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Roll Back Malaria

Report by the Director-General

1. Malaria accounts for a large part of the disease burden of poor countries, causing over a million deaths a year, mainly among children in sub-Saharan Africa, and 300 million episodes of acute illness globally. It is a major cause of poverty and inequity in the world, affecting primarily the poor; it exacerbates inequities in health and impedes development. Persistence of malaria poses a major threat to global health in a world experiencing social and environmental change, movements of population, civil unrest, and biological changes in the parasite and mosquito vector.
2. Capacity for malaria control is currently insufficient because weak health systems in endemic countries are unable to respond to the disease, funding is inadequate and international efforts are poorly coordinated.
3. There is strong and growing political commitment to action against malaria, both in affected countries and in the donor community. The research community is already mobilized and the private sector is showing increasing interest.
4. The Director-General identified Roll Back Malaria as a priority project for the renewed WHO, and established it as such on 23 July 1998.

BASIC CONCEPTS

5. The **goal** of the Roll Back Malaria project is significantly to reduce the burden of disease associated with malaria as a result of better access of poorer peoples to a range of effective antimalaria interventions. The project will contribute to strengthening national systems in order to enable them to respond better to both the challenge of combating malaria and the health requirements of poor people. It will focus on contributing to the effectiveness of actions taken by other groups within and outside WHO, acting as a pathfinder for accelerating extensive improvement of public health and access to health services in poorer regions of the world.
6. The project is based on a global partnership, drawn from malaria-affected countries, organizations of the United Nations system, bilateral development agencies, development banks, nongovernmental organizations and the private sector, and committed to a common purpose, ways of working and outcomes. It will address a priority health issue at country and local levels, within the context of sustainable health sector development.

7. WHO will provide strategic direction, coordination and technical support to the global partnership, and will work as a single body at all levels for implementing Roll Back Malaria.
8. The **approach** of the project is to build on all current malaria efforts and the existing global malaria control strategy in order to achieve targeted levels of coverage in the affected populations. Its strategies will be based on regional, epidemiological and health system needs and focus on action at community and district levels.
9. The first priority will be high transmission areas of Africa, representing 80% of the disease burden; the next priority will be countries experiencing epidemic malaria, and malaria-endemic countries in other regions.
10. Roll Back Malaria will invest in research and development of new and more effective control tools that can help sustain short-term gains.

OPERATIONAL MECHANISMS

11. Roll Back Malaria will operate through: a small core group of staff internally or externally recruited or seconded; an expanding “virtual” group of dedicated people within and outside WHO; and approved resource support networks for technical guidance and facilitation. It will be guided by an advisory group of eight to 10 stakeholder representatives who will meet as required.
12. The project will be evaluated against outcomes clearly defined with countries and other stakeholders, and will be completed in five years.
13. As a Cabinet project and pathfinder, Roll Back Malaria operates throughout the Organization, taking advantage of existing expertise and networks. Thus staff in Communicable Diseases and other clusters, and regional and country offices implement its activities. In order to foster a common strategy throughout WHO, including current antimalaria efforts, the core team of Roll Back Malaria visited all regional offices, and aligned or joint plans of action (including Roll Back Malaria/African Initiative for Malaria) are being drawn up for 1999.
14. The **strategic plan** for a preparatory phase of 18 months (up to the end of December 1999) consists of four interlinked activities:
 - C formulation of national strategies and strengthening of capacity based on assessment of socioeconomic, health sector and malaria needs;
 - C development of country and intercountry resource support networks that will address critical issues with a direct bearing on control policies, including financing requirements;
 - C definition of the framework and processes for a well-coordinated global partnership;
 - C formulation of a promotional and advocacy strategy to strengthen political commitment in endemic countries and to increase commitment among partners and stakeholders.
15. The main steps taken towards the establishment of a **global partnership** are as follows:

- C ministers of health of the Organization of African Unity endorsed Roll Back Malaria, May 1998;
- C the Director-General sent letters to African heads of State inviting them to engage their countries in Roll Back Malaria, October 1998. By December, positive replies were continuing to be received;
- C the G8 pledged strong support to Roll Back Malaria at the Birmingham Summit, May 1998;
- C UNICEF, UNDP and World Bank agreed to join forces in Roll Back Malaria, October 1998;
- C bilateral discussions took place between WHO and eight donor countries (China, Denmark, Finland, Japan, Norway, Sweden, United Kingdom of Great Britain and Northern Ireland and United States of America);
- C chief executive officers from the pharmaceutical industry expressed strong commitment to Roll Back Malaria, at a WHO-industry roundtable, October 1998;
- C the project was presented to foundations in the United States, October 1998;
- C to date about US\$ 8.5 million has been pledged or contributed to the project, including US\$ 3 million from WHO's regular budget.

16. The global partnership for Roll Back Malaria was established at a meeting (Geneva, 8-9 December 1998) with over 70 representatives from governments, international agencies, health research institutions, civil society and nongovernmental organizations. The Director-General will, as recommended, set up a small "contact group" to help the project evolve and to provide guidance to the global partnership. It was agreed that the partnership mechanisms should be simple, flexible and geared to achieving results. Partners committed themselves to partnerships at country level, led by governments.

17. The process of drawing up **national strategies** for Roll Back Malaria includes assessing needs and preparing district and national plans. Towards this end, joint missions led by World Bank were undertaken in three African countries; a comprehensive approach to situation analysis and needs assessment (covering local, district, national, malaria, and health sector needs) has been devised; and the needs assessment methodology has been pilot tested in two African countries. National situation analyses and needs assessment in more than 20 African countries are top priority for 1999, in collaboration with national governments and international organizations.

18. Other WHO regions are in various stages of preparing their workplans for Roll Back Malaria in the constituent countries.

19. The design and implementation of Roll Back Malaria interventions by countries will require expertise that is often not available where required. The project will therefore establish **resource support networks**, composed of experts in the required disciplines, and with strong representation from the regions concerned. In this context, five meetings of resource support networks have taken place to review the state of the art (globally or for Africa), to suggest mechanisms effectively to provide guidance and support to malaria-endemic countries and interested parties, and to prepare plans of work up to December 1999. The networks concerned were: Implementation of bednet programmes, including supply of nets and insecticides; Access and quality of antimalarials; Prevention and control of epidemics; Mapping of malaria and health care; and Malaria control in complex emergencies.

20. Two additional network meetings are planned for the African Region in early 1999: Monitoring of drug resistance, and Improving quality of care at home.
21. The workplans for each of the resource support networks will have been finalized by the end of January 1999.
22. Special mechanisms for international **research and development** will be established and existing ones supported in order to devise new and better tools for malaria control.
23. Roll Back Malaria will provide financial support as needed to accelerate key research activities carried out by the Special Programme for Research and Training in Tropical Diseases and the Multilateral Initiative on Malaria. Current priority areas include development of cost-effective approaches to monitoring child mortality on a continuing basis, development of new drug combinations for drug-resistant areas, paediatric packages of drugs, and paediatric suppositories.
24. Roll Back Malaria is committed to the Medicines for Malaria Venture, a joint public/private sector research and development initiative to facilitate development of new antimalarials.

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