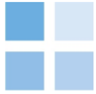

# The RBM Partnership to End Malaria

# Private Sector Engagement Framework and Work Plan

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Prepared by:

**Cambridge Economic Policy Associates Ltd**

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## ACRONYMS AND ABBREVIATIONS

| Acronym | Full description |
|---|---|
| ACT | Artemisinin Combination Therapies |
| AGA | AngloGold Ashanti Malaria Program |
| AIM | Action and Investment to Defeat Malaria |
| ALMA | Africa Leaders Malaria Alliance |
| APLMA | Asia Pacific Leaders Malaria Alliance |
| APMEN | Asia-Pacific Malaria Elimination Network |
| ARMPC | Advocacy and Resource Mobilisation Partnership Committee |
| BMGF | Bill and Melinda Gates Foundation |
| CAMA | Corporate Alliance on Malaria in Africa |
| CBO | Community-Based Organisations |
| CCM | Country Coordinating Mechanism |
| CEO | Chief Executive Officer |
| CEPA | Cambridge Economic Policy Associates |
| CRSPC | Country/Regional Support Partnership Committee |
| CSR | Corporate Social Responsibility |
| DRC | Democratic Republic of Congo |
| GFATM | The Global Fund to Fight AIDS, Tuberculosis, and Malaria |
| GICAM | Groupement Inter-Patonbal du Cameroun |
| GTS | WHO Global Technical Strategy for Malaria |
| HIV/AIDS | Human Immunodeficiency Virus infection/ Acquired Immune Deficiency Syndrome |
| HNWI | High Net Worth Individual |
| IRS | Indoor Residual Spraying |
| LLIN | Long-Lasting Insecticidal Net |
| MNC | Multinational Corporation |
| MoU | Memorandum of Understanding |
| NMCP | National Malaria Control Programme |
| MMEH | Mekong Malaria Elimination Hub |
| NGO | Non-Governmental Organisation |
| PC | RBM Partnership Committees |
| PPP | Public Private Partnership |
| PSD | (Global Fund) Private Sector Delegation |

| Acronym | Full description |
| --- | --- |
| PSMC | Private Sector Malaria Coalition |
| RAI | Regional Artemisinin-resistance Initiative |
| RBM Partnership | RBM Partnership to End Malaria (formerly Roll Back Malaria Partnership) |
| RDT | Rapid Diagnostic Test |
| SADC | Southern Africa Development Community |
| SaME | Sahel Malaria Elimination Initiative |
| SCPC | Strategic Communications Partnership Committee |
| SEE | Santee En Enterprise |
| TB | Tuberculosis |
| UN | United Nations |
| US | United States |
| USD | United States Dollars |
| ZMSWM | Zero Malaria Starts With Me |

## EXECUTIVE SUMMARY

This document is the cumulation of a high level research effort to develop a private sector engagement framework for the RBM Partnership to End Malaria.

The private sector is well positioned to contribute substantially to the fight against malaria at global, regional and country levels. The scope of its contributions include research, development and the production of a range of malaria commodities; driving of innovation; strategic, technical and logistical expertise; direct delivery of malaria services; facilitating access to corporate partnerships, forums and clients; as well as direct resource provision. While many endemic country governments have demonstrated high levels of commitment to fight the disease, most lack the resources needed to comprehensively deal with malaria, with domestic financing predominantly covering recurrent costs in human resources for health. This gap in funding has prompted greater urges for private sector involvement, also in recognition that malaria control efforts can have a positive economic impact for the community in general and the private sector in particular.

Understanding a company's motives for investing in malaria control activity is key to creating and nurturing productive collaborations. Key drivers include commercial interest, a long term investment case, corporate social responsibility and philanthropy, marketing and company positioning, network generation, as well as personal interest. At the same time, there are a number of factors at play which have appeared to discourage the private sector from engaging in malaria control efforts. These include a low awareness of the potential scope of private sector contributions, that CSR in low and middle income countries is still new and can be short-lived, ineffective public and private sector collaboration, an over-reliance on champions, and a lack of specific or tailored business case. While the RBM Partnership is keen to expand its private sector membership base and participation across its operational structure, this is currently hampered by a limited scale and scope of private sector membership, low rates of new membership, and limited private sector awareness of the scope of engagement options at global, regional and national levels.

The proposed goal of the RBM private sector engagement framework is to guide strategic decision making and activity over the next two years and beyond in order to broaden and enhance the scope of private sector involvement in the RBM Partnership and its contribution to the strategic objectives of the RBM Partnership to End Malaria Work Plan and Budget for 2018-2020. The proposed specific objectives of this engagement strategy are to (1) maximise the involvement of companies in the RBM Partnership Committees and work streams as the consensus-building, convening, and coordinating entities for collective action and (2) expand the membership base to be more representative and inclusive, giving priority to companies and private sector associations operating in malaria-endemic countries.

Strategic recommendations of the private sector engagement strategy are reflective of the following key considerations:

- The largest gap in terms of private sector engagement is at the regional and country levels, which is where RBM is well placed to prioritise its efforts, collaborating in particular through existing relevant regional networks and national, structured private sector engagement mechanisms.
- Company specific engagement exploration in malaria endemic countries should be well targeted and well researched before perusal of specific opportunities. Initial targets to explore for collaboration potential should include the generic pharmaceutical industry in India and the extractive industry in Africa.
- Private sector engagement activities at the global level should emphasise a collaborative approach with other complementary networks and initiatives, in particular the Global Fund Private Sector Delegation. Defining a strong alliance between the RBM Partnership and the Private Sector Malaria Coalition (PSMC) is also of paramount importance and attention should be given to ensuring complementary strategic plans and operational structures and mutually beneficial membership recruitment processes.
- Given the small size of the RBM secretariat, a deeper reliance on RBM membership organisations is required, with RBM adding value to existing plans or strategic approaches which could boost private sector engagement.
- Finally, focus should be given to broadening engagement with the private sector through a review of RBM private sector communication resources, and the strengthening of RBM membership and recruitment systems. Emphasis needs to be placed on clearly conveying the range of possibilities for private sector engagement at the global, regional and national levels, alongside a private sector specifically targeted investment case.

Specific priority engagement efforts and activities are provided under the following five strategic recommendations:

1. Prioritise collaboration with, and support to, existing regional and country level networks through which to expand private sector engagement.
2. Prioritise the exploration of engagement opportunities with key private sector actors across malaria endemic countries.
3. Private sector engagement activities at the global level should emphasise a collaborative approach with other complimentary networks and initiatives.
4. Further develop reliance on RBM membership organisations with the aim of adding value to existing plans or strategic approaches which could boost private sector engagement.
5. Broaden engagement with the private sector through a review of RBM private sector communication systems and resources, and the strengthening of RBM membership and recruitment systems.

## 1. INTRODUCTION

This section provides a brief introduction to the RBM Partnership to End Malaria and the important role of private sector engagement in malaria control, as well as the structure of the rest of the document.

### 1.1. RBM Partnership

The RBM Partnership to End Malaria[1] was launched on 30 October, 1998 to mobilise global collective action against malaria through consensus building, advocacy, resource mobilisation and coordination. Comprising over 500 partners in the fight against malaria, the RBM Partnership includes malaria-endemic countries, bilateral and multilateral development partners, non-governmental and community-based organisations (NGOs and CBOs), foundations, research and academic institutions, and the private sector.

The RBM Partnership Strategic Plan, 2018-2020 builds on three objectives:

- **Strategic objective 1:** Keep malaria high on the political and developmental agenda to ensure continued commitment and investment to achieve the Global Technical Strategy (GTS), 2016-2030 and Action and Investment to Defeat Malaria, 2016-2020 (AIM) strategy;
- **Strategic objective 2:** Accelerate progress through a regional approach anchored in existing political and economic platforms such as regional economic communities;
- **Strategic objective 3:** Increase the financing envelope for malaria.[2]

In June 2016, the RBM Partnership named a new board to lead the global organisation into a new era and drive momentum to 'end malaria for good'. New Partnership Bye-Laws were adopted in October 2016. In 2017, a Chief Executive Officer (CEO) and management team, which serves as the Secretariat, were recruited and the Strategic Plan was adopted in December of that year. The RBM Partnership has since established a new structure to coordinate with partners which includes three Partner Committees, formalised mechanisms of direct partner engagement to support delivery on the Partnership's core functions, and Working Groups which are established as needed by the Partners and/or the CEO to take forward particular initiatives or address specific bottlenecks.

### 1.2. Importance of private sector engagement in malaria control

As outlined in the Action and Investment to Defeat Malaria (AIM) 2016-2030 document, the private sector is well positioned to contribute to ending malaria through research, development and production of a range of malaria commodities; driving innovation; offering

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[1] Originally named the Roll Back Malaria Partnership. The change of name and re-branding was effected by the Board in 2017.

[2] RBM Partnership to End Malaria (March, 2018). RBM Strategic Plan 2018-2020. WHO: Geneva.

strategic, technical and logistical expertise; directly delivering malaria services; and facilitating access to corporate partnerships, forums and clients.[3] For example, the wide-ranging nature of private sector engagement may include:

- The development and distribution of vital malaria commodities, including malaria prevention, treatment, and diagnostic products, such as long-lasting insecticidal nets (LLINs), insecticides and equipment for Indoor Residual Spraying (IRS), Artemisinin Combination Therapies (ACTs) and Rapid Diagnostic Tests (RDTs).
- Partnerships with national programmes in endemic countries to bring malaria and health services to their workers, their families and surrounding communities.
- Advocacy and resource mobilisation efforts, including through the exploration of creative financial solutions such as innovative financing mechanisms at national, regional or global levels.
- Based on detailed local market insight, advertising know-how and existing contact networks which, coupled with marketing and strategic communications expertise, can facilitate and benefit malaria awareness campaigns or social marketing efforts.
- Support with operational tasks, such as medicine distribution or data collection, local case surveillance efforts and meteorological monitoring for the prediction of local epidemics.
- A boost to production capacity and employment generation, where commodity producing companies are located in endemic countries.

Importantly, the private sector can also play an important role in financing for malaria control, especially as a component of domestic resource mobilisation. An analysis of the malaria financing landscape reveals that nearly two-thirds of malaria expenditures come from a handful of donors; in 2016, an estimated US$2.7 billion was channelled to countries, mostly through the Global Fund to Fight Aids, Tuberculosis and Malaria, the United States President's Malaria Initiative and the World Bank. This sum falls well short however of the estimated US$6.5 billion required annually by 2020 to reach global malaria targets.[4] Most of the essential malaria commodities for testing and treatment are also financed by donor resources.[5] In general, malaria financing remains extremely vulnerable to changes in the political priorities of donor countries. While many endemic country governments have demonstrated high levels of commitment to fight the disease, most lack the resources needed to comprehensively deal with malaria, with domestic financing components predominantly covering recurrent costs in human resources for health. This gap in funding has prompted many interested parties to urge greater private sector involvement, especially given malaria

[3] RBM (2015). Action and Investment to Defeat Malaria 2016-2013. Geneva.

[4] World Malaria Report 2017, accessed at http://www.who.int/malaria/publications/world-malaria-report-2017/en/ on 5th June 2018

[5] Roll Back Malaria Partnership (March, 2018). RBM Strategic Plan 2018-2020. WHO: Geneva.

control efforts can have a positive economic impact for the community in general and the private sector in particular.[6]

### 1.3. Structure of the document

This document includes the following sections:

- Section 2 explores private sector engagement in malaria control efforts, considering a typology of the private sector as relating to engagement in malaria control activity, as well as key drivers and limitations;
- Sections 3 explores private sector engagement in the RBM Partnership, with a focus on the scope and scale of current engagement, key issues for private sector engagement, and the collaboration with the Private Sector Malaria Coalition (PSMC);
- Section 4 introduces the private sector engagement framework and work plan, including specific objectives, principles of engagement, and a series of strategic recommendations and specific engagement opportunities.
- Annexes are included on: private sector mapping analysis (Annex A), country profiles for the 10+1 malaria endemic countries[7] (Annex B), a list of stakeholder consultations conducted (Annex C), documentation reviewed (Annex D), and the consultation topic guide (Annex E).

## 2. PRIVATE SECTOR ENGAGEMENT IN MALARIA CONTROL EFFORTS

This section considers a general typology of private sector engagement in malaria control efforts, as well as supporting and impeding factors.

### 2.1. Typology of the private sector

Figure 2.1 outlines this range of private sector activity at global, regional and country levels. It should be noted that the categories are not exclusive, but refer to typology only; for example a pharmaceutical company providing malaria commodities could also be engaged with Corporate Social Responsibility (CSR) activity.

[6] WHO/Roll Back Malaria Partnership (May, 2011). Progress and Impact Series Number 6: Business Investing in Malaria Control: Economic Returns and a Healthy Workforce for Africa. WHO: Geneva.

[7] The 10+1 list of countries includes those that individually contribute at least 3% to the global burden of disease according to the World Malaria Report 2017. They are: Nigeria, DRC, Mozambique, Ghana, Mali, Burkina Faso, Niger, Uganda, Tanzania and Cameroon together with India.

*Figure 2.1: Typology of private sector relevant for malaria*

| Company type | Commodities and services for malaria control | Business affected by malaria prevalence | Corporate social responsibility/ philanthropy | Professional associations | Other |
|---|---|---|---|---|---|
| Examples | Pharmaceutical companies; manufacturers of malaria commodities; supply chain and logistics companies, private hospitals/clinics | A range of companies operating in malaria endemic/affected areas i.e. mining, infrastructure companies | Any company which decides to engage in activities to support malaria control efforts, despite having no core business incentive | Health and malaria focused coordination and collaboration platforms (exclusive and non-exclusive to the private sector), business associations and coalitions | Media/marketing and consultancy firms, others |
| Skills set and comparative advantage (benefit to RBM) | Malaria products, procurement and supply chain management, research and development innovation, market shaping | Community and regional engagement, localised financial commitment; localised roll out of core malaria interventions | Commitment of financial resources, advocacy opportunity | Networks/platforms for advocacy opportunity and resource mobilisation | Some awareness raising opportunity, some evaluation of malaria control efforts |

## 2.2. Drivers of private sector engagement in malaria control efforts

Understanding an organisation's motives for investing in malaria control activity is key to creating and nurturing productive collaborations.[8] There appears to be a number of factors which have tended to, or could be likely to, encourage engagement of the private sector, across varying contexts at the global, regional or country levels. Often, a number of the factors converge to drive company engagement, though one dominant factor could also act as the driver. Context and influencing factors are also continually evolving to shape private sector engagement in malaria control activity. A range of examples which illustrate these drivers are included in Annex B (country profiles).

Key drivers include:

- **Commercial interest**. As a result of being direct contributors to malaria control efforts, manufacturers or producers of malaria control commodities or tools with national, regional or global level markets, and companies offering related services, have a clear commercial interest in being involved in discussions and decision-making as relating to global, regional and national level policies and developments, which may affect their business strategies. Firms may be encouraged to link to platforms or policy and strategy discussions, as they exist, so as to deepen their understanding of their markets, specifically operational and regulatory challenges, likely pathway of future policies, scope of competitor activity and commercial lessons from other settings. Companies in sectors impacted by malaria control activity through interests or operations in malaria-endemic countries e.g. banking, oil and extraction, construction, agriculture and tourism, may also wish to invest time and resources in reducing the local transmission of malaria and preventing malaria cases so as to limit work

[8] Roll Back Malaria Partnership (March, 2018). RBM Strategic Plan 2018-2020. WHO: Geneva.

absenteeism or reduced work productivity from sickness, or to attract a quality workforce.

- **Long-term investment case**. Malaria is both preventable and treatable and directly impacts economic development. It is estimated that malaria reduces GDP growth by approximately 1.3% per year in some countries.[9] Direct economic costs from malaria are incurred when workers are absent due to illness or because they have to stay at home to care for sick family members. Reduced worker productivity, increased healthcare spending and possibly the threat of a damaged corporate reputation (such as if a firm does not recognise the local malaria presence in its support or benefits to employees) can also have a direct cost. The disease can also impact business indirectly due to the effect it can have on the local economy through the deterioration of human capital, the loss in savings, investments and tax revenues and the reduction in public health budgets.[10] A 2006 report published by the Global Health Initiative of the World Economic Forum found that 72% of companies polled in sub-Saharan Africa reported a negative malaria impact, with 39% perceiving these impacts to be serious.[11] By reducing malaria incidence, companies are able to enjoy greater operational efficiencies which can support efforts to increase market share and profits. Community benefits from improved health and related economic benefits can also further increase consumer buying power and therefore boosts to long-term commercial capacity. An example here is AngloGold Ashanti Malaria Program (AGA) in Ghana, which since 2004, has been implementing a broad-based malaria control programme, focusing on their employees and dependents, as well as the larger Obuasi community and outlying villages. The AGA commitment was reported to span periods of time even during which no mining operations were underway, and has been estimated to have contributed to reducing malaria prevalence significantly in the region, with a 75% reduction in malaria cases in eight years.[12]
- **Corporate social responsibility/philanthropy**. Companies across a range of sectors engage in activities to support malaria control with philanthropic motivations, though the business case and benefits from the marketing opportunity often act as complementary drivers. Particularly for large multinational or sizable national companies, there now appears to be more social capital attached to employers active

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[9] World Bank (April 2015). Malaria Brief. Accessed at: http://www.worldbank.org/en/topic/health/brief/malaria on 28th June 2018.

[10] WHO/Roll Back Malaria Partnership (May, 2011). Progress and Impact Series Number 6: Business Investing in Malaria Control: Economic Returns and a Healthy Workforce for Africa. WHO: Geneva.

[11] WHO/Roll Back Malaria Partnership (May, 2011). Progress and Impact Series Number 6: Business Investing in Malaria Control: Economic Returns and a Healthy Workforce for Africa. WHO: Geneva.

[12] George, S. How one Ghanian town sprayed away 74% of malaria cases in two years. 25th April 2014. The Guardian. Accessed at https://www.theguardian.com/global-development-professionals-network/2014/apr/25/ghana-anglogold-malaria-reduction on 13th June 2018.

in philanthropic efforts compared with ten years ago, aided in part by the rise in use of digital technology and social media popularity. A specific example is Cameroon Oil Transportation Company, a local ExxonMobil affiliate, which in 2011 partnered with the government to launch the K.O. Palu (Knock Out Malaria) campaign, a national awareness initiative under Cameroon's Universal Mosquito Net Coverage Campaign. Eight million free LLINs were distributed and supportive activities included targeted mass communications through media, malaria awareness walks, and the country's first large scale concert. An evaluation of the K.O. Palu campaign found that the campaign succeeded in creating a population anti-malaria movement.[13]

- **Marketing and company positioning**. A broad spectrum of firms can be motivated to be involved in some way in malaria control efforts if malaria is positioned as a high profile or urgent issue, or a significant success story; the range of country examples of company involvement in World Malaria Day is illustrative of this. Having a seat at the table is also demonstration that the private sector is a constructive partner in the fight against malaria, overlapping with the commercial interest and philanthropic factors. Firms could be involved from the point of view of marketing their own products related to malaria control, or through sponsoring awareness raising, education or marketing campaigns.
- **Network generation**. Companies across industries incentivised to get involved in some way in malaria control efforts at the national level will often be led to do so by specific business leaders seeking access to celebrities, political figures or other figure heads through which they can expand their market, overlapping with the commercial and marketing factors.
- **Personal interest**. Particularly at the country level, company involvement can often be instigated from peer to peer recruitment or through encouragement via personal networks. It also often relies on a personal drive from a company leadership representative, or as a result of a specific personal or client relationship; involvement is often champion-based. For example, Goodbye Malaria, a partnership initiated by African entrepreneurs, was driven in part by personal drives by Robert Brozin, founder of Nando's, and others, to demonstrate that 'African creativity can solve one of Africa's biggest problems' and was strengthened through existing personal relationships.[14] Goodbye Malaria helps to raise funds which are channelled directly towards local malaria control programmes in Mozambique, in particular IRS activities, as well as malaria prevention and awareness campaigns. The initiative has reportedly contributed significantly to malaria control efforts in southern Mozambique, and raised awareness on the importance of self-protection across Mozambique and beyond.

[13] Bowen HL, Impact of a mass media campaign on bed net use in Cameroon. Malaria Journal. 2013. 1186/1475.
[14] https://www.goodbyemalaria.com/

### 2.3. Factors limiting private sector engagement in malaria control efforts

Whilst the drivers for engagement as outlined above can be motivational, at the same time there are a number of factors at play which have appeared to discourage the private sector from engaging in malaria control, including:

- **Lack of specific/ tailored business case**. For the majority of companies, the perception of links to business and financial rewards from any scope of investment in malaria control related activity is unclear, or at least this has not been a priority focus. Similarly, a generic investment case based on the opportunity cost of not getting involved has not effectively been made or promoted for uptake, nor is this dialogue reportedly taking place within the private sector. The AIM report, developed by RBM in 2015, aimed to outline the economic and business case for private sector investment in malaria control, considering absenteeism, loss in productivity, overall cost and benefits, as well as the public health justification.[15] However, this is seen as a macro level document to reference in global level discussions rather than an active guidance document for companies to calculate a specific investment case. Similarly, the policy brief, 'Business Investing in Malaria Control: Economic Returns and a Healthy Workforce for Africa', developed by RBM in 2011, has not effectively been updated or reportedly promoted among private sector audiences. A further challenge arises from the fact that, for a lot of malaria endemic countries making progress on the elimination continuum, priority geographic foci as regards to malaria control are increasingly places with remote, high-risk populations, and the business models as relate to these communities are less obvious.
- **Low awareness of potential scope of involvement**. Linked to the above, appreciation and awareness of the specific range of contributions a company can make to the broad malaria control effort, including for example, time, resources, marketing efforts, technical expertise or operational gift-in kind support, alongside the potential for related corporate benefits, remains limited. As such, the case for any involvement can be hard to make internally. Promotional efforts to highlight and encourage the scope of private sector involvement are often not well-tailored.
- **CSR in low and middle income countries is still new and can be short-lived**. While offering significant potential in terms of resources contribution and public health impact, and despite some prominent, well-cited examples, such as the Goodbye Malaria initiative and the AngloGold Ashanti Malaria Program, as introduced above, many CSR initiatives are often short lived. For example, in 2008 DHL announced a high profile initiative of the donation of two LLINs to each truck driver in Africa (one for the home and one for the truck), though commitment was not sustained beyond one

[15] RBM (2015). Action and Investment to Defeat Malaria 2016-2013. Geneva.

cycle, also slowing the wave of enthusiasm potential from other companies. Specific company priorities can also change considerably with company leadership or shareholder priorities. In many low and middle income countries, impact or philanthropic investment has also had a recent history and as such, there remains both real and perception barriers and few good examples which can be considered for adaptation or replication. The AGA and Goodbye Malaria examples may respectively indicate the value of giving internal priority to the long term investment case, and in building on established personal networks around a common, clearly marketed vision so as to sustain long term philanthropic efforts.

- **Ineffective public and private sector collaboration**. In many settings, while public private partnerships (PPPs) as relating to malaria appear to be growing across many malaria endemic countries (and there are a number of specific examples cited in the country profiles, Annex B), the interaction between public and private sectors at a country level is not well formalised and largely limited. While some attempts have been made, the private sector has in general not been sufficiently engaged by national public sectors to explore and utilise its comparative advantage. For example, private sector representation (beyond local commodity producers) in government hosted national or sub-regional malaria related tasks forces tends to be limited, indicating a lack of perceived direct benefit placed on this type of engagement by a private sector actors. There are also many successful and productive PPPs which exist within or beyond the health sector across many endemic malaria countries, such as in the tourism and construction sectors for example, which may present opportunity for leveraging a malaria control effort if proactively explored.
- **Reliance on champions**. As highlighted above, company specific engagement is often champion-based. Instigating specific company involvement can be time consuming, especially if the core business of the company does not relate to malaria or the company does not have a clear CSR strategy to which discussions and plans can be linked. Personal networks or individual drivers among senior employees can be instrumental in initialising company engagement.

## 3. PRIVATE SECTOR ENGAGEMENT WITH THE RBM PARTNERSHIP

This section reviews private sector membership and current engagement in the Partnership, also reflecting on key issues and summarising the current relationship with the PSMC.

### 3.1. Private sector membership and current engagement

The approach to private sector engagement under the previous RBM governance structure was through a constituency representative model, with official representation through an elected member from the private sector on the RBM Partnership Board. Under the new structure of the Partnership, wherein Board members represent themselves in their individual

rather than organisational/ constituency capacity, a new approach to private sector engagement is required. A key focus for the RBM Partnership in its current phase is further developing the multi-sectoral nature of the Partnership and, in particular, enhancing engagement with a range of private sector actors at global, regional and national levels.

According to the RBM by-laws, there are currently no membership restrictions for any company (or any organisation from any other constituency) to the RBM Partnership or any of three RBM partnership committees (PCs), though all requests are reportedly reviewed to ascertain whether there is a conflict of interest. Members can sign up on the 'RBM Partnership to End Malaria' website or by submitting in a written request to the Secretariat. The information requested by RBM is limited to the name of the individual, company name and contact email address and new members are asked to sign up to one or more of the PCs – the Advocacy & Resource Mobilisation Partner Committee (ARMPC), the Strategic Communications Partner Committee (SCPC) or the Country/Regional Support Partner Committee (CRSPC). No fees are paid, and membership is maintained until an organisation proactively withdraws from the Partnership. In return, as per the membership application, the Partnership requests that partners "commit to the vision of a malaria-free world, recognise the Partnership nature, actively engage to constructively build the Partnership and abide by the Partnership by-laws".[16]

A mapping exercise of private sector members was conducted by CEPA based on data provided by the RBM secretariat in April 2018, specifically of companies or private sector membership platforms which have signed up to any one of the three RBM PCs (Annex A). As per the scope of data available, analysis focused on the company type, scale of market reach (i.e. global, regional, national) and location of company headquarters. Key findings were as follows:

- There are currently 61 distinct private sector organisations which are members of at least one of the three RBM PCs.
- Across the PCs, more than half of private sector members are manufacturers or involved in the production of commodities (including of anti-malarial drugs, chemicals, diagnostics products, LLINs, or other technologies in the malaria space).
- Just a small number of companies are categorised as a members for their involvement in CSR and all of these are multinational corporations.).
- The majority of member firms are large corporate organisations with global market reach, typically headquartered in the US or Europe. Membership of companies with national or sub-national market reaches is limited (ten firms are categorised as having a regional reach and 12 a national reach) and there is strong geographic concentration of regionally located companies; half of the firms located in sub-Saharan Africa are headquartered in South Africa. While there is some involvement of generic

[16] RBM website, 2018.

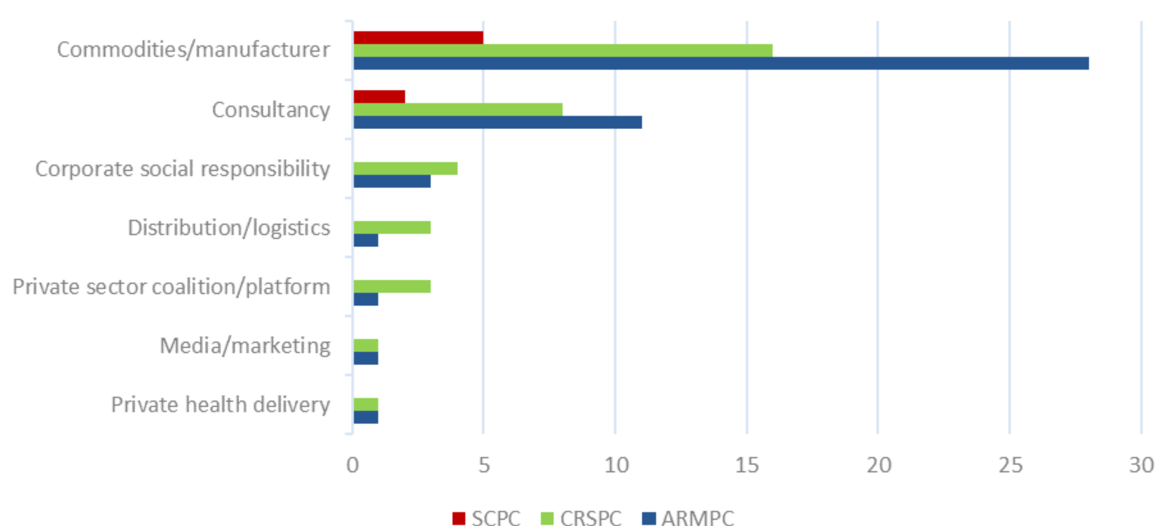
pharmaceutical companies in India and of infrastructure and mining companies in sub-Saharan Africa, the clearest gap is engagement from national and regional companies headquartered within the highest burden malaria-endemic countries in sub-Saharan Africa; there are only four firms from such countries, including two in Nigeria and two in Uganda.

- A total of 8 of the '10+1' countries in sub-Saharan Africa do not have any private sector members of any of the PCs: Cameroon, Democratic Republic of Congo (DRC), Burkina Faso, Ghana, Mali, Mozambique, Niger, and Tanzania.

The findings from this mapping effort appear to be consistent with analyses of RBM membership across constituencies; an analysis conducted by RBM in 2017 found that RBM members are predominantly focused (80%) in Africa, Europe and North America.[17]

This pattern of membership by company type is similar across all PCs, as highlighted in Figure 3.1, with the ARMPC having the most private sector members.

*Figure 3.1: Private sector members by company type, by PC*




While specific private sector participation across the different PC workstreams has not been analysed (available data includes workstream teleconference participation or other PC meeting attendance), there appears to be a range of active involvement from signed up members (from no participation at all to regular participation across workstreams as per specific interest or the need arises). Private sector activity appears to be focused in particular in the ARMPC workstreams of 'new donors' (focused on leveraging and maximising support from new donors), 'innovation and access' (which aims to track and explore the growing pipeline of innovative products and practices in the global marketplace, the shaping of global markets, and the adaptation of global, regional, and ultimately national policy environments) and 'leader and champions' (designed to identify, recruit, and prepare goodwill ambassadors

[17] Roll Back Malaria Partnership (March, 2018). RBM Strategic Plan 2018-2020. WHO: Geneva.

and other champions). There is also some private sector participation across the numerous SCPC workstreams and further limited participation across the CRSPC workstreams. There was formerly a RBM private sector workstream but as of early 2018 this structure was phased out, allowing for private sector participation to cut across the PCs, workstreams and working groups.

### 3.2. Key issues for private sector engagement in RBM

A number of key challenges exist for the Partnership in terms of private sector membership and engagement:

- **Limited scale and scope of private sector membership.** It is important that the PCs have strong multi-sectoral representation given their broad mandates and in line with the inclusive, multi-sectoral representational ethos of RBM. Across the PCs, however, RBM's private sector membership is small considering the scale and scope of private sector activity relating to malaria control efforts already taking place at global, regional and country levels. RBM has reportedly experienced challenges in extending its reach to the national level, in large part due to time and resource limitations, as well as its lack of formal structures which extend downwards from the global level. There is notably a low representation among regional or country level businesses affected by malaria prevalence (operating across a range of sectors), companies already involved in CSR/ philanthropy in malaria or broader health areas, and regional or country level professional associations or platforms which convene the private sector (either exclusively or with other constituencies). A broader base private sector membership (both in terms of geography and company focus) would enable the elicitation of a more diverse skill set, experience in malaria control activity and further resource mobilisation opportunities.
- **Low rates of new membership and individual rather than institutional membership**. Due to the priority focus in recent years on consolidating the structure of the new RBM Partnership, including mechanisms for engagement of existing partners, there has reportedly been comparatively less time and resources allocated to organised, proactive efforts to reach out to new private sector partners. Many of the existing private sector individual partners are personally committed champions and may not be easily replaced unless targeted recruitment and engagement is given more priority; the new generation of private sector champions needs to be nurtured. Furthermore, no data are available on historical RBM membership which could enable approaches to former members who are no longer active.
- **Little centralised management and use of membership data.** The membership sign-up process does not enable capture of specific interests, skills or comparative advantage from new members which could be matched with RBM work focus areas within PC workstreams. As evidenced by the individual PC membership data available,

membership lists are also managed through different systems/formats by each of the PCs rather than a centralised system which could enable the oversight of membership trends to inform efforts to maximise contributions from member organisations from the private as well as other constituencies.

- **Limited private sector awareness of engagement options.** While low awareness of the scope of engagement opportunities for the private sector inhibits commitment to malaria control activity more broadly, it also applies to involvement within the RBM Partnership. There is a lack of promotional material which clearly outlines the scope of ways the private sector could contribute to the activities coordinated by the RBM partnership, as well as malaria control more generally, with specific case studies highlighted. The RBM website is also focused on the Partnership governance and accountability structure rather than effectively and strategically promoting opportunities for engagement. An outward-looking orientation is particularly important at this juncture following a phase of transition which has necessarily prioritised governance and management processes. It is recognised that the workstreams have only recently been formed and their scope of work is still being thought through. However, the private sector, in particular, appreciates clear project management with defined purposes, deliverables, workplans, objectives and set priorities.
- **Limited targeted engagement in line with work priorities**. The RBM secretariat is small, yet the ambition of the Partnership is large, as is the membership potential. The structure targets an inclusive participation across all workstreams currently so as to benefit from the breadth of experience and range of potential contributions across constituencies and sectors. However, targeted engagement efforts in line with workstream activity priorities and the specific skills and expertise required for their effective implementation may be valuable so as to optimise efficient input from partners in accordance with the RBM workplan.
- **Perceived reduction in strategic engagement opportunities with RBM leadership.** For many private sector members in particular, the value of engagement in the RBM community, including access to the Board, was significant under the previous governance structure, which was based on a constituency representation mechanism. This interaction, particularly at the annual and sub-regional meetings, enabled broad learning around strategic and policy related priorities in the malaria field, exposure to innovation, the extension of corporate networks, as well as direct access to senior levels of the Partnership. It is commonly reported by private sector RBM Partnership collaborators that there is now no clear mechanism for the wider RBM partnership base to engage with the Board on a strategic level, with which appears to discourage a degree of private sector involvement. While 'town hall' engagement opportunities with the RBM Board, including for the private sector specifically, such as at the recent Commonwealth Heads of Government Meeting and World Malaria Congress, are

generally welcomed and attendance at such events is likely to remain high, there are calls for the private sector to contribute more formally as relating to specific RBM Partnership policies or initiatives. The extent of this demand may diminish in time if effective, strategic input opportunities are enabled through the work steams.

- **Difference in language and working cultures across constituencies**. The private sector and the UN/NGO sector are considerably divergent in terms of their working cultures, associated terminologies, usual professional partnerships, skills, resource management approaches, systems, administrative tolerance, as well as incentives. Approaches for collaboration with the private sector lead through UN or NGO systems and usual processes of engagement are not usually cognisant of this, but would benefit from being so.
- **Clarification needed around collaboration with other private sector global platforms.** RBM is yet to clarify the nature of its relationship with the PSMC (see below), as well as other private sector engagement initiatives, such as the Global Fund Private Sector Delegation. Further certainty around the nature and scope of overlap would boost harmonisation, the sharing of useful experience, likely impact of efforts, and the efficient use of resources which would all enable broader complementary benefits from private sector engagement across initiatives and platforms. It may also help reduce 'engagement fatigue' amongst the private sector.
- **Few relevant regional and national platforms**. RBM is currently more global in its orientation, and as reflected by the scope of its members, though is keen to extend its activity to strengthening and expanding regional and national level private sector contributions to malaria control efforts. However, few regional and national platforms for private sector engagement currently exist. In particular:
    - Though plans are in place for further activity, the RBM Africa sub-regional networks are less active compared with under the previous governance structure, when annual partnership meetings were generally well attended. This currently creates a gap in terms of formal regional coordination and link into RBM.[18]
    - The regional networks of Africa Leaders Malaria Alliance (ALMA) and Asia Pacific Leaders Malaria Alliance (APLMA) are active in generating and supporting some regional and country level initiatives including with the private sector. APLMA has initiated and leads M2030, a fundraising and awareness platform focused on the private sector from which contributions go directly to the Global Fund.[19] RBM has also worked with ALMA and APLMA on

[18] The RBM sub-regional networks include the Central Africa RBM Network (CARN), East Africa RBM Network (EARN), Southern Africa RBM Network (SARN) and West Africa RBM Network (WARN).
[19] https://m2030.org/

engagement with the private sector to develop specific commitments on malaria, mostly recently focused on the London Malaria Summit, which took place in April 2018.[20] While their contributions are invaluable, they are both limited due to their size, particularly as relating to national level engagement activity and their primary audience is country government leadership rather than the private sector.

- The Corporate Alliance on Malaria in Africa (CAMA), coordinated by GBC Health, seems to be the only regional cross-country platform with the aim of convening and enhancing malaria control efforts by the private sector specifically, though due to resource limitations, its focus in recent years has been more country specific, in particular on Nigeria (see country profiles in Annex B) rather than regional or multi-country. It has plans to expand its geographic scope of activity however, including further engagement in other countries. The RBM Partnership has previously collaborated with CAMA, for example in supporting 'The Road to Malaria Elimination 2020 – Investment and Beyond' workshop in South Africa in 2012 which was focused on achieving malaria elimination in the Southern Africa Development Community (SADC) region and beyond through advocating for more investment in comprehensive malaria control from governments, increased private sector involvement and synergies between the public and private sectors. While CAMA and the RBM Partnership have been focused on organisational consolidation in recent years, collaboration around specific private sector engagement opportunities has been limited.

- At the country level, there appears to have been few, effective, multi-constituency collaboration efforts, coordinated by National Malaria Control Programmes (NMCPs) or other bodies; partnerships tend to be generated around specific campaigns or donor programmes, such as Country Coordinating Mechanisms (CCMs) for the Global Fund.[21] 'End malaria councils' (multi-sectoral, high-level councils of individuals convened by head of states or senior government officials, with the aim of driving political, technical, and financial support to national level malaria control efforts), are proposed,[22] though concerns have been raised that private sector involvement may end up be limited given the time commitment demanded and their scope not overlapping directly with the commercial aims. National level private sector forums which have engaged in health campaign or fundraising activity, or to facilitate public private partnerships, do exist in some of the 10+1 malaria

[20] https://www.malariasummit.com/pdfs/rtb_committments.pdf

[21] CEPA for the RBM Partnership (June 2018). The development of a private sector engagement framework for the RBM Partnership: 10+1 Country Profiles.

[22] ALMA and RBM (2018). Terms of Reference for Country End Malaria Councils.

endemic countries. Examples include the Ministry of Health and Social Welfare's Public Private Partnership Technical Working Group in Tanzania, the Uganda Healthcare Federation (a membership association which represents the interests of the countrywide private health sector), and the NMCP supported Ghana Malaria Foundation (a private sector led entity aimed at raising domestic funds for the prevention, treatment and research) – further details are included in the country profiles in Annex B. However, these are generally limited in number, varying in terms of their representation of the scope of potential private sector engagement, and few have had malaria as a dominant focus. Whilst offering engagement opportunities, other country level business platforms, such as Chambers of Commerce, have not previously been notably targeted relating to non-business endeavours.

### 3.3. Collaboration with PSMC

The PSMC defines itself as "the primary platform for the private sector to share its perspective on malaria issues and work with the RBM Partnership and other regional organisations to shape global malaria policy".[23] The coalition is coordinated by the High Lantern Group, adopts a fee-based structure based on company size and turnover, and reportedly has a considerable membership, though specific data were not available. The scope of its membership reportedly reflects (and considerably overlaps with) RBM's, in that it is similarly dominated by manufacturers and commodity producers, particularly at the global levels. Many of its members are also Global Fund Private Sector Delegation members. The PSMC's work is distinct from RBM in that its policies are representative of the private sector as a sole constituency rather than being representative across multi-constituencies. The RBM Partnership has collaborated with the PSMC since its inception in 2014. The nature of its relationship now needs defining however, as there are no formal processes whereby the PSMC can input into strategic decisions or RBM members can be approached to become PSMC members (or vice versa); as of May 2018, a Memorandum of Understanding was in draft.

## 4. PRIVATE SECTOR ENGAGEMENT FRAMEWORK AND WORK PLAN

Based on the context and issues presented in the previous three sections, the following section presents a proposed private sector engagement framework and work plan for the RBM Partnership, including approach to development, definition of objectives as well as key principles, and strategic recommendations and engagement priorities.

[23] It is understood that the PSMC is currently in process of changing its name to the Business Coalition/Alliance Against Malaria so as to appeal more to new companies who may be discouraged by the use of the term 'private sector' which is more commonly used by UN agencies than within the private sector itself. http://gbchealth.org/focal-point-roles/private-sector-malaria-coalition/

## 4.1. Approach

The private sector engagement framework was developed through three phases of work:

(i) a mapping of current private sector members of the RBM Partnership (Section 3.1 and Annex A);

(ii) the development of a country profile and private sector engagement brief for the '10+1' top malaria burden countries (Annex B). The country profiles were developed based on a high-level desk-based research effort, specifically a review of quantitative metrics and documentation shared by the RBM Partnership and sourced additionally by CEPA; an internet-based search exploring grey literature, private sector/ company reports, national government documentation, academic papers, and media articles; and extensive targeted stakeholder consultations, focused at global, regional and national levels (in total 24 consultations were conducted, see Annex C and E for a consultee list and interview guide respectively);

(iii) a broad review of documentation and the stakeholder consultation data to inform the private sector engagement framework and work plan (Annex D).

Due to the limited time and budget available for this work, and the desk-based nature of the research effort, this document represents a first step only in exploring the strategic recommendations and immediate next steps for enhancing collaboration between RBM and the private sector actors at global, regional and country levels. As such, the strategy should be further considered and developed by RBM. The discussion included in the strategy reflects the views of the stakeholders consulted for this work.

## 4.2. Objectives

The proposed goal of the RBM private sector engagement framework is to guide strategic decision making and activity over the next two years and beyond in order to broaden and enhance the scope of private sector involvement in the Partnership and its contribution to the strategic objectives of the RBM Partnership to End Malaria Work Plan and Budget for 2018-2020.

The proposed specific objectives of this engagement strategy are to:

1. **Maximise the involvement of companies in the RBM Partnership Committees and work streams** as the consensus-building, convening, and coordinating entities for collective action in malaria advocacy, resource mobilisation, strategic communications, and direct support to endemic regions and countries;
2. **Expand the membership base to be more representative and inclusive,** giving priority to companies and private sector associations operating in malaria-endemic countries.

### 4.3. Key principles

The proposed RBM Partnership principles for the private sector engagement build on those suggested in the previous private sector engagement strategy[24] and can be summarised as:

1. **Strategic alignment** to the Partnership's vision, mission and strategic priorities and on work plan priorities;
2. **Open, unrestrictive membership** in line with the UN resolutions;
3. **Appreciation of the value of diversity** in approaches in contributing to the malaria control effort so as to maximise engagement and mutually benefit both RBM and the private sector activity at all levels;
4. **Value adding**, in terms of fostering collaborations that support malaria control efforts than would not have been possible without the Partnership and reflecting the comparative advantage of the Partnership's role in the global architecture;
5. **Results focused,** with clear and defined outcomes proposed for the engagement from the outset;
6. **Fairness in all collaborations** so as to maintain RBM's objectivity, integrity, independence and impartiality, and including no endorsement or exclusivity so as to not bestow any unfair competitive advantage to any engaged company;
7. **Transparency** in the nature of any collaborations with RBM.

### 4.4. Strategic recommendations and engagement priorities

A series of recommendations on the private sector engagement strategy are proposed below which collectively seek to contribute towards RBM's three strategic objectives.

Key high level points are as follows, with specific recommendations elaborated further below:

- The largest gap in terms of private sector engagement is at the regional and country levels, which is where RBM is well placed to prioritise its efforts, collaborating in particular through existing relevant regional networks and national, structured private sector engagement mechanisms.
- Company specific engagement exploration in malaria endemic countries should be well targeted and well researched before perusal of specific opportunities. Initial targets to explore for collaboration potential could include the generic pharmaceutical industry in India and the extractive industry in Africa.
- Private sector engagement activities at the global level should emphasise a collaborative approach with other complementary networks and initiatives, in

[24] Roll Back Malaria Partnership (October, 2017). RBM Partnership Private Sector Engagement Framework – for decision (RBM/PBM07/2017/DP08).

particular the Global Fund Private Sector Delegation. Defining a strong alliance between the RBM Partnership and the PSMC is also of paramount importance and attention should be given to ensuring complementary strategic plans and operational structures and mutually beneficial membership recruitment processes.

- Given the small size of the RBM secretariat, a deeper reliance on RBM membership organisations is required, with RBM adding value to existing plans or strategic approaches which could boost private sector engagement.
- Finally, focus should be given to broadening engagement with the private sector through a review of RBM private sector communication resources, and the strengthening of RBM membership and recruitment systems. Emphasis needs to be placed on clearly conveying the range of possibilities for private sector engagement at the global, regional and national levels, alongside a private sector specifically targeted investment case.

These are elaborated on below.

**Recommendation 1: Prioritise collaboration with, and support to, existing regional and country level networks through which to expand private sector engagement.**

In particular:

- **Deepen collaboration with existing regional networks**. Regional malaria initiatives and networks allow for countries to build and collate region-specific evidence, leverage expertise and resources, conduct pooled procurement, develop data-sharing systems, and strengthen advocacy.[25] They also have, to varying degrees, engagements with the private sector, and therefore represent an important and efficient channel through which the RBM Partnership can add value to specific initiatives. In particular, this could relate to advocacy efforts towards a private sector investment case (see more details below under Recommendation 5), the promotion of CSR opportunities, encouraging malaria awareness campaigns and the general extension of private sector networks and experience sharing. Priority platforms should include ALMA, APLMA, CAMA, and potentially the Asia-Pacific Malaria Elimination Network (APMEN, a network of 18 national malaria control programmes and institutional partners in the Asia Pacific region working towards malaria elimination, supported by APLMA and Unitaid). Through these platforms, further linkage and support could be made to other networks, such as the Elimination8 Regional Initiative, the Mekong Malaria Elimination Hub (MMEH, formerly ERAR), the Mozambique, South Africa, and Swaziland (MOSASWA) tri-partite partnership, Regional Artemisinin-resistance Initiative

[25] Lover A. et. Al. Regional initiatives for malaria elimination: building and maintaining partnerships PLoS Med. 2017. 14(10): e1002401.

(RAI), and the Sahel Malaria Elimination Initiative (SaME). Collaboration with Santee en Enterprise (SEE) will also enable the extension of collaboration efforts to African francophone countries where there is a notable gap in private sector malaria control engagement. The planned revitalisation for the annual sub-regional RBM Partnership meetings will also boost efforts to engage with both regional and national level platforms or networks with a focus on malaria; it will be important for these to target input and contributions across sectors and to draw on lessons from the previous holding of sub-regional RBM meetings.

- **Leverage and support existing national, structured private sector engagement mechanisms.** Private sector specific forums or associations, with the purpose of convening and sharing experiences and the coordination of activity within a defined geographic area, offer opportunity for RBM engagement so as to encourage further private sector commitment and coordination around specific malaria initiatives. In comparison, private sector engagement methods at the global level are less likely to attract organisations and companies operating at regional or national levels, as the relevance and incentives for engagement are not so immediately apparent. Priority should be given to exploring opportunities to collaborate with and support existing national level platforms and associations which have a specific purpose of convening the private sector around a health focus; these include the Groupement Inter-Patonbal du Cameroun (GICAM) in Cameroon, Ghana Malaria Foundation, the Ministry of Health and Social Welfare's Public Private Partnership Technical Working Group in Tanzania, and the Uganda Healthcare Federation (more details are available in Annex B). The Democratic Republic of Congo (DRC) Ministry of Health is also working to create a private health actor alliance with the aim of increasing collaboration for investment and creating an elaborating environment for boosting local commercial activity; the RBM Partnership could also directly link to explore support to this effort. Engagement with these platforms also provides opportunity for the RBM Partnership to link to existing national level private sector members with the aim of also boosting the Partnership's national membership in particular across the 10+1 malaria endemic countries. The cultivation of one key private sector relationship in country can lead to further interest and engagement opportunities. It will be important for the RBM Partnership to develop appropriate promotional material which conveys the scope of opportunity for private sector engagement, drawing on specific case studies (see below).

  The Global Fund's private sector engagement effort extends to country level networks through the CCMs, which also offer national level engagement mechanisms for RBM or at least national level membership expansion

opportunities.[26] 'End malaria councils' are currently being considered for support by both the RBM Partnership and ALMA which could offer private sector engagement opportunities if the councils are coordinated efficiently and companies are able to perceive clear value from their involvement, both from a corporate and malaria control perspective; it is suggested that plans be revisited for these considering the private sector perspective. Other key entry points for the RBM Partnership could be national business coalitions, industry groups such as extractive industries associations or vector control company associations – these can be further explored through the above engagement mechanisms. Chambers of commerce, which in Africa have a precedent of facilitating business coalitions for HIV/AIDS, may offer opportunities for expanding to malaria. It is suggested that initial contact be made with the umbrella organisation, the Africa Chamber of Commerce and Industry, at which there is a Director of Health Programs, to explore engagement opportunities at a regional level or priority national level Chambers of Commerce to target based on previous involvement in health initiatives or scope of membership operating in malaria endemic areas.[27]

- Notwithstanding the suggestion to prioritise engagement efforts at the regional and national levels, **specific global level companies should continue to be targeted for collaboration** with the aim of garnering promotional or financial support to RBM Partnership campaigns, encouraging (further) CSR activity or further support to malaria affected employee populations. Specific companies should be identified through personalised networks of key RBM private sector associates or senior RBM representatives, such as the CEO or Board members, or through RBM's existing global level company membership. Companies to be targeted should include those with a direct business interest in malaria, such as commodity producers, those with extensive employee populations affected by malaria or those with established CSR programmes in malaria or other areas of health. As already emphasised, key would be to clearly convey the investment case and the range of ways a company can support malaria control efforts at national, regional and global levels.

**Recommendation 2: Prioritise the exploration of engagement opportunities with key private sector actors across malaria endemic countries.**

Specific engagement opportunities should leverage existing regional and national platforms and associations with respective memberships as described above, we well as existing personal company contacts of senior RBM associates and leadership. Based on the country

[26] Effort was made to acquire the CCM contact details for the 10+1 malaria endemic countries from the Global Fund but it was suggested that the RBM Partnership should approach the Global Fund directly for this.
[27] http://africachamberofcommerceandindustry.com/Home.php

profiles development work (Annex B), however, some specific national level engagement opportunities are also suggested.[28] In particular:

- There are multiple engagement opportunities for RBM in **India** where there is a strong, engaged private sector, a range of public private partnerships and a vibrant generic pharmaceutical industry to build from. Specific collaboration opportunities should be explored with the India Health Fund, which is conceptualised to be the government's private sector partner in achieving its TB and malaria targets, and the leading pharmaceutical companies producing malaria drugs, many of which already have CSR programmes which could be further expanded; these include Cipla, Myan Labs, Ajanta Pharma, Macleods and Strides Acrolab Limited. Further exploration work could be done to identify companies across sectors operating in specific malaria endemic regions. Exploration of collaboration opportunities would need to draw heavily on local market insight and localised networks through either APLMA or senior RBM associates with a focus or operations in the country, and build on detailed company specific CSR analysis (which was the beyond the scope of this work).
- In **Africa**, there are many oil and mineral companies with extensive employee bases with which a malaria control investment case can be made. A number of companies also have existing CSR strategies offering potential for an enhanced malaria focus. It is noted that the African extractive industry in particular is a common target for the discussion of potential CSR initiatives and the most traction will come from engagement approaches through personal networks, ideally from companies active in similar markets. Specific, well-tailored approaches to individual companies are tactically important, and could be made through existing regional or national platforms as described above. The country profiles developed as part of this high level research effort (Annex B) could be used as a starting point for deciphering short term engagement priorities based on RBM Partnership contacts, networks or platforms that could be leveraged for initial/deeper introduction, and further exploration of company CSR strategy and operational priorities, as well as previous engagement as relating to health or the malaria field and likely incentives for engagement. Companies already active in malaria control efforts are also well placed to promote the value of engaging or supporting malaria control efforts with new private sector partners active in similar markets.
- Companies across **others sectors** which may not have core corporate links to malaria, such as banking, infrastructure, sanitation, agriculture, and tourism, also present an opportunity for engagement through CSR initiatives or if they have extensive employee bases in malaria endemic areas. These can be identified

[28] Specific assessment of CSR budget availability is beyond the scope of this work as this requires the collation of information which may not be publicly available and which is continually determined and affected by a range of factors.

through engagement with regional and national level platforms as discussed above.

**Recommendation 3: Private sector engagement activities at the global level should emphasise a collaborative approach with other complimentary networks and initiatives.**

In particular:

- **Clarify the nature of the relationship with the PSMC.** As the main global level platform representing the private sector in the malaria space, a strong alliance between RBM and the PSMC is of paramount importance. Priority should be given to effectively defining this relationship in detail as relating to the development and operationalisation of strategic plans and in aligning work priorities under specific PC workstreams including extension of activity orientation to the regional and national levels, and clarifying mutually beneficial membership recruitment processes, specifically cross-referral for private sector partners. A broad MoU has been proposed but needs to be finalised in consideration of the above.
- **Strengthen collaboration with other global level private sector engagement efforts** so as to avoid duplications of effort and 'donor-fatigue' of partners whilst boosting harmonisation and efficiency in efforts for maximised effect. In particular, the Global Fund's Private Sector Delegation (PSD) should be an important global level partner, yet there has been little if any collaboration effort in recent years. The management and coordination of the PSD is run by GBC Health, a network of more than 200 companies working in the global health space. Beyond opportunities for alignment as relating to the financing of malaria commodities, there are opportunities to collaborate in areas such as innovative financing approaches, advocacy efforts, structures of support to national level implementation and support to private sector networks or associations at regional or country level. Specific activities and initiatives for which collaboration should be prioritised must be identified by direct discussion between the RBM Partnership and the Global Fund PSD.

**Recommendation 4: Further develop reliance on RBM membership organisations with the aim of adding value to existing plans or strategic approaches which could boost private sector engagement.**

It has been suggested by a range stakeholders within the private as well as other sectors that given the limited size of the Secretariat, the RBM Partnership must leverage more on its partners' activities if it is to add considerable weight to malaria control efforts globally. In particular:

- **Encourage partners' sharing and collation of information and plans** on aspects such as events, advocacy strategies, malaria awareness campaigns, as well as ambassadors/champions relationships, so as to identify opportunities for RBM

added value. This would also deepen RBM's knowledge of specific member organisational priorities which would support the alignment of partner expertise and priority work foci with key PC work stream activities. While it is understood that the RBM Partnership does amplify the work of some of its partners through channels such as Twitter, Facebook, the RBM website, joint conferences etc., there is scope to boost this as a focus and add value to existing plans and initiatives.

- **The identification of specific in-country corporate partners to adapt and promote RBM-led or supported campaigns,** such as 'Zero Malaria Starts With Me'. The ZMSWM toolkit emphasises the importance of investing time in researching specific companies and their audience in advance of any meetings, and provides suggestions for processes for determining priority targets and engagement approaches[29]. Through the national networks and platforms described above, or through the existing private sector RBM membership, specific in-country partners should be identified in each of the 10+1 malaria endemic countries to take forward the campaign at national level. The RBM Partnership could be well positioned to provide tailored support to specific companies to initiate the campaign, to be informed by their local market insight and mutual value to both the company and local malaria control effort.
- **Leverage partner associations with high net worth individuals (HNWIs).** HNWIs are increasingly launching philanthropic ventures, and with more than 20 billionaires in Africa and more than 80 in India, they represent an important group for targeted engagement. This can occur by leveraging the RBM Partnership's networks as well as through intermediary organisations that work directly with philanthropists, such as Dasra in India and New Philanthropy Capital in the UK. The Bill and Melinda Gates Foundation, for example, actively encourage and help HNWIs to give to philanthropic causes; the announcement in January 2018 of a partnership by the BMGF, Carlos Slim Foundation, and Inter-American Development Bank towards a US$83.6 million initiative to eliminate malaria in seven Central American countries by 2022 is an example of this.[30]

**Recommendation 5: Broaden engagement with the private sector through a review of RBM private sector communication systems and resources, and the strengthening of RBM membership and recruitment systems.**

- **Develop relevant, targeted investment cases.** The development of relevant investment cases for companies in particular operating in malaria endemic areas, including the opportunity costs of not supporting malaria control efforts, could support the strategic impetus to drive funding commitments or the development

[29] RBM and the African Union Commission (2018). Zero Malaria Starts With Me Campaign: Advocacy Toolkit.
[30] A deep dive into specific targets and tailored approaches is beyond the scope of this work.

of CSR initiatives, particularly over the long term.[31] The AIM document outlines the economic and business case for the private sector to engage in malaria, highlighting the costs of absenteeism and loss in productivity, and could serve as a useful basis for its development.[32] The WHO/RBM report on the economic returns for business investing in malaria control could also be a valuable contributing resource.[33] An updated investment case in an accessible format, which targets the private sector specifically, should also clearly convey **the range of possibilities for private sector engagement at global, regional and country levels**, which is not currently clearly summarised in one place. This would include indication of the two-way value proposition i.e. the value to RBM of private sector involvement (skillset and comparative advantage), and the benefits to companies in being involved with RBM and the broader malaria control effort, to be illustrated by a range of brief case studies. The range of possibilities for private sector engagement in malaria control efforts, including financial and non-financial contributions, should be emphasised with the aim of broadening the contribution of existing partners and to support proactive approaches to new potential partners. In addition, **a 'rapid investment tool' with various categories/variables for specific companies to populate for making malaria smart investments** (i.e. it could determine that, based on the available evidence, X USD investment into malaria treatment support could reduce absenteeism by X based on X level of endemicity in a defined area) could be explored for development. The tool, to be used more as a marketing and engagement tool, rather than to enable a detailed investment case, could be of value in conveying the overarching need for CSR financing in companies operating in malaria endemic areas. Key to its development would be understanding the motivations and priorities of targeted companies whilst recognising the rich diversity of the private sector across different contexts. This investment case and scope of private sector engagement documentation and tools could be promoted through the RBM website and specific platforms, forums, events and networks.

- **Establish a streamlined and uniform approach to RBM membership** and maintain an up to date, centralised membership database. The capture of information on specific interests, skills or experience from new members signing up via the RBM website would help align partner contributions with specific PC work stream focus areas, though is not currently requested as such at sign up. Rather than being managed separately by PC, membership data should also be captured and

[31] It is understood that the Malaria Finance Task Force are currently reviewing a malaria investment case though specific details were not available and a detailed review of this work is not within the scope of this review.
[32] RBM (2015). Action and Investment to Defeat Malaria 2016-2013. Geneva.
[33] WHO/Roll Back Malaria Partnership (May, 2011). Progress and Impact Series Number 6: Business Investing in Malaria Control: Economic Returns and a Healthy Workforce for Africa. WHO: Geneva.

reviewed centrally to enable oversight of membership trends and to inform further engagement and collaboration efforts across the PC and work streams.34

- Given historical data on previous RBM membership prior to the organisational transition is unavailable, **consult with long term private sector members of RBM to identify key formerly engaged private sector RBM members** to explore how they should be approached to ignite their engagement.
- **Make clear the different options for engagement across the PCs and work streams** through regularly updating the RBM website, providing specifics on work stream scopes of work, priority activities and initiatives, as well as partner support, skills and resources required. This level of transparency will facilitate broader understanding of the scope of possible means of engagement with RBM and the time and resource commitment required, which may encourage further engagement in line with RBM priorities.
- **Clarify for the PSMC as well as more broadly for RBM private sector partners access to and collaboration with RBM at the Board level**, for example through thematic private sector meetings or sessions with the Board, or through the sharing of specific proposals for discussion and feedback ahead of Board meetings. While the 'town hall' meetings are popular, there is broad request for the private sector, and specifically for the PSMC, to contribute more formally as relating to specific RBM Partnership policies or initiatives.

[34] This was some suggestion that the data was managed centrally but centralised data was unavailable.

## 4.5. Private sector engagement work plan

Based on the strategic recommendations provided above, Table 4.1 below suggests the key private sector engagement activities to take place over the remaining period of the RBM Strategic Plan, with linkage to the relevant over-arching activities stipulated in the RBM Partnership 2018 workplan.

*Table 4.1: Private sector engagement work plan*

| Recommended private sector engagement activity | Most relevant activity in RBM 2018 workplan | Lead PC(s) | Output/indicator | Timeframe (ongoing/short term/medium term/long term) |
|---|---|---|---|---|
| **Continue collaboration with ALMA and APLMA** through the identification of specific initiatives and opportunities for RBM Partnership added value at the global and regional level | (2.1.1) Conduct situational analysis of regional networks and platforms | ARMPC | Identification of specific priority initiatives and opportunities | Ongoing |
| **Meet with CAMA** to explore specific collaboration opportunities at the regional level (i.e. the conduct of workshops focused on key technical themes as opportunities to promote the two way value proposition with the private sector) and national level, in particular collaboration to expand engagement opportunities into priority countries based on collective skills and experience | (2.1.1) Conduct situational analysis of regional networks and platforms | ARMPC | Identification of specific collaboration opportunities at the regional level and at least two collaboration opportunities at the national level | S |
| **Revitalise the annual sub-regional RBM Partnership meetings** to incorporate input and contributions from across sectors, drawing on lessons from the previous sub-regional RBM meetings | (3.4.2) Establishment of sub-regional private sector malaria platforms | ARMPC | Sub-regional meetings are held across each of the four sub-regions | M |
| **Meet with established national private sector associations/ engagement platforms** with a health focus to explore collaboration and support opportunities and linkage to their membership: Groupement Inter-Patonbal du Cameroun (GICAM) in Cameroon, Ghana Malaria Foundation, the Ministry of Health and Social Welfare's Public Private Partnership Technical Working Group in Tanzania, and the Uganda Healthcare Federation should be priorities | (1.3.5a) Support the establishment of national advocacy networks and build inclusive national partnerships in 2 countries<br>(1.3.5 b) Support the establishment of national advocacy networks and build inclusive national partnerships in 3 additional countries | CRSPC/ARMPC<br>CRSPC/ARMPC | Meetings are held with four national private sector associations/ engagement platforms with specific next step actions agreed | M |

| Recommended private sector engagement activity | Most relevant activity in RBM 2018 workplan | Lead PC(s) | Output/indicator | Timeframe (ongoing/short term/medium term/long term) |
|---|---|---|---|---|
| **Meet with Democratic Republic of Congo (DRC) Ministry of Health** to explore support to the development of a national private health actor alliance and linkage to key private sector actors | (1.3.5a) Support the establishment of national advocacy networks and build inclusive national partnerships in 2 countries<br>(1.3.5 b) Support the establishment of national advocacy networks and build inclusive national partnerships in 3 additional countries | CRSPC/ARMPC<br>CRSPC/ARMPC | Meeting is held with specific next step actions agreed | M |
| Acquire from the Global Fund the **CCM contact details for the 10+1 malaria endemic countries** through which to reach out to all private sector members with a malaria focus with the aim of expanding country level RBM membership and input as relevant into PC work stream activity | (1.3.3) Identify and support new partners' engagement on specific topics/regions/sector | SCPC/ARMPC | Details of malaria orientated private sector CCM partners acquired in each of the 10+1 malaria endemic countries, and all contacted to become RBM members and with relevant specific engagement opportunities | M |
| **Revisit the plans for the 'End malaria councils'** from the point of view of enabling and encouraging private sector participation based on efficient coordination and recognition of the potential contribution of the private sector | (3.5.2) Establish End Malaria Councils at country level | CRSPC | Plans revised based on deeper consideration of private sector participation | S |
| **Connect with the Africa Chamber of Commerce and Industry**, at which there is a Director of Health Programs, to explore engagement opportunities at a regional level or priority national level Chambers of Commerce to target based on previous involvement in health initiatives or scope of membership operating in malaria endemic areas | (1.3.5a) Support the establishment of national advocacy networks and build inclusive national partnerships in 2 countries<br>(1.3.5 b) Support the establishment of national advocacy networks and build inclusive national partnerships in 3 additional countries | CRSPC/ARMPC<br>CRSPC/ARMPC | Meeting is held with specific next step actions agreed | M |
| **Continue to identify global level companies for direct targeting** to boost promotional or financial support to RBM Partnership campaigns, encouraging (further) CSR activity or support to malaria affected employee populations – to be | (1.3.3) Identify and support new partners' engagement on specific topics/regions/sector | SCPC/ARMPC | Five new global companies approached as relating to specific engagement ideas/opportunities | M |

| Recommended private sector engagement activity | Most relevant activity in RBM 2018 workplan | Lead PC(s) | Output/indicator | Timeframe (ongoing/short term/medium term/long term) |
|---|---|---|---|---|
| identified through personalised networks of key RBM private sector associates or senior RBM representatives, or through RBM's existing global level company membership | | | | |
| **Explore specific collaboration opportunities in India** drawing on personalised networks and detailed company specific CSR analysis – meet with India Health Fund, and the leading pharmaceutical companies producing malaria drugs: Cipla, Myan Labs, Ajanta Pharma, Macleods and Strides Acrolab Limited | (1.3.3) Identify and support new partners' engagement on specific topics/regions/sector | SCPC/ARMPC | Two companies in India approached as relating to specific engagement ideas/opportunities | M |
| **Review in depth the country profiles research output (Annex B) to develop priority targets in the Africa 10 malaria endemic countries** based on RBM Partnership contacts or networks that could be leveraged for initial/deeper introduction, and a more detailed exploration of company CSR strategy/focus. | (1.3.3) Identify and support new partners' engagement on specific topics/regions/sector | SCPC/ARMPC | Four companies in Africa approached as relating to specific engagement ideas/opportunities | M |
| **Finalise the MoU with the PSMC** | (1.3.3) Identify and support new partners' engagement on specific topics/regions/sector | SCPC/ARMPC | MoU is finalised | S |
| **Collaborate with the PSMC to identify mutually beneficial membership recruitment processes** i.e. cross-referral | (1.3.3) Identify and support new partners' engagement on specific topics/regions/sector | SCPC/ARMPC | Mutually beneficial recruitment processes agreed | S |
| **Collaborate with the PSMC to explore alignment and harmonisation** as relating to strategic plans and operational priorities | (1.3.3) Identify and support new partners' engagement on specific topics/regions/sector | SCPC/ARMPC | Notes available on alignment and harmonisation of strategic plans and operational priorities | S |
| **Meet with the Global Fund PSD team** to discuss and share strategic approaches and work plans to identify specific areas for collaboration and | (1.3.3) Identify and support new partners' engagement on specific topics/regions/sector | SCPC/ARMPC | Meeting is held with specific next step actions agreed | M |

| Recommended private sector engagement activity | Most relevant activity in RBM 2018 workplan | Lead PC(s) | Output/indicator | Timeframe (ongoing/short term/medium term/long term) |
|---|---|---|---|---|
| partnership, particularly with regards to extension of activity at the regional and country level | | | | |
| Reach out to the **partner members via relevant PC work streams to collate information and promote sharing on partner plans** relating to events, advocacy strategies, malaria awareness campaigns, as well as ambassadors/champions relationships, so as to identify opportunities for RBM added value | (4.1.3) Regular & effective outreach to RBM Partners (monthly newsletters, engagement platforms e.g. Survey Monkey, translations, etc.) | SCPC | Reach out conducted to each work stream membership base as relevant to its focus | M |
| Through the national networks and platforms described above, or through the existing private sector RBM membership, **identify specific in-country partners in each of the 10+1 malaria endemic countries to take forward the ZMSWM campaign** at national level and provide appropriate support for them to do so | (1.2.2) Scaling up the "Zero Malaria Starts with Me" Campaign | SCPC | One partner identified in each of the 10+1 malaria endemic countries | M |
| **Leverage the RBM Partnership's networks to explore associations with HMWIs** | (1.3.3) Identify and support new partners' engagement on specific topics/regions/sector | SCPC/ARMPC | Two key associations with a HNWI identified through the Partnership network | L |
| With suitable local RBM partner support, **approach key intermediary organisations that work directly with philanthropists** to explore engagement opportunities, such as Dasra in India and New Philanthropy Capital in the UK | (1.3.3) Identify and support new partners' engagement on specific topics/regions/sector | SCPC/ARMPC | Two meetings held with specific next step actions agreed | L |
| **Update an investment case for the private sector specifically, to be combined with an effort to emphasise the range of possibilities for private sector engagement**, highlighting a range of concise case studies and incorporating significant input from engaged private sector representatives | (3.1.1a) Develop and implement plan for investment case support for high burden countries (5 countries)<br><br>(3.1.1b) Develop and implement plan for investment case support for high burden countries (5 additional countries | CRSPC/ARMPC<br><br>CRSPC/ARMPC | Investment case updated alongside promotion of the range of possibilities for private sector engagement | M |

| Recommended private sector engagement activity | Most relevant activity in RBM 2018 workplan | Lead PC(s) | Output/indicator | Timeframe (ongoing/short term/medium term/long term) |
|---|---|---|---|---|
| **Disseminate the investment case and possibilities for private sector engagement documentation** via the RBM website and promote it broadly at key events (brochure and presentation) | (3.1.1a) Develop and implement plan for investment case support for high burden countries (5 countries)<br><br>(3.1.1b) Develop and implement plan for investment case support for high burden countries (5 additional countries | CRSPC/ARMPC<br><br>CRSPC/ARMPC | Investment case and documentation of the range of possibilities for private sector engagement promoted via the RBM website and at key events | M |
| **Explore the development of a 'rapid investment tool'** with various categories/variables for specific companies to populate for making malaria smart investments | (3.1.1a) Develop and implement plan for investment case support for high burden countries (5 countries)<br><br>(3.1.1b) Develop and implement plan for investment case support for high burden countries (5 additional countries | CRSPC/ARMPC<br><br>CRSPC/ARMPC | 'Rapid investment tool' for making malaria smart investments explored (note available) | L |
| **Review the RBM membership recruitment process,** in particular the development of a centralised membership database, and the capture of information on specific interests, skills or experience from new members at sign up | (4.1.3) Regular & effective outreach to RBM Partners (monthly newsletters, engagement platforms e.g. Survey Monkey, translations, etc.) | SCPC | RBM membership data for all PCs managed centrally<br>More effective capture of information enabled on specific interests, skills or experience from new members at sign up | S |
| Consult with long term private sector members of RBM to **identify key formerly engaged private sector RBM members** to explore how they should be approached to ignite their engagement | (1.3.3) Identify and support new partners' engagement on specific topics/regions/sector | SCPC/ARMPC | Five previous key, active RBM members contacted and resigned up as members | M |
| **Make clear the different options for engagement across the PCs and work streams** through regularly updating the RBM website, providing specifics on work stream scopes of work, priority | (1.3.3) Identify and support new partners' engagement on specific topics/regions/sector | SCPC/ARMPC | Details on PC and work streams available and updated on the website | S |

| Recommended private sector engagement activity | Most relevant activity in RBM 2018 workplan | Lead PC(s) | Output/indicator | Timeframe (ongoing/short term/medium term/long term) |
|---|---|---|---|---|
| activities and initiatives, as well as partner support, skills and resources required | | | | |
| **Clarify for the PSMC as well as more broadly for RBM private sector partners access to and strategic collaboration opportunities** with RBM at the Board level | (1.3.3) Identify and support new partners' engagement on specific topics/regions/sector | SCPC/ARMPC | Strategic collaboration opportunities clarified | S |

# ANNEX A PRIVATE SECTOR MAPPING ANALYSIS

## A.1. Introduction and approach

This mapping of the current private sector members of the RBM Partnership is a key contributing component to the private sector engagement framework. It was conducted based on data provided by the RBM secretariat, specifically of companies or private sector membership platforms which have signed up to any one of the three RBM partnership committees (PCs): the Advocacy & Resource Mobilisation Partner Committee (ARMPC), the Strategic Communications Partner Committee (SCPC) and the Country/Regional Support Partner Committee (CRSPC). As per the data provided to CEPA, mapping analysis focused on the company type, scale of market reach (i.e. global, regional, national) and location of company headquarters. Analysis is based on the data received from RBM by the end of April 2018.

In terms of limitations, it should be noted that:

- Focusing on the private sector specifically, there are many more companies or private sector collaborations involved in various support to malaria control activity, either under the RBM umbrella or in association with the RBM network, or independently, than are officially signed up as a RBM partner;
- Similarly, no comprehensive data is currently available on participation or levels of activity amongst signed up RBM members, according to PC or otherwise;
- It is possible that some individuals signed up as members may no longer be employees of their associate company (individuals are unlikely to proactively remove themselves from the list);
- No data is available on historical RBM membership (during the time when RBM was hosted by the World Health Organization, WHO), which can be compared with the existing RBM membership, developed since the Partnership was transitioned to be hosted under the United Nations Office for Project Services (UNOPS).

## A.2. Key findings

### A.2.1. Private sector membership by company type and by Partnership Committee

There are currently no restrictions to membership of the RBM Partnership or any of the PCs for any private sector organisation. At the present time, there are 61 distinct private sector organisations which are members of at least one of the RBM PCs.

Figures 2.1 presents the consolidated breakdown of private sector members which are members of at least one PC, by company type, across all PCs. Figure 2.2 presents a breakdown of private sector members by company type, by PC. It is important to note that:

- Some organisations are members of more than one PC – in such case, the organisation has only been counted once;
- The analysis has involved exclusive categorisation, in that each company has only been assigned one principal type;

*Figure 2.1: Consolidation of private sector members by company type, across all PCs*

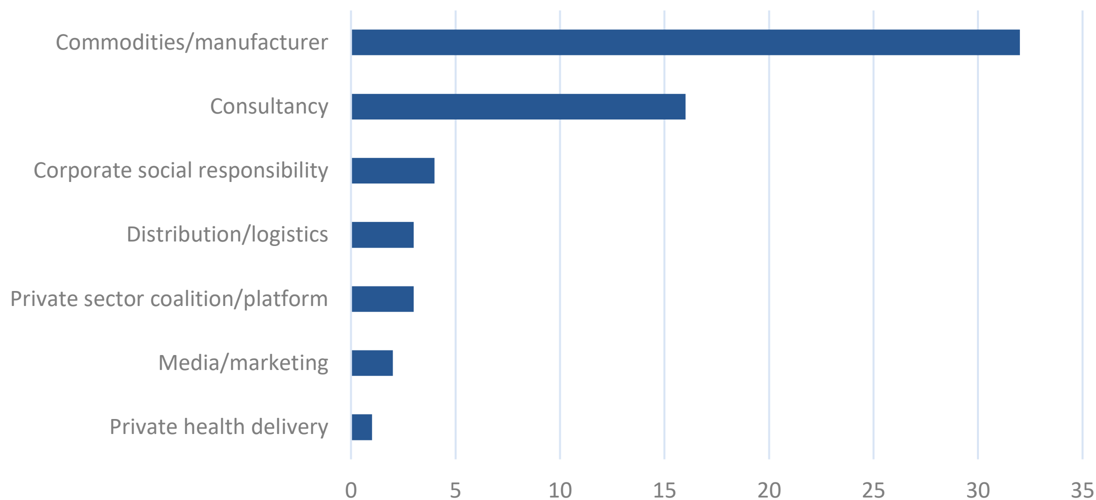
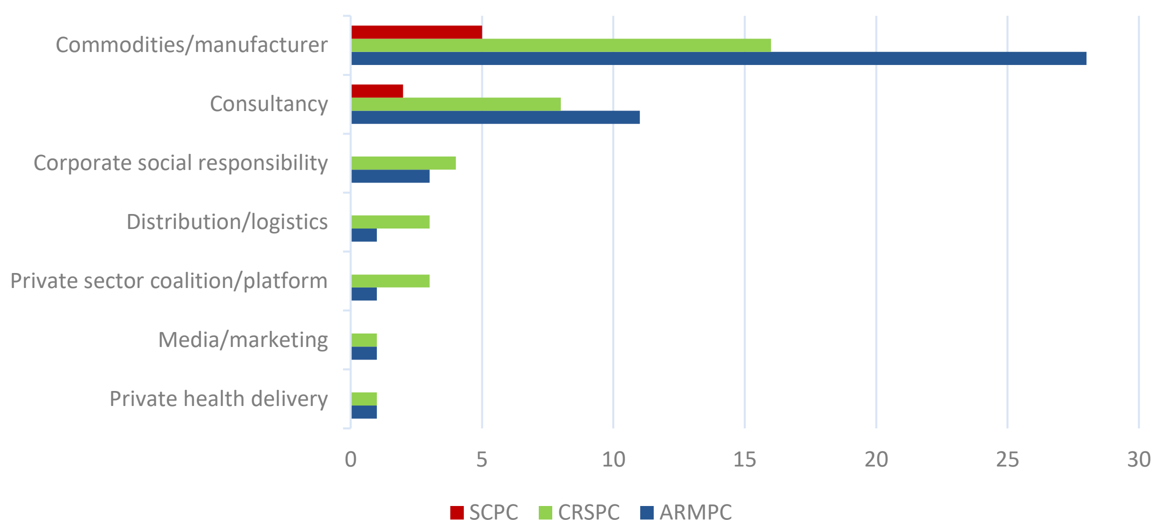



*Figure 2.2: Private sector members by company type, by PC*




Across the PCs, more than half (a total of 32) of private sector members are manufacturers or involved in the production of commodities, including of anti-malarial drugs, chemicals, diagnostics products, long lasting insecticide treated nets (LLINs), or other technologies in the malaria space. A considerable number (a total of 16) members are consultancies, largely involved in the small to medium scale monitoring and evaluation of malaria control activity. The number of firms involved in other sectors, including distribution, logistics, media, marketing, private health delivery or other sectors, is significantly lower, with a total of 10 firms in this category. There are a small number of companies categorised for their

involvement in corporate social responsibility (CSR); these are ExxonMobil, Nando's through the Goodbye Malaria initiative, Shell through the Pilipinas Shell Foundation, and Orange.

The figures highlight that the pattern of membership by company type is similar across all PCs. The ARMPC has the most private members (46), followed by the CRSPC (36) and finally the SCPC which has just seven (the total exceeds the 61 distinct companies due to overlap across PCs). In the case of the SCPC, private sector members consist exclusively of manufacturers and consultancies. Annex 1 provides a list of all private sector RBM members.

### A.2.2. Private sector membership by company market reach

Figure 2.3 presents the consolidated breakdown of private sector member organisations which are members of at least one PC, by company market reach, meaning the level at which their operations are active – the global, regional or national level. Figure 2.4 provides this breakdown by PC.

*Figure 2.3: Consolidation of private sector members by market reach, across all PCs*

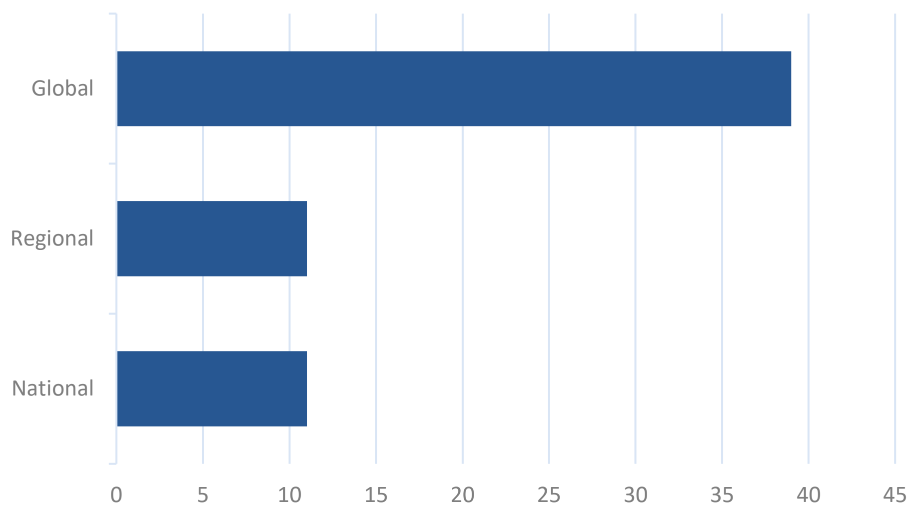
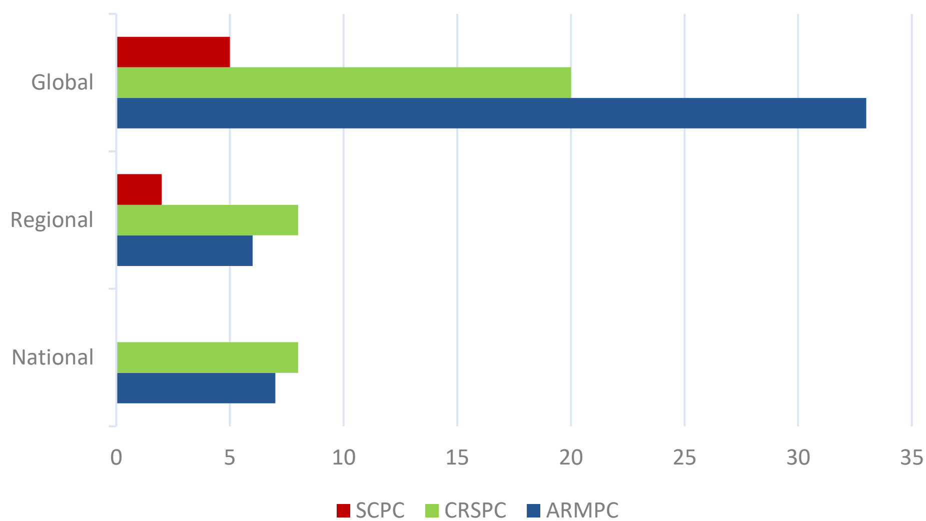


*Figure 2.4: Private sector members by market reach, by PC*




The majority of members firms (39) are large corporate organisations with global market reach, typically headquartered in the US or Europe (see next section). The number of firms active at the regional and national levels are similar; there are 11 firms which have a regional presence (typically these are firms with several markets in sub-Saharan Africa), and a total of 11 firms were national in scope. Analysis of market reach by PC follows the same pattern; a dominance of organisations with a global market reach. The SCPC includes no firms with only a national reach.

### A.2.3. Private sector membership by company headquarter location

Figure 2.5 presents the consolidated breakdown of private sector organisations which are members of at least one PC, by company headquarters (HQ) location.

*Figure 2.5: Consolidation of private sector members by company HQ location, across all PCs*

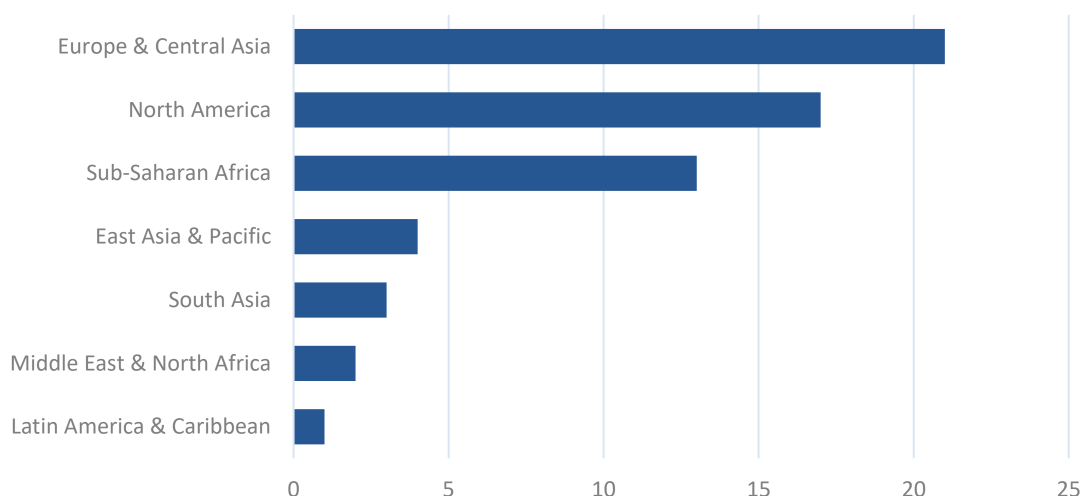
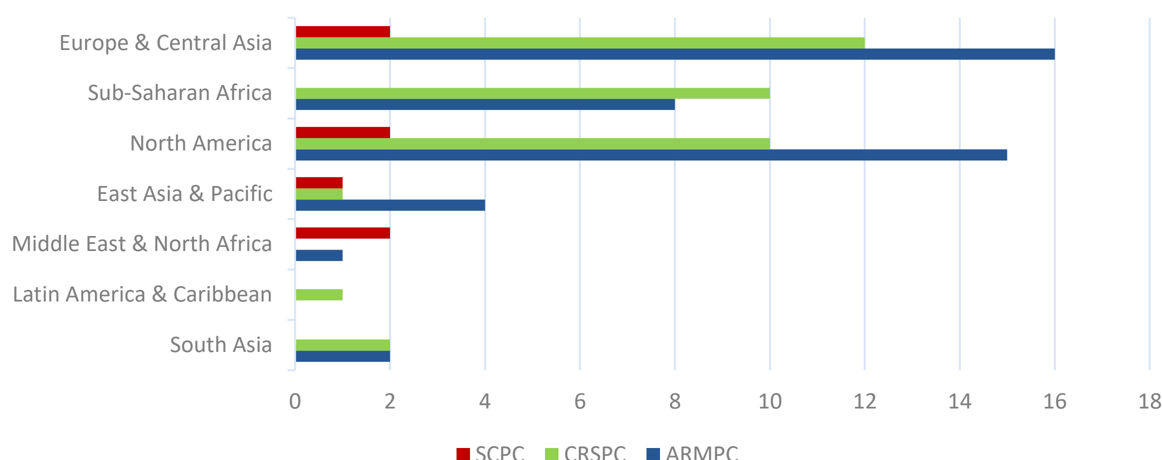


*Figure 2.6: Private sector members by company HQ location, by PC*




The majority of the companies, a total of 21, are headquartered in European countries, and a further 17 are based in North America. It is worth highlighting however that a small number of these firms (e.g. Sanofi, Vestergaard and Novartis) are represented more than once by individual members in the PC membership, who are based in sub-Saharan Africa and India and so in high-burden malaria-endemic countries. A total of 13 firms are headquartered in sub-Saharan Africa, seven of which are headquartered in South Africa. A further 10 firms are headquartered in the remaining regions across the globe. A full country location breakdown is provided in Annex 2.

As with the other parameters of interest, the pattern of private sector membership in terms of company HQ location is relatively similar across PCs. In all three PCs, the majority of contacts are concentrated in a relatively small geographic 'cluster' comprising North America and Europe. With the exception of sub-Saharan Africa, there tend to be fewer members in Asia, the Middle East North Africa (MENA) region, or the Latin America and Caribbean (LAC) region, across all three PCs. The CRSPC has the highest number of private sector firms which are headquartered in sub-Saharan Africa, a total of 10, while the ARMPC includes 8 such firms and the SCPC does not include any firms headquartered in the region.

### A.2.4. Membership of individuals

Since certain organisations have multiple individuals registered as members, it is important to note that the number of individuals who are members of at least one PC is greater than the number of member companies: a total of 84 individuals are counted as members in the RBM dataset, while there are only 61 firms. The firms with the greatest number of registered individuals include: Novartis (seven individual members), Vestergaard (six individual members), and Sanofi (four individual members).

### A.3. Discussion of key gaps and opportunities

In line with the RBM Partnership's plan to broaden and scale and scope of its engagement with the private sector, this mapping exercise highlights some key gaps and opportunities for consideration:

- **Company type**. The membership highlights a strong concentration of company type, comprising mostly companies involved in commodities and services for malaria control**.** While their contribution is key, there is considerable scope for RBM to broaden its membership among businesses affected by malaria prevalence, those involved in malaria or health corporate social responsibility/ philanthropy, and professional associations so as support the broad scope of work needed to be done in line with RBM's strategic objectives.
- **CSR activity.** Further to the above, only four firms engage with RBM via the PC structure through their CSR activities and these are all multi-national corporations active at the global level. There is considerable scope for targeting firms which may already be involved in malaria or health CSR activities at the global, regional and country levels, so as to boost collaboration, experience sharing and to provide impetus for further CSR activity. Companies operating in malaria endemic countries should be particularly prioritised given the potential benefit to workers, the promotion of sustainable business practices, and the potential resultant boost to advocacy and direct project funding.
- **Company engagement at the national and regional levels.** The majority of firms (a total of 37 out of 61 private sector organisations) are headquartered in Europe and North America, with relatively small 'spread' geographically of companies. Similarly, comparatively few firms with regional or national reach are current members of RBM; the majority of firms (a total of 39 out of 61 firms) we have classified as having global reach. Just ten firms have a regional reach and 12 have a national reach. While there is some involvement of generic pharmaceutical companies in India and of infrastructure and mining companies in sub-Saharan Africa, the clearest gap is engagement from national and regional companies headquartered within the highest burden malaria-endemic countries in sub-Saharan Africa; there are only four firms from such countries, including two in Nigeria and two in Uganda. A total of 8 of the '10+1' countries in sub-Saharan Africa do not have any private sector members of any of the PCs: Cameroon, Democratic Republic of Congo (DRC), Burkina Faso, Ghana, Mali, Mozambique, Niger, and Tanzania. Among firms based in sub-Saharan Africa, seven out of 14 are headquartered in South Africa.
- **Involvement of professional platforms and associations.** While some private sector coalitions/platforms, such as Santee en Enterprise and GBC Health, have signed up as RBM members, there is scope for RBM to collaborate with a broader range of private sector coalitions, including those with broader health and business remits, such as

national levels chambers of commerce, and regional level health, development or financing networks. This could provide significant boost to advocacy and resource mobilisation efforts at all levels, through leveraging on existing private sector organisation frameworks within the markets in which companies are active.

- **Private sector membership of the SCPC.** There are only seven firms which are listed as members of the SCPC, and there are no firms headquartered in any of the '10+1' top malaria burden countries. Importantly, given the advocacy focus of the SCPC, the membership includes no marketing or media firms, or any non-manufacturer firms which are members of the SCPC through CSR programmes. This represents a clear strategic gap for the SCPC.
- **PC specific membership.** There is a similar scope of membership across PCs despite their varied scope of work. In general, the majority of firms across all three PCs are manufacturers and the majority are based in North America and Europe. Given the different objectives and scope of work for the three PCs, more differentiation in membership according to PC priorities (e.g. more advocacy/media organisations involved in the SCPC) may help to strengthen the private sector's contribution to PC activities.

### A.4. Private sector mapping: specific company breakdown

The following table provides a breakdown of companies which are members of at least one PC, alongside the level at which they are active. Note that (i) some companies are members of more than one PC and (ii) some companies have multiple individual firm representatives within a given PC.

*Table A.1: Breakdown of companies which are members of at least one RBM Partnership Committee and the level at which they are active*

| Organisation | Global | Regional | National |
|---|---|---|---|
| Abt Associates | X | | |
| Acorn Group Of Companies | | | X |
| Alere, Inc. | X | | |
| Aquatain Products Pty Ltd | | | X |
| Avima Pty Ltd | | X | |
| BASF SE | X | | |
| Bayer | X | | |
| Boston Consulting Group | X | | |
| Chemonics International | X | | |
| Coanian Clinic (ECWA Community Health Programme) | | | X |
| Cohen Biopharm Consulting | X | | |
| Consultant | | | X |
| Cree Industries | | X | |
| Dalley Global Advisors | X | | |
| Escorts Pharmaceuticals Limited | | | X |

| Organisation | Global | Regional | National |
| --- | --- | --- | --- |
| ExxonMobil | X | | |
| Feytiat Consulting | X | | |
| Freight In Time Ltf / UPS | | X | |
| Fuji Pest Control | | | X |
| GBCHealth | X | | |
| GSK | X | | |
| H. D. Hudson Manufacturing Company | X | | |
| High Lantern Group | X | | |
| ICF | X | | |
| Insect Shield, LLC | X | | |
| International Public Health Advisors (IPHA) | | X | |
| IRS International | X | | |
| Kedi Healthcare Nigeria Limited | | | X |
| Labiofam | X | | |
| Mahidol Oxford Tropical Medicine Research Unit MORU | X | | |
| Manta Ray Media | X | | |
| Merck KGaA | X | | |
| Micron Sprayers Ltd | X | | |
| Mine | | X | |
| Nandos/Goodbye Malaria | | X | |

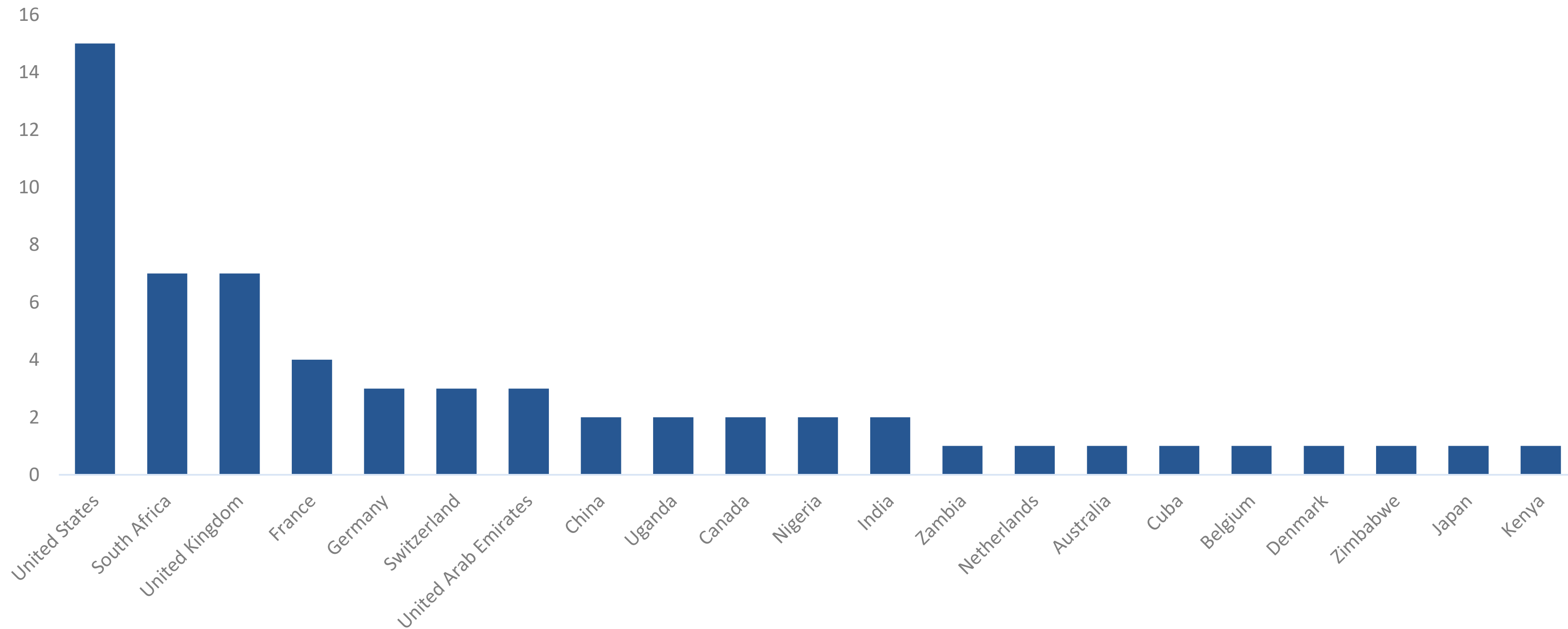
| Organisation | Global | Regional | National |
|---|---|---|---|
| Novartis | X | | |
| Orange | X | | |
| Paar Impex Llc | | X | |
| Pharma Marketing International | | X | |
| Pharmaceutical Systems Africa | | X | |
| Phoenix Ordinary LLC | X | | |
| Pilipinas Shell Foundation, Inc. | | | X |
| Post Newspaper Limited | | | X |
| Premier Medical Corporation | X | | |
| Purple Fig Limited | X | | |
| Real Relief | X | | |
| Regent Laboratories | | X | |
| Sanofi | X | | |
| Sante En Entreprise (SEE) | X | | |
| Solace And Seraph Empire | | | X |
| Standard Diagnostics | X | | |
| Sumitomo Chemical | X | | |
| Sun Pharmaceuticals Industries Limited | X | | |
| Sustainable Development Systems Africa | | | X |
| Syngenta | X | | |

| Organisation | Global | Regional | National |
|---|---|---|---|
| TANA Netting | X | | |
| Tropical Health LLP | X | | |
| TropMed Pharma Consulting | X | | |
| Vestergaard | X | | |
| Wefco Marketing International | | | X |
| Yorkool International Co., Ltd. | X | | |
| **Total** | **39** | **10** | **12** |

## A.5. Private sector mapping: company location breakdown

The following figure presents a country breakdown of private sector partners, by the location of the company headquarters. Note that it is consolidated and only counts organisations once (i.e. organisations with multiple individual members are only counted once). As shown in the data, the majority of members (a total of 15) are headquartered in the US and a further seven members are headquartered in South Africa and the UK.

*Figure A.2: Breakdown of company location of RBM private sector membership*



# ANNEX B COUNTRY PROFILES

## B.1. Burkina Faso

### Country context

| Macro-economic and population profile[35] | |
|---|---|
| GDP per capita (USD) (2016) | 627.1 |
| Inflation, GDP deflator (annual %) (2016) | 6.3% |
| Agriculture, value added (% of GDP) (2016) | 31% |
| Industry value added (% of GDP) (2016) | 26% |
| Services value added (% of GDP) (2016) | 43% |
| Foreign Direct Investment, net inflows (Balance of Payments, current USD) (millions) (2016) | 390 |
| Country population (2016) | 19.2 million |
| Poverty headcount ratio at national poverty lines (% of population) (2016) | 40.1% |
| Urban population growth (annual %) (2016) | 5.7% |
| World Bank ease of doing business ranking (out of 190 countries)[36] | 148 |
| **Malaria burden and funding profile[37]** | |
| Estimated number of malaria cases (2016) | 7,890,000 |
| Malaria incidence/1,000 population at risk (2015) | 389.2 |
| Key national malaria control targets | Reduce malaria incidence and death rate by 40 % by 2020 from 2015 levels |
| Total need (essential commodities + supporting interventions) (2018-2020) (USD) | 240,487,947 |
| Total committed (essential commodities + supporting interventions) (2018-2020) (USD) | 204,884,449 |

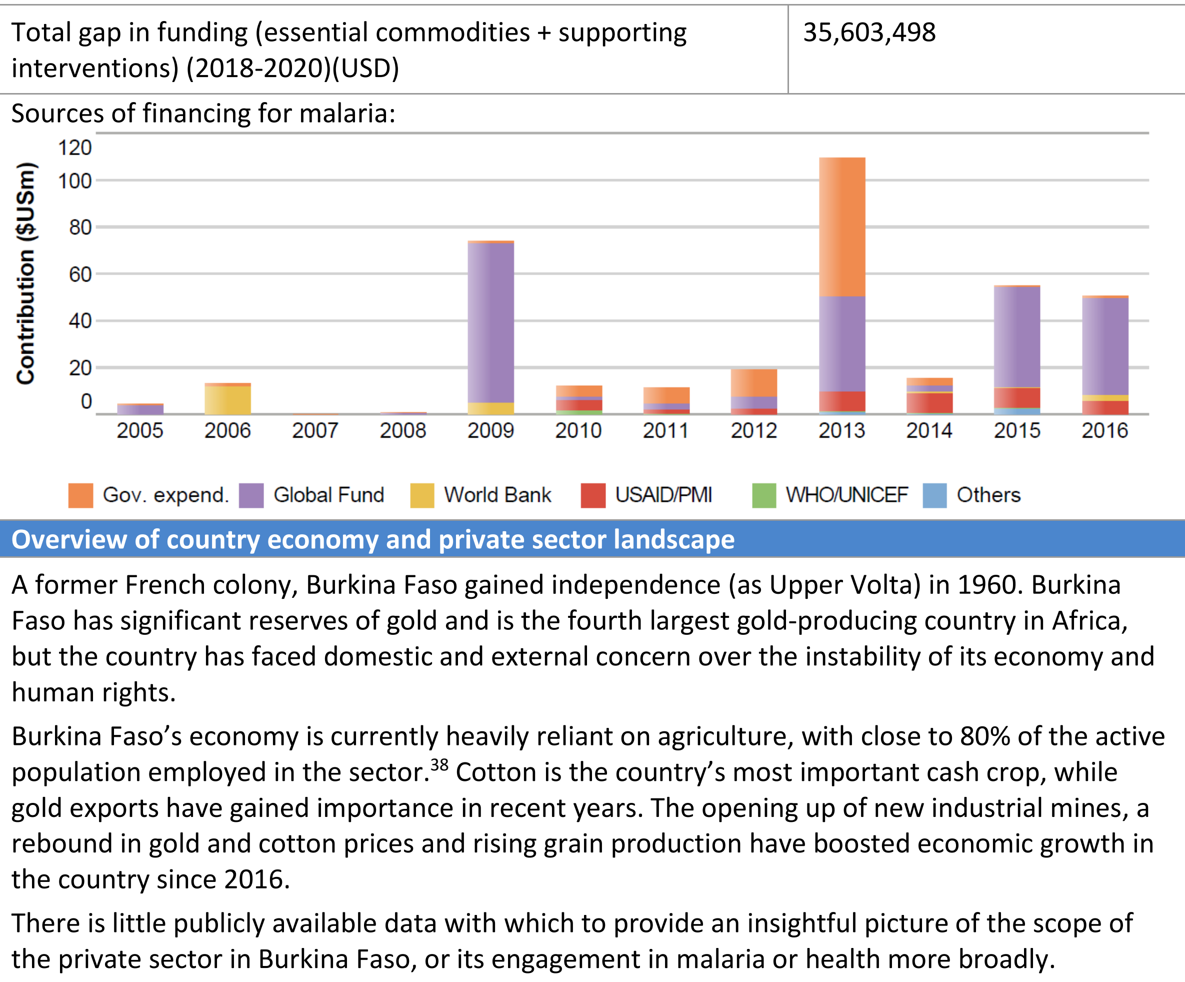
[35] Sources: World Bank Development Indicators, accessed at: http://databank.worldbank.org/data/embed-int/CountryProfile/id/b450fd57 on 17th June 2018; and World Bank Doing Business Reports, accessed at http://www.doingbusiness.org/reports on 17th June 2018.

[36] A ranking of 1 would equate to the highest ease of doing business, with a regulatory environment conducive to the starting and operation of a local firm.

[37] Sources: World Malaria Report 2017, accessed at http://www.who.int/malaria/publications/world-malaria-report-2017/en/ on 5th June 2018; and Roll Back Malaria Funding Gap Analysis 2017, accessed at on https://rollbackmalaria.com/news/gap-analysis-shows-us10-billion-is-required-by-2020-to-fully-implement-national-malaria-plans-in-35-countries/ on 5th June 2018.

| Total gap in funding (essential commodities + supporting interventions) (2018-2020)(USD) | 35,603,498 |
|---|---|

Sources of financing for malaria:




**Overview of country economy and private sector landscape**

A former French colony, Burkina Faso gained independence (as Upper Volta) in 1960. Burkina Faso has significant reserves of gold and is the fourth largest gold-producing country in Africa, but the country has faced domestic and external concern over the instability of its economy and human rights.

Burkina Faso's economy is currently heavily reliant on agriculture, with close to 80% of the active population employed in the sector.[38] Cotton is the country's most important cash crop, while gold exports have gained importance in recent years. The opening up of new industrial mines, a rebound in gold and cotton prices and rising grain production have boosted economic growth in the country since 2016.

There is little publicly available data with which to provide an insightful picture of the scope of the private sector in Burkina Faso, or its engagement in malaria or health more broadly.

## Overview of private sector engagement in health and malaria

Following our typology of private sector engagement, there are some limited examples of CSR and health services provision by business affected by malaria prevalence.

**Corporate social responsibility/ philanthropy:**

- Private sector engagement in improving development and health exists through CSR activities among some of the large mining and agricultural companies. The ten largest gold mines in production or development in Burkina Faso are (specific operational location in brackets): IAMGOLD Corporation (Essakane), SEMAFO (Mana and Bongou), Balaji Group (Inata), Avesoro (Youga), Nordgold (Tapargo), Endeavour (Hounde and Karma), Roxgold (Yaramoko), and Guiro (Komet).[39] Most of these are multinational corporations (MNCs) or national subsidiaries of MNCs.

[38] The World Bank in Burkina Faso. Accessed at http://www.worldbank.org/en/country/burkinafaso/overview on June 7th 2018.

[39] Burkina Faso Information. Savary Gold website. Accessed at http://www.savarygold.com/projects/mining-in-burkina-faso on June 7th 2018.

- SEMAFO is a national subsidiary of a Canadian mining company, and has operated the Mana gold mine since March 2008 in Mouhoun, one of Burkina Faso's poorest regions. SEMAFO has built a medical centre for the community surrounding the mine, to provide better access to health care.[40]
- Etruscan Resource is a gold and diamond exploration and production company, employing more than 500 national employees at the Youga mine site. Etruscan Resources built a maternity clinic in the Youga village and refurbished the existing hospital, and continue to supply the clinics with supplies.[41]

## B.2. Cameroon

### Country overview

| Macro-economic and population profile[42] | |
|---|---|
| GDP per capita (USD) (2016) | 1,374.50 |
| Inflation, GDP deflator (annual %) (2016) | 0.0 |
| Agriculture, value added (% of GDP) (2016) | 17 |
| Industry value added (% of GDP) (2016) | 27 |
| Services value added (% of GDP) (2016) | 57 |
| Foreign Direct Investment, net inflows (Balance of Payments, current USD) (millions) (2016) | 664 |
| Country population (2016) | 24.1 million |
| Poverty headcount ratio at national poverty lines (% of population) (2016) | 37.5% |
| Urban population growth (annual %) (2016) | 3.6% |
| World Bank ease of doing business ranking (out of 190 countries)[43] | 163 |
| **Malaria burden and funding profile[44]** | |
| Estimated number of malaria cases (2016) | 5,440,000 |

[40] Ibid.

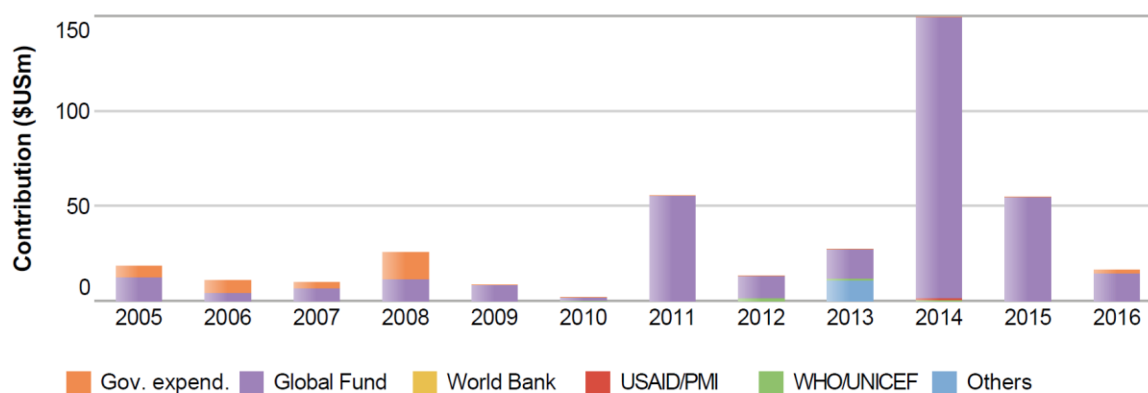
[41] Trade Commissioner Service of Canada. Compedium of Canadian CSR Projects in Africa. Accessed at https://www.commdev.org/userfiles/Compendium%2520of%2520Canadian%2520CSR%2520Projects%2520in%2520Africa.pdf on June 19th 2018.

[42] Sources: World Bank Development Indicators, accessed at: http://databank.worldbank.org/data/embed-int/CountryProfile/id/b450fd57 on 17th June 2018; and World Bank Doing Business Reports, accessed at http://www.doingbusiness.org/reports on 17th June 2018.

[43] A ranking of 1 would equate to the highest ease of doing business, with a regulatory environment conducive to the starting and operation of a local firm.

[44] Sources: World Malaria Report 2017, accessed at http://www.who.int/malaria/publications/world-malaria-report-2017/en/ on 5th June 2018; and Roll Back Malaria Funding Gap Analysis 2017, accessed at on https://rollbackmalaria.com/news/gap-analysis-shows-us10-billion-is-required-by-2020-to-fully-implement-national-malaria-plans-in-35-countries/ on 5th June 2018.

| Malaria incidence/1,000 population at risk (2015) | 264 |
|---|---|
| Key national malaria control targets | Reduce malaria morbidity and mortality by 75% from 2000 levels by 2018. |
| Total need (essential commodities + supporting interventions) (2018-2020) (USD) | 302,985,136 |
| Total committed (essential commodities + supporting interventions) (2018-2020) (USD) | 160,433,535 |
| Total gap in funding (essential commodities + supporting interventions) (2018-2020)(USD) | 142,551,601 |
| Sources of funding: | |




**Overview of country economy and private sector landscape**

Cameroon was created in 1961 by the unification of two former colonies, one British and one French. The country has significant natural resources, including oil and gas, high-value timber species, minerals, and agricultural products, which is reflected in the scope of private sector enterprise.

The private sector plays an important role in national health funding, with extractive companies appearing as major development partners through their CSR programmes.

## Overview of private sector engagement in health and malaria

There are a number of significant examples of private sector activity in support of malaria control efforts in Cameroon, predominantly from MNC extractive industries.

**Public-private partnership:**

- Groupement Inter-Patronal du Cameroun (GICAM) is a leading private sector association in Cameroon, with more than 200 individual enterprises and sectoral associations among its membership. GICAM is recognised as the voice in Cameroon on economic, labour, and social policy matters. Since 2000, GICAM has partnered with the Ministry of Public Health

to implement a programme of interventions to boost HIV/AIDS control efforts, including the provision of anti-retroviral drugs to the employees of member organisations.[45]

- The Timber Industry Group in Cameroon (GFBC) and GIZ (the German International Cooperation Organization) have been implementing a project focused on malaria, HIV/AIDS and TB with local communities since 2007.[46] Key interventions are awareness creation, training of community leaders, peer educators and support to the systematic management of health services in forest sites and riverine communities. In 2013, an agreement was signed between GFBC, the Ministry of Public Health and local communities on Communal Forestry Centres (CFTC) to sustain the activities of the project.

**Corporate social responsibility/ philanthropy:**

- In 2011, Cameroon Oil Transportation Company (COTCO), a local ExxonMobil affiliate, partnered with the government to launch the K.O. Palu (Knock Out Malaria) campaign, a national awareness initiative under Cameroon's Universal Mosquito Net Coverage Campaign. Eight million free LLINs were distributed and activities included targeted mass communications through media, malaria awareness walks, and the country's first large scale concert. An evaluation of the K.O. Palu campaign found that the campaign succeeded in creating a population anti-malaria movement and played a strong role in support of malaria control commodities investments.[47]

**Business affected by malaria prevalence:**

- ExxonMobil have been engaged in malaria prevention and control in African and Pacific Rim countries, spending more than USD120 million over the past decade, mostly through public-private partnerships.[48] ExxonMobil have a pipeline in Cameroon that brings oil from Chad to the Cameroonian port of Kribi, and as a result, have implemented a range of malaria control programmes offering prevention, diagnosis, and treatment services for employees through public regional and district health facilities.

- Lafarge is a multinational company producing and selling building materials and is considered a leader for cement production. The Lafarge group operates in 13 African countries where it employs around 12,500 people, representing about 16% of its global workforce.[49] Lafarge developed a comprehensive "Malaria Control Road Map" targeting its employees, their families and business contractors. Partnering with CARE, Global

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[45] International Labour Organization. HIV/AIDS and its impact. Accessed at http://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---act_emp/documents/publication/wcms_590266.pdf on 19th June 2018.

[46] Cooperation with the private sector in Cameroon. Country report 2013. GIZ. Accessed at: https://www.giz.de/expertise/downloads/giz2013-en-cameroon-country-report.pdf on June 7th 2018.

[47] Bowen HL, Impact of a mass media campaign on bed net use in Cameroon. Malaria Journal. 2013. 1186/1475.

[48] Silberner, J. ExxonMobil fights malaria in Cameroon against backdrop of climate change. Sept. 2014. PRI. Accessed at https://www.pri.org/stories/2014-09-29/exxonmobil-fights-malaria-cameroon-against-backdrop-climate-change on June 7th 2018.

[49] Ollong, KA. Multinational corporations and the fight against malaria in Africa. 2016. The Journal of Pan-African Studies. Vol. 9, No. 4. Available at: http://www.jpanafrican.org/docs/vol9no4/JuneJuly-19-Ollong.pdf

Business Coalition (GBC) Health, the German Technical Cooperation Agency (known as GTZ), USAID and GlaxoSmithKline, their malaria control programme includes awareness creation, malaria control in pregnancy, vector control, diagnosis, anti-malarial treatment and home-based management of malaria. All their business units are expected to have awareness and education programmes in place, to provide LLINs to all staff, and to implement adequate vector control measures in their working sites and housing estates. Lafarge's pilot unit sites in Cameroon are located in remote areas where populations are considered neglected.

## B.3. Democratic Republic of Congo

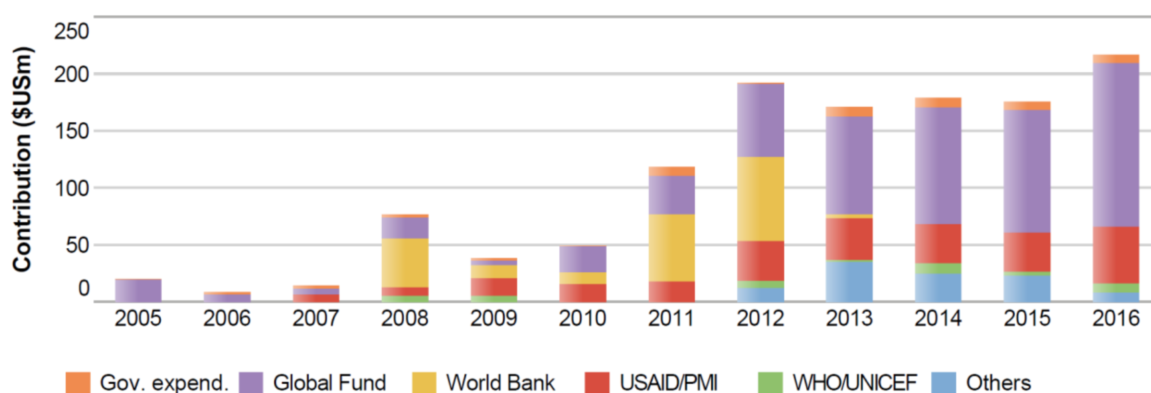
### Country overview

| Macro-economic and population profile[50] | |
|---|---|
| GDP per capita (USD) (2016) | 449.4 |
| Inflation, GDP deflator (annual %) (2016) | 5.5 |
| Agriculture, value added (% of GDP) (2016) | 20 |
| Industry value added (% of GDP) (2016) | 44 |
| Services value added (% of GDP) (2016) | 36 |
| Foreign Direct Investment, net inflows (Balance of Payments, current USD) (millions) (2016) | 1,205 |
| Country population (2016) | 81.3 million |
| Poverty headcount ratio at national poverty lines (% of population) (2016) | 63.9 (2010) |
| Urban population growth (annual %) (2016) | 4.5 |
| World Bank ease of doing business ranking (out of 190 countries)[51] | 182 |
| **Malaria burden and funding profile[52]** | |
| Estimated number of malaria cases (2016) | 22,640,000 |
| Malaria incidence/1,000 population at risk (2015) | 246 |
| Key national malaria control targets | Reduce malaria morbidity and mortality by 40% by 2020 compared to 2015 levels. |

[50] Sources: World Bank Development Indicators, accessed at: http://databank.worldbank.org/data/embed-int/CountryProfile/id/b450fd57 on 17th June 2018; and World Bank Doing Business Reports, accessed at http://www.doingbusiness.org/reports on 17th June 2018.
[51] A ranking of 1 would equate to the highest ease of doing business, with a regulatory environment conducive to the starting and operation of a local firm.
[52] Sources: World Malaria Report 2017, accessed at http://www.who.int/malaria/publications/world-malaria-report-2017/en/ on 5th June 2018; and Roll Back Malaria Funding Gap Analysis 2017, accessed at on https://rollbackmalaria.com/news/gap-analysis-shows-us10-billion-is-required-by-2020-to-fully-implement-national-malaria-plans-in-35-countries/ on 5th June 2018.

| Total need (essential commodities + supporting interventions) (2018-2020) (USD) | 1,032,594,221 |
|---|---|
| Total committed (essential commodities + supporting interventions) (2018-2020) (USD) | 495,924,161 |
| Total gap in funding (essential commodities + supporting interventions) (2018-2020)(USD) | 536,670,060 |

Sources of funding:




**Overview of country economy and private sector landscape**

DRC has a GDP per capita among the world's lowest. While there is vast potential of natural resources and mineral wealth, corruption, war, and political instability have been a severe detriment to economic growth. Private industries are focused on the forestry, mining, and oil sectors.

Donors, such as DFID, UNICEF, USAID, and the WHO, currently play a significant role in supporting malaria prevention and treatment in the country. To better engage the private sector, the Ministry of Health is working to create a private health actors alliance that would work with the government to increase collaboration, create an enabling environment, reduce investment risks, and work on issues of governance and regulation.[53]

## Overview of private sector engagement in health and malaria

There are limited examples of private sector activity in support of malaria control efforts in DRC, reflecting the state of the economy.

**Business affected by malaria prevalence:**

- Tenke Fungurume Mining, a Freeport McMoRan Copper and Gold Inc. (FCX) company in Katanga province, have developed a vector control programme focused on workforce health and community outreach. Their activities largely involve IRS of mining sites and households in surrounding communities, the distribution of LLINs, and malaria diagnosis

[53] Saldinger, A. DRC Health Minister: Alignment, focus on results, and private sector are critical. Devex news. 25th January 2018. Accessed at: https://www.devex.com/news/drc-health-minister-alignment-focus-on-results-and-private-sector-are-critical-91958 on June 7th 2018.

and treatment. In 2014 there was an 80% reduction in total workforce malaria incidence since the start of the programme in 2008.

- DRC, along with Rwanda and Nigeria, is a focus country for Heineken Africa Foundation's malaria programme which is primarily focused on the distribution of LLINs. For its workforce, Heineken implements malaria initiatives for employees and family members, including the supply of LLINs, and malaria diagnosis and treatment.

### B.4. Ghana

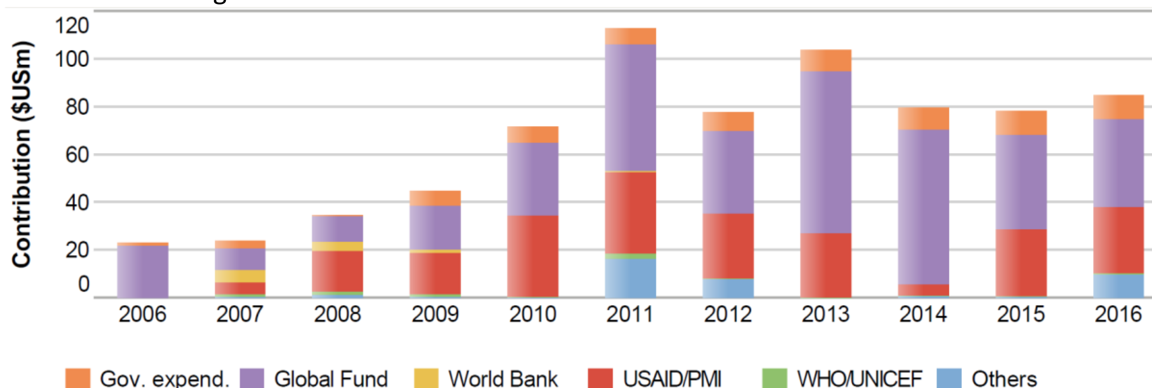
#### Country overview

| Macro-economic and population profile[54] | |
|---|---|
| GDP per capita (USD) (2016) | 1,513.50 |
| Inflation, GDP deflator (annual %) (2016) | 17.4 |
| Agriculture, value added (% of GDP) (2016) | 20 |
| Industry value added (% of GDP) (2016) | 28 |
| Services value added (% of GDP) (2016) | 52 |
| Foreign Direct Investment, net inflows (Balance of Payments, current USD) (millions) (2016) | 3,485 |
| Country population (2016) | 28.8 million |
| Poverty headcount ratio at national poverty lines (% of population) (2016) | 24.2 (2010) |
| Urban population growth (annual %) (2016) | 3.4 |
| World Bank ease of doing business ranking (out of 190 countries)[55] | 120 |
| **Malaria burden and funding profile[56]** | |
| Estimated number of malaria cases (2016) | 8,060,000 |
| Malaria incidence/1,000 population at risk (2015) | 60 |
| Key national malaria control targets | Reduce malaria morbidity and mortality by 75% by 2020 compared to 2012 levels. |

[54] Sources: World Bank Development Indicators, accessed at: http://databank.worldbank.org/data/embed-int/CountryProfile/id/b450fd57 on 17th June 2018; and World Bank Doing Business Reports, accessed at http://www.doingbusiness.org/reports on 17th June 2018.
[55] A ranking of 1 would equate to the highest ease of doing business, with a regulatory environment conducive to the starting and operation of a local firm.
[56] Sources: World Malaria Report 2017, accessed at http://www.who.int/malaria/publications/world-malaria-report-2017/en/ on 5th June 2018; and Roll Back Malaria Funding Gap Analysis 2017, accessed at on https://rollbackmalaria.com/news/gap-analysis-shows-us10-billion-is-required-by-2020-to-fully-implement-national-malaria-plans-in-35-countries/ on 5th June 2018.

| Total need (essential commodities + supporting interventions) (2018-2020) (USD) | Not available[57] |
|---|---|
| Total committed (essential commodities + supporting interventions) (2018-2020) (USD) | Not available |
| Total gap in funding (essential commodities + supporting interventions) (2018-2020)(USD) | Not available |

Sources of funding:




## Overview of country economy and private sector landscape

Ghana gained independence from Britain in 1957 and is considered one of the more stable countries in West Africa since its transition to multi-party democracy in 1992. Ghana's economy is one of the strongest on the continent, with agriculture, mining, and the services sectors being the most important contributors to GDP. Ghana has the world's fifth worst malaria burden.[58] A study by Nonvignon et al. (2016) into the economic burden of malaria on businesses in Ghana in 2016 found that across the agriculture, services, and mining industries, there were 3,913 workdays and USD 6.58m lost between 2012-14 due to staff falling ill with malaria.[59]

In 2000 the Government established a Ministry for Private Sector Development and a public-private partnership known as the President's Special Initiative with the Ministry of Trade and Industry (MOTI) to strengthen engagement and private sector-friendly policies.[60] Ghana today is considered to have a vibrant private sector, particularly in large-scale manufacturing, telecommunications, and the mining sectors. These industries have been important in the development of CSR activity in Ghana. Though the private sector development agenda is primarily focused on poverty reduction, there have also been efforts to mobilise private sector funds for health.

Ghana's National Malaria Control Programme (NMCP) has developed strategies for engaging Ghana's private sector in malaria control efforts. Ghana's 2014-2020 National Strategic Plan faces a resource gap of around USD320 million in terms of implementation capacity; encouraging the

[57] Funding data and projections for Ghana were not available in the RBM gap analysis data, accessed at: https://rollbackmalaria.com/news/gap-analysis-shows-us10-billion-is-required-by-2020-to-fully-implement-national-malaria-plans-in-35-countries/ on 15th June 2018.
[58] WHO. World Malaria Report. 2017.
[59] Nonvignon, J. et al. Economic Burden of malaria on businesses in Ghana: a case for private sector investment in malaria control. 2016. Malaria Journal. 15:454. Accessed at: https://malariajournal.biomedcentral.com/articles/10.1186/s12936-016-1506-0 on June 7th 2018.
[60] Asem F., et al. Private sector and development and governance in Ghana. 2013. International Growth Centre Working Paper. Accessed at https://www.theigc.org/wp-content/uploads/2014/09/Asem-Et-Al-2013-Working-Paper.pdf on June 7th 2018.

private sector to contribute up to 20% of this gap for malaria financing is a strategic priority for this period. To facilitate this, the NMCP have supported the creation of the Ghana Malaria Foundation, a private sector-led entity aimed at raising domestic funds for prevention, treatment, and research.[61] Through this foundation, companies engaged in malaria control can share experiences and engage with other firms so as to encourage commitment from other companies.

The Private Sector Malaria Prevention (PSMP) project, operated by the Johns Hopkins Centre for Communication Programs and funded by DFID, is a three year pilot program established in 2017, intended to facilitate a functioning supply chain and competitive market for LLINs in Ghana. PSMP's focus is to engage with the private sector on three main areas: retail supply chain and demand creation, workplace programmes, and advocacy.

### Overview of private sector engagement in health and malaria

There are a number of examples of private sector activity in malaria in Ghana, including unique partnerships with the government.

**Business affected by malaria prevalence:**

- Ghana Bauxite Company (GBC) operates a bauxite mine and port facility in the Western Region of Ghana since 1941. GBC runs a private hospital for its workforce and communities, treating 20,000 patients per year.[62]
- AngloGold Ashanti (AGA), a producer of gold, is headquartered in Johannesburg, South Africa, and operates mines and plants in Ghana among other countries globally. Since 2004, AGA has been implementing a broad-based malaria control programme, focusing on their employees and dependents, as well as the larger Obuasi community and outlying villages. The AGA commitment was reported to span periods of time even during which no mining operations were underway, and has been estimated to have contributed to reducing malaria prevalence significantly in the region, with a 75% reduction in malaria cases in eight years.[63]
- The programme was expanded to scale-up operations beyond the Obuasi region, under the name AGAMal, and conducted in partnership with Ghana Health Service, the NMCP, with the approval of the Ministry of Health. A USD138m expansion grant in 2011 from the Global Fund enabled AGAMal to scale up operations and offer indoor preventative

[61] Pallares, G. How is Ghana engaging corporations in malaria control? 11 June 2018. Devex News. Accessed at: https://www.devex.com/news/q-a-how-is-ghana-engaging-corporations-in-malaria-control-92743 on 13th June 2018.

[62] Trade Commissioner Service of Canada. Compendium of Canadian CSR Projects in Africa. 2010. Accessed at: https://www.commdev.org/userfiles/Compendium%2520of%2520Canadian%2520CSR%2520Projects%2520in%2520Africa.pdf on June 8th 2018.

[63] George, S. How one Ghanian town sprayed away 74% of malaria cases in two years. 25th April 2014. The Guardian. Accessed at https://www.theguardian.com/global-development-professionals-network/2014/apr/25/ghana-anglogold-malaria-reduction on 13th June 2018.

spraying in northern districts with the highest malaria rates to 40 districts across the country.[64]

- RMG Ghana, one of the major agricultural companies in Ghana, operates a CSR initiative towards malaria prevention in the agricultural sector in partnership with the PSMP, investing GHC100,000 from 2017-2018. They have donated more than 500 LLINs to female cocoa farmers in the association. A series of malaria sensitisation seminars are planned to be held for farmer groups across the country.[65]

**Corporate social responsibility/ philanthropy:**

- On World Malaria Day in 2018, the NMCP partnered with Vodafone and MTN to disseminate health messages on how to prevent malaria and appropriate treatment seeking.
- Mobilize Against Malaria (MAM) is Pfizer's social investment in malaria programme in Ghana, supporting four NGOs in malaria treatment and services training. These partners include PSI (formerly Population Services International), FHI (formerly Family Health International), Ghana Social Marketing Foundation (GSMF) and IntraHealth International. The purpose of the MAM Initiative is to reduce the rate of malaria morbidity and mortality through the delivery of artemisinin-based combination therapy (ACTs). Their activities include providing technical assistance to local licensed chemical sellers (LCS) trained for the more effective delivery of malaria treatment.[66]
- NetsforLife is a collaborative partnership of The Coca-Cola Africa Foundation, the ExxonMobil Foundation, Standard Chartered Bank and other partners for the provision of LLINs. NetsforLife operates in Ghana, and implements its malaria prevention programme through a network of local faith-based organisations.

## B.5. Mali

### Country overview

| Macro-economic and population profile[67] | |
|---|---|
| GDP per capita (USD) (2016) | 779.9 |
| Inflation, GDP deflator (annual %) (2016) | 1.5 |

[64] Lamble, L. Ghana's unlikely marriage of mining and malaria draws envious glances. 4th June 2018. The Guardian. Accessed at https://www.theguardian.com/global-development/2018/jun/04/ghana-unlikely-marriage-mining-malaria-control-envious-glances-obuasi on 13th June 2018.

[65] PSMP press Release. PSMP partners with RMG Ghana Limited: Malaria intervention for farmers launched. 8th November 2017. Accessed at https://www.privatesectormalaria.org/2017/11/08/psmp-partners-with-rmg-ghana-limited-malaria-intervention-for-farmers-launched/ on June 8th 2018

[66] Corporate Action on Malaria Control, Best Practices and Interventions. 2011.

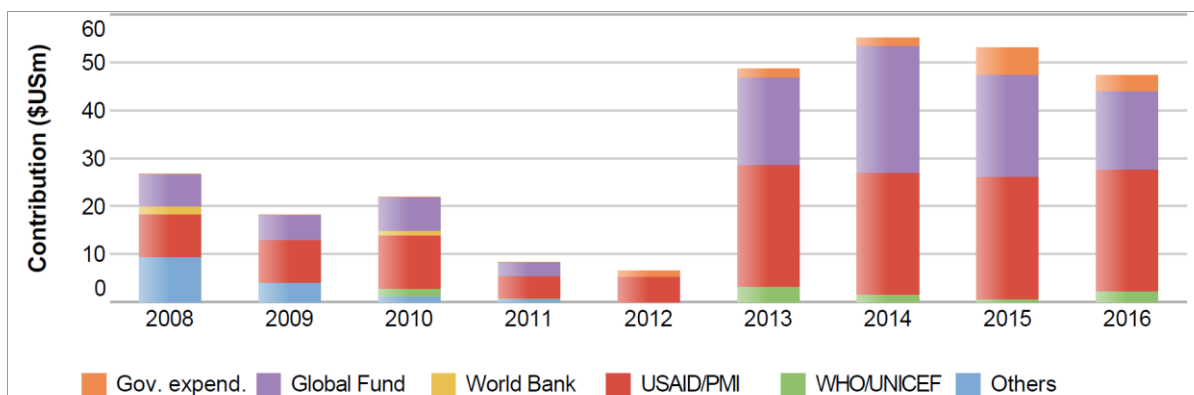
[67] Sources: World Bank Development Indicators, accessed at: http://databank.worldbank.org/data/embed-int/CountryProfile/id/b450fd57 on 17th June 2018; and World Bank Doing Business Reports, accessed at http://www.doingbusiness.org/reports on 17th June 2018.

| | |
|---|---|
| Agriculture, value added (% of GDP) (2016) | 42 |
| Industry value added (% of GDP) (2016) | 18 |
| Services value added (% of GDP) (2016) | 40 |
| Foreign Direct Investment, net inflows (Balance of Payments, current USD) (millions) (2016) | 126 |
| Country population (2016) | 18.5 million |
| Poverty headcount ratio at national poverty lines (% of population) (2016) | 43.6 (2010) |
| Urban population growth (annual %) (2016) | 4.9 |
| World Bank ease of doing business ranking (out of 190 countries)[68] | 143 |
| **Malaria burden and funding profile[69]** | |
| Estimated number of malaria cases (2016) | 7,910,000 |
| Malaria incidence/1,000 population at risk (2015) | 448 |
| Key national malaria control targets | Reduce malaria mortality to near zero and malaria morbidity by at least 75% as compared to 2000 levels. |
| Total need (essential commodities + supporting interventions) (2018-2020) (USD) | Not available[70] |
| Total committed (essential commodities + supporting interventions) (2018-2020) (USD) | Not available |
| Total gap in funding (essential commodities + supporting interventions) (2018-2020)(USD) | Not available |
| Sources of funding: | |

[68] A ranking of 1 would equate to the highest ease of doing business, with a regulatory environment conducive to the starting and operation of a local firm.

[69] Sources: World Malaria Report 2017, accessed at http://www.who.int/malaria/publications/world-malaria-report-2017/en/ on 5th June 2018; and Roll Back Malaria Funding Gap Analysis 2017, accessed at on https://rollbackmalaria.com/news/gap-analysis-shows-us10-billion-is-required-by-2020-to-fully-implement-national-malaria-plans-in-35-countries/ on 5th June 2018.

[70] Funding data and projections for Ghana were not available in the RBM gap analysis data, accessed at: https://rollbackmalaria.com/news/gap-analysis-shows-us10-billion-is-required-by-2020-to-fully-implement-national-malaria-plans-in-35-countries/ on 15th June 2018.




| Overview of country economy and private sector landscape |
|---|
| After independence from France in 1960, Mali has suffered droughts, rebellions, a coup and 23 years of military dictatorship until democratic elections in 1992. It is one of the world's poorest countries, ranking 175th out of 187 in the United Nations Human Development Index.<br>It currently has a highly undiversified economy, with eighty percent of the population relying on traditional agriculture or fisheries. Cotton, gold, and livestock comprise 80%-90% of total export earnings in Mali.[71]<br>The scope and scale of private sector activities in malaria or health in Mali are difficult to identify given the lack of publicly available information.<br>In 2015, with the aim of strengthening the link between Mali's National Malaria Control Program and private-sector pharmacies, USAID's Systems for Improved Access to Pharmaceuticals and Services (SIAPS) programme conducted a survey to determine the feasibility of expanding access to malaria testing and treatment through private pharmacies. The survey results supported increased engagement with private pharmacies in confirming suspected malaria cases and providing appropriate treatment.[72] |

## Overview of private sector engagement in health and malaria

There is very limited information on private sector engagement in malaria control efforts in Mali. Since 2010, United Against Malaria has helped to advocate for greater resources in Mali, engage leaders and stakeholders, and recruit private sector partners to malaria prevention and treatment programmes. Private sector partners reported in Mali include the Azalai Hotels Group, and Esprit d'Ebene, however there is a dearth of information on the exact nature of their engagement.[73]

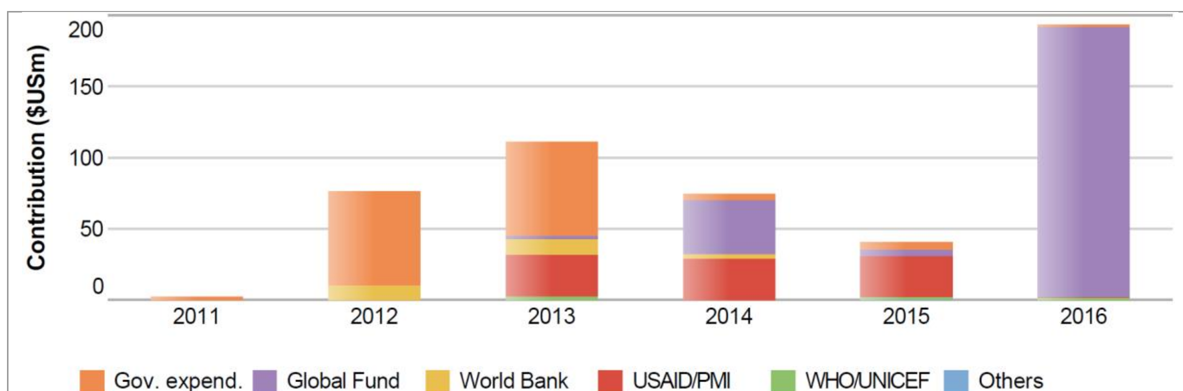
[71] World Bank: Mali Country Overview.
[72] USAID. Expanding access to RDTs and ACTs through private sector pharmacies in Mali. 2015. Accessed at http://siapsprogram.org/2015/04/23/expanding-access-to-rdts-and-acts-through-private-sector-pharmacies-in-mali/ on June 14th 2018.
[73] Voices for a malaria free future. Mali Country Profile. Accessed at https://www.malariafreefuture.org/content/mali-0 on June 14th 2018.

## B.6. Mozambique

### Country overview

| Macro-economic and population profile[74] | |
|---|---|
| GDP per capita (USD) (2016) | 382.10 |
| Inflation, GDP deflator (annual %) (2016) | 12.2 |
| Agriculture, value added (% of GDP) (2016) | 25 |
| Industry value added (% of GDP) (2016) | 22 |
| Services value added (% of GDP) (2016) | 54 |
| Foreign Direct Investment, net inflows (Balance of Payments, current USD) (millions) (2016) | 3,128 |
| Country population (2016) | 29.7 million |
| Poverty headcount ratio at national poverty lines (% of population) (2016) | 46.1 |
| Urban population growth (annual %) (2016) | 3.8 |
| World Bank ease of doing business ranking (out of 190 countries)[75] | 138 |
| **Malaria burden and funding profile[76]** | |
| Estimated number of malaria cases (2016) | 8,870,000 |
| Malaria incidence/1,000 population at risk (2015) | 297.7 |
| Key national malaria control targets | Reduce prevalence from the current figure of 40 % to 24 % by 2022 |
| Total need (essential commodities + supporting interventions) (2018-2020) (USD) | 318,260,438 |
| Total committed (essential commodities + supporting interventions) (2018-2020) (USD) | 231,865,050 |
| Total gap in funding (essential commodities + supporting interventions) (2018-2020)(USD) | 86,395,388 |
| Sources of funding: | |

[74] Sources: World Bank Development Indicators, accessed at: http://databank.worldbank.org/data/embed-int/CountryProfile/id/b450fd57 on 17th June 2018; and World Bank Doing Business Reports, accessed at http://www.doingbusiness.org/reports on 17th June 2018.
[75] A ranking of 1 would equate to the highest ease of doing business, with a regulatory environment conducive to the starting and operation of a local firm.
[76] Sources: World Malaria Report 2017, accessed at http://www.who.int/malaria/publications/world-malaria-report-2017/en/ on 5th June 2018; and Roll Back Malaria Funding Gap Analysis 2017, accessed at on https://rollbackmalaria.com/news/gap-analysis-shows-us10-billion-is-required-by-2020-to-fully-implement-national-malaria-plans-in-35-countries/ on 5th June 2018.




**Overview of country economy and private sector landscape**

Mozambique gained independence from Portugal in 1975, but is still recovering from the effects of a sixteen year civil war that ended in 1992. Despite recent economic growth, more than half of Mozambique's 24 million people continue to live below the poverty line.

While the private sector landscape also suffered during the civil war, the country's prospects are now considered more favourable for promoting the private sector as a major tool to accelerate the country's development and contribute to poverty alleviation.[77] The African Development Bank (ADB) has established support to private sector development as one of its key medium-term strategic objectives for Mozambique. Over the past ten years Mozambique has attracted investors in several "mega-projects", concentrated in the energy (Cahora Bassa, Pande/Temane gas fields), industrial (Mozal Aluminum plant) and mining sectors (Moatize coal mines). Mozambique's economy is deeply dependent on South African markets, with many of the major companies (Mozal, Standard Bank, the Maputo Corridor, the main brewery, etc.) being subsidiaries of South African companies.

## Overview of private sector engagement in health and malaria

**Corporate social responsibility/ philanthropy:**

- Goodbye Malaria, a partnership initiated by South African firm Nando's in collaboration with a number of international partners including Bayer, helps to raise funds which are channelled directly towards local malaria control programmes in Mozambique, in particular IRS activities, as well as malaria prevention and awareness campaigns. In recent years, Goodbye Malaria has become a well-cited and promoted initiative, in part because of its vision of drawing on 'African creativity to develop solutions to African problems'.[78]
- The Ecobank Foundation donated USD750,000 in 2018 to the Ministry of Health in Mozambique for malaria prevention and treatment activities.[79] The contribution will support a net distribution campaign, improve essential malaria treatment and increase

[77] AFDB. Mozambique private sector country profile. 2008. Accessed at: https://www.afdb.org/fileadmin/uploads/afdb/Documents/Evaluation-Reports- Shared-With-OPEV /ADB-BD-IF-2008-228-EN-MOZAMBIQUE-PRIVATE-SECTOR-COUNTRY-PROFILE-AUGUST-2008.PDF on June 14th 2018.

[78] https://www.goodbyemalaria.com/

[79] Ecobank Foundation. Supporting the fight against malaria in Mozambique. 2018. Press Release. Accessed at https://ecobankfoundation.org/news-and-social/supporting-the-fight-against-malaria-in-mozambique/ on June 14th 2018.

testing opportunities. Through the DFID's matching scheme, which pledges USD2 for every USD1 committed by the private sector, the total amount will reach USD2.25 million.

- GSK and Comic Relief announced a £22 million partnership in 2016 to improve health systems for malaria. Grant recipients in Mozambique, alongside other countries (Ghana, Sierra Leone, Tanzania, and in the Greater Mekong region) have received funding from this scheme, for research into medicines and vaccines, improving the supply of anti-malarial products, and providing support for community health care workers. In Mozambique the specific projects are:
    - Nweti Health Communities: Using communication methods, the project raises awareness of malaria prevention, symptoms of malaria, and promotes early treatment seeking behaviour.
    - Programa Inter Religioso Contra a Malaria (PIRCOM): working with community and religious leaders in the Gaza and Inhambane provinces, this project supports a network of health committees and volunteers to increase knowledge and understanding of malaria.
    - CUAMM (Doctors with Africa): working in Caba Delgado, this project helps improve health services by providing training, mentoring and ongoing support for community and facility health workers in the management of malaria and other severe illnesses. It will also support pharmacists in the appropriate treatment of malaria and work with communities to increase their awareness of malaria prevention, signs and symptoms, and the process for accessing care.

**Commodities and services for malaria control:**

- Private sector companies Proserv, Agrifocus, and Vestergaard Frandsen, in collaboration with Moçambique Distribuçao e Serviços Ltd, partnered with Malaria Consortium in Mozambique to distribute LLINs in the private sector as part of a five-year programme that ended in May 2010.[80] The aim of the programme, funded by DFID to develop a sustainable market for LLINs. The private companies, contributed to the programme's first phase of distributing over 220,000 LLINs through the private sector in Mozambique.

## B.7. Niger

### Country overview

| Macro-economic and population profile[81] |
|---|

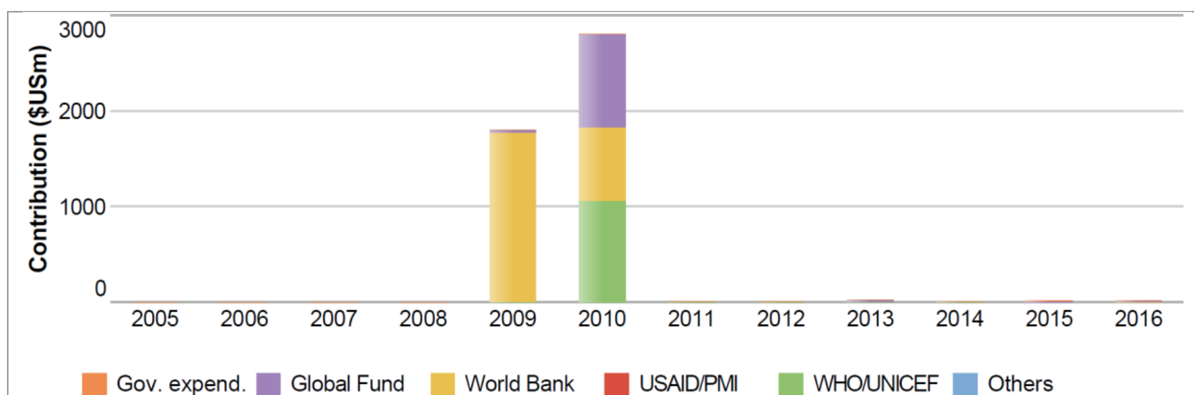
[80]Malaria Consortium. Private Sector Supplies Nets. 2011. Press Release. Accessed at: https://www.malariaconsortium.org/media-downloads/31/Mozambique%20Private%20Sector%20Supplies%20Nets on June 14th 2018.

[81] Sources: World Bank Development Indicators, accessed at: http://databank.worldbank.org/data/embed-int/CountryProfile/id/b450fd57 on 17th June 2018; and World Bank Doing Business Reports, accessed at http://www.doingbusiness.org/reports on 17th June 2018.

| | |
|---|---|
| GDP per capita (USD) (2016) | 364.2 |
| Inflation, GDP deflator (annual %) (2016) | -0.4 |
| Agriculture, value added (% of GDP) (2016) | 41 |
| Industry value added (% of GDP) (2016) | 18 |
| Services value added (% of GDP) (2016) | 40 |
| Foreign Direct Investment, net inflows (Balance of Payments, current USD) (millions) (2016) | 293 |
| Country population (2016) | 21.5 million |
| Poverty headcount ratio at national poverty lines (% of population) (2016) | 44.5 |
| Urban population growth (annual %) (2016) | 5.3 |
| World Bank ease of doing business ranking (out of 190 countries)[82] | 144 |
| **Malaria burden and funding profile[83]** | |
| Estimated number of malaria cases (2016) | 7,830,000 |
| Malaria incidence/1,000 population at risk (2015) | 356.5 |
| Key national malaria control targets | Reduce the incidence of malaria and malaria mortality by 2021 by at least 40% compared to 2015 |
| Total need (essential commodities + supporting interventions) (2018-2020) (USD) | 238,828,666 |
| Total committed (essential commodities + supporting interventions) (2018-2020) (USD) | 121,368,767 |
| Total gap in funding (essential commodities + supporting interventions) (2018-2020)(USD) | 117,459,899 |
| Sources of funding: | |

[82] A ranking of 1 would equate to the highest ease of doing business, with a regulatory environment conducive to the starting and operation of a local firm.

[83] Sources: World Malaria Report 2017, accessed at http://www.who.int/malaria/publications/world-malaria-report-2017/en/ on 5th June 2018; and Roll Back Malaria Funding Gap Analysis 2017, accessed at on https://rollbackmalaria.com/news/gap-analysis-shows-us10-billion-is-required-by-2020-to-fully-implement-national-malaria-plans-in-35-countries/ on 5th June 2018.




| Overview of country economy and private sector landscape |
|---|
| Niger has experienced a series of coups and political instability following its independence from France in 1960. The economy of the country centres on subsistence crops, livestock, and some of the world's largest uranium deposits.[84] It is currently a net crude oil-exporter, however security threats at its borders, drought cycles, desertification, and the drop in world demand for uranium have undercut the economy. |

### Overview of private sector engagement in health and malaria

There is very little information available on the private sector landscape in Niger, and engagement of the sector in health and malaria activities specifically. In 2014, as part of its coordination activities, the West Africa Roll Back Malaria Network (WARN) convened a round-table on the private sector and its potential contribution to the fight against malaria in West Africa, in Niamey, Niger.[85] Facilitated by the Niger NMCP and Speak Up Africa, a health communications NGO, the meeting was held during the WARN annual meeting and was chaired by Niger's Minister of Industrial Development. Many companies with local offices were present including, Areva, Bank of Africa, les Grands Moulins du Niger, Sanofi, Total, as well as members of the Private Sector Delegation of the Global Fund.

## B.8. Nigeria

### Country context

| Macro-economic and population profile[86] | |
|---|---|
| GDP per capita (USD) (2016) | 2,175.70 |
| Inflation, GDP deflator (annual %) (2016) | 9.5 |

[84] The Africa Report. Niger's petrol mining and ICT boom. Accessed on: http://www.theafricareport.com/West-Africa/nigers-petrol-mining-and-ict-boom.html

[85] Speak Up Africa. Roundtable on public-private partnerships around malaria. 2014. Accessed on: http://www.speakupafrica.org/news/2014/11/25/roundtable-on-public-private-partnerships-around-malaria on June 14th 2018

[86] Sources: World Bank Development Indicators, accessed at: http://databank.worldbank.org/data/embed-int/CountryProfile/id/b450fd57 on 17th June 2018; and World Bank Doing Business Reports, accessed at http://www.doingbusiness.org/reports on 17th June 2018.

| Agriculture, value added (% of GDP) (2016) | 21 |
|---|---|
| Industry value added (% of GDP) (2016) | 18 |
| Services value added (% of GDP) (2016) | 60 |
| Foreign Direct Investment, net inflows (Balance of Payments, current USD) (millions) (2016) | 4,435 |
| Country population (2016) | 190.9 million |
| Poverty headcount ratio at national poverty lines (% of population) (2016) | 46 (2010) |
| Urban population growth (annual %) (2016) | 4.3 |
| World Bank ease of doing business ranking (out of 190 countries)[87] | 145 |
| **Malaria burden and funding profile[88]** | |
| Estimated number of malaria cases (2016) | 57,300,000 |
| Malaria incidence/1,000 population at risk (2015) | 380.8 |
| Key national malaria control targets | Provide 80% of targeted populations with preventive measures by 2020, and treat all individuals with confirmed malaria seen in public or private facilities with effective antimalarial drugs by 2020. |
| Total need (essential commodities + supporting interventions) (2018-2020) (USD) | 2,181,008,341 |
| Total committed (essential commodities + supporting interventions) (2018-2020) (USD) | 696,046,966 |
| Total gap in funding (essential commodities + supporting interventions) (2018-2020)(USD) | 1,484,961,375 |
| Sources of funding: | |



[87] A ranking of 1 would equate to the highest ease of doing business, with a regulatory environment conducive to the starting and operation of a local firm.

[88] Sources: World Malaria Report 2017, accessed at http://www.who.int/malaria/publications/world-malaria-report-2017/en/ on 5th June 2018; and Roll Back Malaria Funding Gap Analysis 2017, accessed at on https://rollbackmalaria.com/news/gap-analysis-shows-us10-billion-is-required-by-2020-to-fully-implement-national-malaria-plans-in-35-countries/ on 5th June 2018.

## Overview of country economy and private sector landscape

Nigeria is Africa's most populous country and one of the world's largest oil producers. Driven by these oil revenues, Nigeria's GDP has increased over the past decade making it Africa's second largest economy today. It is a major economic hub, but malaria has a significant impact on Nigeria's business sector, with an estimated annual GDP loss of USD1.1 billion due to malaria-related absenteeism and treatment costs.[89] A growing class of business philanthropists and private sector are increasingly investing and engaging in activities to improve the health of its workforces and communities.

A major driving force of private sector engagement for malaria in Nigeria is the Corporate Alliance on Malaria in Africa (CAMA). In 2015, CAMA made a two-year commitment to establish a presence in Nigeria and commenced a focused programme of activities to engage the Nigerian private sector to support the National Malaria Elimination Programme (NMEP). CAMA's work in Nigeria focused on building awareness of the need for private sector involvement, assessing the current contributions being made by business in-country, providing visibility for companies currently engaged in malaria activities, and identifying partnerships where business expertise and resources could partner. CAMA has an active network of private sector partners in Nigeria and represents the private sector in two of the National Malaria Eradication Program's working groups. Their activities include convenings, private sector advocacy, and private sector input into strategic consultations, and have facilitated the development of more than five public-private and private-private partnerships.

In 2016, CAMA conducted a mapping of private sector malaria investments (human resource, technical, and financial) in Nigeria, demonstrating that companies are investing over NGN 3.2 billion (approx. USD 8.9M) annually on malaria control, in addition to in-kind donations and technical guidance provided to implementing partners by leveraging their core competencies.[90] The results also showed that while the majority of investments were directed towards prevention efforts, this was mainly achieved through the distribution of LLINs. The mapping exercise found that there is untapped potential to scale-up IRS in the country, and that the concentration of current private sector investments is more closely correlated to areas of industrialisation, rather than malaria prevalence. While overall the report highlighted the promise of private sector involvement for malaria prevention and treatment, there was also caution that the recent economic slowdown in Nigeria, in particular the instability of the local currency and fall in oil prices, raises concerns about the ability of the private sector to provide sustainable funding for malaria programming. Additionally, there was reluctance on the part of the private sector to directly fund government programmes due to a lack of transparency and concerns around corruption and absorptive capacity.

The World Bank ease of doing business report ranks Nigeria as 145 of 190 countries in 2017, rising twenty four places from the previous year due to improvements in business registrations, access to credit information, and taxation systems.

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[89] CAMA. Mobilizing Nigeria's private sector for Malaria control & elimination, CAMA two year commitment report. 2017. Available at: http://www.gbchealth.org/wp-content/uploads/2017/05/Nigeria-Report_print_v3.pdf

[90] CAMA. Mapping private sector Malaria investments. 2017. Available at: http://www.gbchealth.org/wp-content/uploads/2017/05/Nigeria-Report_print_v3.pdf

### Overview of private sector engagement in health and malaria

There are extensive examples of private sector engagement in malaria in Nigeria, reflecting both the vibrant private sector landscape in the country, as well as diverse mix of forms of engagement.

**Corporate social responsibility/ philanthropy:**

- In 2016, the Aliko Dangote Foundation and the NMEP unveiled the country's Private Sector Strategy Against Malaria, the product of a series of conversations with both private sector, NMEP and stakeholders including CAMA. It has been reported that over 8,000 LLINs were distributed among target communities through this program and over 45,000 children have been administered with full treatment courses of antimalarial medicine during the malaria season in areas of highly seasonal malaria transmission in Northern Nigeria.
- Access Bank and HACEY Health Initiative, a development organization focused on improving the health of under-served populations, are part of the CAMA network in Nigeria. After collaborating on CAMA's 2015 forum, they developed an initiative to provide HIV prevention education, counselling and testing, and reached over 1 million Nigerians with malaria prevention and management messages.
- Access Bank also partnered with the Private Sector Health Alliance of Nigeria (PHN), spearheading an effort to pool private sector resources and assist in closing the malaria funding gap through the Malaria to Zero Initiative, a financing platform to mobilise private sector resources and capabilities. Through demand generation programmes, training of CHWs, partnership with civil society organization and community groups, they have distributed 30,000 LLINs across Nigeria, and provided 273,000 people in rural communities with malaria information.
- Coca-Cola's Project Last Mile Initiative applies Coca-Cola's logistics, supply chain and marketing expertise to help strengthen health systems across Africa. CAMA has convened a dialogue between Coca-Cola Nigeria's team and several members of the NMEP to partner together on strengthening Nigeria's health systems for malaria.
- 9mobile is the fourth largest telecom operator in Nigeria, previously trading as Etisalat (Emirates Telecommunications Group Company) Nigeria. In 2015, CAMA partnered with Etisalat and HACEY Health Initiative to organise a nationwide advocacy campaign on World Mosquito Day (August 20th). The campaign, #MalariaFreeNigeria, trended on Twitter, reaching over 10 million Nigerians with malaria messaging.

**Business affected by malaria prevalence:**

- Nigerian Breweries is a local subsidiary of Heineken, and is the largest brewing company in Nigeria. They have been operating a workplace malaria programme for several years, covering over 3,200 full-time employees and 22,400 beneficiaries in all Nigerian Breweries

sites in eleven breweries in ten Nigerian states. There are eight clinics located across the country, with fifteen medical staff operating on a shift systems to serve workplace sites. Nigerian Breweries Workplace Malaria Programme was initiated in 2003 as part of the RBM effort to track high incidence of malaria cases. The programme has reported a 10% reduction in absenteeism due to malaria over the past three years. Nigerian Breweries Plc in partnership with Heineken Africa Foundation approved projects to support the provision of LLINs for some hospitals and selected communities in Nigeria.

- Shell Nigeria's malaria working group is coordinating a regional response to malaria in Nigeria through a series of activities in collaboration with community-based and government partners. Focused in 55 communities in six Niger Delta states, Shell Nigeria's programme, through a USD45 million partnership with Africare (a development NGO), supported community awareness activities to respond to malaria.

**Commodities and services for malaria control:**

- TANA Netting has opened a LLIN manufacturing facility in Aba, Nigeria, as part of its commitment to localise production in malaria-impacted regions. The "DawaPlus: Made in Africa" project places labour-intensive processes of LLIN production in African countries. In 2017, the project delivered its first batch of LLINs made locally at Rosie's Textile in Aba. More than one million LLINs were delivered to programmes overseen by Nigeria's NMEP and NGOs.

**Other:**

- Sustaining Health Outcomes through the Private Sector (SHOPS) is USAID's flagship initiative in private sector health, operating in Tanzania and Nigeria. The project engages with the private sector for public-private engagement to improve health outcomes in malaria, HIV/AIDS, family planning, and other health areas. SHOPS Plus partners with local players in both the private and the public sector to increase the capacity of the private sector to provide priority health products and services.

## B.9. Tanzania

### Technical and macro-economic context

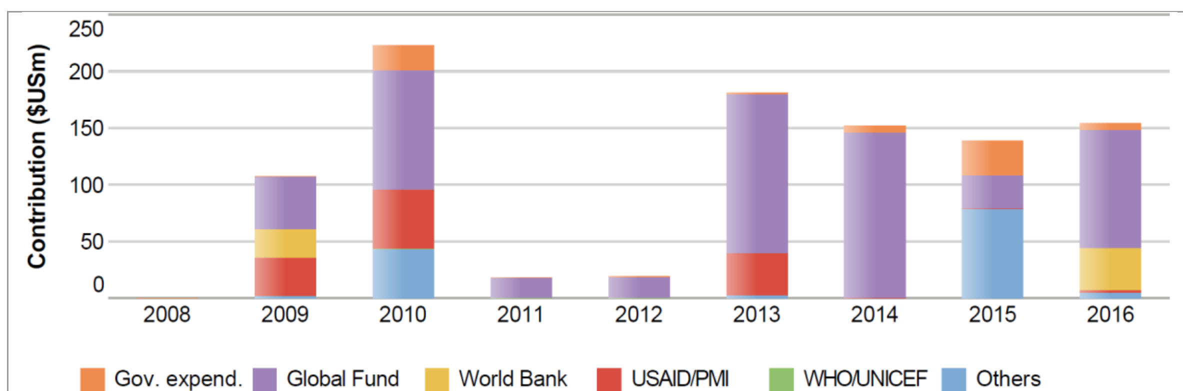
| Macro-economic and population profile[91] | |
|---|---|
| GDP per capita (USD) (2016) | 877.5 |
| Inflation, GDP deflator (annual %) (2016) | 6.7 |
| Agriculture, value added (% of GDP) (2016) | 32 |
| Industry value added (% of GDP) (2016) | 27 |

[91] Sources: World Bank Development Indicators, accessed at: http://databank.worldbank.org/data/embed-int/CountryProfile/id/b450fd57 on 17th June 2018; and World Bank Doing Business Reports, accessed at http://www.doingbusiness.org/reports on 17th June 2018.

| | |
|---|---|
| Services value added (% of GDP) (2016) | 41 |
| Foreign Direct Investment, net inflows (Balance of Payments, current USD) (millions) (2016) | 1,365 |
| Country population (2016) | 57.3 million |
| Poverty headcount ratio at national poverty lines (% of population) (2010) | 28.2 |
| Urban population growth (annual %) (2016) | 5.3 |
| World Bank ease of doing business ranking (out of 190 countries)[92] | 137 |
| **Malaria burden and funding profile[93]** | |
| Estimated number of malaria cases (2016) | 6,880,000 |
| Malaria incidence/1,000 population at risk (2015) | 113.9 |
| Key national malaria control targets | To reduce 2012 malaria morbidity and mortality levels by 80% by 2020<br><br>To reduce malaria prevalence from 10% in 2012 to 5% in 2016 and to 1% in 2020<br><br>To increase the proportion of women receiving two or more doses of SP during their pregnancy from 32% in 2012 to 80% by 2016 |
| Total need (essential commodities + supporting interventions) (2018-2020) (USD) | 591,409,336 |
| Total committed (essential commodities + supporting interventions) (2018-2020) (USD) | 287,542,922 |
| Total gap in funding (essential commodities + supporting interventions) (2018-2020)(USD) | 303,866,414 |
| Sources of funding: | |

[92] A ranking of 1 would equate to the highest ease of doing business, with a regulatory environment conducive to the starting and operation of a local firm.

[93] Sources: World Malaria Report 2017, accessed at http://www.who.int/malaria/publications/world-malaria-report-2017/en/ on 5th June 2018; and Roll Back Malaria Funding Gap Analysis 2017, accessed at on https://rollbackmalaria.com/news/gap-analysis-shows-us10-billion-is-required-by-2020-to-fully-implement-national-malaria-plans-in-35-countries/ on 5th June 2018.




**Overview of country economy and private sector landscape**

While Tanzania has enjoyed domestic stability, most of its population live below the World Bank poverty line. Malaria is a leading cause of morbidity and mortality in Tanzania, costing an estimated $240 million every year in lost GDP.[94] Tanzania is reputed to have a relatively well developed policy environment for public-private collaboration in health, and one of the first governments in the region to create a comprehensive policy framework encouraging a greater role for the private sector in health. The creation of the Ministry of Health and Social Welfare's (MOHSW's) Public-Private Partnership Technical Working Group (PPP-TWG) is also a demonstration of Tanzania's commitment to promoting dialogue and development of public-private collaboration in health.

## Overview of private sector engagement in health and malaria

- United Against Malaria (UAM) leverages the popularity of football to rally the public and private sector to the fight against malaria. Under the umbrella of UAM, the Voices for a Malaria Free Future Project, funded by the Bill and Melinda Gates Foundation from 2007-2014, worked with the African private sector to engage them in malaria control under the Malaria Safe Companies Initiative.
- In 2013, the initiative transitioned to the Tanzania Capacity and Communication Project (TCCP). Malaria Safe Companies invested in malaria control for their employees, families, and communities by conducting activities for malaria protection, education, visibility of malaria messaging, and advocacy. The Malaria Safe Companies model has been included in the Ministry of Health's National Malaria Strategic Plan 2014-2020 with the support of the US PMI under the Tanzania Communication and Capacity Project (TCCP).[95]
- For World Malaria Day in 2014, Stanbic Bank sponsored free malaria testing at four hospitals, supplied LLINs, and disbursed malaria education materials to its employees. Said Salim Bakhresa (SSB), a multinational flour mill, supplied free anti-malarial medicines

[94] USAID. Tanzania Private Health Sector Assessment. 2013. Accessed at https://www.shopsplusproject.org/sites/default/files/resources/Tanzania%20Private%20Sector%20Assessment%202.pdf on June 14th 2018.
[95] McCartney-Melstad, A. Tanzanian Private Sector Champions Step Up Efforts Against Malaria. April 2014. Accessed at https://www.impatientoptimists.org/Posts/2014/04/Tanzanian-Private-Sector-Champions-Step-Up-Efforts-Against-Malaria#.WyElXp9KiUk on 14th June 2018.

and LLINs for pregnant women and provided free testing for staff and employees at several clinics.

- The private sector partners committed with UAM in Tanzania include A-Z Textile Mills Ltd, Barrick Gold Corporation, Council of East and Central Africa Football Federations (CECAFA), Kagera Sugar Ltd and Mtibwa Sugar Estates Ltd (part of Super Group), Tanzania Breweries Ltd (TBL), Tanzania Coffee Board, Tanzania Football Federation (TFF), SAAFI Meat Company, Tanzania Private Sector Foundation (TPSF), Twiga Cement (part of Heidelberg Cement Group), and Vodacom.[96]
- Sustaining Health Outcomes through the Private Sector (SHOPS) is USAID's flagship initiative in private sector health, operating in Tanzania and Nigeria. The project engages with the private sector for public-private engagement to improve health outcomes in malaria, HIV/AIDS, family planning, and other health areas. SHOPS Plus partners with local players in both the private and the public sector to increase the capacity of the private sector to provide priority health products and services.

## B.10. Uganda

### Technical and macro-economic context

| Macro-economic and population profile[97] | |
|---|---|
| GDP per capita (USD) (2016) | 580.40 |
| Inflation, GDP deflator (annual %) (2016) | 3.5 |
| Agriculture, value added (% of GDP) (2016) | 26 |
| Industry value added (% of GDP) (2016) | 22 |
| Services value added (% of GDP) (2016) | 52 |
| Foreign Direct Investment, net inflows (Balance of Payments, current USD) (millions) (2016) | 523 |
| Country population (2016) | 42.9 million |
| Poverty headcount ratio at national poverty lines (% of population) (2010) | 24.5 (2010) |
| Urban population growth (annual %) (2016) | 5.4 |
| World Bank ease of doing business ranking (out of 190 countries)[98] | 122 |

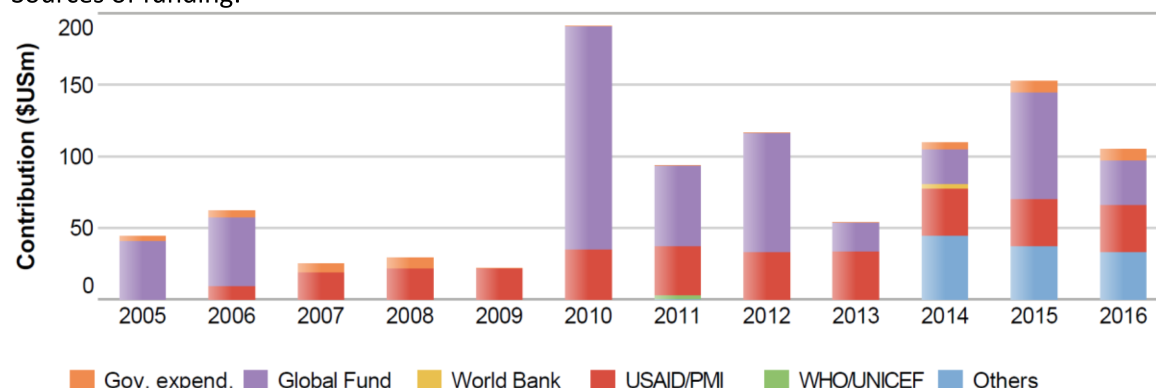
[96] Voices for a malaria free future. Tanzania country profile. Accessed by https://www.malariafreefuture.org/tanzania on 14th June 2018.

[97] Sources: World Bank Development Indicators, accessed at: http://databank.worldbank.org/data/embed-int/CountryProfile/id/b450fd57 on 17th June 2018; and World Bank Doing Business Reports, accessed at http://www.doingbusiness.org/reports on 17th June 2018.

[98] A ranking of 1 would equate to the highest ease of doing business, with a regulatory environment conducive to the starting and operation of a local firm.

| Malaria burden and funding profile[99] | |
|---|---|
| Estimated number of malaria cases (2016) | 7,770,000 |
| Malaria incidence/1,000 population at risk (2015) | 218.3 |
| Key national malaria control targets | Reduce annual malaria deaths from 2013 levels to near zero.<br><br>Reduce malaria morbidity to 30 cases per 1,000 people.<br><br>Reduce malaria parasite prevalence to less than 7%. |
| Total need (essential commodities + supporting interventions) (2018-2020) (USD) | 709,370,000 |
| Total committed (essential commodities + supporting interventions) (2018-2020) (USD) | 250,500,405 |
| Total gap in funding (essential commodities + supporting interventions) (2018-2020)(USD) | 458,869,595 |

Sources of funding:




## Overview of country economy and private sector landscape

Uganda has transformed itself from a country with a troubled past to one of relative stability and prosperity. Its economy has been growing at rates between 6 and 10% per year over the past ten years and is projected to continue to do so over the coming years.[100] It continues to attract more FDI than many other countries in the region, and the private sector is seen as a key engine for investment and growth. Manufacturing within Uganda has expanded in recent years, and many state-owned enterprises have been privatised.

With regards to health services provision, despite user fees for public health care having been officially abolished more than ten years ago, out-of-pocket payments continue to account for

[99] Sources: World Malaria Report 2017, accessed at http://www.who.int/malaria/publications/world-malaria-report-2017/en/ on 5th June 2018; and Roll Back Malaria Funding Gap Analysis 2017, accessed at on https://rollbackmalaria.com/news/gap-analysis-shows-us10-billion-is-required-by-2020-to-fully-implement-national-malaria-plans-in-35-countries/ on 5th June 2018.

[100] World Bank. Uganda Economic Update. 2016. Accessed on http://documents.worldbank.org/curated/en/859951467989540438/pdf/106178-REPLACEMENT-Uganda-Economic-Update.pdf on 14th June 2018.

approximately 50% of total health expenditure, indicating that the private sector services are in large demand and to some extent, well-developed across the country, though not necessarily well regulated. [101]

There are a growing number of domestic companies in Uganda that have developed an interest in CSR to address health issues in Uganda. These are usually large, high profile national and multinational companies such as Royal Dutch Shell Plc, Total, Tullow Oil Plc, and agricultural companies such as Kakira Sugar Ltd in Uganda.[102]

## Overview of private sector engagement in health and malaria

**Corporate social responsibility/ philanthropy:**

- Standard Chartered Bank (SCB) Uganda runs a CSR project, 'Seeing is Believing.' SCB's partners on this project are SightSavers, the Ministry of Health and Mulago Hospital, Uganda's only national referral hospital. The project has been running for 10 years. So far 80,000 clients have been diagnosed, treated and provided with affordable eye glasses where applicable, with beneficiaries from all districts of Uganda.
- Uganda Baati Limited (UBL): The Chandaria Clinic was established by Uganda Baati Ltd (the oldest and largest steel rolling company in Uganda) and provides outpatient health services to the communities near this company and its staff; it is recognised in workplace health and community involvement. UBL, through the Chandaria Medical clinic, has a strong CSR component in its offer of both free and subsidised health services to its employees and the surrounding communities of Tororo and Kampala industrial areas. Among the major services provided by the clinic are the training of peer educators, the screening of cervical and breast cancer for women, as well as general medication.
- The Madhvani Group are one of the largest conglomerates in Uganda. They have implemented a number of malaria prevention and treatment activities for their workforce for specific companies such as Uganda Tea Corporation Ltd and Kakira Sugar Works; the group is considered to be a major driver of CSR activity for health in Uganda.

**Professional associations/platforms:**

- The John Hopkins University Centre for Communication Programs Voices project partnered with the Private Sector Foundation Uganda (PSFU) to develop a common fund to address critical health care needs affecting vulnerable groups in Uganda, such as children under five years and women of reproductive age. Through contributions from PSFU's 140 member companies, the plan is for the Private Sector Health Common Fund

[101] Swecare Foundation. Uganda Health Sector and Partnership Opportunities. 2013. Accessed at https://www.swecare.se/Portals/swecare/Documents/Uganda-Health-Sector-and-Partnership-Opportunities-final.pdf on June 14th 2018.

[102] MVO Nederland. Country scan CSR Uganda. 2106. Accessed at https://mvonederland.nl/sites/default/files/media/CSR%20Country%20Scan%20Uganda%202016.pdf on June 14th 2018.

(PSHCF) to support interventions in malaria, nutrition, water and sanitation, among other health areas. Uganda's Ministry of Health and Voices will provide technical guidance on how some of these funds can be used to control and eliminate malaria.

- Uganda Healthcare Federation (UHF) is a membership association founded in 2010 to champion the interests of the private health sector across Uganda. UHF has a membership of over 55 non-state health associations and organisations in Uganda, including service providers, health professionals, distributors and manufacturers, as well as civil society partners. As the umbrella body for the Uganda non-state health sector, UHF lobbies, advocates, campaigns, mobilises and mediates for the private sector. UHF has over 2,000 members on its database and holds monthly networking events, and distributes regular newsletters. UHF is an affiliate of the East Africa Healthcare Federation, with sister federations in Kenya, Rwanda, Tanzania, Burundi and South Sudan. UHF also holds a seat on the Private Sector Foundation of Uganda (PSFU) Board and is recognised by the Ministry of Health – Public-Private Partnerships in Health Node.

## B.11. India

### Country context

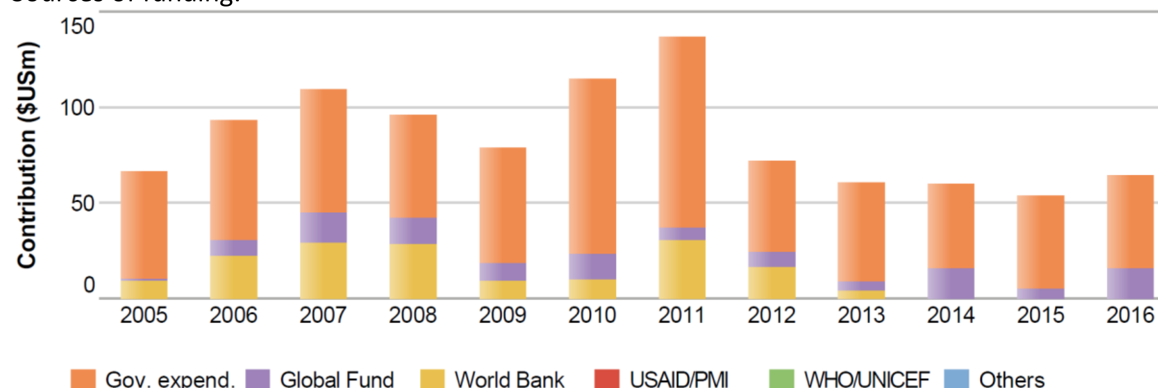
| Macro-economic profile[103] | |
|---|---|
| GDP per capita (USD) | 17,096 (2016) |
| Country population | 1.2 billion (2016) |
| Agriculture as a % of GDP | 17 |
| Industry as a % of GDP | 29 |
| Services as a % of GDP | 54 |
| FDI | 44,459 |
| Poverty head count | 21.9 (2010) |
| Urban population growth | 2.3 |
| Inflation | 3.6 |
| World Bank ease of doing business ranking (out of 190 countries | 100 |
| **Malaria burden and funding profile[104]** | |
| Estimated number of malaria cases (2016) | 13,710,000 |

[103] Sources: World Bank Development Indicators, accessed at: http://databank.worldbank.org/data/embed-int/CountryProfile/id/b450fd57 on 17th June 2018; and World Bank Doing Business Reports, accessed at http://www.doingbusiness.org/reports on 17th June 2018.

[104] Sources: World Malaria Report 2017, accessed at http://www.who.int/malaria/publications/world-malaria-report-2017/en/ on 5th June 2018; and Roll Back Malaria Funding Gap Analysis 2017, accessed at on https://rollbackmalaria.com/news/gap-analysis-shows-us10-billion-is-required-by-2020-to-fully-implement-national-malaria-plans-in-35-countries/ on 5th June 2018.

| Malaria incidence/1,000 population at risk (2015) | 18.6 |
|---|---|
| Key national malaria control targets | Malaria-free status by 2030 |
| Total need (essential commodities + supporting interventions) (2018-2020) (USD) | 1,003,597,054 |
| Total committed (essential commodities + supporting interventions) (2018-2020) (USD) | 283,514,367 |
| Total gap (essential commodities + supporting interventions) (2018-2020) (USD) | 720,082,687 |

Sources of funding:




## Overview of country economy and private sector landscape

India is the world's largest democracy and according to UN estimates, its population is expected to overtake China's in 2028 to become the world's most populous nation. It has emerged as an important regional power in recent years with its growing economy. Among the BRICS countries and other newly industrialised nations, however, India spends the least on health per capita.[105, 106]

India is one of the world's leading suppliers of generic medicines; the country's generic drugs account for 20% of global generic drug exports in terms of volumes.

The private sector also plays a major role in health service provision in India, providing almost 80% of outpatient and 60 % of inpatient care.[107] India's new Health Policy 2017, the first issued in 14 years, is seen to consider the role of the private sector as valuable to plugging gaps in services through the strategic purchasing of care from private facilities and clinics.

With regards to philanthropy, a Bain and Company report of the philanthropy landscape in India in 2017 reported that contributions from individual philanthropists has been steadily rising in recent years, growing faster than funds from foreign sources and funds contributed through CSR.[108]

[105] BRICS nations are the five major emerging national economies: Brazil, Russia, India, China and South Africa
[106] AlJazeera. India's healthcare: private vs public sector. 2017. Accessed at https://www.aljazeera.com/indepth/interactive/2017/08/india-healthcare-private-public-sector-170831125534448.html on June 13th 2018.
[107] Devex. 2017. India turns to private sector to boost health coverage. Accessed at: https://www.devex.com/news/india-turns-to-private-sector-to-boost-health-coverage-90006 on June 13th 2018.
[108] GBC Health. 2014. India mandates corporate social responsibility: the 2% bill. Accessed at: http://archive.gbchealth.org/asset/india-mandates-corporate-social-responsibility-the-2-percent-bill on June 13th 2018.

Private donations from philanthropists represented 32% of total contributions to the development sector in 2016, up from 15% in 2011.[109]

In 2014, the government also mandated a bill to companies with net profits above a threshold to spend 2% of that profit on CSR.[110] Under the bill, companies have full flexibility in developing their own social investment strategies, in accordance with government specified areas of particular need, including malaria, maternal and child health, HIV, and TB. The government also requests that companies to give preference to the local areas of operation.

Although malaria was once nearly eradicated in India, it returned to the country in the late 1970s, and today is one of the most widespread causes of death, disability and economic loss, particularly among lower socio-economic groups who have limited access to timely and effective treatment.[111] India has committed to eliminating malaria by 2030, as part of the national framework for malaria elimination.

The World Bank ease of doing business report ranks India as 100 of 190 countries in 2017, rising thirty places from the previous year but still ranking below most of the BRICS countries.

## Overview of private sector engagement in health and malaria

Public-private partnerships have been the dominant model for major private sector engagement initiatives in malaria in India. These examples reflect the growing philanthropic activities of domestic companies in addressing India's development challenges.

**Public-private partnerships:**

- In 2016, the Indian Council of Medical Research signed an agreement with Sun Pharma, which makes anti-malaria drug Synriam, as part of the government strategy to eliminate malaria by 2030. Under the public-private-partnership, Sun Pharma oversees disease surveillance over a span of three to five years covering over 1,200 villages in Madhya Pradesh's Mandla district.[112] In future phases, the programme is planned to expand to more high malaria-prevalence districts across the country.
- Tata Trusts, the philanthropic arm of the Tata Group, has initiated a research funding initiative to explore new gene-editing technologies that modify the DNA of mosquitoes carrying the malaria parasite. Tata Trusts will invest USD70 million (Rs 458 crore) over the next five years by setting up The Tata Institute of Genetics and Society in Bengaluru in

[109] Ibid.
[110] GBC Health. 2014. India mandates corporate social responsibility: the 2% bill. Accessed at: http://archive.gbchealth.org/asset/india-mandates-corporate-social-responsibility-the-2-percent-bill on June 13th 2018.
[111] World Bank. 2010. Malaria: India's battle against a complex disease. Accessed at: http://www.worldbank.org/en/news/feature/2010/04/23/malaria-indias-battle-against-a-complex-disease on June 14th 2018.
[112] Indian Express. 2016. ICMR ties up with Sun-Pharma to fight malaria. Accessed at https://indianexpress.com/article/india/india-news-india/icmr-ties-up-with-sun-pharma-to-fight-malaria-2770246/ on 14th June 2018.

collaboration with the University of California San Diego in the US and the Institute for Stem Cell Biology and Regenerative Medicine (InStem) in Bengaluru, India.[113]

- The India Health Fund (IHF), an initiative led by Tata Trusts in collaboration with the Global Fund, was launched in 2016 to serve as an investment engine and platform for social investment to fight malaria and TB in India. It was conceptualised to be the private sector partner for the government of India in achieving its targets of eliminating TB by 2025 and malaria in 2030.[114] The IHF aims to support new products and strategies that impact across the lifecycle of TB and malaria, from prevention to post-cure recovery, and accepts applications from organisations and individuals for innovations and technologies designed to combat tuberculosis and malaria.

**Commodities and services for malaria control:**

- The generics pharmaceutical industry is one of the fastest growing segments of the Indian economy, and the leading pharmaceutical manufacturers, many of which are Indian-owned, compete for both domestic and global markets. Total sales in 2014 through the Indian pharmaceutical industry equalled USD 15.63 billion, ranking India in the top five globally terms of production volume.[115] Leading pharmaceutical companies in India producing malaria drugs are Cipla, Mylan Labs, Ajanta Pharma, Macleods, and Strides Arcolab Limited. Cipla is one of the largest suppliers of anti-malarial drugs in the world. In malaria, their portfolio covers treatment for over 100 million malaria patients across affected countries globally, and in 2017.[116] Cipla has also partnered with the Medicine for Malaria Venture for the development of rectal artesunate for pre-referral treatment of children with severe malaria. Cipla, like many of the pharma companies in India, engages in a number of CSR activities in health in India, including establishing a palliative care and training centre in Pune, an awareness programme on Hepatitis C, and a Cancer and AIDS Foundation (CCAF). The Organisation of Pharmaceutical Producers of India (OPPI) is a representative body of pharmaceutical manufacturers, representing the majority of companies operating in India.
- The private sector also plays a major role in health service provision in India, providing almost 80% of outpatient and 60% of inpatient care.[117] The combination of high quality

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[113] Economic Times India. 2017. Tata Trusts to start project to eradicate malaria in India. Accessed at https://economictimes.indiatimes.com/news/company/corporate-trends/tata-trusts-to-start-project-to-eradicate-malaria-in-india/ on June 14th 2018.
[114] Tata Trusts. 2017. India Health Fund invites applications on innovations. Accessed at: http://tatatrusts.org/article/inside/india-health-fund-invites-applications-on-innovations on June 14th 2018.
[115] IFPMA, Pharma by numbers. Accessed at: http://www.pharmabynumbers.com/map/#map/country/IND on June 14th 2018.
[116] Cipla. Annual Report 2017. Accessed at: https://www.cipla.com/uploads/investor/1500033215_Annual%20Report%202016-17.pdf on 19th June 2018.
[117] Devex. 2017. India turns to private sector to boost health coverage. Accessed at: https://www.devex.com/news/india-turns-to-private-sector-to-boost-health-coverage-90006 on June 13th 2018.

and cost-effective health services has also facilitated a medical tourism industry for India's private health sector, and this is one of the fastest growing segments in tourism in India. Top Indian corporate hospitals in India are Apollo, Fortis, Wockhardt, Max Healthcare, and Manipal. Apollo Hospitals claim to have the largest share of the medical tourism market, with figures from 2017 reporting 255,000 inpatients and 2.2 million outpatients.[118] These hospitals also engage in CSR activities in health. For example, Fortis provides free medical services through the SEWA initiative through charitable dispensaries and health camps, and Max India Foundation provides a wide range of health services in India on tobacco, immunisation, and general health awareness.

[118] Patients Beyond Borders. Apollo Hospitals Group. Accessed at: https://patientsbeyondborders.com/hospital/apollo-hospitals-group on 19th June 2018.

# ANNEX C CONSULTEE LIST

| | Name | Position | Level |
|---|---|---|---|
| 1 | Alan Court | Senior Adviser to UN Secretary General's Special Envoy for Malaria | Global |
| 2 | Alexandra Cameron | Senior Technical Manager, Malaria Strategy, UNITAID | Global |
| 3 | Altaf Lal | Senior Advisor, Global Health and Innovation, Sun Pharmaceuticals Industries Ltd, India | Global/national |
| 4 | Andrea Lucard | Executive Vice President, External Relations, Medicines for Malaria Venture, and in-coming co-chair of RBM Advocacy and Resource Mobilisation Partnership Committee | Global |
| 5 | Ben Rolfe | Chief Executive Officer of the Asia Pacific Leaders Malaria Alliance, and former co-chair of RBM Advocacy and Resource Mobilisation Partnership Committee | Global/regional |
| 6 | Francois Jung-Rozenfarb | Manager, Private Sector Engagement, Global Fund | Global |
| 7 | Ian Boulton | Managing Director of TropMed Pharma Consulting | Global |
| 8 | Ian Matthews | Director of Strategy and Communications, GBC Health, and representative of Corporate Alliance on Malaria in Africa | Global/regional |
| 9 | James Tibenderana | Technical Director, Malaria Consortium | Global |
| 10 | John Fairhurst | Head, Private Sector Engagement, Global Fund | Global |
| 11 | Justin McBeath | Cross-regional Malaria Business Manager, Bayer, and collaborator with Goodbye Malaria | Global/regional |
| 12 | Jessica Rockwood | President, International Public Health Advisors | Global |
| 13 | Kalpesh Shah | CEO, A to Z Textile Mills Ltd, Tanzania | National |
| 14 | Lisa Goldman Van-Nostrand | Advisor to RBM Board member (Ray Nishimoto), Sumitomo Chemical Company | |
| 15 | Maxwell Kolawole | West Africa Programmes Director, Malaria Consortium, and former Country Director, Malaria Consortium, Nigeria | Regional/ national |
| 16 | Meg DeRonghe | Senior Program Officer, Program, Advocacy and Communications, Bill and Melinda Gates Foundation | Global |
| 17 | Maneesh Sharma | Regional Direcgtor - Asia, Vestergaard Frandsen Inc | Regional |
| 18 | Mario Ottiglio | Managing Director of the High Lantern Group and Coordinator, Private Sector Malaria Coalition | Global |
| 19 | Melanie Renshaw | Chief Technical Advisor, African Leaders Malaria Alliance | Regional |
| 20 | Oliva Ngou | Country Director, Malaria No More, Cameroon | National |
| 21 | Peter Olumese | Medical Officer, Global Malaria Programme, World Health Organization | Global |

| | Name | Position | Level |
|---|---|---|---|
| 22 | Rene Frederick Plain | Manager, Country Coordinating Mechanisms Hub Team, Global Fund | Global |
| 23 | Scott Filler | Senior Disease Coordinator for Malaria, Global Fund | Global |
| 24 | Sherwin Charles | Co-chair of the PSMC and Founder of Goodbye Malaria | Global/regional |

# ANNEX D REVIEWED DOCUMENTATION

## Received from RBM


1) WHO on behalf of the Special Programme for Research and Training in Tropical Diseases (2006). Partnerships for malaria control: engaging the formal and informal private sectors. WHO: Geneva.
2) WHO/Roll Back Malaria Partnership (September, 2011). Progress and Impact Series Number 7: A Decade of Partnership and Results. WHO: Geneva.
3) WHO/Roll Back Malaria Partnership (May, 2011). Progress and Impact Series Number 6: Business Investing in Malaria Control: Economic Returns and a Healthy Workforce for Africa. WHO: Geneva.
4) Roll Back Malaria Partnership (March, 2018). RBM Strategic Plan 2018-2020. WHO: Geneva.
5) UNDP/ Roll Back Malaria Partnership (2013). Multisectoral Action Framework for Malaria. UNDP: New York, USA.
6) Roll Back Malaria Partnership (October, 2017). RBM Partnership Private Sector Engagement Framework– for decision (RBM/PBM07/2017/DP08).
7) Roll Back Malaria Partnership (September, 2016). RBM Governance Bye-Laws. WHO: Geneva.
8) Roll Back Malaria Partnership (undated). The 10+1 Initiative: Accelerating malaria burden reduction (Summary).
9) Roll Back Malaria Partnership (undated). Terms of Reference: Country End Malaria Councils.
10) UNOPS/ Roll Back Malaria Partnership (February, 2018). Advocacy & Resource Mobilization Partner Committee Strategy Summary.
11) UNOPS/ Roll Back Malaria Partnership (February, 2018). Advocacy & Resource Mobilization Partner Committee: Strategy and Workplan Recommendations.
12) UNOPS/ Roll Back Malaria Partnership (March, 2018). **New Strategy and Structure of the ARMPC – for information (RBM/B09/2018/RP07).**
13) Roll Back Malaria Partnership (undated). Private Sector: The Global Partnership for a Malaria Free World.
14) Roll Back Malaria Partnership (December, 2017). Annual Work Plan 2018.
15) Roll Back Malaria Partnership (March, 2018). Advocacy and Resource Mobilisation Partner Committee (ARMPC) Update. UNOPS: Geneva.
16) Roll Back Malaria Partnership (April, 2018). Internal notes from breakfast meeting with private sector leaders (London).
17) AMP. Additional material (2017) for AMP Toolkit, Chapter 6: Communication. Brief X: Private sector engagement.

18) EC Associates (2018). Placing the Business Community in the Forefront of Malaria Reduction and Elimination: A Concept Piece for Promotional Video Documentary.

19) RBM and the African Union Commission (2018). Zero Malaria Starts With Me Campaign: Advocacy Toolkit.

### Sourced by CEPA

The documents listed below are key sources reviewed in developing the strategic framework and workplan. A significant number of sources (including documents, reports, data portals, and press releases) informed the 10+1 country profiles, which have been referenced fully in the footnotes of the country profiles.

20) The Global Fund to Fight AIDS, TB and Malaria (2017). The Global Fund Strategy 2017-2022: Investing to end epidemics. GFATM: Geneva.

21) The Global Fund to Fight AIDS, TB and Malaria (undated). The Global Fund and the role of Private Sector Partnerships in Promoting Economic Growth and Reducing Poverty in the Indo- Pacific Region.

22) The Global Fund to Fight AIDS, TB and Malaria (2013). Private Sector Engagement & Avoidance of Conflict of Interest Guide.

23) GBC Health (undated). Global Fund Private Sector Delegation.

24) Stop TB Partnership/ Karin Holm (2009). Business Engagement Strategy for the Stop TB Partnership's Private Sector Constituency.

25) Scaling up Nutrition (SUN) Movement (undated) Guide to Business Engagement for SUN Countries.

26) WHO/Ready To Beat Malaria (2018). Malaria London Summit: Malaria Summit Commitments.

27) WHO (2017). World Malaria Report, Geneva.

28) RBM (2015). Action and Investment to Defeat Malaria 2016-2030. Geneva.

## ANNEX E STAKEHOLDER CONSULTATION GUIDE

*Scope of private sector actors within RBM*

1. Which private sector partners are already active within RBM?
    a. What is the scope of their activity?
    b. Which activities or means of engagement are of most value to RBM/ malaria control efforts? And what about the companies?
    c. How could existing efforts be expanded/ built on?

2. On the other hand, which private sector partners are currently not particularly active but where there is potential for them to be so, considering mutual benefit to both RBM/ malaria control efforts and the companies?
    a. What do you perceive as the key barriers? How could these be overcome?
    b. What activities should be prioritised? How could these be operationalised?
    c. What specific gaps exist in terms of skills and resources? Why? How could they be filled?
    d. What other suggestions do you have for encouraging effective strategic involvement of the private sector?

*Areas of private sector engagement*

3. How do you think the private sector can help keep malaria high on the political and development agenda, at the national, regional and global levels?
    a. How might RBM be able to support any suggested activities? How could these be operationalised within the existing governance structure?

4. How else can we boost the prioritisation of malaria through existing regional economic communities or regional economic and development platforms?
    a. How might RBM be able to support any suggested activities? How could these be operationalised within the existing governance structure?

5. How we can specifically encourage companies to commit direct funding for malaria at the national, regional and global levels?
    a. What do you think about the possibility of establishing a regional malaria financing facility? How could this work?

b. How might RBM be able to support any suggested activities? How could these be operationalised within the existing governance structure?

*Opportunities for country specific engagement*

6. Could you describe the current scope of private sector engagement in malaria control activity in each X countries[119] (as per knowledge/ insight)?
    a. Who are the key active companies?
    b. How have they been involved in malaria control activity? What have been the effects/benefits of these activities as relating to malaria control efforts, and the companies?
    c. Can you give any examples of any projects/activities conducted in X country which have been mutually beneficial in terms of both the companies' interests and the interests of the national/ regional/ global malaria community?
    d. How is malaria activity coordinated amongst the private sector in X country?

7. What gaps currently exist in terms of private sector involvement in malaria control in X country?
    a. What specific or type/ scale of companies are not involved but could be, in terms of value to the company AND malaria control efforts national/ regionally/ globally?
    b. Why are they not involved? What are the barriers?
    c. What skills or resources within the private sector in X country would be particularly useful to bring to the national malaria control efforts?

8. How could we encourage the involvement of the private sector (as discussed above) in malaria control activity, considering institutional motivations for addressing malaria?
    a. What specific activities/ or scope of involvement would be the most valuable and why? What would be required to operationalise these?
    b. How can the private sector in X country be used to keep malaria high on the political and development agenda, through using i.e. existing structures such as Global Fund Country Coordinating Mechanisms, Parliamentary Standing

[119119] Nigeria, Democratic Republic of Congo (DRC), India, Mozambique, Ghana, Mali, Burkina Faso, Niger, Uganda, United Republic of Tanzania, Cameroon.

Committees and All-Party groups, chambers of commerce, labour unions, formal and informal private sector associations, and corporate social responsibility departments in prominent companies?

c. How might RBM be able to support any suggested activities? How could this be operationalised within the existing governance structure?

9. Are you aware of any data or information, such as reports, which may be useful for us in understanding better the private sector involvement in malaria control in X country?