



## Statement by the RBM Partnership Board Yaoundé, Cameroon 21 November 2005

### RBM Board Members

November 2005

### Chairperson

Nigeria

### Constituencies

#### Malaria Endemic Countries

Benin  
Democratic Republic of Congo  
India  
Sudan  
Tanzania  
Venezuela  
Western Pacific (pending nomination)

#### OECD Donor Countries

Italy  
United Kingdom  
United States of America

#### Multilateral Development Partners

UNICEF  
UNDP  
WHO  
The World Bank

#### Research & Academia

Multilateral Initiative  
on Malaria

#### Nongovernmental Organizations

AMREF  
(alt. Zambia Malaria Foundation)

#### Private Sector

Bayer (alternate Novartis)  
ExxonMobil (alternate GSK)

#### Foundations

UN Foundation

### Ex-officio Members

Executive Director  
The Global Fund

Executive Secretary  
Roll Back Malaria Partnership

The malaria situation has evolved rapidly since 1998. There is a dynamic environment with increasing actors and resources, a greater profile and more demands for accountability. The broader health and aid architecture is also changing rapidly.

We all bear a responsibility to control malaria, save millions of lives and stop the pattern of poverty which malaria helps to perpetuate. Countries want to concentrate on efforts to control malaria. To achieve this goal, we are updating our strategies and increasing our own inputs. At the same time, we need external support to scale up. All these require working together with a purpose. No single endemic country can do it alone. No single partner agency can provide all the required assistance, be they financial or technical. Therefore, we must work together in a way that is transparent and respectful of every constituency. It must also lead to the desired results. This leads to 3 important notes:

- 1) The environment has changed since 1998, with more political commitment, new technologies and more money now available for malaria control. The challenge is now to apply the global consensus to accelerated country level action
- 2) It is important to have a both a governance structure and strong technical efforts to meet these needs in a changing environment.
- 3) On this basis we need both a strong, effective WHO and a strong, effective RBM Secretariat. Neither of them is a substitute for the other.

**Regarding The RBM Department of WHO.** The world needs WHO to play a very strong role in malaria control. This includes providing global leadership in technical standards, evidence-based policies and guidelines. Partners will work together to translate these into large-scale programmes in the countries.

**Regarding The RBM Partnership Secretariat.** The Secretariat has a crucial role to play by facilitating cooperation among all the partners in a way that is balanced, transparent and effective. This role is crucial in advocacy, mobilizing resources, sharing information, facilitating consultations among countries and multiple partners. It belongs to all partners and is hosted by WHO. The secretariat is not a technical agency and it is not an implementing agency. Its scope of work must be very clearly defined and the Secretariat must also stay within that scope of work.

We all need to rise to the occasion. Countries are the shareholders in WHO, which exists to serve the people that are represented by the Partners. We call on WHO to rise to this occasion by concentrating on the needs of those suffering from malaria. We also resolve that the Secretariat remain within a clearly specified scope of work; it should not become a provider of technical support, and it should not evolve into an implementing agency.

**Position:**

We as the RBM Partnership Board, representing seven constituencies (malaria endemic countries, NGOs, academia, multilateral agencies, OECD donors, the private sector and foundations) have come to the following conclusions:

a. The **RBM partnership** has been successful in putting in place the foundation for accelerated control of malaria. It is now more valuable than ever to meet the challenge of achieving impact at the country level.

It has:

- Raised the profile of the disease and its broader impact on development
- Led to substantial increase in resources with more promised
- Brought consensus on global issues
- Established a global strategic plan that sets the framework for Accelerated country action
- Progressed commodity and supply chain issues

b. The **RBM Secretariat** has made an important contribution through:

- High level advocacy,
- Providing a neutral forum for bringing all stakeholders to the table for more effective collaboration. This includes endemic countries, multilateral agencies, donors, the private sector, foundations, and NGO's consensus on high level or common issues, commodity issues.

The board affirms that the above contribution is the appropriate one for the Secretariat to be making.

c. WHO needs to provide extraordinary vision and leadership to the next phase of the fight against malaria.

As a core and central member of the RBM Partnership, WHO is called upon to provide extraordinary action and leadership in the fight against malaria. As the world's principal health agency the Board expects WHO to lead the effort to accelerate country action and provide leadership at the highest level.

The Partnership needs to provide dynamic, flexible, responsive, support to acceleration efforts. WHO is the clear and unrivalled home for the **RBM Secretariat** and other options are not considered feasible. However the **Secretariat** needs to be optimally sited within the WHO structure to enable it to fill its mandate. Board members do not agree that it should be absorbed into the WHO malaria department. This threatens to derail past successes in creating an inclusive partnership.

The Secretariat needs to remain programmatically responsive to the **Partnership Board** and administratively responsive to the WHO host.

The Board requests WHO to find a workable model which provides the Secretariat with the independence and authority to effectively perform its core business in support of the activities of the RBM partnership, including WHO as a member of that partnership. There is no one size fits all model for hosting such partnerships and several (HMN, MNCH) are currently hosted by WHO with differing structures.

The RBM Partnership Board wishes to see a viable and empowered Secretariat housed in and working effectively with WHO. Making this work is critical to the future credibility of the Partnership and of WHO.

**d. RBM Partnership Secretariat Core Functions**

1. **Global advocacy and communications:**
  - Lead global advocacy (resources, commitment and accountability);
  - RBM brand management and ownership
2. **Collate and disseminate information relating to partnership progress:**
  - Periodic reporting of Partnership progress related to implementation of the Global Strategic Plan;
  - Promote sharing of evidence on best practices across the Partnership
3. **Coordination:**
  - Facilitate the development of the Partnership work plan, including responsibilities of each partner and accountabilities;
  - Convene periodic partnership meetings where all constituencies harmonize action, coordinate strategies and discuss key issues;
  - Facilitate active management of communication between partners
4. **Support the subregional networks (SRNs) to mobilize adequate political and financial resources**
  - Clarify terms of references, linkages and relationships between SRNs and WHO ICTs
5. **Information to support supply chain management:**
  - Coordinate and disseminate information on the entire supply chain from forecasting to effective use;
  - Clarify strengths and weakness, accountability gaps and devise plan for improving current system
6. **Country level support:**
  - Support multi-partner missions such as REAPING;
  - Play a strong role in support of countries to ensure adherence by partners to the Three Ones approach;
  - Play an advocacy role in support of national malaria managers when requested;
  - Facilitate information sharing and help to identify partners that can respond to country needs to accomplish RBM objectives, where possible through SRNs (direct technical support is not within the mandate of the Secretariat)
7. **Servicing the Board**, and its other organs including working groups and sub-committees

**Chairman of the Board:**

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Prof. Eyitayo Lambo

**Constituencies:**

**Malaria Endemic Countries**

Benin

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Prof. Dorothée Kinde-Gazard

Nigeria

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Dr Edugie Abebe

Sudan

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Dr Abdala Sidamed Osman

**OECD Donor Countries**

United Kingdom

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Mr Stewart Tyson

United States of America

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Mr Paul Ehmer

**Multilateral Development Partners**

UNICEF

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Mr Alan Court

UNDP

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Ms Sandii Lwin

WHO

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Dr Arata Kochi

The World Bank

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Dr Olusoji Adeyi

**Research & Academia**

Multilateral Initiative on Malaria  
Karolinska Institutue

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Prof. Anders Bjorkman

**Nongovernmental Organizations**

AMREF

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Mr Chris White

**Private Sector**

Bayer

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Dr Gerhard Hesse

Novartis

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Mr Hans Rietveld

ExxonMobil

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Dr Steven Phillips

**Foundations**

UN Foundation

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Mr Kevin Starace