



RBM Partnership To End Malaria Annual Report 2018



**RBM Partnership
To End Malaria
Annual Report 2018**

Acronyms

| | |
|--------|---|
| ACT | Artemisinin-based combination therapy |
| AIM | Action and Investment to Defeat Malaria 2016–2030 |
| ALMA | African Leaders Malaria Alliance |
| ANC | Antenatal care |
| ARMPC | Advocacy and Resource Mobilisation Partner Committee |
| AU | African Union |
| CCDC | Chinese Center for Disease Control and Prevention |
| CEO | Chief Executive Officer |
| CMWG | Case Management Working Group |
| CRSPC | Country and Regional Support Partner Committee |
| ECOWAS | Economic Community of West African States |
| GTS | Global Technical Strategy |
| IPU | Inter-Parliamentary Union |
| IRS | Indoor residual spraying |
| LLIN | Long-lasting insecticidal net |
| MAAM | Mass Action Against Malaria |
| M&E | Monitoring and evaluation |
| MEG | Malaria Elimination Group |
| MERG | Monitoring and Evaluation Reference Group |
| MFTF | Malaria finance task force |
| MIM | Multilateral Initiative on Malaria |
| MiPWG | Malaria in Pregnancy Working Group |
| MMV | Medicines for Malaria Venture |
| MSWG | Multisectoral Working Group |
| NMCP | National Malaria Control Programme |
| RAI | Regional Artemisinin-resistance Initiative |
| RDT | Rapid diagnostic test |
| RMEI | Regional Malaria Elimination Initiative |
| PMI | United States' President's Malaria Initiative |
| SaME | Sahel Malaria Elimination Initiative |
| SBCC | Social and Behaviour Change Communication |
| SBCCWG | Social and Behaviour Change Communication Working Group |
| SCPC | Strategic Communications Partner Committee |
| SDGs | Sustainable Development Goals |
| SMC | Seasonal Malaria Chemoprevention |
| TRP | Technical Review Panel |
| UHC | Universal Health Coverage |
| UN | United Nations |
| UNDP | United Nations Development Programme |
| UNICEF | United Nations Children's Fund |
| UNOPS | United Nations Office for Project Services |
| USD | United States dollar |
| VCWG | Vector Control Working Group |
| WHA | World Health Assembly |
| WHO | World Health Organization |

Foreword

2018 was a truly momentous year in the global fight against malaria. Bold political and financial commitments announced at the Commonwealth Heads of Government Meeting, the UN General Assembly and the African Union Summit underscored the urgent need to get the global malaria response back on track.

This sense of urgency came into an even sharper focus at the launch of the World Health Organization's annual *World malaria report* in November 2018, which confirmed that after a decade of unprecedented progress against the disease the declining trend in cases has levelled off. In 2017, the 10 highest burden countries in Africa reported a combined increase of over 3.5 million cases. In response, countries hardest hit by the disease mobilised around a new "High Burden to High Impact" approach to jumpstart progress in the fight against malaria, catalysed by the WHO and the RBM Partnership to End Malaria.

Despite these setbacks, countries are quickening the pace toward elimination, with more than half of all malaria-affected countries reporting less than 10,000 cases. Paraguay and Uzbekistan's malaria-free certification last year and several countries, including China, reaching zero malaria cases can serve as shining examples to others of the progress that we can make when we work together. The new "Zero Malaria Starts with Me" campaign endorsed by all African Union leaders at their July 2018 Summit seeks to reinvigorate political commitment and community action in support of a malaria-free future.

As we look ahead to the Sixth replenishment conference for the Global Fund to Fight AIDS, Tuberculosis and Malaria which will be hosted by France in October 2019, we need all countries—both malaria-affected and malaria-free, to step up their

commitment and investment. Accounting for nearly 60 percent of all international malaria funding, the Global Fund enables us to continue vital research, prevention and treatment as we work towards a malaria-free world.

It takes leadership and commitment at all levels to win the fight against malaria. On behalf of the RBM Partnership Board, I would like to sincerely thank the RBM Partnership's CEO Dr Kesete Admasu, who stepped down from his position at the end of 2018, for his remarkable leadership. As the first CEO to lead the Partnership in its transformed structure, Dr Kesete provided a keen strategic vision and galvanised momentum for the Partnership.

The RBM Partnership Board is also delighted to welcome Dr Abdourahmane Diallo, who most recently served as Minister and Health Advisor to the President of Guinea, as incoming CEO. Dr Diallo brings vast experience and strong leadership skills to the Partnership, having worked in leading roles at the national, regional and global levels on a range of key public health issues, including malaria, Ebola and health systems strengthening.

And as I prepare to hand over my reins as Chair of the Board of the RBM Partnership on 1 June 2019 to Professor Maha Taysir Barakat, former Director General of the Health Authority Abu Dhabi, I look back with pride on the Partnership's achievements over the past three years and extend my warmest thanks to all RBM Partners and colleagues for their unwavering support and commitment.

Dr Winnie Mpanju-Shumbusho

Board Chair of the RBM Partnership to End Malaria

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2018 highlights

2018 was the first year of the RBM Partnership to End Malaria's 2018–2020 Strategic Plan (see page 7), which aims to use the partnership to boost political commitment, regional cooperation and malaria

financing. The Partnership, through consultations with partners and malaria-endemic countries, launched new initiatives in support of global efforts to end malaria.

Zero Malaria Starts with Me

African Heads of State launched *Zero Malaria Starts with Me*, a public campaign for a malaria-free Africa, at the African Union Summit in July 2018. To date, six countries (Mauritania, Mozambique, Niger, Senegal, Uganda and Zambia) have launched national versions of the campaign, in which countries commit to increase commitment among the public sector, private sector and communities for the fight against malaria. For more information, see page 10.



Sahel Malaria Elimination Initiative

Regional cooperation among endemic countries is essential for long-term success against malaria through sharing experience and coordinating efforts across borders.

The Partnership supported the Sahel Malaria Elimination Initiative (SaME) launch in August 2018 by health ministers from Burkina Faso, Cabo Verde, Chad, Mali, Mauritania,

Niger, Senegal and The Gambia, which provides a platform for members to scale up intervention coverage and increase collaboration. The SaME is the fourth regional network of malaria endemic countries, joining the Elimination 8 in southern Africa, the Regional Malaria Elimination Initiative for Central America and Hispaniola in the Americas and the Regional Artemisinin-resistance Initiative (RAI) in the Greater Mekong Subregion.

Supporting successful Global Fund applications

The RBM Partnership supported 54 of the 69 countries submitting Global Fund applications in 2017–2018 through support to country dialogue to build consensus, technical support, and “mock” technical review panel meetings, helping secure US\$3 billion for

malaria programming support. Mock Technical Review Panels organised by the Partnership allowed country representatives to improve their application quality through peer feedback and exchanges with colleagues.

Celebrating 20 years of impact

Twenty years ago, more than 1 million people were dying every year from malaria. Malaria programmes lacked the resources and tools required to prevent what constituted a leading cause of child mortality in much of the world, with one child dying from the disease each minute.

But there were signs of hope. In 1997, research proved that effective interventions could be delivered at scale for an affordable price, causing African leaders to call for a renewed commitment to fight malaria. In response, the World Health Organization (WHO), the United Nations Development Programme, the World Bank, and UNICEF jointly founded the Roll Back Malaria Partnership.

The UN General Assembly proclaimed the Decade to Roll Back Malaria in 2001, launching a period of enthusiasm for fighting the disease. Malaria featured prominently in the Millennium Development Goals and new funding mechanisms such as the Global Fund and the US President's Malaria Initiative, dramatically increased available resources. Since then, advocacy by partners has helped increase the pool of resources available to fight malaria by over 200 percent, increasing from just under US\$1 billion in 2005 to US\$3.1 billion in 2017 (constant 2017 US dollars).

Partners' efforts and coordination have changed the malaria landscape over the years, enabling the adoption of new tools, policies and strategies. The deployment and scale-up of long-lasting insecticide treated nets, rapid diagnostic tests, and Artemisinin Combination Therapies (ACTs) helped countries protect millions from malaria, ultimately saving nearly 7 million lives between 2001–2015. Partners played a crucial role in these efforts, supporting programmes at the international and national levels in the adoption

and implementation of these new interventions, as well as in supporting activities such as monitoring and evaluation, procurement, and supply chain management. The malaria map has continued to shrink, with nine countries certified as malaria-free by end of 2018 compared to 2000—the latest being Paraguay and Uzbekistan in 2018—and a growing list of countries expected to eliminate malaria in the next several years.

But at the same time, there are challenges ahead. Most of the countries with the greatest numbers of cases have stalled in their progress over the last three years, prompting the RBM Partnership and WHO to launch the High Burden to High Impact response. After growing steadily for years, financing has stagnated, not yet reaching levels required to achieve global goals. Moreover, insecticide and drug resistance continue to represent threats to continuing, requiring further attention and sustained innovation of new tools.

Roll Back Malaria became the RBM Partnership to End Malaria in 2017, reflecting partners' ambition to end malaria for good. Defeating malaria can only be accomplished through coordinated action, and the Partnership stands ready to adapt and evolve to face the challenges ahead. The new RBM Partnership website, endmalaria.org, launched in 2018, reflects this new branding.

On 19 November 2018, the RBM Partnership to End Malaria celebrated its 20th anniversary in Maputo, Mozambique, using this milestone to reflect on the collective achievements of the past two decades and upcoming opportunities for malaria elimination. On this occasion, a video highlighting efforts by more than 500 RBM partners was launched and 20 recognitions were presented to organisations and individuals who have made a major contribution to the fight against malaria.

Still from the RBM Partnership to End Malaria 20th
Anniversary video, available at
youtube.com/watch?v=iuq6-H1HuAM



RBM Partnership Strategic Plan 2018–2020

Vision: A world free from the burden of malaria

Mission: To support malaria-affected countries and galvanise global action across all sectors to end malaria for good.

The RBM Partnership Strategic Plan 2018–2020 was approved by the Board in 2017 following consultations and revisions with multiple partners and countries. The plan is aligned with global malaria targets outlined in the Global Technical Strategy for Malaria 2016–2030 (GTS) and broader UN Sustainable Development Goals (SDGs)

Objectives and priorities

1. Keep malaria high on the global political and development agenda through a robust multi-sectoral approach to ensure continued commitment and investment to achieve established goals.
2. Promote and support regional approaches against malaria based on existing political and economic platforms such as regional economic communities, including in complex/humanitarian settings.
3. Promote and advocate for sustainable and predictable malaria financing with special emphasis on increasing domestic financing.

The Strategic Plan also includes cross-cutting objectives to build a high-performing Secretariat, support the Board and Partner Committees and ensure business practices are consistent with the Partnership's mission and values.

Governance

The RBM Partnership to End Malaria is composed of four key structures:

- **the Board** as the governing entity;
- **the Secretariat led by the CEO** as the manager and public face of the Partnership, which mobilises resources and implements strategies and plans approved by the Board;
- **the Partner Committees** that formalise, consolidate and amplify the Partnership's priorities; and
- **Working Groups** established by Partners as needed to address specific bottlenecks and coordinate implementation efforts by Partners.

Board meetings

The Board held two in-person meetings in 2018: in April in Dakar, Senegal, on the side-lines of the Multilateral Initiative on Malaria (MIM) conference, and in November in Maputo, in conjunction with the launch of the WHO 2018 World Malaria Report and High Burden to High Impact response. The Board held virtual Board meetings in February and August.

RBM Partnership Board 2018

- Dr Winnie Mpanju-Shumbusho, Chair
- Mr Simon Bland, Vice-Chair
- Dr Pedro Alonso, WHO¹
- Mr Elhadj As Sy
- Prof Maha Taysir Barakat
- Mr Simon Bland
- Prof Awa Coll Seck
- Mr Kieran Daly
- Mr Paulo Gomes
- Dr Richard Nchabi Kamwi
- Dr Altaf Lal
- Mr Ray Nishimoto
- Dr David Reddy
- Dr Mirta Roses Periago
- Dr Kenneth Staley²
- HE Yongyuth Yuthavong
- Mr William Axelsson³, UNOPS
(Ex-Officio Board Member)
- Dr Kesete Admasu, RBM⁴
(Ex-officio Board Member)

RBM Partnership Policies and Procedures

The RBM Partnership Board approved a number of policies and procedures in 2018, including the Risk Framework, Working Group and Partner Committee Steering Committee Terms of Reference, Goodwill Ambassador policy, and a revision to its Declaration of Interest policy. The Board also approved the launch of an annual Board self-assessment.

UNOPS RBM Partnership Standard Operating Procedures were also established and presented to the Partnership Board.

RBM Partnership Finance Committee

The RBM Partnership Finance Committee, chaired by Mr Ray Nishimoto, held two meetings in 2018 as well as an in-person working session. The Finance Committee reviewed the RBM Partnership financial reports, as well as fiduciary policies (such as the financial management guidelines, the risk framework, the sustainability reserves increase, and a revision of the Finance Committee Terms of Reference), submitting them for RBM Partnership Board approval.

Secretariat composition

The Secretariat, hosted by UNOPS, is the Partnership's voice, facilitating its work through implementing the Board-approved strategy, work plans and Partner Committees' performance while remaining lean, cost-effective and efficient. As of end December 2018, the RBM Partnership Secretariat team was composed of 14 personnel, 11 based in Geneva and 3 in Africa.

The CEO is selected by the Board and is accountable to the Board Chair, acting as the public face of the Partnership. Dr Kesete Admasu was the RBM Partnership CEO through December 2018, having previously served as the Minister of Health of the Federal Democratic Republic of Ethiopia from 2012–2016 as well as in several other clinical and public health positions. A CEO selection process was initiated in 2018 and completed in early 2019.

Partner Committees

Partner Committees formalise, consolidate and amplify core Partnership functions. Their work is coordinated by the CEO and they are accountable to the Board. The Partner Committees are led by Co-Chairs, supported by a Steering Committee and designated Secretariat manager.

The **Advocacy and Resource Mobilisation Partner Committee (ARMPC)** designs and supports implementation of the Partnership Advocacy Strategy. The ARMPC annual meeting was held on 23 May 2018 in Geneva.

1 Dr Pedro Alonso represents the WHO in an institutional capacity
2 Dr Kenneth Staley joined the RBM Partnership Board in August 2018.
3 Mr William Axelsson represents UNOPS in an institutional capacity as an ex-officio board member.
4 Dr Kesete Admasu represented the RBM Partnership in an institutional ex-officio capacity through his tenure as CEO, until the end of 2018.

Workstreams: Leadership (co-led with SCPC Champions workstream), Existing Donors, New Donors, Private Sector

The **Country/Regional Support Partner Committee (CRSPC)** provides a platform to engage the Partnership community in coordinating support to countries and regions as they execute their malaria control and implementation programmes. The CRSPC annual face to face meeting was held on 13 October 2018 in Addis Ababa, Ethiopia.

Workstreams: Country Resource Mobilisation, Implementation Support, Programme Review and National Strategic Plans.

The **Strategic Communications Partner Committee (SCPC)** develops and implements communications to achieve the advocacy objectives of the Partnership. The SCPC held its annual meeting in Geneva from 6–7 February 2018.

Workstreams: Media, Digital, Messaging, Branding, Champions (co-led with ARMPC Leadership workstream), Success Stories.

More information about the RBM Partnership secretariat can be found at: endmalaria.org/about-us/governance/secretariat

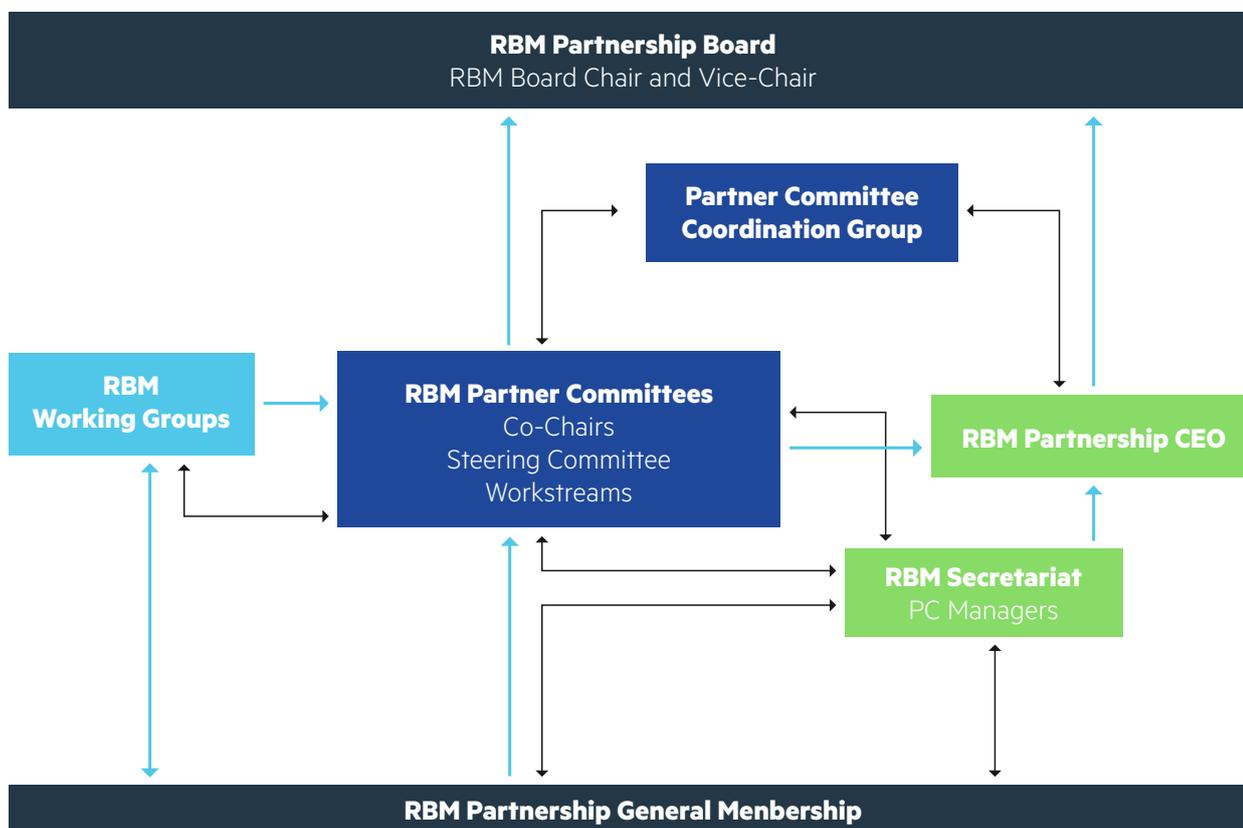
Working Groups

Working Groups are led, managed and funded by Partners to provide venues for information-sharing and collaboration on specialised topics and to address bottlenecks. Working Groups are accountable to the Board through the CEO.

Working Groups include:

- Case Management Working Group (CMWG)
- Malaria in Pregnancy Working Group (MiPWG)
- Monitoring and Evaluation Reference Group (MERG)
- Multisectoral Working Group (MSWG)
- Social and Behaviour Change Communication Working Group (SBCCWG)
- Vector Control Working Group (VCWG)

More information about the Working Groups can be found at: endmalaria.org/about-us/governance/working-groups



Strategic objective 1

Keep malaria high on the political and developmental agendas to ensure continued commitment and investment to achieve the Global Technical Strategy for Malaria 2016–2030 (GTS) and Action and Investment to Defeat Malaria 2016–2030 (AIM) milestones and targets

Support for the fight against malaria among political and development-sector leaders is critical for continued progress against the disease. Without sufficient backing, malaria programmes risk funding and implementation gaps, which have been linked to over 75 cases of resurgence since the 1930s. Together with the African Union (AU), the RBM Partnership has launched *Zero Malaria Starts with Me* to encourage political, private sector and community engagement in malaria, supported the development of national End Malaria Councils and engaged parliamentarians through the Inter-Parliamentary Union (IPU) and other fora. The RBM Partnership is also working with key development partners to integrate malaria into the Universal Health Coverage (UHC) agenda and coordinate the High Burden to High Impact response with World Health Organization (WHO).

Zero Malaria Starts with Me

Zero Malaria Starts with Me is a movement for a malaria-free Africa, seeking to keep malaria high on the political agenda, raise funds, and engage everyone, from heads of state to community members, to create a society-wide coalition to fight the disease.

Zero Malaria Starts with Me was launched by all AU Heads of State on 2 July 2018 at the 31st AU Summit in Nouakchott, Mauritania, recognizing the need for action toward achieving the global and AU malaria goals through 2030.

The RBM Partnership and the AU Commission co-lead the campaign, supporting national launches, partner engagement, and country-level advocacy and resource mobilisation efforts. The campaign builds on a model



Uganda Speaker of Parliament Rebecca Alitwala Kadaga with members of the Uganda Parliamentary Forum on Malaria.

originally developed in Senegal in 2014, which greatly contributed to political commitment, domestic resource mobilisation and community-led malaria prevention in the country.

National launches

Mozambique, Mauritania and Niger launched Zero Malaria Starts with Me-branded campaigns in 2018 with support from RBM. Launch events featured Head of State-level representation in Mozambique and Minister-level representation from a variety of sectors in Niger at an event hosted by the First Lady, Aissata Issoufou Mahamadou.

Uganda launched the multisectoral engagement campaign “Mass Action Against Malaria” in April 2018, which also seeks to link political, private sector and community support to fight malaria. The RBM Partnership is providing ongoing support to Uganda in developing a domestic resource mobilisation strategy, designing a Presidential Malaria Fund, developing business plans and creating a multisectoral engagement framework.

Partner engagement

To accompany the launch, the RBM Partnership Strategic Communications Partner Committee (SCPC) developed a toolkit of advocacy, private sector engagement and community engagement resources. The toolkit is designed to help countries identify tested approaches suited to their needs and take action quickly. The toolkit is available in English, French and Portuguese at zeromalaria.africa and printed versions have been distributed to partners in malaria-endemic countries, including National Malaria Control Programmes (NMCPs).

Country support

Zero Malaria Starts with Me includes technical assistance provided to countries to boost political, private sector and community engagement efforts. In addition to Uganda, the Republic of Congo, Mauritania, Mozambique, Niger, Senegal, and Zambia received technical assistance in these areas in 2018, with an additional 15 countries planned to receive support in 2019.



World Malaria Day 2018 was celebrated in Geneva and around the world under the theme #readytobeatmalaria.



“This room is full because we all agree on one thing: If we don’t end malaria, it will be very hard to achieve universal health coverage (UHC). UHC brings us together to end diseases, to improve lives and, ultimately, to attain the Sustainable Development Goals.”

Dr Winnie Mpanju-Shumbusho

Speaking at the side event during the 71st World Health Assembly. Board Chair of the RBM Partnership to End Malaria; and former Assistant Director General, World Health Organization.

Mobilizing parliamentarians

The Partnership organised a meeting with parliamentarians from eight malaria-endemic and donor countries on the side-lines of the International Parliamentary Union (IPU) Assembly in October 2018, signing a memorandum of understanding with the IPU for future collaboration.

Participants agreed to form an inter-parliamentary network and to draft and sign a declaration to support parliamentary engagement against malaria worldwide.

In May 2018, Ugandan parliamentarians launched the Uganda Parliamentary Forum on Malaria, adopting the theme “A malaria-free constituency is my responsibility.” The Partnership has provided ongoing strategic planning support for the group.

April: A Momentous Month for Malaria

April 2018 was a momentous month for the RBM Partnership and the global malaria community. Throughout the month, three major events took place across the globe, significantly raising awareness of the challenges and successes in the movement to eliminate malaria worldwide: Malaria Summit London, which took place at the Commonwealth Heads of Government Meeting in London (18 April), the 7th Pan-African Multilateral Initiative on Malaria (MIM) Conference (15-20 April), which took place in Dakar, and World Malaria Day (25 April) led by the RBM Partnership to raise global awareness of malaria and the urgent need to do more to defeat it. April also marked the highest point for media engagement in 2018, with 1,874 media mentions of World Malaria Day alone, a 30 percent increase on the year before.

Supporting country-driven strategic planning

The RBM Partnership Country and Regional Support Partner Committee (CRSPC), in close collaboration with WHO, supports national malaria planning and review processes. In 2018, the RBM Partnership working under the leadership of WHO supported Malaria Programme Reviews and National Strategic Plan updates in Botswana, Burundi, Central African Republic, Ethiopia, Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Rwanda, South Africa and Sudan.

Amplifying elimination successes

As part of its mandate to highlight successes in malaria elimination, the RBM Partnership, through the SCPC, supported WHO and other partners in announcing malaria-free certification of Paraguay and Uzbekistan in 2018, through traditional and social media outreach. Ten countries are on track to achieve zero malaria cases by 2020, according to the latest WHO E2020 report.

Malaria and Universal Health Coverage

During the 71st WHO World Health Assembly, the WHO Global Malaria Programme and the RBM Partnership organised a side event titled “Country-led and country-owned efforts on malaria elimination to achieve UHC”, moderated by RBM Partnership Board Chair Dr Winnie Mpanju-Shumbusho.

Attendees stressed the role of the fight against malaria in reducing overall disease burden and the long-term economic case for elimination.



World Malaria Day 2018 was celebrated in Geneva and around the world under the theme #readytobeatmalaria.

Senior officials representing the six countries of the Greater Mekong Subregion (GMS) publicly signed a Ministerial Call to Action to Eliminate Malaria in the GMS before 2030 at the event.

High Burden to High Impact

In recent years, progress against malaria appears to have stalled in countries with the highest burden of cases. In response, RBM, together with WHO, the Global Fund, malaria-endemic countries and partners, has been coordinating a response to get back on track.

During the 73rd UN General Assembly in New York, the Partnership organised a round-table with partners and countries titled *From High Burden to High Impact: Getting back on track to end malaria*, with Heads of State, Ministers and other high-level representatives in attendance.

In November 2018 in Mozambique, WHO and the RBM Partnership launched *High burden to High impact: A targeted malaria response*, which outlines steps partners and countries will take to renew progress

based on four elements:

1. Political will to reduce malaria deaths
2. Strategic information to drive impact
3. Better guidance, policies and strategies
4. A coordinated national malaria response

Further engagement in 2019 will focus on identifying opportunities to build political commitment to malaria and strengthen national malaria surveillance capabilities.

Launch of the Multisectoral Working Group (MSWG)

Recognizing the potential for actors outside of the health sector to participate in the fight against malaria, the Multisectoral Working Group (MSWG) was approved by the RBM Partnership Board in April 2018.

The MSWG will aim to design new intervention mechanisms, projects and programmes that span across sectors, to impact the environmental and social determinants of malaria and other vector-borne diseases.

At the MSWG kick-off meeting in October 2018, the group examined potential for collaboration with the agriculture, extractive and urban planning sectors. The group explored resource needs and committed to work on a rapid appraisal tool to help countries identify multisectoral opportunities for malaria programmes.

RBM Annual Partners Meeting

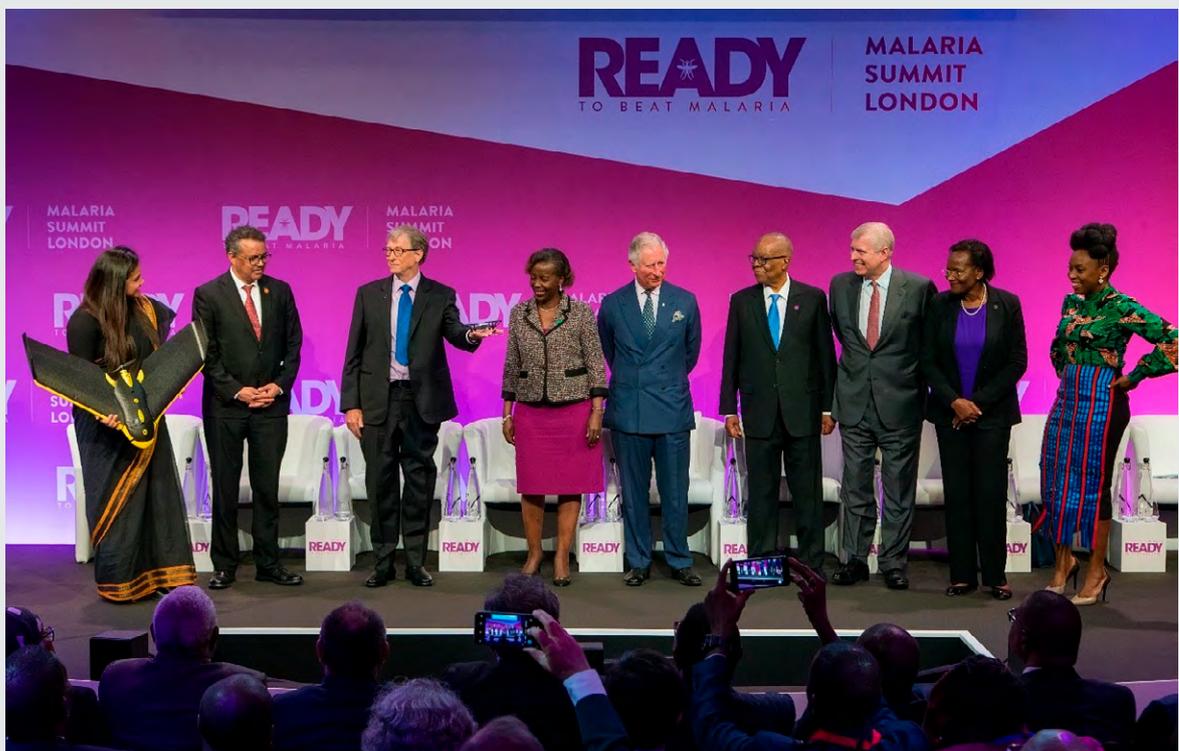
The RBM Partnership to End Malaria held its first Annual Partners Meeting on 20 May 2018 in Geneva, Switzerland. The event gathered partners and stakeholders before the commencement of the 71st World Health Assembly to brief them on global malaria indicators, key innovations and developments,

and provide an update on the RBM Partnership as it entered the first year of its 2018–2020 strategic plan.

The Meeting hosted a panel discussion on the role of innovations in the fight against malaria, including the heads of the WHO Global Malaria Programme, Unitaid, the Zambia National Malaria Elimination Centre, ALMA and Medicines for Malaria Venture and the Innovative Vector Control Commission.

Malaria Summit London

At Malaria Summit London on 18 April 2018, 53 Commonwealth nations made a bold political commitment to halve the number of malaria cases and deaths by 2023. Financial, political, and scientific commitments totaling GBP 2.9 billion (US\$4.1 billion) were made at the summit co-convened by the Bill & Melinda Gates Foundation and the RBM Partnership to End Malaria. Video, photos and highlights are available at malariasummit.com.



Global leaders from the commonwealth and beyond pledged to defeat malaria.

Strategic objective 2

Promote and support regional approaches to the fight against malaria anchored in existing political and economic platforms such as regional economic communities, including in complex/humanitarian settings.

Key to success against malaria is coordination across borders and within regions. Regional platforms provide an opportunity for countries to time interventions appropriately, generate cost-saving efficiencies, share best practices and harmonize policies. The RBM Partnership has supported the creation of a new regional body in the Sahel while also strengthening existing institutions in Southern Africa. Through targeted technical assistance, the Partnership has addressed bottlenecks affecting the use of existing funds supporting long-lasting insecticidal net (LLIN) distribution, seasonal malaria chemoprevention (SMC), social and behaviour change communication (SBCC) and other areas.

Sahel Malaria Elimination Initiative

The Sahel Malaria Elimination Initiative (SaME) is a new regional platform to combine efforts on scaling up and sustaining universal coverage of malaria interventions and mobilising financing for elimination. The Initiative was launched on August 31, 2018 by health ministers from eight Sahel countries, Burkina Faso, Cabo Verde, Chad, Mali, Mauritania, Niger, Senegal and The Gambia.

These countries have diverse levels of malaria burden, from high burden countries like Burkina Faso and Niger to Cabo Verde which has very low transmission, and all share a goal of eliminating malaria from the region by 2030.

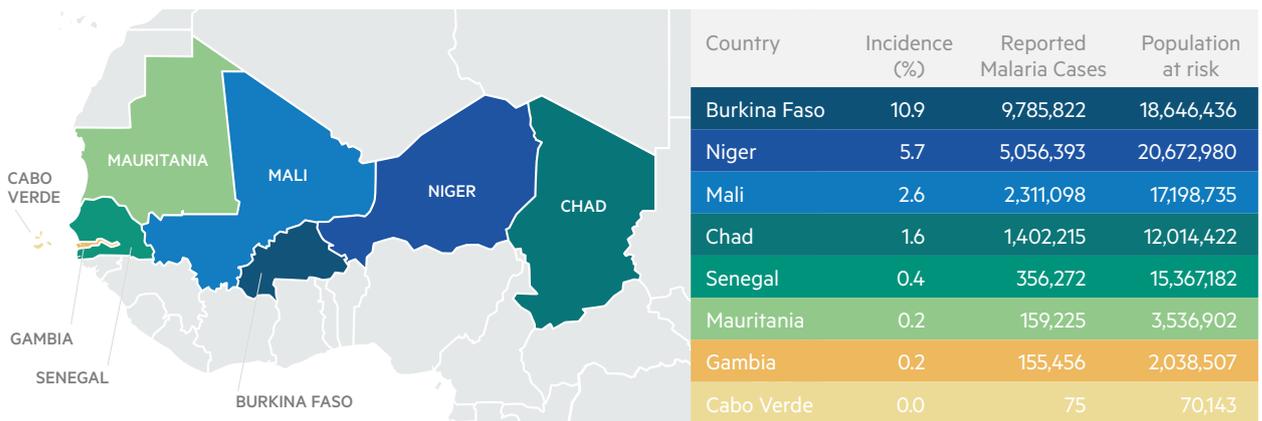


“Sahel countries recognise there is much to be gained by working together to hasten the end of malaria in the region. By combining resources, introducing new tools, sharing best practices and coordinating efforts across borders we can achieve more, faster. This is critical for improving people’s health and country’s health systems, which have a direct impact on country economies.”

Prof Awa Marie Coll-Seck

Minister of State, Ambassador for the SaME Initiative and RBM Partnership Board Member.

Malaria incidence and reported malaria cases in Sahelian countries, 2016



At the launch, countries signed the Dakar Declaration, pledging to:

- scale up universal coverage of anti-malarials;
- mobilise financing for malaria elimination;
- strengthen cross-border collaboration;
- fast track the introduction of innovative technologies to combat malaria; and
- develop a sub-regional scorecard to track progress towards elimination by 2030.

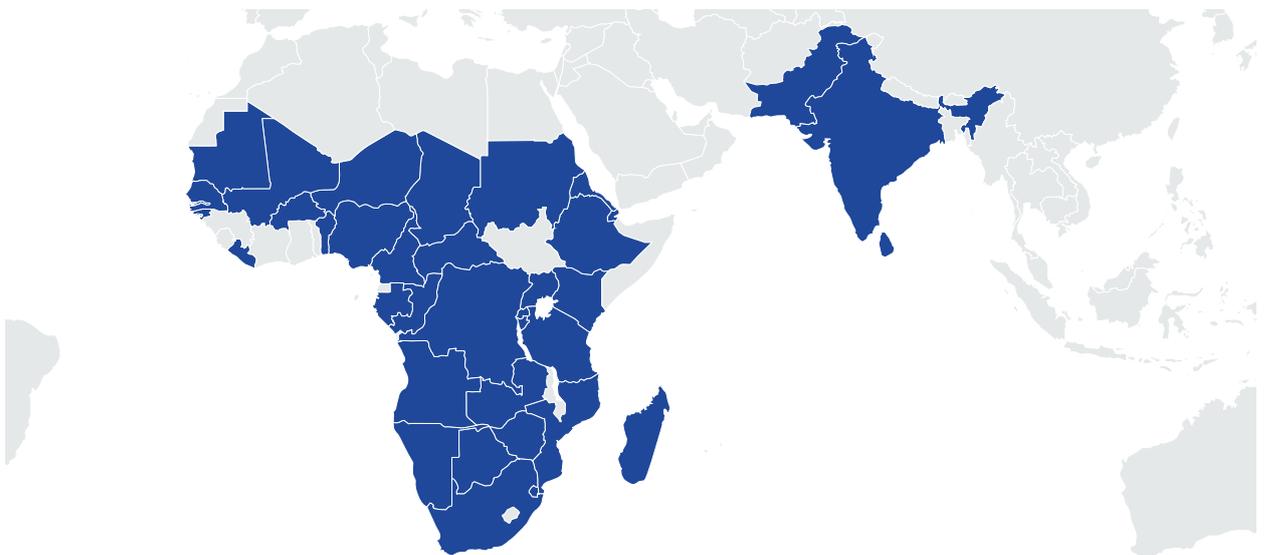
The SaME Initiative is supported by the region's health ministers and partners including the WHO, the Economic Community of West African States (ECOWAS), the African Leaders' Malaria Alliance

(ALMA), and RBM. The coordination mechanism for the Initiative is hosted by the West African Health Organization, a specialised agency of ECOWAS.

Implementation assistance

The RBM Partnership supports countries in identifying and addressing bottlenecks to grant implementation, ensuring that investments by the countries, the Global Fund and other partners are operationalised effectively. In 2018, the Partnership mobilised consultants to support 38 countries in planning for LLIN campaigns, Seasonal Malaria Chemoprevention, SBCC and other technical areas.

Countries receiving technical assistance in 2018



Scaling up LLIN distribution

The Alliance for Malaria Prevention workstream provides technical support for national LLIN mass campaign planning. In 2018, this included support to Burkina Faso, Cameroon, Central African Republic, the Republic of Congo, The Gambia, Ethiopia, Pakistan, Senegal and Uganda. The AMP held two capacity-building trainings in Nairobi, Kenya on the planning and implementation of mass and continuous LLIN distribution campaigns. The trainings were held both in French and in English and included 62 participants from 20 countries.

Seasonal malaria chemoprevention (SMC)

Technical support was provided to address SMC bottlenecks and develop implementation plans in Benin, Mauritania and Cameroon in 2018.

Social and behaviour change communication

The Partnership supported India and Madagascar in the development of strategic plans for malaria SBCC activities in 2018.

Regional workshops

The Partnership organised two regional workshops for National Malaria Control Programme (NMCP) coordinators, staff and partners to present their work, share best practices and receive updates on global malaria policy issues and initiatives, such as the High Burden to High Impact approach and Zero Malaria Starts with Me.

The workshop for eastern and southern was held in Addis Ababa, Ethiopia from 8–12 October 2018 and for western and central Africa in Dakar, Senegal from 22–26 October 2018.

Other technical assistance

The Partnership facilitated support for Ethiopia to undertake a study tour of Zambia and Zimbabwe to review malaria elimination approaches in March 2018.

Additionally, the Partnership facilitated other types of technical assistance detailed elsewhere in the report, including for malaria programme reviews and national strategic planning (SO1) and domestic and multisectoral resource mobilisation (SO3).

Supporting regional malaria grants

The RBM Partnership supported the development of regional malaria grants for southern Africa, including supporting proposal development and a mock Technical Review Panel (TRP) review for the Elimination 8 countries (Angola, Botswana, eSwatini, Mozambique, Namibia, South Africa, Zambia and Zimbabwe) Global Fund application and the MOSASWA (Mozambique, South Africa and eSwatini) cross border grant.

Elimination 8

Many countries in southern Africa are nearing malaria elimination, but their progress has been threatened by a lack of coordination among neighbouring countries. Since 2015, Global Fund support for the E8 has enabled member states to:

- harmonise policies and plans;
- expand access to diagnosis and care among border communities and migrant populations; and
- develop regional systems for disease and entomological surveillance.

The Partnership supported the NMCP managers of E8 countries, as well as the E8 secretariat based in Namibia, in proposal development for a disbursement-ready Global Fund grant. Countries participated in a mock TRP process and were convened in workshops to address comments toward a successful submission.

Strategic objective 3

Increase the financing envelope for malaria

Achieving the Global Technical Strategy targets for fighting malaria will require sustained financing from a mix of sources, including multilateral, bilateral, domestic and private sector partners. Sustainable financing is critical to reducing malaria in the highest burden countries as well as ensuring that elimination is achieved and maintained. The RBM Partnership to End Malaria works closely with existing donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria to build national grant writing capacity and ensure that investments are targeted effectively, while also bringing new donors on board and providing high-level support for countries to identify locally-tailored malaria financing solutions. These initiatives are strengthened through political and community support for malaria investments and regional coordination.

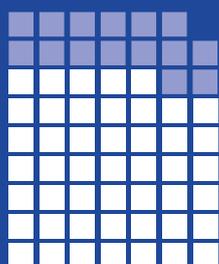
Mock Technical Review Panels

Global Fund applications must pass a Technical Review Panel (TRP) to be accepted for funding. In 2018, the Partnership organised two mock TRPs to review country draft applications to the Global Fund and provide actionable feedback. The mock TRPs helped enhance country understanding of what was required for GF applications and support countries that had been sent for iteration to address TRP comments.

The process included a facilitated review of proposals by technical partners and facilitators as well as a country peer review process, highlighted by the GF evaluation of partner support as a best practice.

Applications showed continued improvement in quality following the process, reflected in the high success rate of funding applications submitted for TRP review.

Global Fund applications 2017-2018



RBM Partnership supported
54
out of 69 countries



RBM Partnership helped to secure over
US\$ 3 billion
for malaria programme support

First Malaria Finance Task Force mission

The RBM Partnership established the Malaria Finance Task Force (MFTF) in September 2017 to link global level advocacy and resource mobilisation with supporting partners in malaria endemic countries.

In June 2018, the RBM Partnership undertook the first MFTF scoping mission to Mozambique, with the participation of the RBM Partnership Secretariat, the E8, ALMA, Goodbye Malaria, WHO and other partners, to identify innovative financing opportunities aligned with Mozambique's malaria priorities and mobilise national leadership.

Following the MFTF mission, Mozambique President Filipe Nyusi launched *Zero Malária! Começa Comigo!* (Zero Malaria Starts with Me) on June 28th, supporting the NMCP in working closer with the domestic private sector and in multisectoral collaborations with other ministries. Further MFTF missions planned for 2019 include Zambia (concluded in March 2019), the Republic of Congo and Nigeria.

Private sector engagement framework

The RBM Partnership developed a private sector engagement framework, which outlines the potential for greater involvement in the private sector, through in-kind and financial contributions to fight malaria, identifying issues around the use of corporate social responsibility funds and collaboration with the government and partners.

RBM-China engagement

The RBM Partnership, Chinese Center for Disease Control and Prevention (CCDC) and the Bill & Melinda Gates Foundation held scoping missions in May 2018 to Tanzania, Ethiopia and Zambia to identify potential areas of support for malaria programmes from the People's Republic of China. Following these missions, China committed to launch China-Africa programmes on communicable diseases, including malaria, at the Forum on China-Africa Cooperation in September 2018.

Nigeria: Mobilising resources for malaria

Nigeria has the highest malaria burden globally, with an estimated 57.3 million cases and more than 100,000 deaths annually attributed for malaria. Nigeria's fight against malaria has been complicated by a lack of financial resources – for the period of 2018–2020 the country noted an estimated US\$625 million gap for the delivery of essential malaria commodities.

In April 2018, President Muhammadu Buhari committed US\$18.7 million to meet Global Fund co-financing requirements for incentive funding, unlocking an additional US\$37 million from the Global Fund, enabling the distribution of 15 million LLINs.

Building on this domestic resource commitment, the government has developed an ambitious programme with the World Bank to cut under five mortality by half in a decade. As part of this US\$1 billion programme, Nigeria is requesting US\$200 million to fund the fight against malaria. Complementing this initiative, the African Development Bank will co-finance an additional US\$50 million, while the Islamic Development Bank will contribute US\$100 million.

Working group highlights

Case Management Working Group (CMWG)

The Case Management Working Group was relaunched in 2018 with support from the Swiss Agency for Development and Cooperation. CMWG activities in 2018 focused on revitalizing the working group and preparations for its first annual meeting in a couple of years in February 2019.

The Co-Chairs and Secretariat developed and launched an online survey of the membership to identify priority areas of work. Areas identified as highest priority included issues related to access to services and quality of service delivery.

Monitoring and Evaluation Reference Group (MERG)

The RBM Partnership's Monitoring & Evaluation Reference Group (MERG), together with the National Malaria Control Program (NMCP) of Tanzania, held its 29th meeting in Dar es Salaam on September 12–14, 2018. At the meeting, the MERG discussed progress and challenges towards surveillance as a key intervention, data visualization and use for action, operationalisation of surveillance guidelines, and developments in measuring malaria from survey data.

Throughout the year, MERG partners worked together to release resources for in-country teams on a range of topics related to the surveillance, monitoring, and evaluation of malaria. A revised version of the Household Survey Indicators for Malaria Control was released in English in April 2018, with a French version expected in early 2019.

Malaria in Pregnancy Working Group (MiPWG)

The Malaria in Pregnancy Working Group aims to align RBM partners on best practices and lessons learned in Malaria in Pregnancy (MiP) programming to help achieve higher coverage in MiP interventions globally.

In 2018 the group supported countries with the application of the 2016 WHO antenatal care (ANC) guidelines with emphasis on NMCP/ reproductive health services collaboration, including the dissemination of policy briefs and a webinar.

The group also supported the development of 12 malaria in pregnancy country profiles exploring country progress toward attaining targets and highlighting best practices across the region that may inform policy and practice in other countries with the aim of improving malaria in pregnancy intervention coverage, specifically intermittent preventive treatment in pregnancy.

Multisectoral Working Group (MSWG)

The new RBM Partnership Multisector Working Group (MSWG) held its first meeting on 2-3 October 2018 in Basel, setting the scope and focus for the group. The MSWG will engage groups in various sectors, including agriculture, tourism, extractive industries, and others

to identify their influence over environmental, social and economic determinants of health and to support their efforts to contribute to the prevention, control and elimination of malaria and other vector-borne diseases.

Social and Behaviour Change Communication Working Group (SBCCWG)

The Social and Behaviour Change Communication Working Group (SBCCWG) examines the current state of the science and art of SBCC for malaria. The SBCCWG is a forum to exchange malaria SBCC best practices and experiences; mobilise political, social, and financial resources to position SBCC as a core component of malaria control; and promote the development of theory-informed, evidence-based SBCC programming at the country level.

In 2018, the SBCCWG held five technical calls featuring presentations on malaria SBCC best practices and current research for the general WG membership of over 500 malaria SBCC practitioners, mostly from the endemic countries. Two key documents were updated and accepted by the group: The Strategic Framework for Malaria Social and Behaviour Change Communication 2018-2030 and The Malaria Social and

Behaviour Change Communication Indicator Reference Guide: Second Edition. Both of these documents guide NMCPs and partners in developing high quality SBCC programmes with sound M&E components.

The SBCC steering committee organized a highly interactive Annual Meeting 2018 in Lusaka, Zambia focusing on the 120+ participants' technical and professional needs. The Steering Committee shifted to deliverable-based workstreams, voted on by the members themselves, and four new SC members were elected. Priorities for 2019 include a Malaria Toolkit for community health workers and creating an optional SBCC Module for the Malaria Indicator Survey. The 2019 Annual Meeting is tentatively scheduled for the second week of September in Maputo, pending confirmation from the NMCP.

Vector Control Working Group (VCWG)

In 2018, Vector Control Working Group (VCWG) members addressed some of the operational challenges facing existing and potential new interventions.

VCWG members approached funders to support an open-access, online course for insecticide resistance management; technical support to operational research projects in three countries for larval source management and best practice sharing in entomological surveillance.

VCWG members contributed towards a joint consensus statement on insecticide treated net repurposing; achievement of better clarity in the WHO definition of Residual Malaria Transmission (with a revision of the statement issued in 2018) and plan to develop a consensus statement to support countries wishing to implement Larval Source Management with their own resources. VCWG members attended an annual meeting in Geneva from 7-9 February 2018.

Financial report

As of 31 December 2018,⁵ the RBM Partnership had US\$22.38 million in signed donor commitments, of which US\$18.02 million have been received and had expended US\$14.74 million, leaving a total available budget of US\$7.64 million.

of which US\$18.02 million were received by December 31st from four donors (USAID/ President's Malaria Initiative (PMI), the Bill and Melinda Gates Foundation (BMGF), the Global Fund, and a donation from the Abu Dhabi Crown Prince Court (CPC), as well as RBM Partnership funds previously with WHO and with the Transition Team.

Donors Contributions and Funding Received in 2018

About US\$22.377 million from donors have been signed as contribution agreements by the end of 2018,

Table 1

| Donor | Contributions signed (US\$) | Funds received (US\$) |
|--|-----------------------------|-----------------------|
| USAID/President's Malaria Initiative (PMI) | 9,114,339 | 7,701,247 |
| Abu Dhabi Crown Prince Court (CPC) | 5,000,000 | 3,500,000 |
| The Bill and Melinda Gates Foundation (BMGF) | 3,500,000 | 2,500,000 |
| Global Fund | 2,568,000 | 2,119,235 |
| WHO (RBM Partnership funds) | 1,732,514 | 1,732,514 |
| IST Transition Funds | 462,608 | 462,608 |
| Total | 22,377,461 | 18,015,604 |

Table 2

| 2018 Expenditure (in US\$) | Budget | Expenditure | Balance |
|--|------------------|------------------|------------------|
| Objective 1: Keep malaria high on the agenda | 2,171,750 | 1,630,604 | 541,160 |
| Objective 2: Accelerate progress through regional approach | 2,999,250 | 2,015,428 | 1,219,680 |
| Objective 3: Increase the financing envelope for malaria | 642,900 | 143,439 | 499,461 |
| Objective 4: High performing Secretariat | 3,420,801 | 3,061,733 | 326,827 |
| Sub-total | 9,234,701 | 6,851,203 | 2,587,128 |
| UNOPS Management Fee | 646,429 | 479,584 | 184,099 |
| Total | 9,881,130 | 7,330,787 | 2,768,227 |

⁵ The 2018 financial figures are interim. Final financial figures will be available in June 2019.

Expenditure in 2018

Total expenditure for 2018 year was US\$7,630,789, from an approved budget of US\$9,881,130, representing an expenditure rate of 74%.

Furthermore, following a Board decision in April 2018, the Sustainability Reserve was increased to better cover its operational needs from US\$1.1 million to US\$1.4 million, with the plan to further increase it to US\$1.7 million in 2019. The Strategic Initiative Reserve remains at US\$900,000.

Partner Contributions for 2018

Partners have contributed the equivalent of US\$2,511,944 in 2018 through in-kind contributions of the Partnership governance mechanisms (US\$1,668,721) as well as direct financial contributions (US\$843,223). This represents an equivalent of 25.46% of the 2018 RBM Partnership budget (US\$9,881,130), a significant contribution to the work of the Partnership.

2019 Budget

The 2019 budget is aligned with the 2018-2020 Strategic Plan, and was reviewed by the Finance Committee and approved by the Partnership Board in November 2018.

The total 2019 budget is US\$9,969,550, following a prioritisation exercise undertaken by the Partner Committees and the Secretariat. Expenses will be monitored throughout the year by the Secretariat, which may propose re-allocations for unfunded priority activities.

Table 3

| Strategic Objective | Budget (US\$) |
|---|------------------|
| 1: Keep malaria high in the global agenda | 1,933,550 |
| 2: Accelerate progress through a regional approach | 2,958,250 |
| 3: Increase malaria financing | 740,000 |
| Cross Cutting: Building a high performing Secretariat | 3,685,036 |
| UNOPS Management Fee | 652,214 |
| Total | 9,969,550 |

Table 4

| Partner Committee | Budget (US\$) |
|--|------------------|
| ARMPC | 639,000 |
| CRSPC | 4,229,330 |
| SCPC | 854,000 |
| Cross Cutting Objectives and Secretariat | 3,595,036 |
| UNOPS Management Fee | 652,214 |
| Total | 9,969,550 |



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