What's new in RBM

4th WIN meeting, Basel, 23.10.2007
Update 2007

• 2007 RBM Partnership Priorities
• Harmonization Working Group
• PSM Working Group
• 2008 Harmonized Partnership Workplan
• Strategic Direction & Global Business Plan
  – Control
  – Elimination
  – Erradication
November 2006 Board meeting

2007 Priorities
1. Accessing additional resources
2. Maintain access to new resources
3. Improve performance of existing resources

2007 Targets
1. > 50% success rate Round 7
2. 100% Phase II renewal for GF grants
3. 80% of GF grants perform at A or B1 level
COUNTRIES PARTICIPATING IN US PRESIDENT’S MALARIA INITIATIVE

- Sudan
- Mali
- Chad
- Niger
- Congo, DRC
- Angola
- Ethiopia
- Nigeria
- Namibia
- Tanzania
- Mauritania
- Zambia
- Kenya
- Botswana
- Guinea
- Mozambique
- Madagascar
- Congo
- Zimbabwe
- Ghana
- Uganda
- Cote d’Ivoire
- Senegal
- Burkina Faso
- Benin
- Eritrea
- Malawi
- Liberia
- Togo
- Sierra Leone
- Burundi
- Rwanda
- Djibouti
- Swaziland
- The Gambia
- Cameroon
- Eq Guinea
- Gabon
- Central African Rep
- South Africa
- Lesotho
- Somolia
COUNTRIES PARTICIPATING IN WORLD BANK MALARIA BOOSTER PROGRAM

- Sudan
- Mali
- Chad
- Niger
- Congo, DRC
- Angola
- Ethiopia
- Nigeria
- Namibia
- Tanzania
- Mauritania
- Zambia
- Kenya
- Botswana
- Guinea
- Mozambique
- Madagascar
- Congo
- Zimbabwe
- Ghana
- Uganda
- Cote d'Ivoire
- Senegal
- Burkina Faso
- Benin
- Eritrea
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- Rwanda
- Djibouti
- Swaziland
- The Gambia
- Cameroon
- Eq Guinea
- Gabon
- Central African Rep
- South Africa
- Lesotho
- Somolia
HWG: COUNTRY CATEGORIZATION CRITERIA

- **Emergency**: Urgent action required
  - No external financial support
  - At risk of Phase II renewal
  - 'Conditional Go' quickly improve programme implementation
  - Complex emergencies

- **Validation**: Performing well but constrained by available finances. Validation of strategic and operational plans to secure additional resources

- **Implementation**: Adequate financing in the short term, but unable to fully utilize them

- **Funding and Implementation**: Countries with both financial and implementation constraints

- **No action required**: Countries without short and medium term assistance needs
Round 7 Support

• Concerted proposal support effort in 21 countries
• 60% plus TRP recommended
• BUT
• Only 6 / 21 countries propose a plan to scale-up for impact (SUFI) i.e. 80% coverage and use
Commodity related developments

- Procurement and Supply Chain Management Working Group
- Affordable Medicines Facility - Malaria
## 2008 RBM Partnership priorities contd.

### Priorities

1. Strengthen Capacity and Enhance Performance for SUFI Implementation

2. Access Additional Resources (incl. through GFATM, UNITAID)

3. Enhance Performance in Countries and Secure Continued Resources (through diagnostic and corrective response)

### Targets

i. 31 technically sound, operationally feasible, country and partner owned SUFI business plans

ii. Pilot country based operational mechanisms in 5 countries

iii. >60% of countries applying for funding in Round 8 (GFATM) to be successful

iv. 31 Countries mobilize adequate funds for SUFI

v. At least 95% of countries currently getting funding should continue to keep it

vi. At least 80% of countries with existing Global Fund assistance should perform at "A" or "B1" ranking
2008 RBM Partnership priorities

**Priorities**

4. Track country progress

5. Strengthen Access to Commodities for Malaria Control

6. Ensure Proper Functioning of Partnership Mechanisms

**Targets**

vii. 12-20 countries to deploy MIS

viii. Publish Malaria Landscape report and update 107 country profiles

ix. An affordable facility for Malaria in place

x. 31 countries have access to affordable medicines for malaria through the private sector

xi. Track progress and report to the EC and the partnership Board

xii. Partnership achieves > 80% implementation rate of planned activities of the HWP
## RBM Priorities for 2007-2008

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1. **Strengthen Capacity and Enhance Performance for SUFI Implementation**

2. **Access Additional Resources (incl. through GFATM, UNITAID)**

3. **Enhance Performance in Countries and Secure Continued Resources (through diagnostic and corrective response)**

4. **Track Country Progress**

5. **Strengthen Access to Commodities for Malaria Control**

6. **Ensure Proper Functioning of Partnership Mechanisms**

7. **Other Cross Cutting Activities**
By 2010, particularly in the lowest two economic quintiles:
- 80% of people at risk from malaria are protected
- 80% of malaria patients are diagnosed and treated with effective anti-malarial medicines
- In areas where transmission is stable, 80% of pregnant women receive intermittent preventive treatment (IPT)
- Malaria burden is reduced by 50% compared with 2000

**RBM Targets 2010**

**RBM 2010 Targets**

- **Action at country level**
  - Support countries to rapidly expand access to effective treatment and prevention against malaria nationwide;
  - Improve management and healthcare systems to ensure that short-term gains can be sustained in the medium- to long-term

- **Global advocacy and finance**
  - Maintain malaria high on the development agenda using a results-oriented evaluation framework

- **Research and development**
  - Provide a comprehensive research agenda, ranging from product development to implementation strategies


- **RBM Workplan Objectives 2008**
  1. Strengthen Capacity and Enhance Performance for SUFI Implementation
  2. Access additional resources (incl. through GFATM, UNITAID)
  3. Enhance Performance in Countries and Secure Continued Resources (through diagnostic and corrective response)
  4. Track country progress
  5. Strengthen Access to Commodities for Malaria Control
  6. Ensure proper functioning of partnership mechanisms and provide stewardship

- **RBM Workplan Objective 2008**
  1. Strengthen Capacity and Enhance Performance for SUFI Implementation
  2. Access additional resources (incl. through GFATM, UNITAID)
  3. Strengthen Access to Commodities for Malaria Control
  4. Ensure proper functioning of partnership mechanisms and provide stewardship
1. Strengthen capacity and enhance performance for SUFI implementation
2. Access additional resources
3. Enhance performance in countries and secure continued resources
4. Track country progress
5. Strengthen access to commodities for malaria control
6. Ensure proper functioning of the partnership
7. Cross cutting activities

2008 Budget
Million USD

Priorities from HWP

Total

27.6
25.0
22.5
20.0
17.5
15.0
12.5
10.0
7.5
5.0
2.5

Budgets to be updated
RBM Partnership Business Plan

Leadership Summit: A Shared Vision and Commitment

• We share a joint vision of the elimination of malaria as a public health and economic burden and agree that it is within reach.
• The struggle is global, but will require a special emphasis on Africa, where an infusion of resources and implementation support efforts will be required over the short-term to bring the disease under control.
• This will lay the foundation for the eradication of malaria, which we agree is the long-term goal.
• As leaders of the fight against malaria in Africa, we will take responsibility for the enhancement of existing RBM partnership structures within the next 6 months to support this dramatic scale-up.
• A design and implementation support team is required to focus on a dramatic country-led scale-up and effective regional strategies (especially in Africa)
  – in which the most dedicated, talented, and committed professionals can focus exclusively on the goal.
  – this team will provide the leadership and will ensure the achievement of the shared vision.
  – the team members will require the full institutional support of key organizations, which must empower the team to have allegiance not to individual institutions, but to the shared vision.
• We will implement this shared vision as partners and agree to key deliverables, roles, and responsibilities.

14th RBM Board meeting May 2008
Adoption of Global Business Plan
What does this mean?

- RBM mechanisms to review workplans regarding level of ambition that will ensure 31 countries implementing SUFI plans (2008)

- RBM mechanisms to consider inclusion of work elements that support long term focus on elimination / eradication