



# WORLD HEALTH ORGANIZATION

**EXECUTIVE BOARD**  
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## **Roll Back Malaria**

### **Report by the Secretariat**

#### **INTRODUCTION**

1. This document, submitted in accordance with resolution WHA52.11, provides a progress report on the global partnership to roll back malaria.
2. Roll Back Malaria was launched as a Cabinet project in July 1998. Based on a global partnership, it built on recent significant global and regional commitment, and recognized the many efforts to tackle malaria in difficult conditions for decades. Its first 18 months have been preparatory, to ensure consensus, to establish the foundation, and to catalyse action to roll back malaria in countries while maintaining support of existing technical activities.
3. The approach taken by the roll back malaria partnership has been deliberately to support political movements for poverty reduction through better health – at community, country, regional and global levels. Communities at risk and national governments in more than 20 countries have gone ahead and established their own partnerships. The role of WHO is to serve the interests of the partnership.

#### **PARTNERSHIP DEVELOPMENT AND CONSENSUS BUILDING**

4. An intense process of consensus building, undertaken across WHO, with national governments, research and nongovernmental communities and among development agencies, resulted in an agreed goal, strategy and set of principles. This shared commitment binds partners together, through loose ties rather than formal structures.
5. The goal of the global partnership to roll back malaria is to halve the burden of malaria by the year 2010. Global, regional and country-level partnerships will mobilize resources and foster concerted action to:
  - intensify application of existing tools for malaria prevention and control in *endemic areas*, through: improved early access to effective malaria treatment; increased use of insecticide-treated materials, including bednets; delivery of effective therapy to pregnant women at risk; and early detection and control of malaria epidemics;
  - eliminate remaining small, but persistent, foci in countries where malaria is under control (or eradicated) through strengthened health systems;

- develop capacity of the health systems so that national health sectors and regional institutions can better implement action to roll back malaria; and
- develop – and deploy rapidly – novel, cost-effective products, approaches and interventions.

6. The following principles for the project to roll back malaria have been established. They build on previous efforts to control malaria, but go further by identifying the burden of malaria as a critical obstacle to development.

- *People at risk* are centre stage. There will be increased emphasis on enabling people, and their communities, to make decisions and take actions that safeguard their health and improve their well-being in a sustainable manner.
- Effective activity within communities, with an increased focus on the needs of poor and marginalized groups, and participation of public and private entities within and outside government, from health and other sectors, are keys to success.
- Successful partnerships to roll back malaria depend on functioning health services at local and national levels. This implies continued action, stronger than at present, to improve responsiveness, quality and coverage of health care for all high-burden illness experienced by poor people, through development of the health sector (and subsectors).
- Partnerships to roll back malaria are influenced – both positively and negatively – by developments outside the health sector. This implies much more emphasis on intersectoral initiatives for human development.
- Participants in roll back malaria programmes can only work together in harmony when the institutions (whether within countries or from outside) that offer political, financial or technical backing coordinate effectively and agree on intentions and strategy; rolling back malaria is based on functional and flexible *partnerships* at local, national, intercountry and global levels.

7. The overarching strategy was debated and adapted to the local context at a series of “consensus-building and inception meetings”, which brought together health and finance officials from malaria-affected countries, representatives of partner development agencies and others to discuss how to intensify action to roll back malaria in their countries.

8. Members of the global partnership have met three times. The first meeting (Geneva, December 1998) consolidated support; the second (Harare, June 1999) provided a forum to reach consensus on key concepts, issues and solutions, as well as to review progress in Africa; and, at the most recent (Geneva, February 2000), partners discussed how to support countries as they scale up their actions to roll back malaria and how to achieve agreed outcomes.

## WHO CONTRIBUTION

9. Within WHO, the Cabinet project to roll back malaria is blazing new paths for working within the Organization. Reflecting “one WHO”, the first WHO-wide composite work plan for 2000-2001 included all malaria-related activities from headquarters and the regional offices. The work plan is organized around six key outputs that define the work:

- strategies for scaling up action to roll back malaria developed in areas of policy, management and delivery systems, financing and social action, and selected interventions;
- political commitment and resources mobilized through effective communication of the concept, strategy, approach and progress;
- partnerships established and functioning with national authorities, development partners and other groups to support action to roll back malaria;
- technical guidance provided through development of in-country capacity (for operational research and evidence-based decision-making) and provision of consistent, good quality advice;
- new or modified interventions and products developed through support to applied research;
- national authorities enabled to plan, implement, monitor and evaluate the impact of actions to roll back malaria.

10. Progress of the Cabinet project during the preparatory phase was marked by:

- the preparation of an advocacy plan based on the principles and strategy of the undertaking, with particular emphasis on encouraging community- and country-led initiatives;
- the spurring of numerous malaria-affected countries to prepare statements of intent and plans of action and actively to mobilize resources;
- special emphasis being given to rolling back malaria in complex emergencies;
- establishment of mechanisms for consistent technical support in priority areas, with full involvement of WHO regional offices;
- initiation of research on new malaria treatments and creation of a public-private partnership (Medicines for Malaria Venture) for new product discovery, with support from the project;
- the introduction of an innovative information system for partners, including national governments, based on the World Wide Web;
- application of imaginative approaches to bring commercial entities into the partnership; and
- outlining of a mechanism for monitoring progress to roll back malaria.

11. The single work plan, as well as documents detailing the contribution of the Cabinet project over the preparatory phase and information on progress with country-level partnerships, can be found on the WHO website.<sup>1</sup>

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<sup>1</sup> <http://www.rbm.who.int>

## **THE CHALLENGE AHEAD – SCALING UP ACTION**

12. Progress during the 18-month preparatory phase has included new efforts, by public, for profit and not-for-profit groups, to increase the proportion of people using insecticide-treated bednets and to deliver effective malaria treatments to those in need.

13. The task ahead is to consolidate partnerships and scale up implementation at country level. A massive effort is needed in order to halve the burden of malaria by 2010. Partners will work more at country and intercountry levels, establishing plans and milestones, and catalysing community movements to roll back malaria.

14. For results to be sustainable, in-country technical capacity for action to roll back malaria will be expanded, with stronger links between community needs and research. Emphasis will be given to systems for tracking progress, monitoring activities and assessing impact. Information from country partnerships will be effectively communicated to all partners.

15. Partners, including national governments, need to overcome the barriers posed by public health systems that are underfunded and have limited capacity. Therefore, the roll back malaria partnerships are working to build and strengthen the capacity of national health services to help communities tackle all illnesses that undermine their well-being. In addition, it is increasingly recognized that successful interventions should be made available to poor people through means not available to government, such as social marketing, franchising or novel methods of funding.

16. Action to roll back malaria must be driven by the highest level of political commitment. At the African Summit on Roll Back Malaria (Abuja, 24 to 25 April 2000) the heads of State of African nations are expected to make a formal commitment to the goals and targets of the roll back malaria partnership and to the policy changes necessary for their effective implementation.

## **ACTION BY THE EXECUTIVE BOARD**

17. The Board is invited to note the report.

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