

MALARIA STRATEGY

GFATM 16th Board Meeting

Kunming, 12-13 November 2007

MALARIA LANDSCAPE

- Compared to a decade ago, malaria is much higher on the development agenda, more players are today involved on fighting the disease and annual funding grew more than tenfold (Global Fund, PMI, World Bank Booster Program, Gates Foundation & others)
- Extensive progress have been achieved in improving access to new tools
 - 3 to 10 fold increase of deliveries
 - More and more success stories regarding scaling-up for impact
 - But challenges remain
- Resistance is threatening the new tools
- Research and development of new anti-malarial drugs, vector tools and vaccines shows promise but much work remains World Health
- Some examples of the substitution of the subst
- Performing RBM support mechanisms e.g.: HWG Global Fund Rnd 7



MALARIA LANDSCAPE

RBM HWG Support to Global Fund Round 7 Proposal Development in Africa (including RCC proposals)

Type of support	TRP +	TRP-	% positive
HWG intensive support package*	16	5	76
Limited or no support	3 World Heal	5 th	38
Total for Africa	Organization		61

^{*}Angola, Benin, Burkina Faso, Burundi, CAR (did not submit), Chad, Congo, DRC, Ethiopia, Ghana, Liberia, Madagascar, Malawi, Rwanda, Senegal, Sierra Leone, Sudan (N), Sudan (S), Tanzania, Tanzania (Zanzibar), Zambia



The Roll Back Malaria Partnership

Endemic countries

Donor countries

WHO

UNICEF

UNDP



Global Fund

Private Sector

NGOs

Foundations

World Bank World Healt Research & academia

Organization In now-brings a formidable assembly of expertise, A global movement infrastructure and funds to the fight against the disease.

A catalyst for renewed commitment to reduce malaria mortality by 50% between now and 2010.



RBM'S VISION & TARGETS

Vision

> By 2015 the malaria-related MDGs are achieved. Malaria is no longer a major cause of mortality and no longer a barrier to social and economic development and growth anywhere in the world

Targets

- ➤ By 2010
 - 80 % of people at risk from malaria are protected and have access to diagnosis and effective treatment within one day of illness

World Health

- 50 % reduction in malaria burden (morbidity and mortality) compared to 2000
- ➤ By 2015
- Organization

 Malaria morbidity and mortality are reduced by 75% compared to 2005
 - Millennium Development Goals are achieved



RBM'S STRATEGIC APPROACH

- Rapid implementation of proven treatment and prevention interventions to scale-up the coverage/use and achieve impact
 - > Tailored to each country specific needs
- Achieve equitable, affordable and sustainable access to treatment and prevention through a result-oriented approach
- Sustain high coverage
- Advocate for greatly increased investment in fighting Malaria
- Continuously impression Worldh Health tive and curative tools to > improve effective Organization
 - > prepare for potential resistance against current tools
- Strengthen the partnership

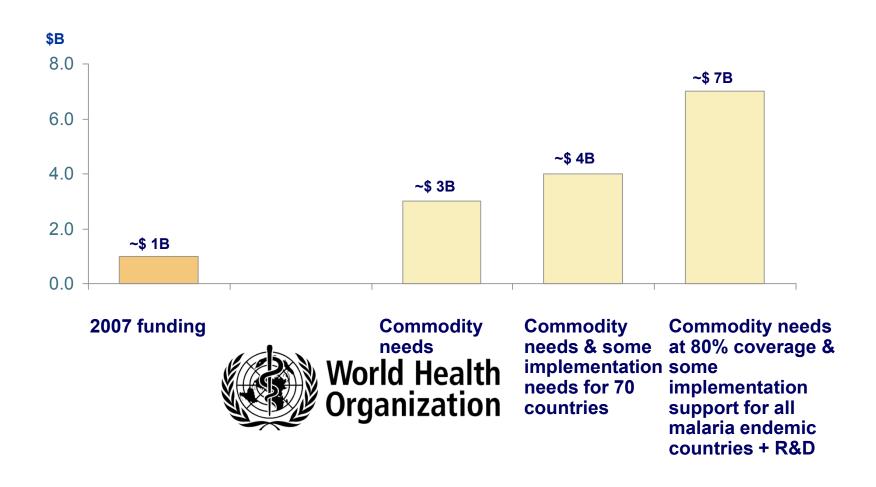


EVOLVING CONTEXT

- RBM Board recently requested a revision of the Global Strategic Plan and a Global Malaria Business Plan to guide the implementation of that plan
- The call for action of the Gates Foundation Leadership Summit in October has increased our collective ambition in the fight against Malaria
 - ➤ "Elimination of Malaria as a public health and economic burden. This will lay the foundation for the eradication of Malaria, which we agree is the long-term goal"
 - Partners will take responsibility for the enhancement of existing RBM structures within next 6 months to support dramatic scale-up World Health
 - Creation of a design and implementation support team to take this forward



MULTIPLE ESTIMATES OF FUNDING NEEDS HAVE **BEEN DEVELOPED**



Global Malaria Business Plan will define final global funding requests



INTENSIVE 6 MONTHS TIMELINE TO PREPARE THE GLOBAL MALARIA BUSINESS PLAN

Phase II Phase III Phase I **Finalization** Content **Approach** World Health **GFATM** Assembly **Board** Potential interm. RBM November's May's RBM Board Board (March) **RBM Board** Plan for the Plan Define the Why, the What and the How Finalize and share the Plan Goal December 2007 to May 2008 **November to early December** May to June 2008 Period 2007 **Activities** Define plan development Develop group work on all specific topics Share with major process & governance, Coordinate work across working groups and stakeholders plan scope & framework synthesize the GMBP Update and finalize Agreed approach for the Organize implementation eds assessment, operational planning, which is a second to the second to Communicate to the Plan Developing tools, h Community Organization resources building consensus on in count business process **Deliverables Final Plan and** Agreed approach for the Draft of the Plan implementation tools plan

Active contribution of the whole Malaria Community will be needed to create a successful GMBP



WHAT WE EXPECT FROM THE GLOBAL FUND

- Close collaboration to improve performance of approved malaria grants (e.g. timely signing, implementation support, procurement alignment)
- Close collaboration to coordinate country applications for Round 8, RCC, development of National Strategy Application modalities, etc.
- Involvement in the RBM Global Malaria Business Plan development
- Renewal of Morld Health
 2007)

 World Health
 GFATM (expires December 2007)

