposed target countries

For guidance and information

*WORK IN PROGRESS*

*(Draft)*

*A Comprehensive Approach to Malaria Financing*

**Introduction:**

Concept Note objective: To produce a “Discussions Paper” on increasing domestic financing for malaria endemic countries.

Aim: For the RBM partnership to assist national health sector leadership in the development of a robust “investment case” to seek increased fiscal-space for malaria funding, to apply innovative financing solutions and mobilize influential leadership.

**Background:**

Since the establishment of the RBM Partnership there has been remarkable progress in the fight against Malaria worldwide. Global mortality rates have declined by 47% in all age groups, and by 53% in children under 5 years of age, with a total of 4.3 million lives saved. The 10 countries with the highest burden in 2000 accounted for 68% of deaths averted from 2001 to 2013. ¹

Between 2010 and 2015, malaria incidence rates (new malaria cases) fell by 21% globally and in the African Region. During this same period, malaria mortality rates fell by an estimated 29% globally and by 31% in the African Region. Other regions have achieved impressive reductions in their malaria burden. Since 2010, the malaria mortality rate declined by 58% in the Western Pacific Region, by 46% in the South-East Asia Region, by 37% in the Region of the Americas and by 6% in the Eastern Mediterranean Region. In 2015, the European Region

¹ Action and Investment to Defeat Malaria (AIM) 2016
was malaria-free: all 53 countries in the region reported at least 1 year of zero locally-acquired cases of malaria.\(^2\)

Though the progress trajectory has been highly positive, in 2015 there was an estimated 429,000 malaria deaths worldwide. Most of these deaths occurred in the African Region (92%), followed by the South-East Asia Region (6%) and the Eastern Mediterranean Region (2%). In 2015, malaria killed an estimated 303,000 under-fives globally, including 292,000 in the African Region. Between 2010 and 2015, the malaria mortality rate among children under 5 fell by an estimated 35%. However, malaria continues to be a major killer of under-fives, claiming the life of 1 child every 2 minutes. (WMR 2016). Also, according to the report, there were 212 million new cases of malaria worldwide in 2015 (range 148–304 million). The WHO African Region accounted for most global cases of malaria (90%), followed by the South-East Asia Region (7%) and the Eastern Mediterranean Region (2%).\(^3\)

**Funding Trends**

In 2015, malaria funding totaled US$ 2.9 billion, representing only 45% of the WHO Global Technical Strategy 2016-2030 (GTS) funding milestone for 2020. Governments of malaria-endemic countries provided 32% of total funding. The United States of America and the United Kingdom are the largest international funders of malaria control and elimination programmes, contributing 35% and 16% of total funding, respectively. Approximately 45% of malaria funding is channeled through the Global Fund and approximately 63% of all other malaria funding is from 8 major donors, with 35% of all funding coming the U.S., 16% from the UK and the remainder (12%) from France, Germany, Japan, Canada, BMGF and the EU.\(^4\)

The total funding of $2.9 billion achieved thus far, falls short of the envisaged $6.4 billion requirement for the WHO GTS estimate for the 2020 target. If the WHO 2020 targets of the GTS are to be achieved, total funding must increase substantially.\(^5\) To address this significant funding gap, and with the visible pattern of leveling-out-of-ODA, it becomes vital to advance forward more innovative approaches to increase funding levels for Malaria programmes.

**Past Patterns – Challenges ahead**

Moreover some barriers for universal coverage still remain as challenges for some malaria endemic countries overall. The World Health Report: Health system financing (2010) expresses three key barriers to universal coverage; first, is the availability of financial resources to the sector, second the dependency on direct payments at the time that people need care and; third, the inefficient and inequitable use of existing resources (estimated 20-40% of waste in the use of health sector resources in countries). Indeed, capacity and delivery services barriers will continue to need vigilant attention at the national level. For example, and even with the new funding model where country allocations have allowed for forward planning and budgeting, recent global figures from the Global Fund to Fight HIV/AIDS and Malaria (GFTAM) for Malaria for 2014-2017 allocation ($ 4.6 billion allocation) reveal early signs of a “slowdown” in malaria funds absorption rate, noting that disbursement rates are

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\(^2\) WHO World Malaria Report 2016 (WMR 2016)

\(^3\) WMR 2016

\(^4\) WMR 2016

\(^5\) WMR 2016
approximately at 60% ($3.1 billion disbursed), where approximately 87% of the implementation period has elapsed.  

In a more positive light, and since its establishment the GFTAM has disbursed USD 30 billion (3 diseases), with approximately USD 9.5 Billion for malaria programmes worldwide. The Fund’s counterpart financing succeeded in stimulating domestic investments over time. To date, countries have committed an additional US$6 billion to their health programs for 2015--2017 compared with spending in 2012-2014, representing a 41 percent increase in domestic financing for health.  

Taking into consideration these critical funding gaps and to support efficient best value-for-money malaria programmes, the RBM plan is to build support through advocacy and resource mobilization strategies focused on; i) improved resource use through efficiency gains, ii) increased investment through domestic financing, and iii) new donor investments.  

**INVESTMENT AND LEADERSHIP**

Consistent with RBM the strategic pillar for increased investment through domestic financing, the current draft ‘discussion’ Concept Note has been prepared. The specific focus here is to seek ways to expand the fiscal negotiations space for health sector financing. The impetus for this is based on extensive experience and knowledge amongst partners of the pivotal role of health sector leadership, political will and astute negotiations with the Ministries of Finance during the national budgeting and planning processes. In this regard there is ample evidence were these factors have played a key role in some countries in advancing and achieving increased financial investment for the health sector overall, and for malaria programmes specifically. The Africa Leaders Malaria Alliance was born out of this important consideration – the important role influential leaders can have in elevating the malaria debate to the highest levels in the continent, and helping to increase the financial investment targets.

For the RBM partnership to successfully support increased level of financial investment for Malaria programmes, 3 principle results are foreseen:

1) Enabling a more conducive policy environment at the national and international levels for health Malaria financing
2) Improved level of health sector leadership-capacity to support negotiations, increased domestic resource generation, performance monitoring and innovation.
3) Rapid “business case” development methodologies for policy analysis and decision-making to promote innovative financing options.

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6 (GTAM info, at 06/2017).
7 GFTAM
8 Draft in progress: RBM Partnership Strategy Plan 2017-2020
III) DEFINING THE NEW APPROACH - Negotiating for Malaria Space

Fiscal Space Creation

“Fiscal space, in its broadest sense, refers to ‘the capacity of government to provide additional budgetary resources for a desired purpose without any prejudice to the sustainability of its financial position’”

Innovative Financing Options

In order to expand the options for creating the fiscal space necessary to raise revenues for malaria, countries would need to engage themselves with a mix of approaches that combine tested innovative mechanisms, pilot initiatives that experiment with novel applications and that must be underscored by tax revenue generation. A combination or an options-approach would indeed create the most pivotal element for Ministries of Health and health advocates during their bid for increased resources from the national basket. The following areas and methodologies, are amongst the most current initiatives which range from accessing transitional resources to accessing new financing:

How can national authorities expand their options to create fiscal space?

1. Leveraging efficiency improvements and gains in the Health Sector

Of priority importance for Ministries of Health in their bid to successfully engage in fiscal space-gains for the health sector, is to demonstrate the effectiveness of their overall health programmes' delivery. Simply defined, the inefficiency refers to a failure to fully exploit available resources. Conversely, increasing efficiency of expenditures must mean reducing cost of service delivery without reducing outcomes and targets of programmes – and not simply about “cutting” costs. Fiscal space created through efficiency improvements can take a variety of forms, including increasing the efficiency with which services are delivered or transfers targeted, introducing policies that reduce corruption and improve governance, and achieving greater alignment and harmonization of donor resources. Moreover, Ministries of Finance and public and private sector investors stress the importance of ensuring and demonstrating greater “value for money” or optimizing resources to achieve the intended results. Two other critical factors include i) an evidence based and costed strategic plan and ii) a sector resource mobilization strategy that can be used by malaria-stakeholders to expand the share of malaria funding. Thus, a commitment for results in improved health system governance, lends priority credibility for Ministries of Health when seated at the negotiation table.

2. Leveraging Overseas Development Assistance (ODA) and expanding programming principles.

Under the many paradigm analyses that express the path from control to elimination to meet the SDG targets, development aid remains a key part of that journey. Indeed it is expected that at the farther-end of the eradication phase, donor assistance will remain a key part of the

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10 Fiscal Space for Health, Oxford Policy Management (OPM), Seminar Series, 2015.

11 (AIM 2016)
malaria programming and funding processes, as vigilance will still be essential to combat re-emergence of malaria in countries (estimated at year 2040 by the Aspiration to Action 2015 authors). In parallel, and with the objective to mitigate the projected ODA “decline” in the next years, a number of countries have been responsive to the use of ODA as an incentive to mobilize additional resources for their own health sectors.

**Examples include:**

**i) Cost-sharing and Success**

An example of this form of incentive is The Global Fund New Funding Model (NFM) counterpart financing initiative, which creates a financial “pull-factor” for Ministries of Health and Ministries of Finance to receive an additional 15% increase on their country envelope as their own domestic resources rise. This incentive has already resulted in a 52% increase in domestic (co-) financing for health from the period 2012-2014 alone – with low-income category countries seeing almost a two-fold increase (47%) in the same period. 12

The fundamental principle with this approach, is the value added that is immediately perceived by the ‘gain’ for the Government planning budgeting processes and as a result effectively creates the fiscal space for it. In some UN funded programmes this principle of “cost-sharing” is a requirement for middle and upper-income countries categories during the programming and funding arrangements for development assistance, and where government cost-sharing contribution acts as seed-funding for UN funded programmes. Important here, is the aspect that the 3-5 year UN planning frameworks allow for National authorities to plan forward for this cost-sharing principle. Another example is the Global Fund’s Meso-America and Hispaniola Regional initiative that provided USD 10.5 million directly linked the reduction of malaria cases. It is a win-win situation; Countries are encouraged to invest to meet targets and unlock external funds13 - and acts as a further incentive for the absorption of performance based funding principles in health sector planning and positioning.

**ii) Regional Banks – Development infrastructure and Health**

With the expanding programmes from regional and infrastructure investments, promoting the mainstreaming of malaria into the development project planning and funding processes is of critical importance. The newly formed emerging economy bank BRICs and the China-led Asian Infrastructure Investment BANK (AIDB), along with the Arica Development Bank (ADB), the Asia Development Bank (ADB) and other infrastructure investment ventures maintain “high volume turn-overs” and as such represent an important partnership for including specific malaria funding and services for and government leadership to negotiate funding for malaria programmes and/or specified services for Malaria. 14 The ADB has supported impact assessments of operations that reduce risks of malaria transmission and from 2002 – 2012 financed health projects at health infrastructure strengthening – of which approximately $46 million went to malaria prevention and control activities. An additional $30 million went toward control efforts in other sectors such as agricultural, water, sanitation, infrastructure and education. 15 An important aspect, therefore, is engagement with Regional banks at the onset

12 GFTAM

13 Aspiration to Action: What will it take to end Malaria? 2015

14 AIM 2016

15 RBM/ARM p32.
of the funding and planning cycles to guide and sustain malaria interventions by way of the development-project negotiations process.

**iii) Arab Funds and Foundations**

Similarly, Arab Funds and Arab financing institutions and Foundations operate in high volume turnovers and are significant players outside of their own region, with large investment programmes in developing countries in Africa and Asia through a mix of concessory loans, grants and guarantees. Their soft loans often support infrastructure development, such as road and dam construction, construction or rehabilitation of hospitals and health clinics, agriculture, and the expansion of water and sanitation services. A number of them have considerable interest in technology and R & D overall, as well as in the health field in particular, such as with the Qatar Foundation. Other institutions include the Arab Bank for Economic Development in Africa (BADEA) which aligns itself with the principles of Afro-Arab cooperation, the Saudi Fund, the Islamic Development Bank (ISDB), the Abu Dhabi Fund for Development are a few key examples. While these Banks and Funds are often perceived as ‘infrastructure-driven’ programmes and only engage at the highest level such as with Ministries of Finance and Economy and Heads of State, there is in fact significant space for seeking investment engagement in “soft” areas such as health technologies, youth targeted training programmes, community services support, health officials’ training for instance, and can be consulted on soft loans as well as grant funding for malaria programmes.

3. Reprioritizing government budgets, to not only towards the Abuja targets, but to also ensure an increased share for Malaria.

African Heads of State pledged to allocate 15% of their national budgets to health in the year 2001. However, by 2011 only 6 of the 55 African Union members had met this target. (Liberia, Madagascar, Malawi, Rwanda, Togo and Zambia). While several others are within reach of this target, others have actually reduced allocations. To be sure, the fiscal “bargaining” process is a challenging one. “The allocation of the budget is a highly politicized process and decisions-makers are faced with competing needs for which compelling cases are being to put forward” Nonetheless, the need to sway the internal debate for malaria, is further supported by the fundamental principle that the return on investment from effective malaria programmes are intrinsically linked to exponential growth in well-being and socio-economic productivity. Thus, this only further underscores the importance for a bargaining-collective that can create the fiscal-space through enhanced health sector analysis and leadership-capacity.

Noting the success of some countries who have achieved success in expanding the “space” for allocation, -- advocacy efforts on the continent must remain focused on fulfilling this agreed commitment by the Heads of State in Abuja.

4. Domestic revenue mobilization, through improved tax administration or tax policy reforms;

   **i) Increased Revenue**

Increasing revenue collection by way of improving tax administration and broadening the tax base continues to be an important priority. In particular, some key challenges remain with

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16 AIM 2016

17 OPM, ibid
countries with large informal sectors – which may require special measures for their inclusion. Such broadening measures are already bearing fruit in several countries, for example, low income countries as a group took such action between 1990 and 2011 and increased government revenue from 13 to 17% of GDP. The ILO estimates that the informal economy comprises more than half of the global labour force and more than 90% of Micro and Small Enterprises (MSEs) worldwide. In developing countries, the informal economy comprises half to three-quarters of all non-agricultural employment. In 2015 the International Labour Conference adopted the “Transition from the Informal to the Formal Economy Recommendation,” seen as a historic global framework, interalia, “to promote the creation, preservation and sustainability of enterprises and decent jobs in the formal economy and the coherence of macroeconomic, employment, social protection and other social policies”. Certainly this is not a simple transitioning process, however with globally recognized standards and incentives finally endorsed, national planning can be advanced to include this significant part of the working population for national revenue generation.

**ii) Earmarked Taxes**

To increase opportunities for domestic financing, there are a number of tested options to advocate for when seeking to expand revenue generation. Earmarking taxes is often viewed as imposing an unnecessary constraint on fiscal policy-making, one that reduces flexibility and allocative efficiency. Thus, while it is not unusual that calls be made to introduce earmarked taxes as a way to insulate health spending from other competing publicly funded activities, these calls are generally supported by political rather than economic arguments, and where targeted advocacy-leadership can play a pivotal role. Some examples of successful earmarked tax applications include:

- **a) Tourism:** Prospects for introducing mandatory solidarity levies on airline tickets, tourism services taxes or adding a malaria component to hotel or airports departure taxes.

- **b) Value Added Tax:** Prospects for channeling a portion of import/export duties or VAT to health or malaria. Funding for Ghana’s health insurance scheme is derived mainly from a 2.5% levy on VAT. While Zimbabwe’s HIV/Aids earmarked (income) component of taxes forms the basis of funding for the National Aids Council (NAC) programmes.

- **c) “Sin” Taxes:** Prospects for levying taxes on alcohol and tobacco or other harmful products to health. Successful examples of this levy include Egypt, Pakistan, Thailand and Vietnam to finance their health care system. Advocacy for initiating this tax in a country could indeed immediately push for its application for Malaria specifically.

- **d) Multinational Corporates:** Prospects for transparent engagement with MNCs to ensure host countries receive a faire share of their receipts and royalties is a critical drive towards attaining increased revenues. A highly politicized issue in the African continent, independent advocacy leadership here could lend a significant hand in these negotiations. This can be further supported by the campaign group “Publish What you Pay” and by the Extractive Industries

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18 OPM Ibid
19 AIM
20 OPM, ibid.
21 AIM
22 Ibid
Transparency Initiative which have picked up some steam with many MNCs within their objectives to meet CSR compliance.23

5. Deficit financing and debt relief through domestic and external borrowing

_Shifting domestic Financing Costs to the Future_24

Following a considered analysis of the various resources that are available/unavailable for malaria financing, and pressed by the objective to attain malaria elimination targets, borrowing may be a possible financing option. Concessionary-loans’ options make domestic investment attractive by front-loading benefits while allowing countries to pay cost over time. This direction for negotiating additional fiscal-space through borrowing for Malaria by the Ministries of Health will need to forcefully remind, as strongly underscored by the AIM vision, that health is a ‘productive asset’ and can pay for itself over time. An example of these soft loan mechanism includes, the Islamic Development Bank’s (ISDB) new Lives and Livelihoods Funds of $2.5 Billion providing grants and loans includes support to high-burden Malaria countries such as Nigeria and Indonesia. Other examples include:

a) _Health Bonds_: (GIFF) - Global Financing Facility, World Bank Group is establishing (health-sector focused) two of the largest social impact bonds (SIBs) i) one for the potential mass replacement of bed nets where the principle is to be paid back over time by the borrowing government with possible assistance from the Global Fund and; ii) the other for mass deployment of health workers which will also spread out the upfront CHW scale up cost allowing more fiscal space for government spending. 25

b) _Diaspora Bonds_: Launching of Diaspora Bonds (the selling of government bonds to nationals residing abroad). The revenue gained from these bond sales could be dedicated to health and with possible earmarking for malaria programme campaigns. This method of leveraging resources from the diaspora community has been highly effective in both Nigeria and India, both of which also have records of high remittances from their nationals abroad. _Malaria Pay for Performance Bonds_ is another instrument that aims to improve aid effectiveness implementation and successful results, with a current pilot under way in Mozambique.26

c) _Debt Conversions_: The agreement whereby developing country debts can be written off, as long as the amount agreed could be invested in the health sector or malaria. This bilateral form of agreement has had some success with the Debt2Health mechanism with the Global Fund Support.

d) _Guarantee Funds_: The Pledge Guarantee for Health (PGH) in innovative financing facility which provides a credit line to scale up its operations of facilitating bridge financing for developing country governments and civil society partners and help speed up delivery of essential health commodities. An important example involved Zambia, where drawing down from this credit line, proved highly expeditious to procure bed nets prior to the rainy season

23 Ibid  
24 Aspiration to Action, Ibid  
25 Aspiration to Action, p 50  
26 RBM External Evaluation of the RBM Partnership 2009-2013
and involved a successful strategic partnership between the Government of Zambia, UNICEF, the WB and Stanbic Zambia Bank. 27

6. The “Local” Private Sector

The significant literature, and in many cases tangible in-country progress, around the role of the private sector in broader development models has been under discussion from the launch of the Global Compact in 2001 and the context of the MDG global agenda. Through this acquired global experience of the past 15 years, the engagement role of the private sector features prominently in the 2030 Agenda (SDG 17). However, what still remains a challenge in many countries is “how” to engage the private sector in a fruitful manner—calling forward the need for creative ideas, joint brainstorming and advocacy around public-private sector initiatives.

Whether the private sector partner is medium-size or large (MNCs), there is a need for setting a regularized process where the health sector leadership “brainstorms” around the many possibilities of partnership in malaria programmes. In Zambia, and in response to a malaria outbreak, Coke Cola was quickly persuaded to deliver bed-nets to the remotest regions, due to a shortage of government transportation vehicles. In Angola, a large component of drugs/products were frequently transported by a large cosmetics company to the remote areas of the country, at no cost to the Ministry of Health. These initiatives are only a few of the many partnerships examples that have and can happen at the national and sub-national levels. Moreover, both these examples of collaboration and forward planning are highly feasible. Considering for instance the high costs of transport, NMCP can “mainstream” these partnerships in their planning, budgeting and launching of Malaria interventions.

Overall, private sector involvement in Malaria control programmes range from sponsorships, workplace protection and services’ provision, commodities, social marketing and media outreach (ARM). Other examples include:

a) Incentives to encourage corporate donations and/or pro bono services

b) Incentives to encourage Employee donations

c) Extractive Industries Collaboration, legal provisions for %2 social investment contribution

d) Individual (or a collective of Individuals) philanthropy giving

e) Sponsors for Malaria Youth Advocates – unleashing the creative enterprise of the local youth to fight malaria.

f) Strategic engagement or co-promotion of social enterprise activities in endemic areas (social enterprise)

g) providing pro-bono training for local authorities (financial management/enterprise)

27 The Centre for Global Health and Diplomacy
IV The National End Malaria Council: High Level Engagement for Action

Engaging Leadership

The RBM External Evaluation Report (2009-2013) concludes that despite the Partnership’s efforts to organize Ministerial meetings and engage closely with ALMA to assist countries to increase domestic financing, results have not been very encouraging at the local levels. Only the Ivory Coast and Liberia are reported to have made some progress in increasing taxing through tobacco and alcohol to provide additional funds for malaria. Thus, despite concerted efforts of the Partnership to engage a high percentage of the 46 African malaria endemic countries on country progress and achievements, it is not proving sufficient to galvanize increased domestic resources. To compound this, and despite the new GFTAM financing model that has presented countries with allocations for forward planning and budgeting for Ministries, early information on GFTAM funding absorption rates exhibit a slowing down of the delivery of grant funding (for the 3 diseases). Furthermore, the 2016 Malaria report underscores that while significant progress has been attained in the fight against Malaria, maintaining this momentum will require emphasis on “global leadership, new financing and innovation”.

Thus, notwithstanding the availability of these important instruments and finance-innovations for addressing the increase of resources to the health sector, in many countries there is clearly a critical need for ‘collective-bargaining’ for the health sector that can effectively analyse, lead and persuade effectively. National End Malaria Council, with influential members that work to support the Ministry of Health, can help mobilize investments for malaria programmes and, where necessary, affect policy change to achieve the SDGs. The End Malaria Council, launched this year, was established in this spirit – serving to ensure that Malaria remains large on the international stage on the one hand, to build political will, mobilize resources and support the development of new tools to find, prevent and treat malaria, on the other. 28

V DEVELOPING A ROBUST INVESTMENT CASE

The Role of RBM – The Malaria Finance Task Force (MFTF)

What can the RBM as a global partnership do to help advocate for increased fiscal space and assist malaria endemic countries to drive high level political, technical and financial support for malaria programmes?

The RBM partners have a critical role to play in supporting a vigorous process for country-situational analysis, that helps determine the financial trajectory for Malaria programmes and defines practical tools to achieve these ends. With this robust and evidence-based information at hand, RBM can, thereafter, effectively mobilize influential leadership that can support the Health Sector in galvanizing increased fiscal space.

The RBM Malaria Finance Task Force (MFTF)

To support this national effort for resource mobilization, it is envisaged that an RBM Malaria Finance Task Force (MFTF) will be established to support the effort at various stages of the process. Utilizing the comparative advantages of each partner, the RBM MFTF will oversee the data gathering process through the use of the respective Agency’s knowledge library and sharing and/or developing assessment guidance to support the National Situational Analysis.

28 The End Malaria Council (web)
Membership in this group is expected to include, The World Bank, WHO, CHAI, ALMA and APLMA and others who can review and share global, data or specific assessment tools successfully used by countries in their support to the Ministries of Health - to lead and implement the sector Situational Analysis.

A. Country Situational Analysis: Health Sector

In order to better understand the financial “environment”, and with the leadership of the Ministry of Health, a national malaria situational analysis and assessment must first be undertaken to determine:

1. What are the strategic issues and priorities to be addressed to deliver effective and efficient Malaria Programmes?
2. How much funding is required to attain the WHO GTS targets on an incremental basis?
3. How to prioritize funding and what is required to attain the fiscal space to increase resources Malaria, without impacting other sectors?
4. What is the investment approach: What is a realistic ‘take’ from the fiscal space?
5. What role can the private sector play?
6. What are the financial gaps for Malaria funding?

B. Country Support: Analytical Data Gathering and Tools

To facilitate the situational analysis and in support of the Ministry of Health’s assessment, the RBM MFTF country level partners will be critical to follow-up and provide:

- Direct support to the Ministry of Health for the development and/or application of existing tools, technical support and health sector analysis.
- Rapid access to and collation of country information on Malaria programmes situational analysis conducted in other countries.
- Tools (WB) for creating “fiscal space” – How to effectively develop the “business case” for fiscal space negotiations?
- Innovation Tools: Best Practice on innovative instruments and/or initiatives in other countries, from regional banks, private sector, etc.

VI Mobilizing Influential Leadership for Malaria - Leadership, Financing and Technology.

Aim: Lead High Level advocacy for the assessed investment case - to influence policy change, promote leadership, applicable financing innovations and technologies to increase domestic funding for Malaria.

Building on this nationally driven partnership, RBM today aims to quickly initiate and design processes that will invite commitments from high level political leaders and eminent individuals who can actively “build the investment case” and drive the success of national malaria strategies – which will considerably expand the fiscal space for Malaria in light of the significant resources required to meet the 2030 Target.

At the heart of the AIM thesis, is sustaining the remarkable progress in the fight against malaria. Within this, it positions the AIM strategy squarely within the wider national development benefits. This important direction allows a wide spectrum of prominent membership. In addition, this coalition of eminent individuals must engage and collaborate with high-level leadership advocacy initiatives at the regional level such as ALMA, APLMA, the global End Malaria Council and the UNSG Special Envoy for Health 2030 Agenda and for Malaria. Additionally, the engagement with critical global and business coalitions such as the
Private Sector Malaria Coalition (PSMC) and country-level business associations would be of significant value to their multi-partner mobilization effort.

As honest brokers for the Ministry of Health, they will help expand the financial landscape for Malaria Programmes in country and these prominent personalities will drive:

1. **Leadership** – Ensure that malaria eradication remains high on Country, Regional and Global agendas seeking strong political commitment from leaders at all levels. Country level bargaining power and lobby directly with related Ministries (i.e. joint projects.).

2. **Financing** – Ensure sufficient funding to sustain momentum to eliminate malaria through resource mobilization and through innovative and concrete financial instruments, including engagement with the business sector.

3. **Technology** – Support the introduction of new technologies that can accelerate the path to eradication.

4. **Academia** – Partner with the local scientific community as key collaborator for evidence-based scientific analysis and link to global scientific expertise.

**Profile**

Under the auspices of the Ministry of Health, and in collaboration with the Ministry of Finance, RBM Working Group would drive the identification of key influencers at the country level. The potential profile for the identification of prominent influencers, includes:

- Prominent Political Leaders
- ALMA Members
- Prominent Scientists
- Prominent individuals from Academia
- CEOs of MNCs and other Business Leaders
- Heads of Philanthropic Foundations
- Director Generals of Regional Banks in country and/or invited from the Sub-Region.
- Prominent Media CEOs
- Celebrity personalities – mobilizing the “Youth Factor” lobby.

**VII NEXT STEPS**

1) Establish the MFTF
2) Select Pilot countries and reach out to them.
3) Set timelines – potential to prepare side deliberations at the upcoming UN GA September to share with Heads of State.

* * * * *
A Comprehensive Approach to Malaria Financing

Work in Progress

RBM

June 24 2017

I OVERVIEW

- **A. Malaria Progress - 2010-2015**
  - Mortality rates drop by Global 29%: WP Region (58%), Africa (31%), SEA (48%), Americas (37%), Europe (free) — Under fives mortality rates dropped by 35%
  - However:
    - i) Global Deaths: 429,000: 92% in Africa, 6% in Asia, 2% in EM
    - ii) Global 303,000 under-fives, including 292,000 in Africa

- **B. Funding Trends and Challenges** — leveling off in 2015 at $2.0 billion
  - ii) Expected Slowdown in trend of ODA.
  - iii) Endemic countries provide 82% of total Malaria Funding
  - iv) Of Total Funding: USA 35% - U.K. 16% - (GFTIAM = as 45% of Global funding)
  - iv) Large Gap: fort 2020 Milestone- Donor support exp at 40% of total elimination requirement
II INVESTMENT AND LEADERSHIP

For the RBM partnership to successfully support increased level of financial investment for Malaria Programmes: 3 principle results.

• Enabling a more conducive policy environment at the national and international levels for health Malaria financing

• Improved level of health sector leadership-capacity to support negotiations, increased domestic resource generation, performance monitoring and innovation.

• Rapid “business case” development methodologies for policy analysis and decision-making to promote innovative financing options.
  
  (to achieve these goalsstrategies)

III DEVELOPING A ROBUST INVESTMENT CASE

• --The Role of RBM – The Malaria Financing Task Force (MFTF)

  What can the RBM as a global partnership do to help advocate for increased fiscal space and assist malaria endemic countries to drive high level political, technical and financial support for malaria programmes?

• MFWG support for:
  
  i) A robust process for Country situational-analysis
  
  ii) Help determine the financial trajectory for Malaria programmes
  
  iii) Help define and share practical tools to achieve these ends (avoid duplication)

  iv) Thereafter, effectively mobilize influential leadership that can support the Health Sector to galvanize increased fiscal space for Malaria.

• Membership of Working Group: TBD: i.e. WB, WHO, CHAI, ALMA, APLMA....
A. Country Situational Analysis: Health Sector

In order to better understand the financial "environment", and with the leadership of the Ministry of Health, a Country Malaria situational analysis and assessment must first be undertaken to determine:

- What are the strategic issues and priorities to be addressed to deliver effective and efficient Malaria Programmes?
- How much funding is required to attain the GTS targets on an incremental basis?
- How to prioritize funding and what is required to attain the fiscal space to increase resources Malaria, without impacting other sectors?
- What is the investment approach: What is a realistic ‘take’ from the fiscal space?
- What role can the private sector play?
- What are the financial gaps for Malaria funding?

B. Country Support: Analytical Data and Tools

To facilitate the situational analysis in support of the Ministry of Health assessment’s, the RBM MFTF country level partners will be critical to follow-up and provide:

- Direct support to the Ministry of Health for the development and/or application of existing tools, technical support and health sector analysis.
- Rapid access to and collation of country information on Malaria programmes situational analysis conducted in other countries.
- Tools (WB) for creating “fiscal space” – How to effectively develop the “business case” for fiscal space negotiations?
- Innovation Tools: Best Practice on innovative instruments and/or initiatives in other countries, from regional banks, private sector, etc. ---
IV Mobilizing Influential Leadership for Malaria

Leadership, Financing and Technology

Aim: Lead high level advocacy for the assessed investment case — to influence policy change, promote leadership, applicable financing innovations and technologies to increase domestic funding for Malaria

As honest brokers for the Ministry of Health, these influential leaders will help expand the financial landscape for Malaria programmes in country, and will help drive:

* Leadership – Ensure that malaria eradication remains high on Country, Regional and Global agendas seeking strong political commitment from leaders at all levels. Country level bargaining power and lobby directly with related Ministries (i.e., joint projects).

* Financing – Ensure sufficient funding to sustain momentum to eliminate malaria through resource mobilization and through innovative and concrete financial instruments, including engagement with the business sector.

* Technology – Support the introduction of new technologies that can accelerate the path to eradication.

* Academia – Partner with the local scientific community as key collaborator for evidence-based scientific analysis and link to global scientific expertise.

IV DEFINING THE NEW APPROACH

Innovative Financing Options

How can national authorities expand their options to create fiscal space with NECC support?

* 1. Leveraging efficiency improvements and gains in the Health Sector
* 2. Leveraging ODA and expanding programming principles.
* i. Cost-sharing and Success
* ii. Regional Banks – Development infrastructure and Health
* iii. Re-prioritizing government budgets at Abuja targets - with increased for share for Malaria.
* iv. Domestic revenue mobilization, through improved tax administration or tax policy reforms;
* v. Increased Revenue
* vi. Earmarked Taxes
* vii. Deficit financing and debt relief through domestic and external borrowing - Shifting domestic financing costs to the future
* viii. i.e. Health Bonds, Diaspora Bonds, Guarantee Bonds, Debt Conversions
* ix. The “Local” Private Sector
VI NEXT STEPS

- 1. Establish Malaria Financing Task Force (MFTF)- asap
- 2. Select Pilot countries and reach out to them
- 3. Set timelines – UN GA September to share with Heads of State

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