



Meeting Summary:
**Positioning Malaria in the Global
Development Agenda: 2015 and Beyond**
The Harvard Club, New York City, June 10-11, 2013

This two-day Roll Back Malaria Partnership (RBM) meeting was chaired by Dr. Graham Brown, Vice Chair of the RBM Board and moderated by Dr. Regina Rabinovich, Harvard School of Public Health. We heard from a number of eminent guest speakers, including Ms. Amina Mohammed, UN Assistant Secretary-General and Special Advisor to the UN Secretary-General on Post-2015 Development Planning.¹

Purpose: Review and harmonize the malaria advocacy narrative and messaging for 2015 and beyond.

Format: Pre-reads, presentations, moderated panel discussions, small and large group work.

Context: At a high level, the meeting took stock of the changes underway in the global development landscape. As the deadline for achieving the Millennium Development Goals (MDGs) draws near, it is acknowledged that, despite their limitations, the MDGs have inspired tremendous achievement, especially in Health – whilst of course recognizing that more is needed over the coming years. As future goals are being set for beyond 2015, there is broad consensus that the next global framework should remain focused, building on the success of the MDGs and not leaving behind an unfinished agenda.

The transformative development agenda envisioned by the recent High Level Panel Report is inspired by the objective of empowering people to live a life of hope, dignity, and self-sufficiency, underscored by fueling and improving economic opportunities in order to end extreme poverty by 2030 and reduce reliance on Overseas Development Assistance (ODA). The clear message being that it is economic development will drive success in the post-2015 development agenda.

The process for deciding the next set of development goals is complex, but what is clear is that the UN Member States are in the “driving seat”. Decisions will be made at Country and UN member delegation level and, with many just now getting up to speed on the post-MDG process, there will be plenty of opportunity for global and national partners, academia, civil society and private sector to engage over coming months to 2015. Country level mechanisms will be the most critical, with regional initiatives and Parliamentarians playing a key role in forging consensus.

Progress in reducing malaria related deaths was cited by the High Level Panel report as a key marker of MDG success, and meeting participants noted that malaria will continue to be a good pathfinder for the post-2015 health agenda as the disease responds rapidly to positive interventions - and resurges quickly in the event of negative changes such as funding gaps. Progress in reducing the burden of malaria also helps drive economic progress and social stability (and vice-versa). It is thus the “canary in the mine” of the global health infrastructure.

Findings:

Recognizing the above “givens”, there was broad support and consensus around the following points:

- Malaria Messaging must be contextualized, including:
 - Balancing the “unfinished business” of the MDGs with interpolation of malaria messaging into other development areas and goals
 - Making malaria messages relevant not only to those who prioritize development goals but to leaders and influencers who do not

¹ See meeting dropbox for the list of meeting participants, agenda, slide presentations, detailed notes from plenary sessions and reporting from group work: <https://www.dropbox.com/sh/nc2dx0sapzvbqji/uHbQzWbVOO>

- We have a strong case for malaria with existing evidence, but we need to be able to set this out in simple, understandable, compelling and accessible language across stakeholders and influencers.
- We must forge broader partnerships in development sectors as well as define a unified platform within the health community – for example MDGs 4 & 6 cannot be achieved without focus on malaria.
- We must also situate malaria within the broader current and anticipated future development agenda around eliminating poverty *and* achieving economic transformation and growth in ways that leave no one behind. We must look beyond health.
- Many interest groups talk about how their issue is fundamental to development and how development is fundamental to their issue, and attempt to use the return on investment (ROI) concept to solidify their case. This line of evidence is crucial for key audiences, such as Ministers of Finance (MOFs). We need more refined data to “unpack” the unique case for malaria – including ROI; impact on work absenteeism, productivity, job creation, household income, etc. Advocacy for mobilization must go beyond the negative poverty link and extend to positive messages of opportunity and promise of economic growth.
- Messages should appeal to the head but not forget the heart – emotional resonance needed to galvanize support e.g. “maximizing healthy lives” not as emotive as “saving lives” or “ending poverty”.
- Partners are united in their desire to achieve a goal of eventual global eradication. But until then, we must guard against resurgence. With malaria we can never stand still, we are always either driving forward or falling back. Malaria resurgence would cause devastating losses in life and slow economic development, threatening the entire development agenda in endemic countries.
- Our approach must be balanced.
 - The aspirational should be balanced with the realistic. We need a clear, ambitious end point, but also achievable, measurable milestones with clear timelines that align with research and development timelines and that take into consideration health system capacity (including human resources and program management).
 - Our messaging must be oriented both to the immediate life-saving control agenda and to the longer-term aims of elimination and eradication. Achieving shorter-term measurable “successes” is critical for countries, helping them garner and sustain political support.
 - The malaria narrative and messaging should position a continuum of the 2015 to post-2015 agenda, and be aligned with the forthcoming Global Technical Strategy (GTS) and Global Malaria Action Plan 2 (GMAP2).
 - Unhelpful dichotomies should be avoided e.g. control vs. elimination; Africa vs. elsewhere; *Falciparum* vs. *Vivax*; vertical vs. horizontal programming; vector control vs. attacking the parasite; saving lives today vs. eradication tomorrow.
- With changes in the development landscape and resource mobilization discussions that place countries and regional bodies front and center, the action and focus for malaria advocacy and messaging is increasingly at the country level, with regional bodies also more engaged. There are specific areas where country and regional level support is needed and the time to act is *now*. These include but are not limited to:
 - Ensuring Global Fund applications from endemic countries reflect malaria needs appropriately.
 - Ensuring malaria is squarely on the agenda during country, regional and UN consultations on the post 2015-agenda.
 - Facilitating *timely (early)* engagement of Ministers of Finance (MOFs) (by Ministers of Health, as well as potentially local private sector and other influencers) to ensure inclusion of malaria in World Bank International Development Association (WB IDA) requests and to aid domestic budget allocations and identification of multi-sectoral financing mechanisms.
- Funding decisions (by endemic or donor countries, philanthropists, foundations or the private sector) are generally made by a small number of individuals who need clear evidence of the outputs and outcomes expected and achieved. The ability to generate this data (at national level and below) is essential.
- Advocacy efforts at all levels (country, regional, global) need to be based on careful assessment and understanding of the context, with target audiences clearly defined, and tailored messages that will resonate with these audiences and provide a clear call to action. As noted above, we need a consistent narrative arc with messages that can be emphasized as needed for a particular context. There are specific gaps in information, tools, and tactics that need to be addressed. These include:

- Better ROI and economic impact / opportunity data (e.g. reduced absenteeism and increased productivity, household income levels, job creation, etc.) and evidence of social stabilization/improvement
- Toolkit of key messages and materials that can be adapted (with the essence intact and correct) to the country context – including impact on other development sectors such as education.

Next Steps and Recommendations from the Steering Committee:

Given the above, and several critical junctures needing focused advocacy attention in the coming months, the Steering Committee recommends the following as next steps for positioning malaria in the evolving global development agenda:

1. Articulate a refreshed Malaria Messaging Platform based on currently available information, with anticipated process for aligning with GTS and GMAP II, other info as available.
 - a. Deliverable date: Sept 9th, 2013
 - b. Responsible: MAWG Messaging Workstream with Steering Committee Approval
2. Prepare video campaign for social media in advance of UNGA and develop ideas for broadcaster outreach,
 - a. Deliverable date: Sept 9th, 2013
 - b. Responsible: MAWG / RBM Secretariat
3. Advance RBM/MAWG Advocacy Track to better support country-level multi-sectoral advocacy, by convening a meeting of 5-8 country level technical and advocacy partners to determine and share a handful of promising advocacy strategies used by countries to unlock resources.
 - a. Deliverable date: Following the MIM Meeting, Oct 6-11, 2013
 - b. Responsible: MAWG/HWG Collaboration
4. Enhance the RBM strategic media relations plan to factor in journalist relationships, education and channels for positioning malaria in the broader development agenda.
 - a. Deliverable date: Sept 9, 2013
 - b. Responsible: MAWG/RBM Secretariat
5. Mandate Combined MAWG & Meeting Steering Committee to remain engaged for ongoing consideration of messaging emerging from the meeting findings and future alignment with emerging GTS, GMAP II and related issue briefs by RBM partners as suitable. Members to convene via email, telephone and video conference as required with quarterly progress reports to the Executive Committee.
 - a. Deliverable Date: Executive Committee (EC) recommendation to Steering Committee members July 2013; followed by Steering Committee reports every quarter (to coincide with EC calls).
 - b. Responsible: EC & Steering Committee