



WORLD HEALTH ORGANIZATION

FIFTY-SECOND WORLD HEALTH ASSEMBLY
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Roll Back Malaria

Report by the Director-General

BACKGROUND

1. The Director-General of WHO initiated a new effort to roll back malaria in May 1998. With its emphasis on partnership, evidence-based action, political mobilization and participation of civil society, this has evolved into the Roll Back Malaria movement. The core concepts are as follows:

- C Focus on results - specifically, reducing malaria morbidity and mortality;
- C Prioritizing effective malaria action within health sector development;
- C Stimulating attention to malaria within the context of partnerships for health sector, human and environmental development at country level;
- C Innovative approaches to widespread “grass-roots” action - including community mobilization and empowerment, and more effective means to improve the effectiveness of primary health care providers in the private sector;
- C Evidence-based action - making a stronger linkage between scientific studies and the provision of services;
- C Giving stronger emphasis to the political context within which development decisions are made, ensuring that the politicians are leading the movement, and backing their leadership with strong advocacy and media relations;
- C Ensuring that Roll Back Malaria is a pathfinder for the approach to handling a range of disease problems, establishing - where appropriate - a common platform which leads to multi-disease action;
- C Fostering a social movement that puts these concepts into practice, in ways that reflect the interests and capacities of different groups at local and country level, and that respond to the needs of children, women and less powerful groups.

2. The renewed WHO gives high priority to ensuring that the movement succeeds. The WHO Roll Back Malaria Cabinet project, which draws on expertise and approaches across the organization, was established to support the movement on 23 July 1998. The Roll Back Malaria movement is a global initiative. The

spearhead for the movement's work is the Africa Initiative for Malaria Control, now known as Roll Back Malaria in Africa.

3. The movement is taken forward through the efforts of a large number of individual organizations and government departments concerned with people's well-being. Most of these are located within malaria-affected countries, but they also include organizations of the United Nations system, bilateral development agencies, development banks, nongovernmental organizations and the private sector.

4. Studies undertaken in the 1990s demonstrated the potential for significant reductions in malaria mortality through:

- C early treatment of people with suspected malaria using effective treatments that minimize risks of drug resistance, with treatment available in the home when needed;

- C widespread use of insecticide-treated materials, including bednets, to reduce the likelihood that people are bitten by infected mosquitos;

- C reliable predictions of possible malaria epidemics, with an effective and rapid response to reduce the risk of illness and death.

5. The Roll Back Malaria movement encourages national authorities, development partners, research groups and civil society organizations to build on, and amplify, past successes in these areas.

6. The movement will enable millions of women, children and men to have better access to a range of effective antimalaria interventions. This is expected to halve the global burden of disease associated with malaria by the year 2010, and reduce it further in succeeding years.

7. The movement's activities will also make major contributions to national health systems, enabling them to respond better to the problems poorer people - particularly women and children - face as a result of a range of communicable and other health problems.

8. Several of the organizations within the movement are establishing partnerships to roll back malaria. Partners are committed to a common purpose, agreed ways of working and shared outcomes; they operate under the direction of national authorities and within the wider context of sustainable health and human development. Country-level Roll Back Malaria partners maintain their autonomy, work within their own mandates, and contribute to the movement in ways which reflect their comparative advantages. When working together at country and local levels, partners recognize that success in rolling back malaria will depend on their ability to provide concerted support to the different groups active in the Roll Back Malaria movement.

9. The combination of a social movement, backed by development partnerships and serviced by a WHO Cabinet project, is already acting as a pathfinder for accelerated improvement in public health and enhanced access to health services.

THE WHO ROLL BACK MALARIA CABINET PROJECT

10. The Roll Back Malaria project covers the following areas:

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- C development of unified strategies for rolling back malaria, communicating them, and advocating them;
 - C catalyzing intensive activities that will result in rolling back malaria at country level;
 - C building and sustaining a global partnership to support country-level Roll Back Malaria actions;
 - C ensuring consistent technical guidance for actions to roll back malaria;
 - C encouraging strategic support for the development of new products to roll back malaria;
 - C monitoring the world malaria situation: assessing the progress of national and international efforts to roll back malaria.

Progress so far is summarized in Annex 1, while highlights are presented below.

Catalyzing intensive activities to roll back malaria at the country level

11. The process for intensification at country level, involving consensus-building and the inception of national activities is planned along the following lines:

- C in-country consultations;
- C subregional consensus meetings;
- C building momentum at country level;
- C developing Roll Back Malaria partnerships, fostering the movement;
- C using technical instruments (situation analysis and strategy development);
- C accessing technical support networks;
- C agreeing national plans for Roll Back Malaria;
- C mobilizing additional resources;
- C new role for national malaria programme;
- C baseline studies and intensive nationwide efforts implemented from early 2000;
- C regular (annual) reviews;
- C significant increases in resources available and used.

12. The WHO Roll Back Malaria project, working closely with other partners (UNICEF, UNDP, the World Bank, development agencies and nongovernmental organizations), has undertaken six rapid in-country consultations. These took place in late 1998 and early 1999, and involved national authorities and partners. They looked for innovative approaches to increasing the resources available for rolling back malaria.

13. Building on the consultations, the project has now initiated subregional consensus-building and inception meetings. At these meetings, government officials, together with representatives of partner organizations, examine how the Roll Back Malaria movement can be taken forward within malaria-affected countries. A related approach has been adopted to initiate more effective efforts to roll back malaria within countries in chronic emergency.

14. Inception meetings are being followed, during 1999, by a period of momentum building at country level, when different groups consider how they can participate in the movement and what progress they can expect, particularly over the next two years or so.

15. The Roll Back Malaria project will offer a range of technical instruments designed to help country groups to assess the current nature of, and response to, the malaria situation. It will also offer technical support, through carefully managed professional networks, as partners develop national intention statements and plans for rolling back malaria. In many situations this process, and the funding proposals that are produced as a result, will lead directly to the mobilization of additional resources (human and financial) for action to roll back malaria. It could also lead to a new role for national malaria control programmes, and their managers. They will become increasingly involved in a wide range of communicable disease actions, within the context of health sector development.

16. During the year 2000, national authorities and partners will together support Roll Back Malaria movements in at least 30 countries. Baselines will be established to monitor subsequent progress using standardized indicators and data systems.

Building and sustaining the global partnership

17. The global Roll Back Malaria partnership was launched by WHO, UNICEF, UNDP and the World Bank in October 1998, and then established by national authorities, donor agencies and United Nations organizations in December 1998. It will provide a forum within which partners can take stock of progress with the Roll Back Malaria movement. They can address tensions and difficulties before they adversely affect results, and explore options for increasing the resources available at local, country, regional or global level.

18. WHO support to the partnership is provided by a dedicated nine-person Roll Back Malaria project team, which draws on personnel within headquarters regional offices and WHO country offices. The team will be joined by Global Health Leadership fellows, who will have the opportunity to participate in the movement at regional and country level, and by staff seconded from USAID and the World Bank. A small partners' contact group is being established to maintain contact between the wider partnership and the Roll Back Malaria project, and to steer the partnership forward between its annual meetings.

Strategic support for research and development

19. Efforts to tackle malaria are most likely to succeed if based on scientific evidence and lessons of experience. In settings characterised by intense malaria transmission and parasite resistance to drug treatment, new tools are urgently needed. Research institutions and their all-important funding agencies, are vital to the success of the Roll Back Malaria movement. Many are already members of the Roll Back Malaria partnership.

20. An increasing number of institutions are now networked and working together intensively to address the scientific challenges of malaria in Africa through the Multilateral (Research) Initiative for Malaria, established in Dakar, Senegal, in 1997. Their potential contribution was illuminated at the Africa Malaria

Conference in Durban, South Africa, in March 1999. Other regional initiatives, such as the Southeast Asian Ministers of Education Organization (SEAMEO) Regional Tropical Medicine and Public Health Network, are playing a critical role.

21. An important new partner, linking the public and private sectors in a concerted effort to produce new products, is the Medicines for Malaria Venture (MMV). This will operate as an autonomous commercial enterprise, using public funds to accelerate the development of effective new antimalarial treatments. New initiatives to (a) explore the economics of malaria and (b) accelerate the production of an effective vaccine are also being established.

Monitoring progress and outcomes

22. A system is being established to track the global progress of action to roll back malaria and the impact of the Roll Back Malaria movement on the development of national health sectors. It will help national authorities and Roll Back Malaria partners to obtain reliable information, using data from pre-existing sources where possible, in relation to a range of critical criteria (see Annex 2).

ACTION BY THE HEALTH ASSEMBLY

23. The Health Assembly is invited to consider the resolution recommended by the Executive Board in resolution EB103.R9.

ANNEX 1

SUMMARY ACHIEVEMENTS OF ROLL BACK MALARIA

1. Establishment of the Roll Back Malaria project in WHO

C A global movement to roll back malaria initiated by the Director-General	May 1998
C The WHO Cabinet project to roll back malaria established	July 1998
C Global health leadership fellows from all regions appointed to roll back malaria	April 1999

2. Building of the global partnership to roll back malaria

C Project launched as a joint WHO, UNICEF, UNDP, World Bank initiative	October 1998
C First meeting of partners to establish the global partnership	December 1998
C Alliance between WHO and UNICEF formed to roll back malaria in the Mekong subregion	March 1999
C Meeting with partners in Mekong subregion to launch Roll Back Malaria	March 1999
C Project a partner in the Africa Malaria Conference (Durban, South Africa), sponsored by the Multilateral Initiative on Malaria	March 1999
C Representatives of USAID and World Bank seconded to work in the project	March 1999

3. Activating progress at country level

C Letters from the Director-General to African Heads of State soliciting recruitment into the Roll Back Malaria initiative	October 1998
C Roll Back Malaria inception meetings at regional level:	
Africa: Abidjan (for West Africa)	March 1999
Nairobi (East Africa and the Horn)	March 1999
Maputo (Southern Africa)	April 1999
Asia: Ho-Chi-Minh City (for the Mekong subregion)	March 1999
New Delhi (for South Asia)	May 1999
Inception meetings are planned for: Central Africa (Yaoundé), North Africa, Middle East, Central Asia, the Amazon and Central America	

4. Promoting consistent technical guidelines**C First meetings of technical support networks and formulation of action plans:**

Drug and insecticide resistance	September 1998
Access to and quality of drugs	October 1998
Mapping of malaria and health care	November 1998
Prevention of epidemics	November 1998
Malaria in complex emergencies	December 1998
Needs assessment	October 1998
Use of insecticide-treated bednets	October 1998
Home management of malaria	January 1999

5. Strategy development, communications and advocacy

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| C A WHO-wide strategy for rolling back malaria | |
| - formulated | February 1999 |
| - approved and endorsed throughout WHO | July 1999 |
| C First advocacy material for Roll Back Malaria developed and tested | March 1999 |
| C Visit by Director-General to African countries for Roll Back Malaria | April 1999 |

6. Strategic support for research and development

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| C Medicines for Malaria Venture - a private/public partnership for development of new medicines - established and supported | October 1998 |
| C Investigations on the economic implications of malaria | November 1998 |
| C Strategic support to research and development of malaria vaccines: discussions initiated with the Special Programme for Research and Training in Tropical Diseases and interested parties | March 1999 |
| C Arrangements initiated for negotiations on public sector financing and low-cost production of malaria diagnostics for Roll Back Malaria | March 1999 |

ANNEX 2

CRITERIA FOR REVIEWING THE OVERALL SUCCESS OF THE ROLL BACK MALARIA PARTNERSHIP

Country partnerships

- C Are they being developed? Are they owned by national authorities, with inclusive membership?
- C Are strategies harmonized? Are good opportunities being taken? Are outcomes being monitored?
- C Is technical guidance consistent and useful?

Global partnership

- C Is there evidence of political commitment? Are partners contributing? Is there a multidisciplinary approach?
- C Is there transparency on objectives, resources, strategies?
- C Are global strategies harmonized within the health sector context? Does WHO have a consistent approach?

Health sector development (public and private)

- C Is good-quality care provided for those with malaria?
- C Do they have access to - and benefit from - this care?
- C Does health sector development result in greater benefits for more people?

Strategic investments

- C Have new products been discovered?
- C Are distribution approaches effective in reaching poorer people?

Prevention and treatment of malaria

- C Are more people (children and pregnant women) receiving timely and appropriate treatment?
- C Are more people protected with insecticide-treated nets?
- C How useful are the available antimalaria treatments? What is the level of drug resistance?

Malaria burden

- C Is there a decline in malaria-related mortality and morbidity in areas of continuous infection?
- C Is there a reduction in malaria suffering (incidence and severity) caused by epidemics?
- C Are poor people better able to attend school, earn a living, find new opportunities, have children safely and become better off?
- C Are there more opportunities for sustained economic and human development in the locality?

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