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WE HAVE COME A LONG WAY SINCE MALARIA WAS FIRST PLACED ON THE GLOBAL AGENDA, BUT THE JOB IS FAR FROM FINISHED.

FOREWORD

Thirteen years into the new millennium, the problem of malaria has not faded in global significance. A preventable and treatable disease, malaria continues to take far too many lives needlessly, while thwarting economic and social progress across the global south.

In 2013 the malaria community has made progress against the backdrop of considerable landscape changes.

The economic climate has changed. Endemic countries can no longer rely mainly on international funding to maintain progress in malaria control. Low-gear global economic growth and large national deficits have precluded a significant progression in international funding. In 2013 donor funding hovered around the US$ 2 billion mark, while government spending was estimated at half a billion. About twice as much (US$ 5 billion) is needed annually to tackle malaria worldwide.

The Global Fund, malaria’s main financier, was thankfully generously replenished this year, as international donors reaffirmed their commitment to fighting the three major infectious diseases of our time. However, technical support at country level is continuously needed to ensure that the Fund’s new funding model functions well for malaria control.

The Partnership works not only on securing the commitment of traditional donors and reaching out to new countries and regions for support but also on strengthening country ownership, engaging multiple sectors outside health and exploring ways to do things better at all levels, with maximum value for money. This work must continue in the years to come.

The disease has changed. Emerging parasite resistance to the world’s most powerful antimalarial drug is a major threat to the success of the malaria fight. In the four South-East Asian countries where it has been detected, efforts to contain its spread have intensified. Predictable investment in the Global Plan for artemisinin resistance containment and in research will be key to further progress.

In 2013 the Partnership spearheaded initiatives to strengthen political support in the Asia region to fight resistance, heightened awareness of WHO’s norms and regulations and, through its partners and mechanisms, reinforced ongoing containment efforts.

The global political framework is changing. As the MDG deadline approaches, a new set of international goals is being discussed and developed. The Partnership needs to reinvent itself, perfect new ways of doing business to continue delivering similarly strong results in a different context. A timely external evaluation of the Partnership’s work in 2013 has made useful recommendations on how best to help countries prepare for the changes to come.

In the midst of all change, however, one certainty remains. Humanity’s quest for a sustainable, more equitable and healthier global society cannot succeed without systematic, effective, long-term malaria control measures in endemic countries.

We have come a long way since malaria was first placed on the global agenda, but the job is far from finished. The push to roll back malaria needs to continue, so that a maximum number of malaria-endemic countries reach the MDGs. Beyond 2015, it needs to stay on the bold path, charted in the Global Malaria Action Plan, to near zero global malaria deaths and disease elimination.

Dr Fatoumata Nafo-Traoré
RBM Executive Director
A MESSAGE FROM
THE BOARD CHAIR

2013 HAS BEEN A YEAR OF EXTRAORDINARY
PARTNERSHIP-WIDE MOBILISATION.

With global funding for malaria control leveling off between 2010 and 2012 and a slowdown in the delivery of commodities, the Partnership focused, first and foremost, on ensuring a continuous flow of funding to malaria control programmes in Africa. Major disease outbreaks were avoided and progress continued. The funding gap of US$ 1,580 million at the end of 2012 was reduced to US$ 826 million by the end of 2013, which enabled eight countries in Africa to meet their critical needs for replacing live-saving commodities and avert disease outbreaks. An estimated 136 million long lasting insecticidal nets (LLINs) were delivered to endemic countries, compared to only 70 million bed nets delivered in 2012. About 200 million LLINs have been funded for delivery in 2014.

To support the new funding model, the Partnership began strengthening country-level Partnerships, engaging in civil society dialogue and ensuring that malaria is represented in the Global Fund’s Country Coordinating Mechanisms (CCMs).

However, to stay on national and international agendas, malaria needs diverse country champions, strong engagement from multiple public sectors, businesses and the civil society. In 2013 RBM crossed new borders to reach out to partners whose potential had never been tapped into before. We have begun building bridges to francophone and Islamic organisations, Asian and African business leaders and strengthening our ties to leaders from all walks of life to keep malaria visible.

I feel privileged to be serving as the Board Chair of the RBM Partnership at this critical moment in the global fight. The world has never been closer to combatting malaria. If we stay on the same trajectory that we have charted over the past 12 years, then malaria mortality rates are projected to decrease by 52% in all ages, and by 60% in children under five years of age by 2015. This will lay a solid foundation for the future of malaria control, which needs to become part and parcel of all efforts to deliver better maternal and child health.

Since its inception, this Partnership has been an ambassador for the poor and the underprivileged who are the first to fall victim to malaria. Its practical and tangible contributions to the world’s health and development will be needed not only in the final push for reaching the MDGs but also in the years ahead. Let us not forget that in malaria-endemic countries there is no path to sustainable development and reducing large-scale human suffering that does not go through maintaining effective malaria control and working towards elimination.

Bridging the global funding gap of about US$ 2.5 billion remains a huge challenge but new opportunities have come to the fore. The Fund has dedicated US$ 640 million to supporting national malaria control programmes in 16 countries and two regional initiatives. If harnessed, the funding earmarked for malaria by the Global Fund in 2013 can make a transformational difference across endemic regions.
A MESSAGE FROM THE VICE CHAIR

MALARIA IS A DISEASE THAT POSES SIGNIFICANT BARRIERS TO ECONOMIC AND SOCIAL DEVELOPMENT ACROSS ASIA.

Not only does malaria cause thousands of deaths but also prevents millions from working and supporting their families.

Malaria control in the Asia-Pacific region faces unique challenges, the most urgent of which is the threat of spreading parasite resistance to artemisinin-based combination therapies, which treat the most deadly form of malaria. Cross-border transmission of malaria, insufficient regulation, substandard or counterfeit medicines and inappropriate use of drugs can all contribute to the development of drug-resistant parasite strains of the kind found in four Southeast Asian countries – Cambodia, Myanmar, Thailand and Vietnam. In the long run, eliminating P. vivax, which causes the majority of cases in the region, may prove more technically challenging than eliminating P. falciparum, especially as there exist fewer tools and a weaker knowledge base for mounting effective elimination programmes.

Notwithstanding these barriers to progress, 2013 was an eventful year in the Asia-Pacific region. The new regional Asia-Pacific Leaders Malaria Alliance (APLMA) established this year sent a clear message that Asia is intent on manifesting its vision for a united fight for a malaria-free continent. Through APLMA, the commitments to greater regional cooperation, made at the Australia-led Malaria Summit and the 7th East Asia Summit in 2012, are turning into concrete action. Co-chaired by the Prime Ministers of Australia and Vietnam, APLMA began its work on forging a united regional front to fight the spread of drug resistant forms of the malaria parasite.

The RBM Partnership has been a key partner in Asia’s malaria fight, bringing to the table the expertise of its hundreds of partners from endemic and donor countries, multilateral organisations, specialised international agencies, foundations, NGOs, research and academia and the private sector.

In 2013 RBM was an active catalyst of significant political mobilisation. RBM advocacy initiatives engaged the private sector at the first-ever Myanmar Malaria Forum and encouraged government and business leaders in Cambodia to invest in malaria at World Malaria Day celebrations. RBM advocates positioned malaria as a development issue at the 5th Tokyo International Conference on African Development (TICAD). New champions were recruited in the region to raise awareness of the growth opportunities that come with reducing malaria transmission.

If leadership is the capacity to translate vision into reality, Asia is truly taking its place as a leader in the global malaria fight. RBM will continue to stand by endemic countries in the region and provide guidance, know-how and advocacy to support their malaria control initiatives in the years to come.
ONE GLOBAL VISION FOR A MALARIA-FREE WORLD

THE GLOBAL MALARIA ACTION PLAN ESTABLISHES THREE KEY OBJECTIVES TO BE ACHIEVED BY THE END OF 2015:

- Global and national mortality is near zero for all preventable deaths;
- Global incidence is reduced by 75% from 2000 levels; and
- At least 8 – 10 countries currently in the elimination stage will have achieved zero incidence of locally transmitted infection.

TARGETS INCLUDE:

- Achieve and sustain universal access to and utilisation of prevention measures;
- Achieve universal access to community case management (CCM) of malaria;
- Accelerate development of surveillance systems;
- Achieve universal access to case management in the public and private sectors.
A disease of poverty, malaria disproportionately affects the world’s most disenfranchised populations. For decades, malaria remained hidden from the global public eye, silently ravaging families and communities. Against the backdrop of long years of international neglect and a rising tide of malaria deaths, four international organizations – WHO, UNICEF, UNDP and the World Bank – established the Roll Back Malaria Partnership (RBM) in 1998 to place malaria back on the global agenda and build a critical mass for a coordinated malaria fight.

RBM is a Public-Private partnership set up to serve as the central global coordination platform for malaria control. Several hundred Partner institutions align their respective activities through the Partnership they represent (malaria-endemic countries, multilateral development organizations, the private sector, NGOs, foundations, and research and academia).

RBM Partners and members of the malaria community have sounded the alarm on the ravages of the disease, raising awareness and funding, as well as spurring action in Africa and around the world. Through dedicated advocacy and lobbying the RBM Partnership has given impetus to key global development, which transformed the malaria landscape.

1. Providing effective diagnosis, prevention and treatment to every person at risk of malaria.
STATE OF THE GLOBAL MALARIA RESPONSE

MALARIA – AN ONGOING GLOBAL HEALTH PROBLEM

Although malaria is a preventable and treatable disease, it continues to kill a child in Africa every minute. Today malaria transmission occurs in 97 countries, causing an estimated 627,000 deaths, most of which in Africa. Approximately 3.4 billion people were at risk of malaria in 2012. In the same year, there was an estimated 207 million illnesses.

Malaria lays a heavy economic and social burden on families, communities and societies, draining African economies of an estimated US$ 12 billion dollars a year. Its economic impact in endemic countries outside Africa is also significant. In India, for instance, it is estimated at 0.01% of gross domestic product lost each year.

When it doesn’t kill, the disease can lead to permanent neurological and cognitive damage in children, thus impeding education, reducing career opportunities and lowering productivity in adult age. In regions where malaria thrives, jobs and school days are lost, productivity plummets and entire communities remain locked in an unbreakable cycle of disease and poverty.

TODAY MALARIA TRANSMISSION OCCURS IN 97 COUNTRIES, CAUSING AN ESTIMATED 627,000 DEATHS, MOST OF WHICH IN AFRICA

Map production: Global Malaria Programme(GMP), World Health Organization.
Source of data: WHO World Malaria Report 2012
SAVING LIVES, CHANGING DESTINIES

The global malaria fight has helped avert an estimated 3.3 million deaths between 2001 and 2012, 90% of them in sub-Saharan Africa. 670% of those deaths were averted in the ten countries where the burden was highest in the year 2000. This shows that the dedicated work of the malaria community, harmonised through the goals, strategies and coordinating mechanisms of the RBM Partnership, is leading to progress in the hardest-hit areas.

The averted malaria child deaths account for 20% of the estimated 15 million child deaths that have been prevented in sub-Saharan Africa since the year 2000. Malaria control measures have thus contributed substantially to country efforts to achieve MDG 4 related to reducing overall child mortality.

Between 2000 and 2012 estimated malaria mortality rates fell by 42% worldwide. In Africa, malaria mortality was reduced by an estimated 49% over the same period. If the annual rate of decrease that has occurred over the past 12 years is maintained, then malaria mortality rates are projected to decrease by 56% by 2015.

WHO reports that 59 out of 103 countries that had ongoing malaria transmission in 2000 are meeting the Millennium Development Goal (MDG) target of reversing the incidence of malaria. Of these, 52 are on track to meet Roll Back Malaria (RBM) and World Health Assembly targets of reducing malaria case incidence rates by 75% by 2015. Eight of these countries are in Africa.

While the above results represent remarkable progress, they fell woefully short of meeting the aspirational RBM target of reducing malaria mortality rates to near zero by 2015. The path to sustained malaria control and elimination is long and strenuous. Long-term success will not be possible without continuous donor commitments to the malaria fight, ongoing political support at global, regional and national levels and dedicated technical support from international partners in areas where endemic countries lack expertise and capacity.

In 2013, an estimated 136 million long lasting insecticidal nets (LLINs) were delivered to endemic countries in Africa, compared to only 70 million bed nets delivered in 2012. About 200 million LLINs have been funded for delivery in 2014.

THE IMPACT OF MALARIA

**MALARIA DEATHS**
- 627,000 estimated malaria deaths globally
- 90% of all malaria deaths occur in sub-Saharan Africa
- 77% occur in children under five.

**MALARIA CASES**
- 207 million malaria cases worldwide
- 80% of estimated cases occur in 18 countries
- About 40% of malaria deaths occur in just two countries: Nigeria and the Democratic Republic of the Congo.

**POPULATION AT RISK**
- 3.4 billion (half of the world population).

**NUMBER OF COUNTRIES AFFECTED**
- In 2013, 97 countries had on-going malaria transmission.

**PROGRESS**
- An estimated 3 million deaths have been averted between 2001 – 2002
- The malaria mortality rate was reduced in 2000 – 2012 globally by 42% in WHO African Region by 49%
- 52 countries are on track to reduce their malaria case incidence rates by 75%, in line with World Health Assembly and Roll Back Malaria targets for 2015

**ECONOMIC COST OF THE DISEASE**
- Annual economic burden of malaria is estimated at least US$ 12 billion per year of direct losses in Africa, plus many times more than that in lost economic growth.

**FUNDING AVAILABLE FOR MALARIA**
- International disbursements rose from US$ 100 million in 2000 to US$ 1.94 billion in 2012 and US$ 1.97 billion in 2013
- National government funding for malaria programmes has also increased since 2004 but not at the same pace; the total for 2012 was US$ 522 million.


PROGRESS IN 2013: KEY ACHIEVEMENTS

FUELLING PROGRESS IN COUNTRIES – ADDRESSING FUNDING GAPS

ENSURING SUSTAINED GLOBAL FUNDING

In 2013 malaria remained a priority for traditional donors. The Global Fund, malaria’s largest financier, extended its grant-making through the New Funding Model (NFM), earmarking US$ 640 million to support national malaria control programmes in 16 countries and two regional initiatives.

The RBM Partnership has actively supported the Global Fund’s replenishment process, which resulted in a pledge of US$ 12 billion for 2014 – 2016, the largest amount ever committed to fight against AIDS, tuberculosis and malaria. The pledge represents a 30% increase over the US$ 9.2 billion secured for the 2011 – 2013 period. Approximately 95% of the financial support to the Global Fund has come from donor governments; the remaining 5% from private foundations, corporate donors and individuals.

In February 2013 the Global Fund launched its new funding model (NFM), providing joint funding for HIV/AIDS, TB and malaria. WHO estimates that international funds available for malaria control can be expected to increase from US$ 1.97 billion in 2013 to US$ 2.3 billion per year between 2014 and 2016. However, the Global Fund’s new funding model needs to become fully operational in early 2014 so that countries can access funds promptly and avoid disruptions in malaria control programmes and disease resurgence. The RBM Secretariat and key partners have actively participated in the discussions on the implementation of the NFM. RBM is already taking action to help a better representation of malaria control needs in the dialogue of the Global Fund’s country coordinating mechanisms.

The World Bank – a major malaria donor over the past decade – has discontinued its Booster Program for Malaria Control in Africa but has continued malaria funding based on country requests (Benin, Senegal River Basin, Togo). It has also provided US$ 700 million in IDA financing to support national scale-ups of successful programmes for reproductive, maternal and child health projects. It is difficult to assess the impact on malaria-specific funding of the World Bank’s new business model for a results-based financing (RBF) approach. RBM is supporting endemic countries to become more familiar with this approach in order to seize opportunities for profiling their malaria control targets.

ANALYZING GAPS, DEFINING AND MEETING COUNTRIES’ FUNDING NEEDS

Throughout 2013, priority attention was given to eight sub-Saharan African countries7 which needed funding to urgently replace bednets and other commodities, as well as sustain access to diagnostic testing and treatment. As a result of a focused Partnership effort, by the end of 2013, the gap for the eight countries8 amounted to approximately US$ 826 million, compared to US$ 1,580 million at the end of 2012.

The RBM Harmonisation Working Group and Sub-Regional Networks supported all endemic countries in Africa to estimate their funding needs, identify committed funding and determine the gaps for the period 2013 – 2015. As a result of this exercise, countries and the malaria community are able to improve funding allocation, so as to meet their most urgent needs. However, the combined overall funding gap for DR Congo, Niger, Nigeria, Angola, Cameroon, Ghana, Kenya, Mali, South Sudan, and Uganda for 2013 – 2015 amounts to almost US$ 2,500 million and bridging it remains a challenge.

Figure 1: Overall gaps (Millions of US$) in Africa:

![Figure 1: Overall gaps (Millions of US$) in Africa:](image)

8. Of the eight countries, Nigeria continues to have the greatest funding needs, but Mauritania has the highest gap as a percentage of need (99%).
SUSTAINING CURRENT PROGRESS: IMPROVING FUNDING FLOWS

As international funding for malaria plateaued over the period of 2011–2012, the RBM Partnership focused on maintaining a predictable flow of funds to countries to meet their most critical needs. RBM supported the process of signing nine malaria grants in 2013 worth US$ 220 million for Cambodia, Chad, Gambia, Guinea Bissau, Cape Verde, Indonesia, Mali, Nepal & Nicaragua and assisted in the disbursement of $700 million to 18 countries under grants previously approved for Phase 2 and through the Transitional Funding Mechanism.

BUILDING THE CASE FOR INCREASED DOMESTIC FUNDING

The Africa Advocacy for Resource Mobilisation for Malaria (ARMM) was introduced to programme managers during the Durban MIM conference in October to assess country needs for advocacy strategy support and capacity, as well as to solicit best practices and develop a useful toolkit. The Toolkit has been finalised and will be rolled out in 2014 to mobilise increased domestic resources for malaria.

Thanks to funding from UK/DFID, released in July 2013, a new one-year project is making the case for future investments in malaria. The project title, “Strengthening the Use of Data for Malaria Decision Making in Africa”, supported by Oxford University, focuses on enhancing programme effectiveness and value for money. The project helps generate an evidence base and RBM Sub-Regional Networks identify efficiency gains and help malaria programmes better target their resources. In addition, all RBM Sub-Regional Networks have begun working closely with program managers and partners on strengthening operational research in their region.

PROVING AN EMERGENCY RESPONSE TO FUNDING BOTTLENECKS

The Malaria Situation Room, launched at the special African Union Summit on HIV/AIDS, Tuberculosis and Malaria in Abuja in July 2013, was designed to respond to critical needs in the ten hardest-hit countries in Africa: Côte d’Ivoire, DR Congo, Ghana, Mozambique, Niger, Nigeria, Tanzania and Uganda. A joint RBM initiative, implemented by WHO, UNSE, ALMA, IFRC and the RBM Secretariat, the Situation Room is backed by the Gates Foundation and liaises with a powerful network of partners capable of mobilising resources and providing expert technical support.

Through daily contact with country programmes, the situation room collates critical malaria intelligence and provides support to advance progress and address bottlenecks. By collecting and analysing data it anticipates problems and works with the countries to develop rapid solutions so as to prevent interruption to the flow of essential medicines, diagnostics and mosquito nets.

TRACKING PROGRESS: COUNTRY ROADMAPS

Country roadmaps are a vital tool for aligning countries’ national plans with global malaria goals.

Having up-to-date roadmaps has helped countries develop one year work plans, increase partnership buy-in of the national programme, report on implementation progress, identify funding gaps and request technical assistance.

By the end of September, 87.5% (42/48) of all African countries developed roadmaps for malaria control elimination. Of the 69% of countries that reported implementation progress against their 2013 roadmaps, 64% had completed or were on-track to complete all activities as planned, 4% were off-track and 1% had cancelled activities because they were no longer applicable or funding had not been secured for their implementation.

The roadmap reporting tool has been upgraded and made available in Spanish and Portuguese. The tool enables a direct upload of data to the RBM webpage so that data is instantly summarised online. Country roadmaps allow partners to quickly review planned country activities, implementation progress and identify areas where they might be able to provide support.

BY THE END OF 2013, 87.5% (42/48) OF ALL AFRICAN COUNTRIES DEVELOPED ROADMAPS FOR MALARIA CONTROL ELIMINATION
DISEASE CONTROL

PROMOTING INTEGRATED COMMUNITY CASE MANAGEMENT (iCCM)

Five pilot countries (DR Congo, Malawi, Mozambique, Niger & Nigeria) are benefitting for a second year from a major project aimed at building capacity for the integrated community case management of malaria⁹ to support the Rapid Access Expansion (RaCE 2015) programme. Funded by CIDA-Canada and implemented by the WHO, RaCE delivers training to community health workers, procures supplies and commodities and supports operational research and the use of monitoring and evaluation tools.

A number of countries from the Southern Africa Roll Back Malaria Network (Zambia, Zimbabwe, Malawi, Zanzibar, Mozambique and Madagascar) have developed community health worker projects with help from RBM partners. Zanzibar and Malawi have joined the “1 million CHW initiative”, which uses mobile phones and broadband access to improve access to medical resources and health care to the rural poor.

SEASONAL MALARIA CHEMOPREVENTION

The RBM Partnership seeks to promote the adoption and scale up of new tools in areas where their use has the potential to save more lives. Seasonal Malaria Chemoprevention (SMC)¹⁰ is a highly effective tool for saving the lives of children aged 3 to 59 months during the short transmission season of malaria in the Sahel region.

In August, WHO published technical and operational information and tools for country-level policy-makers and programme managers to guide the implementation of SMC. Based on plans developed by nine eligible countries in the West Africa Roll Back Malaria Network, 19 million children would potentially benefit from SMC during three malaria seasons (2013 – 2015). The Central Africa Roll Back Malaria Network and numerous RBM partners, including WHO, LSHTM, CHAI, MSF, Malaria Consortium, UCAD, MMV, Speak Up Africa and UNITAID are actively involved in this process.

TOOLS FOR PREVENTING THE SPREAD OF ARTEMISININ RESISTANCE

In April, RBM Special Representative Princess Astrid and RBM Partners launched WHO’s Regional Framework for an Emergency response to artemisinin resistance in the Greater Mekong Sub-Region. The Global Fund, AusAID, USAID and the Gates Foundation have begun providing financial support for its implementation, while ASEAN, APLMA and APfMEN have committed to continuous political support.

MANAGING MALARIA IN PREGNANCY AND LOBBYING FOR BROADER INTEGRATION

The critical importance of continuing intermittent preventive treatment in pregnancy, as well as bednet use among pregnant women was highlighted in “Optimising the Delivery of Malaria in Pregnancy Interventions”. This consensus statement builds on the January 2013 paper “Malaria Protection in Pregnancy” and advocates for including malaria in pregnancy in the broader planning and resource mobilization for reproductive, maternal, newborn and child health.

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⁹. Integrated community case management (iCCM) of childhood illnesses is a strategic approach that uses Community Health Workers (CHWs) to decrease treatment gaps for malaria, diarrhoea and pneumonia in children under-five, while addressing issues like malnutrition and maternal health.

¹⁰. This year this tool has only been used on small scale in Chad, Mali, Niger, Nigeria and Senegal as funding constraints and limited supply of pre-qualified medicines have hampered large scale deployment.
LARVAL SOURCE MANAGEMENT

WHO, together with other RBM partners, released a new operational manual on larval source management (LSM) during an RBM Ministerial session on malaria at the Abuja African Union Summit in July. The manual describes how and when to use this tool in combination with other vector control methods, including treated mosquito nets and indoor residual spraying.

STRENGTHENING SURVEILLANCE FOR MALARIA PROGRAMME MANAGEMENT

At the RBM May Board meeting, over 40 Ministers of Health and senior government officials signed a Declaration highlighting the need for strong malaria surveillance systems to prevent and respond to disease outbreaks, as well as to direct resources and interventions to where they are most needed. Throughout the year the RBM Partnership continued coordinating surveillance activities through its local networks and the Monitoring and Evaluation Working Group (MERG). MIS, MICS and DHS surveys are carried out every 2 – 3 years. WHO and other RBM Partners continued providing technical support on surveillance, with PATH/MACEPA testing innovative surveillance approaches in the field by supplying simplified malaria information through mobile phones to national programs.

MAINTAINING COVERAGE WITH LONG LASTING INSECTICIDE NETS

The US President’s Malaria Initiative (PMI) has been monitoring the durability of long lasting insecticide nets (LLINs) in nine African countries while WHO-GMP is testing the fiber strength of all recommended LLINs. A joint consultation by WHO-GMP and WHOPES revealed that LLIN manufacturers have the technology to produce a more robust product but do not always have the incentive to do so because the current bidding process is based on unit cost and not on the number of years of protection an LLIN can offer. Discussions on how to best address this issue are ongoing.

In November, the Global Fund launched a tender for 90 million LLINs in anticipation of the orders to be placed by countries over the following 18 months. This initiative is expected to bring stability in the market and leverage price reduction.

INCREASING AVAILABILITY OF ACTs

Key lessons learned from Phase 1 of implementing the Affordable Medicines Facility for malaria were shared broadly this year. Piloted nation-wide in seven African countries with funding from UNITAID, DFID, B&M Gates Foundation and CIDA, the AMFm decreased prices and dramatically increased the availability of ACTs, including through private outlets in remote areas. The AMFm Project confirms that subsidised programmes in the private sector can improve access to quality antimalarials.
MALARIA PROGRAMME REVIEWS

A total of 12 Malaria Programme Reviews\(^{11}\) (MPRs) and 12 Strategic Plans\(^{12}\) were completed in 2013 with the help of RBM subregional networks. The vast majority of countries in Africa completed their first MPR and updated their Strategic Plan\(^{13}\) and The Asia-Pacific Malaria Elimination Network (APMEN) also updated six national strategic plans for malaria control and elimination.\(^{14}\)

ENSURING ACCESS TO QUALITY-ASSURED PRODUCTS

Countries strengthened measures for quality assurance of malaria health products and were able to mitigate the risk of the delivery of substandard or counterfeit products to end users with support from WHO and RBM partners. However improving in-country quality monitoring and reporting remains a challenge.

Pre-shipment quality control testing of insecticides for IRS and LLINs revealed a lack of compliance with WHOPES-approved standards which increases the risk of insecticide resistance. RBM Procurement and Supply Chain Management Working Group is working with manufacturers to clarify WHOPES recommendations and ensure the production of quality products. These challenges highlight the need for additional quality control laboratories able to test pesticides and the need to diversify manufacturers to provide countries with choices, avoid shortages and decrease cost.

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\(^{11}\) Burundi, Cameroon, Cape Verde, Congo, Ghana, Eritrea, Liberia, Sierra Leone, Somalia, South Sudan and Sudan.


\(^{13}\) In the future, countries will need to plan and budget for conducting MPRs every 5 years (in line with the start and end dates of their strategic plans) and Mid-term Reviews every 2.5–3 years to review their strategic plans at the half-way mark – (this will also be a Global Fund requirement). Many countries have strategic plans that expire in 2015. This will require countries to undertake MPRs in 2014/2015 providing data to revise the next generation strategic plans that will start in 2015/2016.

\(^{14}\) China, DR Korea, Indonesia, Nepal, Philippines and Sri Lanka.
EVIDENCE-BASED QUANTIFICATION OF COUNTRY DEMAND FOR COMMODITIES

FORECASTING GLOBAL DEMAND FOR KEY COMMODITIES

Many partners were involved in developing global demand forecasts for artemisinin supply, LLINs, RDTs, ACTs, injectable artesunate and rectal artesunate in 2013.

With funding from the Gates Foundation, the production of the semi-synthetic artemisinin (SSA) was also launched this year at a price which aims to preserve the market for natural artemisinin.

LOGISTICS MANAGEMENT INFORMATION SYSTEMS (LMIS):

Strengthening information systems is critical for managing malaria commodities. At the request of African supply chain experts, a workshop was held in October to define requirements for LMIS tools across diseases that cover the full supply chain from health center to central medical store. Eight existing LMIS tools were reviewed in detail against those requirements (including SMS for Life and the HWG Gap Analysis tool). More workshops are planned with African and Asian countries for customised LMIS guidance.

SMS for Life has been expanded in Tanzania to cover all 5,000 public health facilities and to include tuberculosis and leprosy drugs. Developed by a Public-Private Partnership led by Novartis under the umbrella of RBM, SMS for Life uses mobile phones and Google mapping to provide district doctors and national health authorities with real time visibility of ACT stock levels in health facilities. A similar pilot project has been evaluated in Ghana and Kenya with the support of Swiss Tropical and Public Health Institute and Kenya Medical Research Institute and are preparing nationwide roll-outs. In ten PMI-supported health zones of DR Congo, SMS for Life is integrated in the second health information system (DHIS).

IMPROVING PROCUREMENT PRACTICES AND SUPPLY CHAIN MANAGEMENT

In close collaboration with RBM, the Global Fund is transforming its sourcing and pooled procurement mechanism of LLINs, ACTs, and RDTs. The Global Fund’s “Procurement for Impact Initiative” is expected to improve the supply of malaria health products and increase value for money.

SARN is closely following the implementation of the current SADC regional pooled procurement and local production initiative, which involves all SADC countries and includes the banning of counterfeit drugs and monotherapies. The PSM WG is leading an RDT harmonisation effort, which aims at increased interchangeability of RDTs and enhanced user-friendliness of the products. This initiative is expected to improve the quality of RDT packaging and instructions for use, promote competitive tendering and drive down prices.

FIGURE 2
Collaboration: 2014 LLIN forecasted volumes by funding channel

- Possible
- Likely
- Certain

Note: Not all phasing is aligned due to differing financial regimes. Some orders will be placed in 2014 for 2015. Data on this slide for information only and non-binding – data as at Sept 6th. Source: Global Fund
RESEARCH AND DEVELOPMENT

ONGOING RESEARCH

The Malaria Eradication Scientific Alliance (MESA), launched in 2012 to advance the science of malaria eradication, awarded six research grants in 2013 to support health systems readiness and measurement of transmission.

The Medicines for Malaria Venture (MMV) completed Phase 2b trials on Tafenoquine – a potential single-dose radical cure for relapsing malaria. The Malaria Vaccine Initiative (MVI) and GSK pursued trials of the RTS,S first generation vaccine in seven African countries, with a view to submitting a regulatory application to the European Medicines Agency in 2014. The Innovative Vector Control Consortium (IVCC) is on track to fully develop three new active chemical ingredients for insecticides within the next 18 months.

FORA FOR INFORMATION-SHARING AND LEARNING

At its fifth technical and business meeting in March, the Asia-Pacific Malaria Elimination Network (APMEN) created opportunities for a valuable exchange of knowledge and good practice on malaria elimination among 120 representatives from 13 countries in the Asia region.

At the 6th Pan-African Malaria Conference, convened by the Multilateral Initiative on Malaria (MIM) at Durban on 6 – 11 October, the malaria community was commended for having made an extraordinary effort to advance both basic and operational research.
ADVOCACY AND COMMUNICATION

THE PARTNERSHIP’S ADVOCACY AND COMMUNICATION ACTIVITIES IN 2013 AIMED TO ENSURE THAT COUNTRIES HAVE ACCESS TO FUNDING AND TECHNICAL KNOW-HOW TO MAINTAIN THEIR GAINS.

New global, regional, national, and community initiatives addressed the need to maintain donor funding flows at a time of financial slow-down, as well as supply the technical support needed to face threats such as drug and insecticide resistance. RBM’s Malaria Advocacy Working Group (MAWG) ensured consolidated messaging. The RBM Secretariat disseminated normative guidance, success stories and best practices through the RBM website and other electronic tools. Key messages were conveyed via partners’ projects and popular campaigns.

GETTING THE RIGHT MESSAGE OUT

In January 2013, more than 2.3 billion viewers of the Orange Africa Cup of Nations (AFCON) soccer tournament heard their favourite African football stars deliver prevention and treatment messages about malaria as part of the United Against Malaria (UAM) campaign. UAM was designated as an official social cause by the Confederation of African Football (CAF), including for AFCON. Public service announcements featuring messages on malaria elimination from African leaders, such as the Presidents of Burkina Faso, Côte d’Ivoire, Liberia, Tanzania and Uganda were broadcast in 13 countries. RBM continued to build relationships with leaders from the football industry at the Soccerex Africa Forum in Durban in October and with FIFA’s leadership.

At the 6th Pan-African Conference of the Multilateral Initiative on Malaria (MIM) in October, RBM supported consultations and side events around the subject of mobilising domestic resources for malaria control. The outcomes are being compiled in an RBM Advocacy Toolkit. RBM’s MAWG set-up and managed the Communications Group for the MIM Secretariat and coordinated its media outreach.

LINKING MALARIA TO INTERNATIONAL HEALTH AND DEVELOPMENT OBJECTIVES

RBM global spokespersons – RBM’s Executive Director and Special Representative, HRH Princess Astrid of Belgium – undertook multiple missions and meetings with leading government officials to urge increased investment in malaria. RBM’s Executive Director highlighted the role of malaria control in Africa’s social and economic development at the 5th Tokyo International Conference on African Development (TICAD), in tandem with UN Secretary-General Ban Ki-moon and the Global Fund. Efforts to encourage further investment in malaria led to February consultations in Jeddah to examine opportunities for eliminating malaria in selected countries of the Organisation of Islamic Cooperation (OIC), the founding institution of the Islamic Development Bank. The consultations involved the President of the Islamic Development Bank (IDB) and senior IDB officials and helped strengthen financial commitment to tackling malaria.

The challenges and opportunities related to malaria elimination were addressed by policy makers participating in the 4th Islamic Conference of Health Ministers (ICHM) in Indonesia in October, which adopted the OIC Strategic Health Programme of Action 2013–2022 and an Implementation Plan. The Health Ministers expressed appreciation for the role and work of RBM and urged the OIC General Secretariat to collaborate with RBM in developing and preparing advocacy material and information for distribution at OIC conferences of Foreign Affairs and Health Ministers, as well as other OIC meetings.

To generate consensus on how to position malaria on the post 2015 development agenda, members of the RBM Board and MAWG organised a two-day ‘Malaria Advocacy Summit’ in New York in June. The Summit was chaired by the RBM Vice-Chair and engaged high-level representatives of RBM constituencies, as well as external influencers, such as the UNSG Special Advisor on Post-2015 Development Planning and the Director of the Global Health Group at University of
California San Francisco. The meeting stressed the need for stronger, evidence-based malaria advocacy. Clear messages illustrating the link between malaria and poverty were captured to produce audio-visual collateral, which circulated via social media platforms in the run-up to the September UN General Assembly.

**ADVOCACY FOR CONTINUED POLITICAL COMMITMENT**

Throughout the year, long time RBM Goodwill Ambassador Yvonne Chaka Chaka engaged opinion leaders and policy makers across Africa to “make good on promises, and to invest more in the health of their people.” In a series of meetings with donor representatives in 2013, she called upon the international community to replenish the Global Fund. The Huffington Post, a widely-read US news outlet, echoed her call and invited her to feature a dedicated blog on malaria and its financing. Chaka Chaka also produced a malaria anthem and donated the proceeds of her song to RBM’s United Against Malaria (UAM) Campaign which continues to raise public awareness about malaria control in Africa.

At the 24th RBM Board meeting, the Rt. Hon. Stephen O’Brien, Member of Parliament in the United Kingdom, was appointed Global Advocate for the Partnership. In this new role Stephen O’Brien begun working with parliamentarians and other elected officials in malaria endemic countries to help reinforce political commitment to accelerating the fight against malaria in the countdown to the 2015 MDGs. In July, he joined a Senate briefing in Nigeria on the malaria control programme and discussed local net production capacity with Nigeria’s eminent private sector representatives.

This year malaria was included on the agenda of the Francophonie meeting in October 2013 in Dakar. On behalf of the Partnership, RBM Board Chair Victor Makwenge highlighted the links between malaria and HIV, suggesting areas where greater collaboration and partnership can be developed.

To support ongoing efforts to meet the 2015 targets in countries, RBM launched a three-year online communication campaign in the fall, under the World Malaria Day theme “Invest in the Future, Defeat Malaria.” By highlighting and benchmarking progress against critical milestones, the campaign aims to provide a window on political commitment, new investments and action taken to overcome new and ongoing challenges.

**MORE THAN 2.3 BILLION VIEWERS OF THE ORANGE AFRICA CUP OF NATIONS (AFCON) SOCCER TOURNAMENT HEARD THEIR FAVOURITE AFRICAN FOOTBALL STARS DELIVER PREVENTION AND TREATMENT MESSAGES ABOUT MALARIA**

![Image of Yvonne Chaka Chaka speaking at a RBM event]

![Image of Stephen O’Brien at a RBM event]
SPEAKING IN ONE VOICE

Every year the Partnership supports its constituencies to converge and align messaging around key annual events and opportunities through its Malaria Advocacy Working Group (MAWG). In 2013 these opportunities included World Malaria Day, the World Economic Forum and the UN General Assembly. In addition, drawing on the public profiles of RBM special representatives and ambassadors, media in donor and endemic countries were strategically targeted to spread awareness about topical issues related to malaria.

Through extensive media outreach in Kuwait, UAE, Oman, Qatar, Japan and France, the Partnership stressed the importance of investing in malaria and its role as a driver for accelerating health and development.

In Asia, Chinese singer and actress Karen Mok agreed to lend her celebrity voice to the malaria fight. During a press conference, held alongside the World Health Summit Regional Meeting – Asia (WHSRMA) in Singapore in April, Ms. Mok was named an RBM Partnership Champion.

As in previous years, RBM Partners united their advocacy efforts around a common theme for World Malaria Day (WMD) 2013. The theme “Invest in the future, defeat malaria,” provided a common platform for partners to showcase their successes in malaria control and to unify advocacy efforts in a changing global development context. Partners agreed to utilise this theme for three years to call attention to the ‘Big Push’ needed in countries to end the disease by 2015.

Partners and RBM global spokespeople supported the ‘Big Push’ campaign to help replenish the Global Fund and engaged in the production and editorial content of special global malaria supplements in prominent newspapers, such as the Financial Times, the Independent, the Guardian and Le Monde. Through the work of the MAWG and the RBM Secretariat, messaging is aligned and global spokespeople promptly briefed and prepared to deliver those messages globally, regionally, and in countries and communities. RBM’s global spokespeople include RBM’s Executive Director, Heads of partner agencies, RBM ambassadors, special representatives, advocates and Board and Vice Chair. The RBM Secretariat tracks the uptake of the World Malaria Day theme and messaging and monitors media coverage daily.
SNAPSHOTS OF WORLD MALARIA DAY

- **GENEVA, SWITZERLAND**
  RBM invited the diplomatic community in Geneva to a working lunch at the United Nations Palais, where the Executive Director of the Global Fund, the Permanent Observer of the African Union to UNOG and the WHO/HTM Assistant Director General joined EXD/RBM to advocate for full replenishment of the Global Fund.

- **NEW YORK, USA**
  The UNSG Special Envoy Ray Chambers co-hosted a panel discussion with RBM at the UN Headquarters in New York to address the critical funding needed to accelerate progress towards malaria targets. The UN Secretary-General’s Special Advisor for MDGs, the Chair of the Global Fund Board, the Executive-Secretary of ALMA, and RBM addressed UN diplomats, Permanent Representatives to the United Nations, members of the private sector, journalists and global health experts.

- **DAVOS, SWITZERLAND**
  RBM benefitted from the convening power of the World Economic Forum (WEF) in Europe, Asia and Africa to engage with the private sector on its role in advancing global health and accelerating progress in malaria. At the WEF in Davos RBM co-hosted a dinner discussion with political, health and private sector leaders to promote accountability and transparency in health and development.

  WEF meetings in Africa and Asia, RBM and the Global Fund co-hosted events to spread awareness on the role of the private sector in advancing progress against malaria control in specific regions and demonstrated that malaria control is a smart investment strategy.

- **BENG VILLAGE, CAMBODIA**
  RBM Special Representative Princess Astrid commemorated World Malaria Day at a national celebration with the Cambodian Minister of Health, the Governor of the Kg Speu Province and the Regional Director of WHO Western Pacific Region.
THE PROGRESS AND IMPACT SERIES CONTINUED PRODUCING PUBLICATIONS REFLECTING PROGRESS IN COUNTRIES. THREE COUNTRY REPORTS WERE FINALISED THIS YEAR: MALAWI, MADAGASCAR AND SOUTH AFRICA.

Focus on Malawi was launched under the auspices of Malawi’s Vice-President and made the case for investing in health infrastructure. Focus on Madagascar, launched by the Madagascan Roll Back Malaria Partnership, highlights progress made against malaria, which used to be the first cause of morbidity and mortality in Madagascar. Launched during the 6th MIM Conference, Focus on South Africa, illustrates how sustained malaria control contributed to meeting the MDGs.

Launched as a strategic effort in 2011, the RBM Progress & Impact report Series aggregates, analyses and shares data from a variety of sources with a two-fold objective:

1. Benchmarking progress against GMAP targets and documenting impact in order to drive future investment and action, and secure high levels of commitment to malaria control among donor countries, international health organisations and governments of endemic and epidemic countries.

2. Informing vigorous advocacy for sustained and increased malaria control resources, and prioritisation at the national and global levels.

Today’s environment of increased accountability and accelerated national action requires credible evidence of progress toward mitigating the disease, along with efforts to make findings available widely. Ensuring transparency of performance against the targets also highlights barriers to implementation and informs advocacy required to eliminate the barriers, and achieving this has been the aim of the Series.

In 2013, three country reports were released in the Series: Malawi and Madagascar in April and May, respectively, in presence of national malaria control partners, and South Africa in November at the Multilateral Initiative on Malaria (MIM) Conference held in Durban.
FEATURE

MALARIA BEYOND THE HEALTH SECTOR
A MULTISECTORAL ACTION FRAMEWORK FOR MALARIA

IN 2013 THE RBM PARTNERSHIP, IN TANDEM WITH UNDP, DEVELOPED THE MULTISECTORAL ACTION FRAMEWORK FOR MALARIA, AN OPERATIONAL ROADMAP FOR INTEGRATING MALARIA CONTROL INTO DIFFERENT DEVELOPMENT SECTORS AND PROCESSES.

Malaria is rooted in poor socio-economic development, poverty, marginalisation and exploitation. There is a direct correlation between the probability of dying from malaria and a country’s socio-economic development status. Countries’ ability to embark on the path of elimination depends on how developed their economic and health systems are. Endemic malaria disappeared from most of Northern Europe and North America as a result of general social and economic development, including better and less crowded housing, closed windows, improved land drainage and less contact between humans and livestock.

Acknowledging the links between development and a disease, such as malaria, the RBM Secretariat and UNDP, 15 convened a global consultation in July in Geneva to engage contributions and action from multiple sectors. A steering committee, made up of UNICEF, WHO and the World Bank, and including other relevant organisations such as UN Habitat and UNEP, supervised the preparation of the consultation. Some 70 experts from government, academia, civil society, international financing institutions, UN organisations and the private sector shared their experience and views and thus contributed to the production of the “Multisectoral Action Framework for Malaria.”

The Framework calls for action in multiple sectors at global, regional and national levels. It analyses the social and environmental determinants of malaria and identifies drivers for action in the areas of financing, programming and governance. It presents a menu of concrete, implementable processes to transform the malaria response from a health issue left to the health sector to solve to a coordinated, multi-pronged effort that harnesses expertise across a range of sectors and institutions. It is a guide for policy makers and practitioners and a stimulus for innovation.

The Framework was launched alongside the 68th session of the General Assembly in New York in September, in a high-level event featuring the participation of world and African leaders, such as the Presidents of Tanzania and Mozambique.

Tanzania and Uganda have since signaled their interest in implementing the framework. Capacity building, best practices and technical support will be needed to make sure RBM takes full advantage of the momentum around the process and makes substantial progress on this agenda.

15. UNDP is an RBM founding Partner and Co-Chair of the “Post MDG UN Task Team”
NAIROBI, KENYA.
Artemisin conference strengthens dialogue: 140 experts from 21 countries discussed how to put malaria medicines quickly on the market.

STRENGTHEN LINKS BETWEEN FOOTBALL AND MALARIA CONTROL
RBM’s Princess Astrid of Belgium met with FIFA President to strengthen links between football and malaria control.

AFRICA CUP OF NATIONS CEREMONY SENDS LIFE-SAVING MESSAGES TO MILLIONS
United Against Malaria (UAM) – an official social cause of the tournament – kicked off the closing ceremony with a debut performance by RBM Goodwill Ambassador and UAM Champion Yvonne Chaka Chaka.

ACCOUNTABILITY AND TRANSPARENCY IN GLOBAL HEALTH
RBM and the Center for Global Health & Diplomacy (GHD) co-hosted a reception and dinner in Davos to highlight the importance of accountability and transparency in global health.

ARTIST KAREN MOK BECOMES RBM CHAMPION IN ASIA

“UNITED AGAINST MALARIA” DISTRIBUTED LIFE-SAVING MALARIA PREVENTION AND TREATMENT MESSAGES throughout the 2013 Africa Cup of Nations with football icons and heads of state lending their voices to radio and billboard messages in 13 countries.

RBM STRENGTHENS ITS RELATIONS WITH THE ISLAMIC DEVELOPMENT BANK
The President of the Islamic Development Bank met with RBM Executive Director in Jeddah, Saudi Arabia to explore investment opportunities to eliminate malaria in selected countries of the Organisation of Islamic Cooperation.

African Cup of Nations
2013
JANUARY
FEBRUARY
MARCH

TIMELINE
RBM ANNUAL REPORT 2013
24
RBM AMBASSADOR YVONNE CHAKA CHAKA CALLS FOR A FULLY REPLENISHED GLOBAL FUND

From the digital pages of the “Big Push,” Chaka Chaka also urged African leaders to “make good on promises to invest more in the health of their people.”

RT HON STEPHEN O’BRIEN MP UK APPOINTED AS GLOBAL ADVOCATE FOR MALARIA

RBM 24th Board discusses strategic choices for boosting scale-up efforts in countries and ensuring programmes remain funded and effective post 2015. Roll Back Malaria Board Chair appoints Rt Hon Stephen O’Brien MP UK as Global Advocate for Malaria.

MALAWI MALARIA REPORT MAKES THE CASE FOR INVESTING IN PUBLIC HEALTH INFRASTRUCTURE

RBM PARTNERS ADDRESS MALARIA ADVOCACY POST 2015

A two-day high-level consultation in New York, builds consensus on strategy to position the malaria in the post 2015 global development agenda.

RBM PARTNERSHIP CALLS FOR SMART INVESTMENTS IN MALARIA CONTROL

Traoré called on audiences in Geneva, Addis Ababa and Tokyo to fill the global malaria funding gap and meet the 2015 targets.

RBM WELCOMES THE AUSTRALIAN PRIME MINISTER JULIA GILLARD,

co-chair of the Asia-Pacific Leaders Malaria Alliance (APLMA), committed to tackling drug-resistant malaria in the region.

HRH PRINCESS ASTRID OF BELGIUM VISITS JAPAN & CAMBODIA

for World Malaria Day, urges more Asian investment in malaria and participates in the launch of WHO’s “Emergency Response to Artemisinin Resistance in the Greater Mekong sub-Region” in Phnom Penh.

MINISTERS SIGN DECLARATION OF NOUAKCHOTT TO ACCELERATE MALARIA FIGHT IN SIX COUNTRIES.

Gambia, Mali, Mauritania, Niger, Senegal and Chad called on RBM to provide advocacy and strategic support.

RBM AT GLOBAL FUND BOARD IN COLOMBO, SRI LANKA TO REVIEW FIRST FINDINGS OF NEW FUNDING MODEL.

RBM JOINS GLOBAL FUND AT TICAD V JOKOHAMA, JAPAN: “MALARIA IS A DEVELOPMENT ISSUE”

The United Nations Secretary-General BAN Ki-moon encourages continued commitment to malaria to boost Africa’s social and economic development.
TIMELINE

JULY

RBM HIGHLIGHTS MALARIA FIGHT AT ABUJA+12 SPECIAL SUMMIT IN NIGERIA
RBM addressed heads of state and presented to ministers of health and heads of agencies concrete initiatives for speeding up progress.

AUGUST

‘GENEVA DECLARATION ON STRENGTHENING MALARIA SURVEILLANCE SYSTEMS’ reviewed at the Sixty-third Session of the WHO Regional Committee for Africa.

MULTISECTORAL ACTION FRAMEWORK FOR MALARIA LAUNCHED ALONGSIDE 68TH UNITED NATIONS GENERAL ASSEMBLY
Calling for greater coordinated action among different development sectors.

SEPTMBER

LEADERS AT THE UN GENERAL ASSEMBLY called for increased commitment and resources for malaria control.

FRANCOPHONE PARLIAMENTARIANS CONSIDER INTEGRATING MALARIA INTO HIV NETWORK
Dr. Victor Makwenge Kaput, Chair of the Roll Back Malaria Partnership Board, delivers a keynote speech on malaria at an annual meeting of the HIV/AIDS network of the Parliamentary Assembly of La Francophonie.

6TH MULTILATERAL INITIATIVE ON MALARIA OPENS IN DURBAN

NEW PROGRESS IMPACT REPORT focuses on South Africa’s success in malaria control.

UK MAKES £1 BILLION COMMITMENT AND CALLS FOR FULL REPLENISHMENT OF THE GLOBAL FUND

RBM’S UNITED AGAINST MALARIA CAMPAIGN SELECTED AS SOCIAL CAUSE OF SOCCEREX AFRICA FORUM

TIMELINE
RBM ANNUAL REPORT 2013
GLOBAL FUND REPLENISHED:
US$ 12 billion for the next three years, with substantive funding beyond the 2015.

MALARIA DAY 2013 IN THE AMERICAS

ACCLAIMED RICHARD CURTIS MALARIA MOVIE “MARY AND MARTHA”
screened for diplomats and stakeholders in Geneva.

WORLD MALARIA REPORT 2013:
shows more progress but calls for sustained financing.

RBM GOODWILL AMBASSADOR YVONNE CHAKA CHAKA HONORED IN SOUTH AFRICA AND WASHINGTON, D.C. FOR HUMANITARIAN WORK

COMPANIES MAKE CASE FOR MALARIA CONTROL INVESTMENT AT THE INAUGURAL GBC HEALTH AFRICA REGIONAL CONFERENCE, SOUTH AFRICA.
This is the first African regional conference to engage regional business leaders in the fight for better health.

CÔTE D’IVOIRE HOSTS 25TH RBM BOARD

ADMIRAL TIMOTHY ZIEMER (RET.) of the US President’s Malaria Initiative honoured for Extraordinary Leadership in the Fight Against Malaria.

PRIVATE SECTOR IN MYANMAR engaged for first time in support of malaria control.

4TH SESSION OF THE ISLAMIC CONFERENCE OF HEALTH MINISTERS INCLUDES PANEL DISCUSSION ON MALARIA ERADICATION.

Malaria control has been one of the world’s best investments in global health to date. Invest in the Future: Defeat Malaria rollbackmalaria.org

All photos courtesy of RBM Partners.
Many leaders, one objective.

Invest in the Future: Defeat Malaria

Malaria control has been one of this best investments in health to date.

rollbackmalaria.org
LOOK AHEAD

TOWARDS A NEW GLOBAL MALARIA ACTION PLAN – GMAP 2

On World Malaria Day 2008, the United Nations Secretary-General Ban Ki-moon called for putting "a stop to malaria deaths" and endorsed the Global Malaria Action Plan – GMAP. The plan was the first comprehensive blueprint to achieve universal malaria control and elimination. With the introduction of new Sustainable Development Goals (SDGs) in 2015, the plan will now be revised and adapted for the post-MDG context (GMAP 2).

The RBM Partnership will convene stakeholder institutions over the next two years to adapt the Global Malaria Action Plan for the next phase geared towards malaria elimination. The first round of consultations will be held throughout 2014 and be organised back-to-back with WHO meetings on the Global Technical Strategy for Malaria Control & Elimination. Dialogues on GMAP 2 will be held in all six WHO regions.

The Global Malaria Action Plan is an exhaustive plan for ending malaria. The original plan detailed how to accelerate action against malaria, across countries and regions, leading to an eventual elimination of the disease. GMAP provided timelines for delivering nets and drugs to all people at risk in Africa, Asia-Pacific, the Americas, the Middle East and Eurasia. It also outlined a strategy for increasing investment in research for new tools to eliminate and eventually eradicate malaria globally. The plan assembled under the auspices of the Roll Back Malaria Partnership in 2008 through an extensive consultation process with more than 250 experts from malaria-endemic countries and international organisations from fields as diverse as economics, public health and epidemiology.

GMAP has specified targets and goals for the malaria community until 2015. With the current dialogue on progress towards the MDGs and the post 2015 development agenda, it is now essential to determine the best approaches to sustain the gains that have been made and to intensify national and subnational malaria elimination efforts that are required to maintain the world on a trajectory towards ultimate eradication of this disease.

GMAP 2 will complement the Global Technical Strategy (GTS) for Malaria 2016 – 2025 which is being developed in parallel by the WHO Global Malaria Programme (GMP). The WHO and RBM are working together to harmonise the development of the GTS and GMAP 2 documents. Both plans share common goals, targets, and indicators, and the ultimate long-term vision for a world free of malaria (cf. figure 3)

Both the GMAP 2 and GTS are to be launched in the second half of 2015.

FIGURE 3

GOALS, TARGETS, & INDICATORS 2016 – 2025

GLOBAL TECHNICAL STRATEGY

What, Where & When

GLOBAL MALARIA ACTION PLAN 2

How, Financing & Multisectoralism

GMP / STEERING COMMITTEE

RBM / GMAP 2 TASK FORCE
ANNEX 1: RBM STRUCTURE AND GOVERNANCE

THE RBM PARTNERSHIP HAS GROWN TO INCLUDE A WIDE RANGE OF CONSTITUENCIES WHO BRING A FORMIDABLE ASSEMBLY OF EXPERTISE, INFRASTRUCTURE AND FUNDS TO THE FIGHT AGAINST THE DISEASE.

Today, the Partnership is made of more than 500 institutional Partner organisations from malaria endemic countries, multilateral and donor organisations, the private sector, non-governmental organisations, foundations and the research and academic community. The force of this Public-Private Partnership lies in the diversity of its partners and in its ability to rally all sectors of society towards the common goal of reducing cases of malaria, saving lives and alleviating the poverty caused by malaria.

The Partnership, through its mechanisms, co-ordinates the work of the individual partners to ensure that each partner’s efforts are aligned, duplication and inefficiencies are avoided, collaboration between partners is facilitated, and common challenges are addressed co-operatively.

The RBM Partnership was launched in 1998 by WHO, UNICEF, UNDP and the World Bank, in an effort to provide a coordinated global response to the disease. RBM is led by the Executive Director, and served by a Secretariat that is hosted by the World Health Organization in Geneva, Switzerland.
ANNEX 2: RBM EXTERNAL EVALUATION

THIS YEAR’S EXTERNAL EVALUATION FOR THE PERIOD OF 2009 TO 2013 CONCLUDED THAT THE RBM PARTNERSHIP SUCCESSFULLY CARRIED OUT ITS MANDATE TO CONVENE, COORDINATE, AND FACILITATE COMMUNICATION WITH KEY STAKEHOLDERS AND ACKNOWLEDGED RBM’S SIGNIFICANT CONTRIBUTION TO ACHIEVING THE OBJECTIVES OF THE GMAP.

The evaluation praised RBM’s strong advocacy which has helped place and keep malaria on the international agenda, as well as RBM’s support for timely and pertinent planning, resource mobilisation, and technical assistance with monitoring and evaluation, which have helped improve national malaria control program efforts. The evaluation recognised RBM’s efforts to strengthen national capacity in the areas of procurement and supply chain, health information and regulatory systems and the development of traditional and innovative funding streams. The RBM Partnership’s platform for the exchange of ideas, strategies, best practices, and progress reports was seen as having motivated stakeholders to come together in the fight against malaria to look for more effective ways to push the agenda forward. Recommendations included continued advocacy for strong surveillance systems, developing an operational research agenda and the implementation of policy and regulation. RBM was advised to provide additional support to countries to help them diversify funding sources and increase national ownership, support, and efficiency.

THE RBM PARTNERSHIP’S PLATFORM FOR THE EXCHANGE OF IDEAS, STRATEGIES, BEST PRACTICES, AND PROGRESS REPORTS WAS SEEN AS HAVING MOTIVATED STAKEHOLDERS TO COME TOGETHER IN THE FIGHT AGAINST MALARIA
ANNEX 3: RBM BOARD MEMBERS 2013

THE BOARD POSSESSES THE HIGHEST AND MOST EXTENSIVE AUTHORITY CONCERNING DECISION MAKING AND OPERATIONALISATION OF THE GLOBAL MALARIA RESPONSE.

RBM stakeholders are represented by 28 Board members. They serve as representatives of their respective constituencies for a period of at least two years.

THE FOLLOWING INDIVIDUALS CONSTITUTED THE RBM PARTNERSHIP BOARD IN 2013:

<table>
<thead>
<tr>
<th>BOARD MEMBER</th>
<th>ALTERNATE</th>
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<tr>
<td><strong>CHAIRS</strong></td>
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<td>Board Chair</td>
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<tr>
<td>Democratic Republic of the Congo</td>
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<tr>
<td>Dr Victor Makwenge Kaput, Member of Parliament, Honorary Minister of Health</td>
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<tr>
<td>Board Vice Chair</td>
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<tr>
<td>University of Melbourne</td>
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<tr>
<td>Prof Graham Brown, Director Nossal Institute for Global Health</td>
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<td><strong>ENDEMIC COUNTRIES (8 SEATS)</strong></td>
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<tr>
<td>Cote d’Ivoire, Minister of Health and AID control</td>
<td>Cap Verde, Minister of Health</td>
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<tr>
<td>Dr Raymonde Goudou Coffie</td>
<td>Dr Cristina Fontes</td>
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<tr>
<td>Sierra Leone, Minister of Health and Sanitation</td>
<td>Gabon, Minister of Health</td>
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<tr>
<td>Ms Miatta B. Kargbo</td>
<td>Prof Mengue Me Ngouang Fidèle</td>
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<tr>
<td>Congo, Minister of Health</td>
<td>Zimbabwe, Minister of Health</td>
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<tr>
<td>Mr François Ibovi</td>
<td>Dr David Parirenyatwa</td>
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<td>Malawi, Minister of Health</td>
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<tr>
<td>Ms Catherine Hara</td>
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<td>Sudan, Minister of Health</td>
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<tr>
<td>Mr Bahar Idris Abu Garda</td>
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<tr>
<td>Thailand, Ministry of Health</td>
<td>Indonesia, Ministry of Health</td>
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<tr>
<td>Dr Wichai Satimai</td>
<td>Prof Tjandra Yoga Aditama</td>
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<tr>
<td>India, Ministry of Family and Welfare</td>
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<tr>
<td>Mr Shri Anshu Prakash</td>
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<tr>
<td>Brazil, Ministry of Health</td>
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<tr>
<td>Dr Ana Carolina Santelli</td>
<td></td>
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</tbody>
</table>
## BOARD MEMBER

### DONOR COUNTRIES (3 SEATS)
- France, Ministry of Foreign Affairs  
  Mr Philippe Meunier  
- United Kingdom, Department for International Development (DFID)  
  Mr Alistair Robb  
- United States of America, President’s Malaria Initiative (PMI)  
  Rear Admiral Timothy Ziemer  
  Mr Bernard Nahlen

### FOUNDATIONS (1 SEAT)
- Bill & Melinda Gates Foundation  
  Dr David Brandling-Bennett  
  UN Foundation  
  Ms Elizabeth Ivanovitch

### MULTILATERAL DEVELOPMENT PARTNERS (4 SEATS)
- United Nations Children’s Fund – UNICEF  
  Mr Mark Young  
- United Nations Development Programme – UNDP  
  Mr Hank Bjorkman  
- World Health Organization – WHO  
  Dr John Reeder (ad interim)  
  Dr Issa Sanou  
- The World Bank  
  Dr Maryse B. Pierre-Louis

### RESEARCH AND ACADEMIA (1 SEAT)
- Swiss Tropical & Public Health Institute  
  Dr Marcel Tanner  
  Multilateral Initiative on Malaria (MIM), University of Yaoundé  
  Prof Wilfried Mbacham

### NON-GOVERNMENTAL ORGANISATIONS (2 SEATS)
- Southern NGO  
  Friends of the Global Fund Africa  
  Dr Akudo Anyanwu  
  Cameroon Coalition Against Malaria (CCAM)  
  Dr Esther Tallah  
- Northern NGO  
  Management Sciences for Health (MSH)  
  Ms Rima Shretta  
  Malaria No More UK  
  Ms Annemarie Meyer

### PRIVATE SECTOR (2 SEATS)
- Sumitomo Chemical  
  Ms Lisa Goldman  
  Vestergaard Frandsen SA  
  Ms Sanne Fournier-Wendes  
- GlaxoSmithKline (GSK)  
  Mr Jon Pender  
  Abt Associates  
  Ms Nancy Nachbar

### EX OFFICIO MEMBERS (5 SEATS)
- African Leaders Malaria Alliance (ALMA)  
  Ms Joy Phumaphi  
- The Global Fund  
  Dr Mark Dybul  
  Mr Scott Filler  
- UNICEF  
  Dr Denis Broun  
  Mr Philippe Duneton  
- UN Special Envoy for Malaria and MDG Health Alliance  
  Mr Suprotik Basu  
  Mr Alan Court  
- RBM Partnership  
  Dr Fatoumata Nafo-Traoré
ANNEX 4: RBM FINANCIAL REPORT FOR THE YEAR 2013


The recognised revenue equalled US$ 17,802,523. This includes revenue that was not budgeted at the time of planning the PWP 2013, but was negotiated and recognised during the year.

As displayed in Graph 1, there has been a diversification of revenue sources when compared to previous years. However, RBM still relies heavily on a small number of key donors. The level of funds earmarked for specific purposes has increased significantly. In edition, a number of donor agreements come to an end in 2014, with the potential of significantly reducing funds for 2015.

The Financial Report 2013 shows an expenditure of $15,589,264, or a rate of Expenditure of 86%. The main activity expenditure was allocated to support National Malaria Control Programmes (NMCP).

THE FINANCIAL REPORT 2013 SHOWS A RATE OF EXPENDITURE OF 86%

GRAPH 1: RECOGNISED REVENUE 2013

STATEMENT OF FINANCIAL PERFORMANCE FOR THE PERIOD 1 JANUARY TO 31 DECEMBER 2013 (US$)

<table>
<thead>
<tr>
<th>OPENING FUND BALANCE 1 JANUARY 2013</th>
<th>6,937,334</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVENUE</td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>19,761,432</td>
</tr>
<tr>
<td>TOTAL REVENUE</td>
<td>17,802,523</td>
</tr>
<tr>
<td>TOTAL EXPENSES</td>
<td>15,589,264</td>
</tr>
<tr>
<td>CLOSING FUND BALANCE 31 DECEMBER 2013 (WHO STATEMENT)</td>
<td>9,150,593</td>
</tr>
</tbody>
</table>
### ANNEX 5: RBM CONSULTATIONS CONVENED IN 2013

<table>
<thead>
<tr>
<th>MECHANISM</th>
<th>MONTH</th>
<th>VENUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder Consultation on Enhanced Harmonisation of Malaria Rapid Diagnostic Tests</td>
<td>PSM</td>
<td>Dec</td>
</tr>
<tr>
<td>Country Preparation for the Global Fund New Funding Model (NFM)</td>
<td>HWG</td>
<td>Dec</td>
</tr>
<tr>
<td>14th Annual Meeting of the Harmonisation Working Group</td>
<td>HWG</td>
<td>Dec</td>
</tr>
<tr>
<td>Malaria Forum for the Private Sector</td>
<td>Secretariat</td>
<td>Nov</td>
</tr>
<tr>
<td>25th RBM Partnership Board Meeting</td>
<td>BOARD</td>
<td>Nov</td>
</tr>
<tr>
<td>Annual Review &amp; Planning Meeting for NMCPs in the Western Africa sub-Regional</td>
<td>WARN</td>
<td>Nov</td>
</tr>
<tr>
<td>20th Annual Meeting of the Procurement &amp; Supply Chain Management Working Group</td>
<td>PSM</td>
<td>Oct</td>
</tr>
<tr>
<td>Malaria on the Post-MDG Development Agenda</td>
<td>MAWG</td>
<td>Sep</td>
</tr>
<tr>
<td>14th Annual Review &amp; Planning Meeting for NMCPs in the Eastern Africa sub-Regional</td>
<td>EARN</td>
<td>Aug</td>
</tr>
<tr>
<td>Annual Constituencies Consultative Meeting in the Southern Africa sub-Region</td>
<td>SARN</td>
<td>Jul</td>
</tr>
<tr>
<td>Ministerial Consultation on Malaria at Abuja+12 Summit</td>
<td>Secretariat</td>
<td>Jul</td>
</tr>
<tr>
<td>10th Annual Review and Planning Meeting for NMCPs in the Central Africa sub-Region</td>
<td>CARN</td>
<td>Jul</td>
</tr>
<tr>
<td>Global Consultation on Developing a Multisectoral Approach to Malaria</td>
<td>Secretariat</td>
<td>Jul</td>
</tr>
<tr>
<td>21st Meeting of the Monitoring &amp; Evaluation Reference Group</td>
<td>MERG</td>
<td>Jun</td>
</tr>
<tr>
<td>24th RBM Partnership Board Meeting</td>
<td>BOARD</td>
<td>May</td>
</tr>
<tr>
<td>15th Annual Meeting of the Malaria in Pregnancy Working Group</td>
<td>MIP</td>
<td>May</td>
</tr>
<tr>
<td>7th Annual Meeting of the Case Management Working Group</td>
<td>CMWG</td>
<td>Mar</td>
</tr>
<tr>
<td>20th Meeting of the Monitoring &amp; Evaluation Reference Group</td>
<td>MERG</td>
<td>Jan</td>
</tr>
<tr>
<td>8th Annual Meeting of the Vector Control Working Group</td>
<td>VCWG</td>
<td>Jan</td>
</tr>
<tr>
<td>Artemisinin Conference 2013</td>
<td>Secretariat</td>
<td>Jan</td>
</tr>
</tbody>
</table>

**RBM ANNUAL REPORT 2013**
RBM PARTNERSHIP OFFICES

HEADQUARTERS
The RBM Partnership Geneva Secretariat hosted at
The World Health Organization (WHO)
20, Avenue Appia
1211 Geneva 27
Switzerland
T +41 22 791 4318
F +41 22 791 1587
E inforbm@who.int

BRANCH OFFICES

RBM Office New York City
Office at the United Nations Headquarters
One Dag Hammarskjold Plaza
26th Floor
885 Second Avenue
New York, NY 10017
T +1 646 626 6043
E hverhoosel@rbmny.org

RBM Office Nairobi
Eastern Africa Regional Network
Hosted by UNICEF
Kenya
T +254 20 762 2975
E jdasilva@unicef.org

RBM Office Gaborone
Southern-African Regional Network
Hosted by IFRC
Botswana
T +267 3712714
E kaka.mudambo@ifrc.org

RBM Office Dakar
West-African Regional Network
Hosted by UNICEF
Senegal
T +221 33869 5865
E cervagacondo@unicef.org

RBM Office Yaoundé
Central-African Regional Network
Cameroon
T +237 7951 6097
E jose.nkuni@ifrc.org

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Avenue Appia 20, 1211 Geneva 27, Switzerland  www.rollbackmalaria.org

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investing in the future
promoting healthy communities
working together