



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
107th Session
Provisional agenda item 9.2

EB107/25
1 December 2000

Roll Back Malaria

Progress report by the Secretariat

1. Roll Back Malaria was launched as a Cabinet project in 1998 to galvanize global, regional and country-level partnerships in order to reduce the morbidity and mortality due to the disease. Its strategies are:

- to intensify application of existing tools for the prevention of malaria;
- to improve early access to effective malaria treatment;
- to increase access to and availability of preventive measures to populations and individuals at risk of malaria;
- to strengthen health systems in countries and situations where malaria is a major health burden; and
- to support the development of new, cost-effective approaches and products for decreasing the malaria burden.

2. The approach taken by the founding partners of the Roll Back Malaria project – WHO, UNDP, UNICEF and the World Bank – was to build effective partnerships and work in concert with stakeholders at international, regional and country levels; to support the social movements to tackle poverty reduction through improved health; and to introduce an evidence-based culture in work to combat malaria.

POLITICAL COMMITMENT AND PARTNERSHIP DEVELOPMENT

3. In order to increase awareness of malaria, globally and in countries, an African Summit on Roll Back Malaria was organized and cosponsored by WHO in Abuja in April 2000. The Summit, which was attended by the heads of State of 17 African countries, led to the Abuja Declaration of political commitment by 44 African countries to intensify action against malaria. All partners called for a significant increase in global investment against malaria. In response, increased resources for rolling back malaria were pledged by development partners, G8 countries, other bilateral agencies and the project's co-founding partners – the development banks and United Nations agencies.

4. Partnerships to roll back malaria have been established at three levels:

- globally, with bilateral development agencies, research and development partners, the pharmaceutical industry and the commercial sector, all of which have an interest in supporting the roll back malaria efforts through resource contributions or development of products;
- regionally, with bilateral agencies and regional development banks, whose concerted actions are helping countries to deal with malaria control in the context of health sector reform; and
- at country level, with the private sector, civil society organizations and sectors beyond health, in order to scale up interventions.

WHO SUPPORT TO COUNTRIES

5. WHO has supported countries in the following activities:

- setting up national committees to roll back malaria comprising the public sector health services, malaria control programmes and other stakeholders;
- providing technical guidance and financial resources for situation analyses to identify the gaps in the health system;
- formulating plans of action to roll back malaria based on agreed strategies (65 countries have already prepared, or are preparing, strategic plans of action);
- catalysing intercountry initiatives to deal with malaria across national borders (e.g. those in the nine Amazon basin countries and the six Mekong countries, the Lubombo Spatial Development Initiative in southern Africa and the Health for Peace Initiative in western Africa);
- improving communication to consolidate the movement to roll back malaria (e.g. through a bimonthly newsletter and Web site¹);
- redesigning international and regional training courses for managers of national malaria control programmes and other professional staff to contain the principles, values and strategies of the roll back malaria project, and accordingly to include partnership building, health sector development and programme management.

6. WHO is proposing a major initiative to improve access by people to goods and services. This “Facility for Intensified Roll Back Malaria Action” will use innovative approaches to deliver health care to the poor. For instance, working through well-established mechanisms of bi- and multilateral financial institutions, development assistance and public debt relief, WHO will strengthen the public sector channels to improve delivery of antimalarial interventions. Also, in order to expand sufficiently interventions at country level beyond the reach of health services, novel financing mechanisms such as franchising and social marketing will be promoted in order to channel support through the voluntary sector, private for-profit institutions and other agencies of civil society in response to requests. These

¹ <http://www.rbm.who.int>

investments will also contribute to the development of the health sector through sector-wide approaches, and build capacity in public health.

POLICIES, NORMS AND STANDARDS

7. Faced with the increase in antimalarial drug resistance in all parts of the world, guidelines for treatment of malaria have been updated, and the universal change from single drug therapy to the more strategic combination therapies containing artemisinin is being facilitated. Affordable prices for new drug combinations are being negotiated with the pharmaceutical industry. Resistance to antimalarial drugs is being monitored throughout the world with a standardized WHO method.

8. A serious dilemma for countries is how to decrease malaria transmission rates through vector control while reducing reliance on the insecticide DDT. WHO is working with UNEP to secure a time-limited exemption from the ban on the use of DDT for selective residual house-spraying. Alternative technical strategies based on environmentally-sound mosquito-control methods are being explored, and increased financial resources are being secured to enable countries successfully to abandon the use of DDT.

9. To help curb the high morbidity and mortality associated with epidemics, WHO has prepared a guide for the management of malaria epidemics.

10. The network on malaria control in complex emergencies has facilitated coordination among nongovernmental organizations and has improved efficiency on site. A technical handbook for such control is being prepared.

RESEARCH AND DEVELOPMENT

11. Strategic investments have been made in the development of new and improved tools and approaches for rolling back malaria. The Special Programme for Research and Training in Tropical Diseases has opened up a new area of research on implementation in malaria.

12. WHO has strengthened the operational research capacity of countries by providing financial and technical support to its small-grant scheme, which funds operational research on malaria on a competitive peer-reviewed basis.

13. Links with major partners in research and development have resulted in:

- collaboration with the Fogarty International Centre of the National Institutes of Health (United States of America), which serves as the secretariat of the Multilateral Initiative on Malaria for providing research training in Africa;
- joint work in countries with the Centers for Disease Control and Prevention (USA);
- economic studies on malaria with the Center for International Development at Harvard University (USA);
- backing for a consortium working on a transmission-blocking malaria vaccine, to be established through the Malaria Vaccine Initiative; and

- continued contributions to the Medicines for Malaria Venture, a public-private partnership for new drug discovery and development.

MONITORING AND EVALUATION

14. Morbidity and mortality due to malaria are being measured in African countries through a multicentre programme on demographic surveillance, the International Network of Field Sites with Continuous Demographic Evaluation of Populations and their Health in Developing Countries. Baseline information is being collected through 18 sentinel sites in 11 African countries.

15. A globally-agreed framework, with core indicators, for monitoring and evaluating activities to roll back malaria has been developed, and is being adapted for use.

16. Regional networks linking technical experts from within and outside countries endemic for malaria have been established. Actions taken or issues considered through these networks include:

- in Africa, the monitoring of drug and insecticide resistance, technical issues relating to insecticide-treated bednets, and access to and quality of antimalarials;
- in South-East Asia, drug resistance and policy, mosquito-vector control, and surveillance and information management; and
- in the Americas, monitoring of antimalarial drug resistance.

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