



ROLL BACK MALARIA PARTNERSHIP  
FORUM V  
Cameroon, Yaounde, 16-19 November 2005

# FINANCING

Matching requirements for impact

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# Facilitators

- Chair: Jacques Baudouy, WB
- Co-chair: Gen Yakoubu Gowon, Nigeria
- Panelists: Mabingue Ngom, GFATM  
Maimouna Diop Ly, ADB  
Maryse Pierre-Louis, WB  
John Paul Clark, USAID
- Rapporteur: Magda Robalo, WHO/AFRO

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## FINANCING: Matching requirements for impact

1. Long term predictable financing
2. Flexibility and simplification of financing
3. Impact of funding requires enhanced capacity
4. Additionality
5. Information and networking

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## 1. Long term predictable financing

- Need donor commitment for 5-10 years to support country strategic plan (e.g. Burundi funding for ACTs cannot be sustained – interruption of GFATM support; Kenya reluctance to switch to ACTs due to lack of confidence in long term funding)
- Diversification of partners
- Global and country subsidy for malaria commodities
  - Explore mechanisms and feasibility of global subsidy e.g. advance purchase commitment;
  - Need also for mechanisms for subsidy at country level
  - Increase coverage in public and private sector

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## 2. Flexibility and simplification of financing

- Information dissemination on current levels of flexibility of different donors, e.g. GFATM allows re-programming
- Technical support for funding applications
- Flexibility of govt. out-contracting detail of action

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## 3. Impact of funding requires enhanced capacity

- Procurement
  - PRs to engage agents rapidly if they lack capacity
  - Involvement of countries in developing procurement procedures
- Financial management
  - Capacity for monitoring MTEFs
  - Capacity for accounting and audit
- Strengthen local capacity for producing commodities, ITNs etc.
- Strengthen capacity for implementing new policies
- Work to ensure free treatment
- Community sensitisation
- Increased funding for technical support agencies

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## 4. Additionality

- WB and IMF to push governments for additionality and not displacement
- Donors to assume collective responsibility for coordinating funding, e.g. DRC
- Publicise issue that additional funds for malaria are not affected by budget ceilings – fiscal space (press release, IMF engagement etc.)

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## 5. Information and Networking

- On financial and reporting mechanisms
  - Increase communication lines / connectivity to enhance knowledge of sources of finance e.g. Uganda rural hospital
  - Transparency addressing information asymmetry (supply and demand – conflicting information, e.g. ACTs and nets)
  - Update data collection systems
  - Capacity for data collection on malaria
- Networking
  - Strengthen financing of regional networks
  - Sub-regional networking and learning from each other

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## APPENDIX

# EXPERIENCES REPORTED BY PANELISTS

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## Mabingue Ngom, GFATM

- Goal is scale – up and impact
- Money is needed but money is not enough
  - Need better performance and support from partners
  - Lot of inefficiencies
- Global Fund biggest financer of malaria
  - Poor performance of malaria grants
  - Return of funds
  - Need early engagement of partners, not damage limitation
- Conclusion
  - Additional funds
  - Better programme implementation
  - Increased involvement of partners
  - Improved supply of commodities

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## Maryse Pierre Louis, World Bank

- Level of financing required is substantial for SUFI
- Need funding predictability
- Need additionality, not substitution
- Sustainability of SUFI resources and efforts
- Need MTEF and monitoring of MTEF
- Switch to buying outcome over inputs and results rather than outputs
- Fiscal space – need more space for concessional loans and grants
- Difficulties in buying into SUFI concept
- MoFinance will become major interlocutors to MoH
  - Need business plans developed as negotiating tools
  - Subsidising of commodities – which ones, which sub-groups?

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## Maimouna Ly, ADB

- Malaria within the context of development
- Multi-sectoral approach for funding of malaria control as for HIV/AIDS
  - Tapping onto resources from: infrastructure, environment, water
- ADB does not fund malaria directly but through health systems strengthening support
- Need to strengthen institutional capacity at country level
- Strengthen sub-regional actions e.g. ECOWAS, CEMAC

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## Jean-Paul Clark, USAID

- US Govt provides project funding rather than budget support
- MTEF ceilings within health can lead to displacement of funds available to health sector
  - Requires negotiations with MoF to ensure additionality
  - Could undermine ability of MoH to set priorities
- MTEF 'government' ceilings kept even if change in 'health' ceiling, donations can lead to displacement of funds from other sectors

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