



A Global Advocacy Framework to Roll Back Malaria 2006-2015

Executive Summary

This strategic framework for global malaria advocacy is designed to elicit transparency of both resources and results from all Roll Back Malaria (RBM) Partners and other malaria stakeholders so advocates have the information they need to persuade policymakers and donors of the moral imperative to roll back malaria. Its overall goal is to help the RBM Partnership achieve its goals detailed in the Global Strategic Plan for 2005 to 2015 to reduce the burden of malaria on endemic countries. RBM's Global Advocacy Task Force developed this framework and endorsed its three main objectives:

- Increase Resources For Malaria Prevention, Treatment, and Research
- Support Effective Policies in Endemic Countries
- Raise the Profile of Malaria on Development Agendas

Advocacy strategies and activities for the next decade will be based on these three objectives, and progress will be monitored and reported on annually by the RBM Secretariat.

To achieve the three main objectives, a number of cross-cutting strategies will be employed to enhance advocacy efforts at both the global and country level. Those strategies include:

- Strengthening the RBM Partnership
- Utilizing an "Inside/Outside" Approach
- Including Malaria on other Social Agendas
- Improving the Quality of Advocacy and Number of Advocates
- Increasing Awareness of Malaria on the Global Stage
- Effectively Monitoring Malaria Advocacy Efforts

Global estimates for effective malaria prevention, treatment, and research total \$4.1 billion annually. An effective global advocacy effort to mobilize this level of funding is estimated at \$20 million annually.

Background

A meeting on global advocacy held in Washington, DC in September 2004 led to broad consensus among the RBM partners present on the priority objectives for malaria advocacy. The Roll Back Malaria (RBM) Board mandated a Task Force to develop this consensus into an Advocacy Framework to guide future advocacy efforts of the global malaria community. This

document was later endorsed by representatives of all RBM constituencies engaged in the Task Force.

The past two years saw unparalleled advocacy activity, a significant expansion in the number of partners engaged in malaria advocacy, and substantial new resources committed for malaria advocacy at all levels. However, while the number-one goal of advocacy agreed by all is to defeat malaria, this goal will not be possible if the resources to fight malaria and the results achieved by those resources remain unknown or invisible. Effective monitoring and timely tracking of results, will help demonstrate successes at the country level and justify the need for additional resources to be spent on malaria.

The number-one goal of this global advocacy framework is to elicit transparency of both resources and results from all RBM Partners and malaria stakeholders to arm advocates with information that can persuade policymakers and endemic communities to roll back malaria. Transparency requires RBM Partners both to provide access to already existing information, such as funding disbursements, and to prioritize the efficient gathering of essential information, such as on the incidence and deaths (burden) of malaria. The three main objectives for advocacy agreed by the RBM Advocacy Task Force are the basis of advocacy actions to obtain more resources and to demonstrate better results, however, these same advocacy actions will be deemed irrelevant, unless supported by more transparency on the part of the RBM Partners.

RBM Advocacy Task Force March 2006

Introduction

In November 2005, the RBM Partnership endorsed a Global Strategic Plan for 2005 to 2015 to Roll Back Malaria. The Global Plan serves as a call to action and a practical guide to those involved or interested in becoming involved in implementing, supporting, or monitoring progress. It outlines how partners can contribute to achieving global and national goals for malaria control. In addition, the Global Plan illustrates the benefits of working in partnership and shows how this approach can help to bring about the ambitious goals of the RBM movement.

In a parallel process, the RBM Partnership's Advocacy Task Force developed this strategic framework for global advocacy for malaria for 2006 through 2015 to help achieve the RBM Partnership's primary targets presented in the Global Strategic Plan of ensuring that by 2010, particularly in the lowest two economic quintiles:

- 80% of people at risk from malaria are protected, thanks to locally appropriate vector control methods such as insecticide-treated nets (ITNs), and, where appropriate, indoor residual spraying (IRS) and, in some settings, other environmental and biological measures;
- 80% of malaria patients are diagnosed and treated with effective antimalarial medicines, e.g. artemisinin-based combination therapy (ACT) within one day of the onset of illness;
- In areas where transmission is stable, 80% of pregnant women receive intermittent preventive treatment (IPT);
- Malaria burden is reduced by 50% compared with 2000.

And by 2015:

- Malaria morbidity and mortality are reduced by 75% in comparison with 2005, not only by national aggregate but particularly among the poorest groups across all affected countries;
- Malaria-related MDGs are achieved, not only by national aggregate but also among the poorest groups, across all affected countries.

To help meet these Global Plan targets, the RBM Partnership's main advocacy goals are to increase annual global spending on malaria prevention, treatment, and research to close to US\$4.1 billion by 2010, overcome policy constraints for controlling malaria at the country level and raise the profile of malaria on development agendas.

Advocacy is defined here as strategic communication that aims to create the social pressure and political accountability required attracting resources, shaping policy agendas, and removing socio-cultural barriers in both donor and endemic countries. Advocacy primarily attempts to affect the behavior of decision-makers and politicians (see Annex One for examples of how various advocacy strategies can be deployed for reaching different audiences).

By comparison, other communication efforts — such as country-level communication programs, social marketing, health promotion, and IEC — are not addressed in this strategic framework because they are designed to affect the health-seeking or care-providing behavior of risk groups, patients, and health workers

Objectives

The following three objectives form the basis for malaria advocacy planning and implementation over the next decade. Progress toward achieving these objectives will be monitored and reported annually by the RBM Secretariat.

- Increase Resources For Malaria Prevention, Treatment, and Research
- Support Effective Policies in Endemic Countries
- Raise the Profile of Malaria on Development Agendas

Increase Resources For Malaria Prevention, Treatment, and Research

1. Increase donor resources for scaling up malaria prevention, treatment, and operational research to US \$2.6 billion annually by 2010.

Donor expenditures for malaria prevention, treatment and operational research were estimated to be between US\$300 and US\$500 million in 2004.¹ Nearly half of this was provided through the Global Fund. The U.S. President's Malaria Initiative (PMI) will add an additional \$1.2 billion over the next five years, if Congress approves the expenditure. And the World Bank's Booster Program is also adding significant funding. But for the MDGs for malaria to be achieved, the level of annual donor investment will still need to increase and advocates will also need to ensure funds are being spent effectively. The following strategies will be required to help accomplish this:

- Promote increased transparency of malaria spending by donors, to be disseminated in an annual report on malaria financing. Working from more accurate baseline figures on donor spending, determinations need to be made regarding each donor's "fair share"

¹ The Resource Needs of the Global Fund 2005-07. GFATM, p. 27.

toward malaria control efforts. Improved assessment is also required not only on the quantity of donor funding, but also on its quality i.e. how funds are being used

- Increase donor funding commitments to the Global Fund. The Global Fund already allocated US \$1.8 billion to malaria control between 2002 and 2004
- Increase contributions from bilateral donors (such as the PMI)
- Increase funding from multilateral donors (such as the World Bank's Booster Program, which intends to spend \$500 million in low-income malaria endemic countries over the next five years)
- Ensure adequate resources for technical support to assist countries in extending their malaria control interventions. Currently, major implementation bottlenecks impede the scale up of malaria control activities at country level and hamper the most efficient use of Global Fund grants. To help overcome these bottlenecks, a broad range of technical assistance is required from all sectors working in malaria control. WHO, for example, will require \$137.5 million for 2006-07 to provide technical assistance to countries²
- Mobilize RBM partners to fund the RBM Partnership Secretariat's \$23.3 million biannual budget to ensure efficiency and effectiveness in performing its key functions (see "Strengthen the partnership")³

2. Increase the allocation of endemic country resources for scaling up malaria prevention, treatment, and operational research to at least US \$0.5 billion annually by 2010.

Endemic country expenditures on malaria prevention, treatment, and operational research from their national budgets were an estimated \$0.3 billion in 2004.⁴ After an initial large infusion of donor support, domestic budgets will gradually need to take on a greater proportion of total malaria control financing if malaria control is to be sustainable past 2015. The following strategies will be required to help accomplish this.

- Promote consistent reporting on malaria spending in domestic budgets, including information on the quantity of funding, and also on its quality, ensuring that funds are used wisely on the highest priority cost-effective interventions
- Encourage increased national budgets for malaria control commensurate with the burden and impact of the disease, as well as strengthening of the national malaria program to effectively and efficiently fulfill its "Three Ones" role
- Advocate for healthcare systems strengthening including recruitment, retention, and in-service training of healthcare workers
- Help facilitate accurate monitoring to ensure GFATM funds are truly additional to national budgets – and not redirected monies
- Ensure that PRSPs and SWAPs contain targeted resources and specific indicators for malaria
- Engage other ministries (e.g. finance, education and agriculture) to gain their support of cross-sectoral malaria control efforts
- Engage the private sector to provide adequate malaria prevention and treatment measures to their workforce

3. Increase R&D resources for new drugs, vaccines, diagnostics, vector control measures, and implementation research to US \$1 billion annually.

² Converting Funding into Clear Results. RBM, p. 58.

³ Converting Funding into Clear Results. RBM, p. 60.

⁴ Converting Funding into Clear Results. RBM, p. 62.

Developing and bringing a new health product to the market range costs between \$350 million and \$2.5 billion. Total worldwide public and private spending on malaria research and development (R&D) is approximately \$323 million in 2004⁵, or less than 0.6% of the estimated \$70 billion spent annually on all biomedical R&D worldwide.⁶ According to the Malaria R&D Alliance, if malaria research was funded at the average rate for all medical conditions, it would receive more than \$3 billion in annual R&D funding. RBM estimates that \$1 billion annually is required for malaria R&D. This will fund the development of better vector control methods, easy and affordable diagnostics, new, affordable antimalarial drugs, an effective vaccine, and critical implementation research to ensure that the interventions are reaching those in need as effectively and quickly as possible.

Strategies:

- Increase funding for malaria research scientists and global partnerships devoted to developing new tools, such as the Medicines for Malaria Venture (MMV), the Special Programme for Research and Training in Tropical Diseases (TDR), the Multilateral Initiative on Malaria (MIM), the Malaria Vaccine Initiative (MVI) and potential new partnerships and ventures
- Engage departments of defense to budget for malaria R&D
- Advocate for innovative financing mechanisms to stimulate R&D and increase investment
- Coordinate with the pharmaceutical industry to ensure potentially promising compounds and candidates are included in malaria R&D efforts
- Advocate in coalition with other global health research causes to reduce the “10/90” gap, in which less than 10% of global spending on health research is devoted to diseases or conditions that account for 90% of the global disease burden.
- Promote the expansion and use of local and regional research and production capacity, especially in Africa

Support Effective Policies in Endemic Countries

Advocates need to help ensure adherence to RBM’s best practices for controlling malaria in all endemic countries, as presented in the RBM Global Strategic Plan 2005 -2015. Ample evidence demonstrates that malaria control strategies are working. New tools such as artemisinin combination therapies (ACTs) and long-lasting insecticide-treated nets (LLINs) are further improving prospects for controlling the disease. In some cases, however, national policy barriers are impeding proper and affordable use of these interventions. In other cases, there is ambiguity around how appropriate malaria control policies should be implemented and interpreted. On a country-by-country basis, potential strategies to ensure adherence to best practices include strengthening policy frameworks and removing barriers to effective implementation.

1. Strengthen Policy Frameworks

- Use assessments and other resources to determine what policy constraints are preventing optimal use of RBM interventions in each endemic country

⁵ Malaria Research & Development: An Assessment of Global Investment (2005)

⁶ WHO Commission on Macroeconomics and Health (2001).

- Promote the “Three Ones” approach for malaria (one national plan, one national authority and one monitoring and evaluation plan) for harmonizing malaria control efforts in each country
- Promote the adoption of policies to address malaria in pregnancy, including intermittent preventive treatment (IPT) and LLINS/ ITNs for pregnant women
- Promote strategies to achieve the highest coverage among economically and biologically vulnerable groups, including a combination of free distribution of antimalarial commodities, highly subsidized products, and the use of voucher schemes
- Promote the adoption of effective drug policy at the national level, including policies that ensure effective community-based treatment for those without access to health facilities
- Promote effective vector control strategies, including the use of IRS with DDT and other insecticides where appropriate and feasible
- Serve as a conduit for best practices recommendations from RBM working groups to decision-makers

2. Remove Barriers to Effective Interventions

- Encourage governments to remove taxes and tariffs for all sectors on thread, cloth, and insecticide used for ITNs and IRS
- Advocate for rapid approval and registration of new drugs and other antimalarial commodities
- Promote effective regulatory and quality assurance systems to eliminate the production and distribution of counterfeit and sub-standard drugs and other antimalarial commodities
- Advocate for effective supply chain management to ensure the timely supply of sufficient anti-malarial commodities in the locations where they are needed
- Support systems and procedures to ensure that formal and informal private sellers of antimalarial medicines are encouraged to provide approved and effective drugs at appropriate doses and for appropriate treatment duration
- Advocate for the adoption of pre-packaged unit doses of antimalarial medicines with appropriate low-literacy instructions to ensure compliance with treatment regimens

Raise the Profile of Malaria on Development Agendas

Malaria’s impact on endemic countries can be devastating and far-reaching. Significant improvements in health and development indicators can only be achieved if health and development activities recognize the role of malaria in creating poverty and ill health and adopt malaria control measures accordingly. Targeted advocacy is required to raise the profile of malaria on health and development agendas and to ensure visible integration of malaria control into all health and development policies and strategies.

- Advocate for countries to fulfill their commitments to achieving the Millennium Development Goals. Promoting efforts to reach the Millennium Development Goal 6 target to “have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.” The intensified drive to attain the MDGs provides an additional opportunity for malaria advocacy as countries are unlikely to achieve MDGs if malaria is not addressed and the burden significantly reduced.
- Ensure the visibility of malaria in political processes and forums, such as the African Union, NEPAD, G77, G8, World Economic Forum, and World Social Forum

- Improve coordination, collaboration, and strategic advocacy planning with the Secretary-General's office and with broader UN system, as well as other bilateral and multilateral institutions, by raising the profile of RBM Partnership within these institutions.
- Increase the involvement of international health and development NGOs, faith-based service institutions and civil society organizations in malaria control efforts
- Promote a cross-sectoral response to malaria at the country level ensuring that those involved with education, sanitation, agriculture, etc. are fully involved in efforts to control malaria

Cross-Cutting Strategies

Successful advocacy strategies and activities are widely situational and opportunistic depending on ever-changing local, national, and global political and social contexts. For example, advocacy strategies utilized in a state-controlled country will vary widely from that used in a democratic country. In any setting, advocacy strategies must quickly seize new opportunities and adapt to changes of government, emergence of new competing issues, unexpected economic constraints, war and natural disaster (See Annex One for examples of advocacy strategy development and activities). Even so, a number of foundational, cross-cutting “best practices” emerged from advocacy efforts on HIV/AIDS and other communicable diseases that can inform and provide the basis for long-term strategic advocacy planning for malaria. Among these are:

1. Strengthen the partnership. Malaria cannot be rolled back by a single organization or effort. By increasing collaboration and communication between partners, it is possible to create a more intensified synergy of advocacy efforts that could not otherwise be achieved. The RBM Partnership exists to maximize the coherence and consistency of messages and strategies among the Partnership's constituents.

To strengthen the Partnership, individual partners need to buy into and own the various partnership structures and mechanisms and make a clear commitment to working together under a unifying brand.

The RBM Partnership Malaria Advocacy Working Group – comprised of member partners will play a lead role in determining the focus of the Partnership's advocacy efforts and maintain close dialog with the other working groups.

In addition Task Teams made up of members of the Working Group will mobilize around unforeseen opportunities and maximize these advocacy efforts.

The RBM Partnership Secretariat utilizes the comparative advantages and expertise of its individual Partners. It has a specific mandate to intensify the development of strong partnerships at global, regional and country levels with both traditional and new partners. The Secretariat also plays an important role in ensuring the following:

- Coordination, collaboration and strategic advocacy planning among partners. An important process in accomplishing this is identifying the best use of various individual institution mechanisms for global advocacy efforts, and identifying potential gaps that need to be addressed.
- Branding and messaging. The movement to Roll Back Malaria must be intentional in avoiding cacophony in its messaging, contradictions in its data, and confusion over best practices. One of the functions of the Secretariat is to help achieve consensus on such issues, and identify main overarching advocacy messages common to the overall RBM Partnership that have the greatest strategic utility.

- Information sharing. The Secretariat will lead efforts to develop prototype advocacy materials, tools and messages, ensuring that all information is available on a website. The RBM Partnership should be positioned as the primary global source of information on malaria.
- Engaging new partners. The Secretariat has a particular role in leading efforts to encourage greater engagement by multinational companies doing business in countries affected by malaria, trade unions, NGOs, faith-based organizations and other civil society groups.
- Increasing the profile of the global movement to Roll Back Malaria. The Secretariat is charged with increasing the perception of the RBM Partnership as a positive force for change in the fight against malaria

2. An “Inside/Outside” approach. For advocacy purposes, it is useful for the RBM Partnership to ensure the inclusion of participants who at times might be constructively critical of the partnership or its individual members. Most successful social causes have benefited from an “inside/outside” advocacy approach that engages not only conventional institutional partners, but also concerned individuals and citizens’ groups to carry out necessary but distinctly different tasks. “Inside” approaches maximize the use of conventional institutional channels to increase resources and heighten awareness. However, “inside” strategies alone are often insufficient in creating political will. More precisely, parties other than those most responsible for funding and implementing malaria control and research efforts are required to hold their governments accountable for achieving the required results, as well as to “speak the truth” when other parts of the government (e.g. the Ministry of Finance) are hindering efforts.

3. Include malaria on other social agendas. As the control of malaria requires a multisectoral response, advocates must help to make it a visible priority on a wide range of social agendas such as those concerning gender, education, and human rights. Malaria champions from these communities need to be cultivated and welcomed in the RBM Partnership. Advocacy messages must continue to escape the confines of “bio-medical” speak and address more forcefully issues of equity and justice.

4. Build national advocacy coalitions and develop national strategic advocacy plans aligned to the global strategic advocacy plan. A major constraint to malaria advocacy efforts are the limited number of malaria advocates for the task, in comparison to other health issues such as HIV/AIDS and reproductive health. A massive effort is required to engage, equip, and finance NGOs to actively advocate on malaria. National malaria advocacy organizations and/or coalitions, based in civil society, should be established and funded in all major donor and endemic countries.

This would involve extending recent initiatives which are funding malaria advocacy efforts among civil society in endemic and donor countries. Advocacy consultants familiar with malaria are providing technical support to this emerging network of malaria advocates. The RBM Malaria Advocacy Working Group would provide a means through which all national malaria advocacy groups can collectively participate in strategic planning.

5. Global campaigns. Although awareness of malaria and political commitment to a more effective response has increased in recent years, the global community still does not yet view malaria as a significant challenge to the health, development, economic stability and security of our world. To develop and sustain the kind of long-term global response that will be required if malaria is to be reversed, malaria must be perceived more visibly as an emergency - one that can be controlled in the short to medium term and managed in a sustainable way in the long term.

To raise malaria higher on the world's agenda, Africa Malaria Day must continue to evolve into being one part of a multifaceted World Malaria Campaign. Various global events and activities must be developed to keep malaria issues highly visible throughout the year. These campaign events should build upon the experiences and momentum gained from a number of successful initiatives: the Drive Against Malaria, which since 1999 has traveled across 26 African countries promoting malaria awareness and proper control measures; the World Swim for Malaria, which is organizing a million person global fundraising swim from which 100% of the money raised buys mosquito nets; and Youssou N'Dour, Yvonne Chaka Chaka, and other world renowned artists and celebrities who are raising money and awareness for the control of malaria. Other campaign strategies also hold particular promise, such as ways of mobilizing "child advocates" through private, public, and religious schools; and using the run-up to the 2010 World Cup in Africa as a means of highlighting the importance of "getting to the net", an initiative already started with radio spots produced by top basketball player Dikembe Mutombo.

6. Monitor malaria advocacy efforts. Malaria advocacy efforts are hindered by a lack of baseline information regarding malaria control funding in donor and endemic countries, as well as a lack of information regarding malaria control policies and the degree to which they are implemented. Without this baseline information, it is problematic to measure and evaluate the impact of many malaria advocacy efforts. With the mobilization of \$4.1 billion annually for malaria control and research perhaps the most important indicator for the success or failure of the Global Strategic Plan, robust investment must be made in assessing the effectiveness of various advocacy and resource mobilization activities.

Budget for Advocacy

Based on the experiences of other recent advocacy efforts for communicable diseases,⁷ it is estimated that an annual investment in advocacy ranging from \$0.5 million - \$2 million is a prudent level to help mobilize every \$100 million in funding. Accordingly, it is recommended that a minimum 0.5% investment in advocacy should be made for every dollar to be mobilized for

⁷ Two recent examples illustrate this. First, since 1993 when WHO declared a "global TB emergency," WHO and the STB Partnership have been the largest funders of TB advocacy, devoting some \$15 million to this task. Roughly \$1 billion in new donor funding for global TB control efforts was mobilized over the same period. Second, the cost of GFATM advocacy efforts initiated by WHO and partners in 2000 and then continued after 2002 by the GFATM secretariat and other partners can be very conservatively estimated at \$10-12 million thru 2004. Donor contributions have totaled some \$3.5 billion to the Global Fund as of end-2004.

malaria control and research. That is, a \$20 million annual investment in malaria advocacy is required to help ensure \$4.1 billion in annual financial support.⁸ These funds would help:

Support independent national civil society advocacy efforts on malaria in both donor and endemic countries. The majority of funding would be spent here.

Support the RBM Malaria Advocacy Working Group to deploy advocacy consultants to provide technical support among the emerging cadre of independent civil society malaria advocates as required.

Lead to 10% of the RBM Partnership Secretariat's annual operating budget being allocated to advocacy

Increase the malaria advocacy capacity of other global partners (WHO, UNICEF, MIM, MMV, MVI, etc.)

⁸ In 2005, it was estimated that under \$2 million was allocated for malaria advocacy throughout the world, resulting in approximately \$500 million of donor and domestic resources for implementation of malaria control strategies.

ANNEX ONE: EXAMPLES OF ADVOCACY STRATEGY DEVELOPMENT FOR MALARIA

Target Audience	Desired Action	Delivery channels	Incentives	Barriers
Ministers in endemic countries	<p>Increased financial allocation for malaria</p> <p>Recognize and implement RBM malaria control policies</p> <p>Ensure the cooperation of all national institutions in the partnership processes</p> <p>Identify publicly with the RBM Partnership</p>	<p>High level dialogue</p> <p>International summits</p> <p>Personal letters (e.g. from RBM to Minister, giving praise, offering support)</p> <p>Campaigns, public opinion</p> <p>International pressure from donors, etc.</p> <p>Peers (ministers, heads of state / industry)</p> <p>Academia</p> <p>Local and international press</p> <p>NGOs, community groups</p>	<p>Staying in power</p> <p>Public support and praise</p> <p>Peer-group opinion</p> <p>International opinion</p> <p>Personal interests</p> <p>Increased budgets (national and donor contributions)</p> <p>Achieving targets</p> <p>High profile events where they can get credit</p> <p>International recognition</p> <p>Cost/benefit</p>	<p>Competing priorities</p> <p>General lack of job incentives, bureaucracy, lack of clear leadership, burnout, and having to respond to more than one “master”</p> <p>Lack of knowledge, experience and capacity</p> <p>Corruption</p> <p>Need to “fight fires” rather than address systemic issues</p>
Bilateral donors	<p>Allocate “fair share” of resources over and above existing contributions</p> <p>Advocate for multilateral funding</p> <p>Get malaria on the G8 agenda</p> <p>Earmark money for R&D</p> <p>Encourage industry involvement</p> <p>Ensure ACT production is adequate to meet demand</p>	<p>All Party Groups and annual party conferences</p> <p>Celebrities, dignitaries</p> <p>Editorial boards and media</p> <p>Elementary schools</p> <p>Hearings</p> <p>Industry reps, NGOs, FBOs</p> <p>Leaders from endemic countries</p> <p>Letters from constituents</p> <p>Lobbying</p> <p>Other PMs/Congresspeople</p> <p>Publications/reports</p> <p>Receptions</p> <p>Scientists/experts</p> <p>Site visits</p>	<p>Self-promotion, good PR</p> <p>Self-preservation</p> <p>Building reputation & image</p> <p>Constituency cares about development issues</p> <p>Need to be global player</p> <p>Championing social causes</p> <p>Political party pressure</p> <p>Getting re-elected</p> <p>Building constituency</p> <p>Being seen as forward-thinking, leader</p> <p>Malaria in the military (impact)</p>	<p>Time limits</p> <p>Money</p> <p>Disproportionate funding</p> <p>Prioritization</p> <p>Lack of power/influence</p> <p>Competing demands</p> <p>Heavy domestic issues</p> <p>Government change</p> <p>Over-extended budget</p> <p>Believing that their country is already doing enough</p> <p>R&D is long-term investment</p> <p>Inconsistency in messages</p>

Target Audience	Desired Action	Delivery channels	Incentives	Barriers
UN agencies, World Bank and Regional Development Banks	Meet Abuja commitment for funding ACT-Africa link Insure PRSP has malaria component Track WB money for malaria Capacity development Financial support	Ministers of finance Annual meetings RBM Board Elected officials Country EDs NGO's and universities Bilaterals	Seen to be a leader in development issues Ability to deliver results Progress toward achieving the MDGs Building political support from African governments	Limited accountability to member states Little transparency in operations Competing priorities Slow response of bureaucracy
Industry	Apply their know-how & technology for malaria R&D Demand and apply for more R&D funding	Public/private partnerships Multilateral agencies (WHO, UNICEF) Biotech/pharma associations Demonstrate the benefits of being a partner in malaria R&D Show opportunities for applying their technology & know-how Stockholders	Profit/money Accountability to shareholders Retaining workforce (work they can feel good about) Good PR Good mechanism for evaluating/advancing their technology Being on the cutting edge Healthy workforce Expanding their market	Opportunity costs Low return on investment Difficult science (in some cases) Perceived lack of sustainable market
Potential RBM partners	Make a formal commitment to RBM Contribute to the joint advocacy effort Consistency with RBM policies, principles and messages Identify publicly with the partnership through use of logo, referencing the partnership in literature etc.	For existing partners: RBM meetings RBM web-site and newsletters High level dialogue (minister to minister etc) For potential partners: Word of mouth from existing partners High level partner meetings Visits from RBM officials Events and conferences	Ability to use the RBM network to promote ones own work Ability to influence the global malaria agenda Quicker access to new developments and information	Crowded institutional agendas Disagreements on emphasis and priorities Unclear about the role they could play Rather fight malaria directly than attend lots of meetings