The RBM Partnership

A Global Framework for Coordinated Action against Malaria

WIN-5 meeting
Basel, 8-9 February 2010
Welcome !
Welcome remarks from the RBM Partnership

• ACS in Brussels with our Good Will Ambassador Princess Astrid to sign a grant agreement over 25 m USD with the Health Authority of Abu Dhabi. For these reasons she delegated me to represent her at WIN-5

• Since 16th Board meeting with AU Health Ministers, significant issues were flagged as barriers to meeting malaria prevention related 2010 targets

• IRS-LLIN mix, insecticide resistance, continued use of DDT
• Expectations are that WIN-5 will
  • Define its TOR to be submitted to 18th Board meeting for approval, in line with recommendations of the independent evaluation regarding need for partner alignment on strategic VC issues, required membership and information sharing strategy
  • Define its workplan with timebound measurable deliverables in support of implementing GMAP globally
  • Election of Co-Chairs
• Start implementation of the COI policy
Global Malaria Action Plan
Global Malaria Action Plan

2010-2011 RBM Partnership Workplan
What is the Global Malaria Action Plan (GMAP)?

The GMAP is a global framework for action around which those working against malaria can coordinate their efforts … to reduce fragmentation and duplication.

The GMAP expands the focus of our activities to:

- Medium and long-term activities as well as the near-term activities
- All 109 malarious countries around the world
- All human types of Malaria (P. falciparum, P. vivax, P. malariae, and P. ovale)

This plan has been developed consensually over the past year by more than:

- 30 endemic countries and regions around the world
- 65 international institutions
- 250 experts in fields as diverse as economics, public health, and epidemiology

Ultimately, the GMAP will help achieve a world free of malaria.
Global Malaria Action Plan targets

The GMAP targets are to:

• *Achieve* universal coverage by 2010 and *sustain* universal coverage indefinitely;

• *Reduce* global malaria cases from 2000 levels by 50% in 2010 & by 75% in 2015;

• *Reduce* global malaria deaths from 2000 levels by 50% in 2010 & to near zero in 2015;

• *Eliminate* malaria in 8-10 countries by 2015 and afterwards in all countries in the pre-elimination stage today; and

• In the long term, *eradicate* malaria world-wide through progressive elimination in countries

By meeting these targets, the malaria MDG will be achieved and there will be progress towards the other MDGs

*Source: GMAP*
GMAP proposes 3-part global strategy to achieve targets

1. CONTROL
   Scale-up for impact (SUFI)
   Sustained Control

2. ELIMINATION

3. RESEARCH
Target efforts for big impact

- Countries with **high** contribution to global death in control stage
  - 35 countries account for majority of deaths
  - Many exposed to high transmission of *P. falciparum*
  - Many located in Africa South of the Sahara
  - Some other countries with large populations at risk

- Countries with **low** contribution to global deaths
  - 74 countries
  - 47 countries in **control** phase
    - Low to moderate transmission
    - *P. Falciparum*, mixed or *P. Vivax* only infections
    - Americas, Africa, Asia-Pacific
    - Haiti, Dominican Republic, Timor Leste in high transmission but small populations at risk lead to small contribution to global deaths
  - 27 countries at various stages in **elimination phase**
    - Very low disease burden
    - Middle East, North Africa, Americas, Western Pacific
Target efforts for big impact

- Control: high contribution to global deaths
- Control: low contribution to global deaths
- Prevention (Prevention and Elimination)
- Malaria-free (Prevention and malaria-free)
WIN & GMAP: Different settings different approaches

• High transmission *P. falciparum* areas
  • Africa South of the Sahara to cover population at risk by either LLINs or IRS

• Low to moderate transmission *P. falciparum* areas (seasonal or localised)
  • Targetted IRS and vector population reducing methods
  • LLINs can also be used

• *P. vivax* or mixed infection areas
  • Asia-Pacific, Middle East, Americas
  • Does not mention specific VC strategies
### WIN & GMAP

<table>
<thead>
<tr>
<th>Cost (US$ millions)</th>
<th>2009</th>
<th>2010</th>
<th>2015</th>
<th>2020</th>
<th>2025</th>
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<td>Prevention cost</td>
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<td>3'982</td>
<td>3'724</td>
<td>3'864</td>
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<td>Case management cost</td>
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<td>1'359</td>
<td>550</td>
<td>226</td>
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<td>Program cost</td>
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<td>764</td>
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<td>714</td>
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<td>Global control and elimination costs</td>
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<td>6'180</td>
<td>5'037</td>
<td>4'877</td>
<td>3'378</td>
</tr>
<tr>
<td>Research &amp; Development cost</td>
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<td>759</td>
<td>800</td>
<td>681</td>
<td>460</td>
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<tr>
<td><strong>Total cost</strong></td>
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<td>6'939</td>
<td>5'837</td>
<td>5'559</td>
<td>3'838</td>
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</tbody>
</table>

Note: Detailed cost estimates are included in *Part II - Chapter 5: Costs and Benefits of Investing in Malaria Control, Elimination and Research, Appendix 4 and Appendix 5*

Source: GMAP costing model
Research strategy: conduct rigorous research in 3 areas

- **Research & development for new tools**
  - New vaccines
  - Better drugs
  - More vector control options
  - Effective diagnostics
  - In case of resistance

- **Research to inform policy**
  - For different regional contexts
  - On new vaccines, drugs, insecticides and diagnostics

- **Operational and implementation research**
  - Effective use interventions
  - Best delivery of drugs, vaccines, vector control, etc
  - Highest quality interventions
Table II.2: Overview of R&D opportunities for control and elimination
Research Agenda to Inform Policy

• Unclear evidence and recommendations regarding the settings in which IRS and LLINs are most useful are issues
  – Some experts feel IRS is better suited for urban settings where it may be more operationally feasible, while others feel IRS may have more impact in rural settings.
  – Some believe LLINs can be used more broadly than previously thought.

• Additionally, there are questions regarding the impact of combining LLINs and IRS, and the settings in which their combined used could increase effectiveness.

• Tendering policies for VC beyond WHOPES specifications based on OR 16th RBM Board meeting with AU Health Ministers mentioned these issues repeatedly
Operational Research Agenda (WIN)

• Overcoming barriers to effective universal coverage and use of LLINs
• Optimal LLIN replacement strategies and thresholds
• Marginal costs and benefits of combining IRS with LLINs
• Marginal costs and benefits of two versus one annual round of IRS in perennial transmission settings?
• Low LLIN use among pregnant women
• Useful life of LLINs under real life conditions
• Strengthen national regulatory systems
• Entomological and epidemiological impact of scaled-up LLINs and/or IRS
• Impact on transmission of full coverage of LLINs and IRS in highly endemic areas of sub-Saharan Africa
Malaria Eradication Research Agenda

malERA
Malaria Eradication Research Agenda
## Areas of partnership coordination

<table>
<thead>
<tr>
<th>Topic</th>
<th>Partnership Coordinator</th>
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<tr>
<td>Advocacy</td>
<td>Malaria Advocacy Working Group (MAWG)</td>
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<tr>
<td>Resource Mobilization</td>
<td><strong>Proposed: Resource Mobilization Task Force</strong></td>
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<tr>
<td>Policy and Regulatory</td>
<td>Various WHO bodies</td>
</tr>
<tr>
<td>Planning</td>
<td>Harmonization Working Group (HWG)</td>
</tr>
<tr>
<td>Financing</td>
<td>Resources Working Group (RWG)</td>
</tr>
<tr>
<td>Procurement and Supply Management</td>
<td>Procurement &amp; Supply Management Working Group (PSM)</td>
</tr>
<tr>
<td>Communication and Behavior Change</td>
<td><strong>Proposed: Communication Working Group</strong></td>
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<tr>
<td>Methodologies</td>
<td></td>
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<td>Monitoring and Evaluation</td>
<td>Monitoring and Evaluation Reference Group (MERG)</td>
</tr>
<tr>
<td>Humanitarian Crises</td>
<td><strong>Proposed: Formal liaison</strong></td>
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</table>
The 2010-2011 RBM Partnership Workplan
### 16th RBM Board Meeting: 3 objectives articulate the 2010-2011 Partnership Work Plan in support of full implementation of GMAP

|-------------------------------------------------|------------------------------------------------------|---------------------------------------|
| ▪ 80% of the people at risk from malaria are using locally appropriate vector control methods such as LLINs, IRS and, in some settings, other environmental and biological measures where appropriate based on scientific evidence. | ▪ Universal coverage continues with effective interventions  
▪ Near zero global & national mortality for preventable deaths  
▪ The global malaria burden is reduced by 75% of the 2000 levels: ~85m-125m cases annually  
▪ Achieve malaria-related MDGs (halting & reversing the incidence of malaria) | ▪ Provide support to elimination efforts in 8-10 countries to achieve zero transmission of locally transmitted disease by 2015  
▪ MalERA to complete the elimination R&D agenda and promote its implementation |
| ▪ 80% of malaria patients are diagnosed and treated with effective anti-malarial treatments |  |  |
| ▪ In areas of high transmission, 100% of pregnant women receive IPT |  |  |
| ▪ The global malaria burden is reduced by 50% of the 2000 levels: ~175m-250m cases annually and less than 500,000 annual deaths from malaria |  |  |
RBM Workplan 2010-2011 priority areas

To meet the Partnership's objectives, the RBM mechanisms to develop targets across 4 priority areas (as appropriate)

A. Keep malaria high on the global agenda
B. Ensure future funding for countries
C. Make the funding work (effective implementation)
D. Ensure quality reporting on country progress

Each target should be **specific, measurable and timebound**.
Key contributions to the 2010-2011 Partnership Work Plan

The External Evaluation has highlighted issues and guided the identification of partnership's deliverables.

Main recommendations:
- Operational plan for GMAP implementation
- RBM Partnership's role in sharing knowledge and experiences should be more effective
- RBM Partnership's structure should clearly define its relationship to both SRNs and country level partnerships (NMCP)
- Accountability around GMAP implementation should be strengthened

SRNs have returned their WP based on country roadmaps.

WGs have returned their WP based on a consultative process within each WG and between WGs.

The GMAP is the essential ground document where all 3 objectives are fully expressed and the role of the RBM Partnership clearly defined.

The MDGs 1, 2, 3, 4, 5 & 8 define key work streams for the Partnership.

The May Board recommendations have guided the framework of the PWP.

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RBM Mechanisms have defined SMART targets

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<th>TARGETS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>100% of all country roadmaps are tracked</td>
</tr>
<tr>
<td>B</td>
<td>Appropriate response to 80% of country TA requests via Sub-regional Networks delivered</td>
</tr>
<tr>
<td>C</td>
<td>RBM Community and Heads of State informed on the achievements of 2010 Universal Coverage and the preparation for the 2015 targets</td>
</tr>
<tr>
<td>D</td>
<td>Resources mobilized to fill the gap to reach the 6 b$ annual target for GMAP implementation</td>
</tr>
<tr>
<td>E</td>
<td>45 countries/territories to align their strategic/operational plans with GMAP</td>
</tr>
<tr>
<td>F</td>
<td>Implement global and regional strategies for drug and insecticide resistance management</td>
</tr>
<tr>
<td>G</td>
<td>Prepare for elimination (8 countries supported to align their strategic/operational plans with GMAP)</td>
</tr>
<tr>
<td>H</td>
<td>Effective management support for RBM Mechanisms consistent with Board decisions</td>
</tr>
</tbody>
</table>

- The 8 targets spread over the 5 priorities and the 3 objectives are agreed upon by Working Groups, SRNs, and Secretariat.
- The 8 targets are measurable so that each target can be assessed regularly and at the end of each year.
- The 8 targets are relevant as they are based on GMAP recommendations and MDGs.

23 deliverables are planned for the 2010-2011 PWP to reach the targets.
Involvement of Partnership's Mechanisms by target

RBM Targets for 2010-2011

RBM Mechanisms

<table>
<thead>
<tr>
<th>HWG</th>
<th>MAWG</th>
<th>MERG</th>
<th>CMWG</th>
<th>MIP</th>
<th>WIN</th>
<th>PSM</th>
<th>RWG</th>
<th>SRN</th>
<th>SEC</th>
<th>Board</th>
</tr>
</thead>
</table>

A. 100% of all country roadmaps are tracked
B. Appropriate response to 80% of country TA requests via Sub-regional Networks delivered
C. RBM Community and Heads of State informed on the achievements of 2010 Universal Coverage and preparation for 2015 targets
D. Resources mobilized to fill the gap to reach the 6 b$ annual target for GMAP implementation
E. 45 countries/territories to align their strategic/operational plans with GMAP
F. Implement global and regional strategies for drug and insecticide resistance management
G. Prepare for elimination
H. Effective management support for RBM Mechanisms consistent with Board decisions

Legend:
- Lead
- Support
- Consulted

Should interface with MEG and WHO
### Partnership deliverables – matrix (example)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Priority</th>
<th>Target</th>
<th>Letter</th>
<th>2010</th>
<th>2011</th>
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</thead>
<tbody>
<tr>
<td>&quot;Achieve Universal Coverage&quot;</td>
<td>&quot;Make the money work&quot;</td>
<td>1</td>
<td>3</td>
<td></td>
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<tr>
<td>Monthly roadmap monitoring scheme in place and functioning- bottlenecks threatening milestone achievement are detected and anticipated</td>
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<tr>
<td>Country Focal Point for SRN functioning is identified</td>
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</table>

**A**

100% of all country roadmaps are tracked

**B**

Appropriate response to 80% of country TA requests via Sub-regional Networks delivered

<table>
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<tbody>
<tr>
<td>&quot;Achieve Universal Coverage&quot;</td>
<td>&quot;Make the money work&quot;</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Anticipate and resolve possible implementation bottlenecks</td>
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<td></td>
<td></td>
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<tr>
<td>Draw attention of the Board to bottlenecks not resolvable at operational/technical level</td>
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<tr>
<td>Review the template of GF grant performance frameworks (jointly with MERG and GF Secretariat)</td>
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<tr>
<td>Timely and appropriate response to long- and short-term TA requests</td>
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<tr>
<td>Roster of experts for country TA needs is created and maintained</td>
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**C**

RBM Community and Heads of State informed on the achievements of 2010 Universal Coverage and preparation for 2015 targets

<table>
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<tr>
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<th>Priority</th>
<th>Target</th>
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</tr>
</thead>
<tbody>
<tr>
<td>&quot;Achieve Universal Coverage&quot;</td>
<td>&quot;Ensure quality reporting for countries&quot;</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Planned reports generated in line with 2010 reporting framework including measuring in-country progress</td>
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</table>
Targets in 2010-2011 Partnership Workplan with WIN deliverables

• **Target B:** Appropriate response to 80% of country TA requests via Sub-regional Networks delivered

• **Target E:** 45 countries/territories to align their strategic/operational plans with GMAP

• **Target F:** Implement global and regional strategies for drug and insecticide resistance management

• **Target G:** Prepare for elimination (8 countries supported to align their strategic/operational plans with GMAP)
Establishing Accountability – Planning Process

Global Malaria Action Plan
(> 10 year)

Implementation Plan
(5 year)

Harmonised Work Plan & Budget
(24 month rolling)

- Working Groups’ Action Plans
  (24 month rolling*)
- Secretariat Action Plan
  (24 month rolling*)
- SRNs’ Action Plans
  (24 month rolling*)

* 24 month rolling plans – 12 months fixed & 12 months projected
## Expenditure Budget 2010-2011

### TABLE B

Activity costs (with identified income)

<table>
<thead>
<tr>
<th></th>
<th>TARGET A</th>
<th>TARGET B</th>
<th>TARGET C</th>
<th>TARGET D</th>
<th>TARGET E</th>
<th>TARGET F</th>
<th>TARGET G</th>
<th>TARGET H</th>
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<tr>
<td>HWG</td>
<td>5 226 000</td>
<td>265 486</td>
<td>265 487</td>
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<td>5 756 973</td>
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<td>Outside WHO/RBM account</td>
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<td>MERG</td>
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<td>PSM</td>
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<td>212 000</td>
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<td>CMWG</td>
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<td>20 541</td>
<td>85 552</td>
<td>13 673</td>
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<td></td>
<td>316 508</td>
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## TABLE C

### Supplemental activity costs (for which additional funding is required)

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Merci Viumau !
WIN & GMAP: Malaria Research Agenda

• R&D (continued)
  • Elimination:
    – Opportunities to improve vector control
      – Increased emphasis on Integrated Vector Management (IVM)
      – Larval source and environmental management
    – Proposed Recommendations
      – Additional research into applications of larviciding and environmental management in various transmission settings.
WIN & GMAP: Malaria Research Agenda

- **R&D**
  - **Control Stage:**
    - Opportunities to improve vector control
      - Costs and challenges of Indoor Residual Spraying
      - Distribution and practicality of long-lasting insecticidal nets (LLINs)
      - Delaying resistance to pesticides
      - New chemistries and targets for killing vectors
      - Larvicides for use in multiple settings and inexpensive biologics
      - Novel mechanisms for killing vectors
      - Control methods and personal protection measures for outdoor biting vectors
    - Proposed Recommendations
      - New chemistries and targets for killing vectors (including development of new active ingredient classes to stave resistance)
      - Research into safe, longer-lasting, insecticides for IRS and LLINs;
      - Development of less expensive but still highly effective pesticides and biologics;
      - Interventions targeting outdoor-biting vectors; and
      - New mechanisms for application and use, such as new tools for spraying or fogging, consumer products with evidence-based efficacy, and other impregnated materials (curtains, wall-paper, mosquito-proofing)
  - **Elimination:** Opportunities to improve vector control
    - Increased emphasis on Integrated Vector Management (IVM)
    - Larval source and environmental management