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Roll Back Malaria
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1. Introduction

Roll Back Malaria, a new effort initiated in May 1998 by Dr. Gro Harlem Brundtland, Director-General of WHO, envisages better access to malaria interventions to million of women, children and men who suffer from poor health equity. RBM draws its strength from past experience with emphasis on partnerships, research groups, evidence-based action, political support and civil society organizations.

RBM is a global initiative against malaria implemented through health sector development that could foster broad-based support for effective anti-malaria interventions to achieve sustainable reduction in malaria access, especially among the poor who have little access to health services.

Member Countries’ support to RBM concept were expressed at the Health Ministers Meeting, held in New Delhi from 3-5 September 1998. It was subsequently endorsed by the Intercountry Meeting of National Malaria Programme Managers, held in Pattaya, Thailand from 22-27 February 1999. RBM Initiative has been endorsed in 1999 by resolutions EB103.R9 and WHA52.11.

2. What is new with RBM?

As different from previous approaches to malaria control, RBM, as a social movement for better health, draws its strength through improved health sector development. This would facilitate the mainstreaming of malaria control activities into the health system, integrate its implementation through the provision of health care to the poor in a package delivering care, combined with other common diseases and linked with other health programmes.

3. Is it relevant to countries in the SEA Region

The countries in the SEA Region managed to shift malaria control from autonomous disease control programme by integrating it into the general health services. There is still a need to ensure appropriate priority and effective action to address malaria, within the context of health sector development. With the new emphasis on health-led development that will require new ways of working and changes in the way resources are used, RBM is relevant to SEA countries.

4. Operationalization of RBM

To make a difference for the prospects of poor people, the focus would be on interventions that could achieve the greatest health gain possible. Under the “Ten Guiding Principles” (see Annex 1), RBM utilizes the existing infrastructure and available resources for malaria control to implement the “Six Strategies of RBM” in the SEA Region:

1) **Enhanced diagnosis and treatment** (universal access to treatment for the populations at risk particularly the poor, drug combination, new diagnostic test)

2) **Disease transmission control** (cost-effective integrated vector management methods)

3) **Enhanced surveillance** (rapid response to epidemics, joint action in a synchronized intercountry strategy for the control of malaria along the borders, monitoring progress using core standard indicators)

4) **Health sector development** (decentralization, health equity, mainstreaming RBM in the health sector development, package delivering care for malaria and other common diseases, changing role from implementers to leadership, regulation and coordination)
5) Community mobilization (empowerment of communities, evidence-based planning and ownership)

6) Advocacy (forum for joint advocacy and resource mobilization)

5. Regional support networks

- Technical support to countries to address core issues such as:
  - Drug policy and monitoring drug efficacy
  - Monitoring and evaluation of surveillance system, epidemic preparedness and response
  - Disease transmission control
  - Advocacy through media communication and country partnerships

- Regional network for rapid responses provides assistance, in case of emergencies/epidemics

- Strategic investments in new areas should be closely linked with partnership initiative to ensure concerted and sustainable efforts for RBM. The areas identified include the following:
  - Multi-centre studies on vaccines and new drugs development; health system research; health indicators (incorporating malaria); GIS for analysis of the epidemiological and ecological situation
  - Utilization of health impact assessment in development projects
  - More coordinated work in search of new drugs with partners

6. ROLL BACK MALARIA ACTION PLAN

RBM Action plan envisages political commitment at all levels starting from the highest level of governance. RBM functions through partnerships from the central to the local level and works in synergy based on an Action Plan developed and owned by all partners.

1) Preparatory phase (till end of December 1999) for formulation of national strategies and development of partnerships plan, political commitment at all levels, development of guidelines for implementation of the strategies, situation analysis leading to the selection of districts for the piloting of RBM, establishment of resource networks to address the core issues in malaria.


3) Operational phase (2002-2006), a five-year RBM action plan to be developed by countries involving all partners, vital inputs to come from the pilot phase and resource networks, aimed at reducing malaria-related burdens by half by 2010 and reducing it further in succeeding years.

7. Points for consideration

1) National commitment to support the new role of malaria control programme

In the context of RBM, the malaria control programme will assume a new role of leadership, regulation and coordination instead of being the sole implementer and delivery agent. To meet these objectives, Member Countries need to develop sustainable broad-based partnership with private sectors, health-related industries, medical associations, teachers associations, local governments and other related civil society as well as other potential partners, including donors.

What new policies are needed to sustain effective partnerships for RBM?

2) A social movement for better health
RBM should draw its strength by mainstreaming malaria control activities as part of health sector development. RBM should facilitate the provision of health care to the poor and those who have little access to health care. Priority will be on the delivery of the package of health care to malaria and other common diseases and linked with other health programmes. The way in which the health system tackles malaria, particularly among the poor, is the key element of assessment of that system's overall performance.

*What changes may be needed in policies and mechanisms within the ministry of health to facilitate mainstreaming of RBM in the health sector development?*

3) **Capacity building**

RBM approach to capacity development should ensure that malaria expertise should be available, wherever it is needed, throughout the health sector. WHO assistance is to support training activities to create a core of motivated individuals with upgraded skills who would, in turn, impart training to health personnel at different levels of health care.

*How can the required human and other resources be mobilized?*

4) **Strategic investment**

The development of appropriate technology would strengthen RBM implementation. New areas of strategic investment should be evidence-based and closely linked with partnership initiative to ensure concerted and sustainable efforts in RBM.

*How can partnerships in strategic investment be initiated?*

5) **Regional support network**

The available resources and expertise in the Region should be fully utilized. In order to promote regional exchange of experience and information, there must be ways to create a network of expertise among Member Countries to address priority issues, such as drug policy and monitoring surveillance systems, epidemic preparedness and response, disease transmission control and advocacy through media communications and country partnerships.

*Under what mechanism could WHO foster regional support?*
Ten Guiding Principles of Roll Back Malaria

1. RBM is a social movement supported by many partners, to reduce poverty and promote development

2. RBM is owned by all partners

3. Decisions are made by consensus

4. Country priorities drive RBM

5. Partners function independently but in concert

6. Partners contribute where they have a comparative advantage – or interest

7. Action plans are clear, evidence based, prioritized and adapted to local realities

8. RBM is about broadening and strengthening the capacity of health sectors to fight all diseases

9. RBM is not a new agency or funding institution

10. Mainstreaming of RBM in the health system cannot be judged to be functioning unless they have an impact on malaria