



Partnership
To End Malaria

October 21, 2020

Developing a Country Resource Mobilization Strategy for Malaria

CReMA Orientation for Consultants

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(CRSPC)

Objectives

- Understand the need for resource mobilization for malaria
- Understand the components of a resource mobilization strategy
- Understand the process of developing a resource mobilization strategy
- Understand the actors and stakeholders involved in country level resource mobilization
- Articulate the evidence and components of and data needed to develop an investment case for malaria
- Articulate the other non-quantifiable evidence for an investment case for malaria
- Understand country level opportunities for resource mobilization
- Articulate the theory of change

Outline

- Why is resource mobilization relevant for malaria?
- The global investment case
- What is resource mobilization?
- Process of developing a country level resource mobilization strategy
 - Stakeholder mapping
 - Evidence needed for an investment case
 - Resource mobilization opportunities
- Linking with advocacy
- Theory of change
- Monitoring and evaluation

Background: Malaria

- Half of the world's population, approximately 3.2 billion people, live in areas at risk for malaria transmission
- In 2018, there was an estimated 228 million cases of malaria worldwide and 405 000 deaths. 93% of the cases are in Africa
- Nineteen countries in sub-Saharan Africa and India carry almost 85% of the global burden
- Globally, pregnant women and children continue to be the most susceptible sub-population. In Africa, a child dies every 2 minutes from malaria
- The incidence of malaria declined globally between 2010 and 2018, from 71 to 57 cases per 1000 population at risk. The rate of change stalled since 2014
- In some countries, malaria is on the rise.
- Rise of resistance to drugs and insecticides
- WHO estimate that deaths could double due to COVID19

Economic burden of malaria

- The presence of malaria transmission has a negative effect on macroeconomic performance and development
- Costs of health care
- Worker absenteeism and days lost in education
- Loss of investment and tourism
- Malaria reduces economic growth in sub-Saharan Africa by 1.3% per person per year and GDP by 0.25 - 6%
- 10% decrease in malaria incidence was associated with an increase in income per capita of nearly 0.3% on average and a 0.11 percentage point faster per capita growth per annum

Background: Global Technical Strategy (2016-2030)

Joint vision, goals, milestones and targets			
Vision: A world free of malaria			
Goals	Milestones		Targets
	2020	2025	2030
1. Reduce Malaria mortality rates globally compared with 2015	At least 40%	At least 75%	At least 90%
2. Reduce Malaria case incidence globally compared with 2015	At least 40%	At least 75%	At least 90%
3. Eliminate Malaria from countries in which Malaria was transmitted in 2015	At least 10 countries	At least 20 countries	At least 35 countries
4. Prevent re-establishment of Malaria in all countries that are Malaria-free	Re-establishment prevented	Re-establishment prevented	Re-establishment prevented

Source: WHO Global Technical Strategy

Positioning Malaria in the Broader Development Agenda

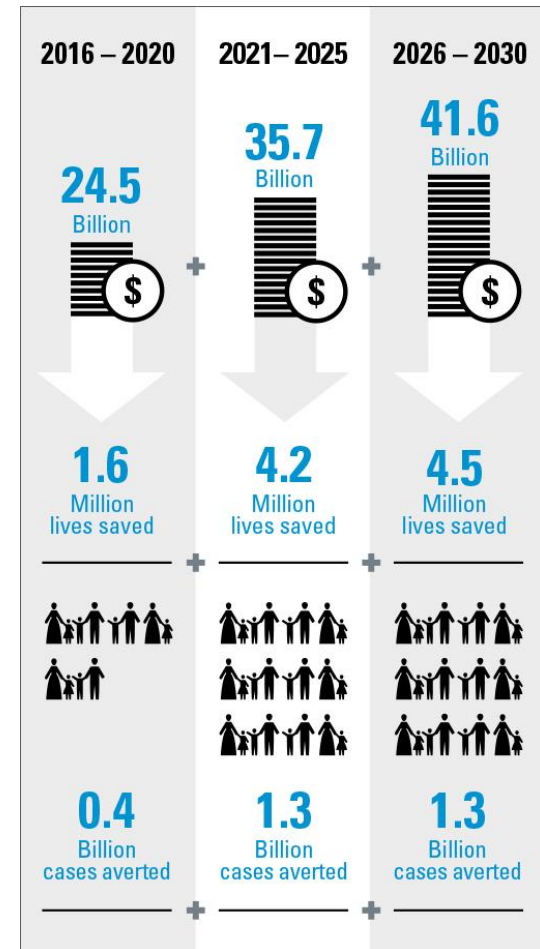
The SDGs are inextricably linked to the achievement of a malaria-free world. Malaria reduction and elimination will contribute to, benefit from and be a measure of progress towards the SDGs. Failure to defeat malaria will seriously compromise our ability to achieve most of the SDGs.



Action and Investment to defeat Malaria 2016–2030 (AIM) – for a malaria-free world

Global Investment Case: Malaria is a “best buy” in global health

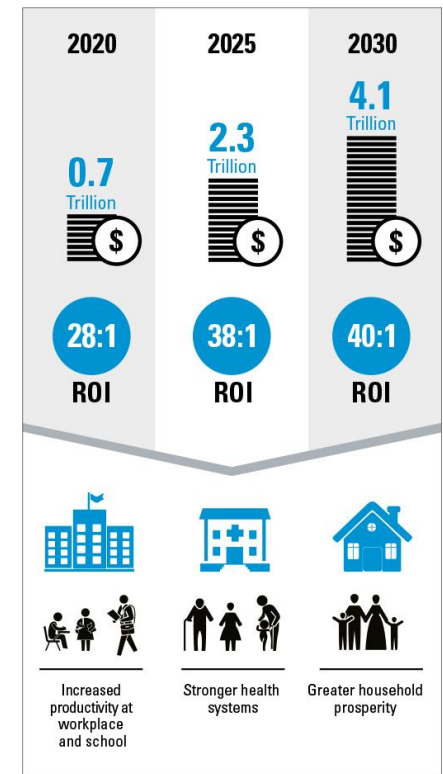
- Malaria prevention and treatment are cost-effective public health interventions: USD 5 to 8 per case averted
- By 2030
- 10.3 million lives saved
- 1 billion cases averted
- Direct and indirect benefits
- Reduced health expenditures



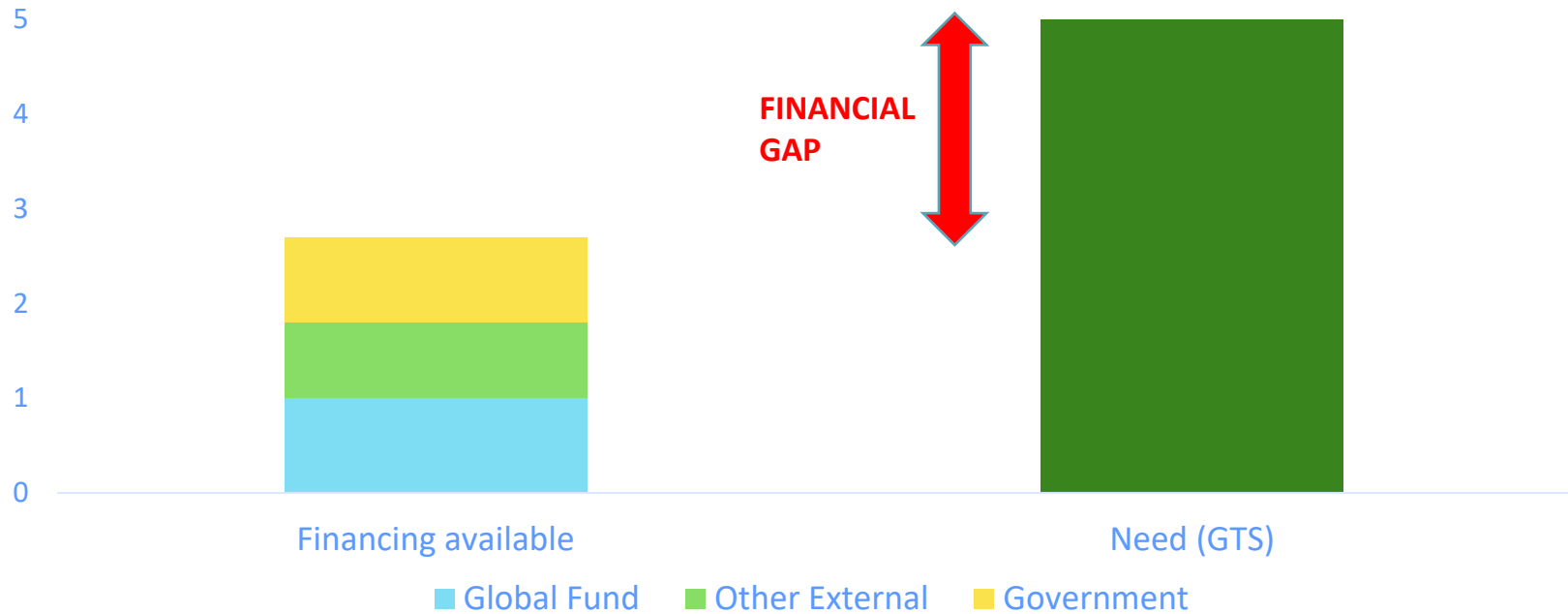
Cumulative Return on Investment for Achieving the 2020 and 2025 Milestones and 2030 Targets

The return on investing in malaria has the potential to reduce poverty and unlock inclusive growth

- Investing in malaria control and elimination is investment in productivity, progress, and people-centered development - beyond the direct benefits of health
- GTS target by 2020: Economic output USD 4.1 trillion in
- The return on investment: 40:1 globally
 - ROI in Sub-Saharan Africa - 60:10

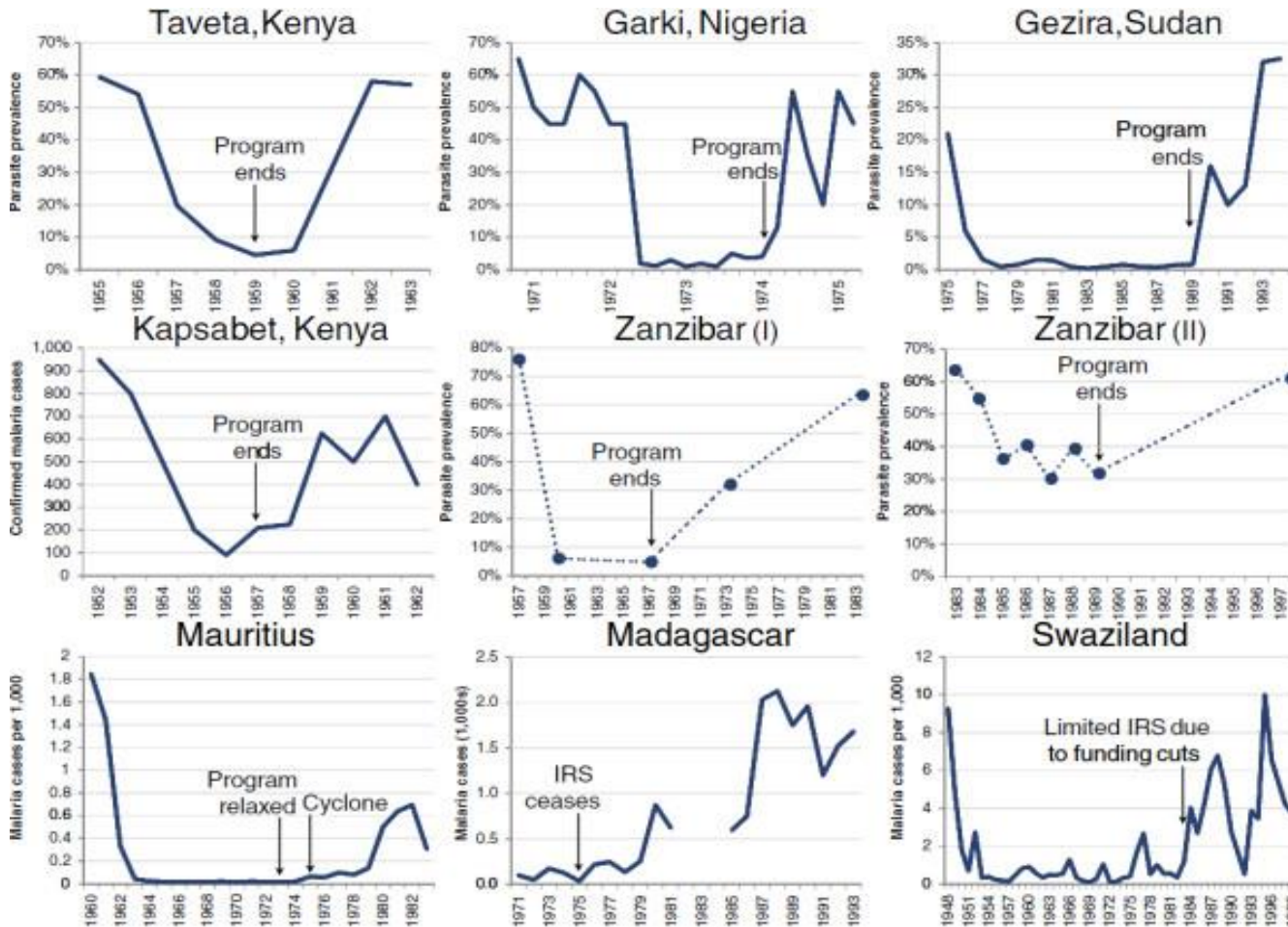


Global Funding Gap (2018)



Source: WHO World Malaria report (2019)

Malaria resurgence is a real threat



LEARNING FROM THE PAST

History provides a warning that the gains in malaria are fragile, and depend upon sufficient and sustained investment. Between the 1930s and 2000s, 75 episodes of resurgence were reported in 61 countries. Most of these resurgences were the consequence of weakened malaria control programmes, due mainly to a lack of resources.³²

Cost of Failure



Source: RBM Action and Investment to Defeat Malaria (AIM)

Challenges at the country level

- Short term costs of elimination are high - but decline with prevention of reintroduction strategies
- Financial and political commitment critical to achieving and maintaining malaria elimination
- Donor funding declining in many settings
- Transition from donor funding (e.g. Global Fund)
- Resurgence could jeopardize progress and previous investment
- Competing health priorities (e.g. Covid-19) – service delivery and financing
- Ministries of Finance and donors demand country-specific evidence to support investments
- Costs, benefits, and financial feasibility of elimination in many settings remain largely unknown
- Need robust economic evidence, strategic advocacy to sustain financial and political commitment
- Lack of committed malaria advocates in many countries

What do decision-makers need to know?



How much does the program cost over time?

Costing and cost projections



Is the program a worthwhile investment?

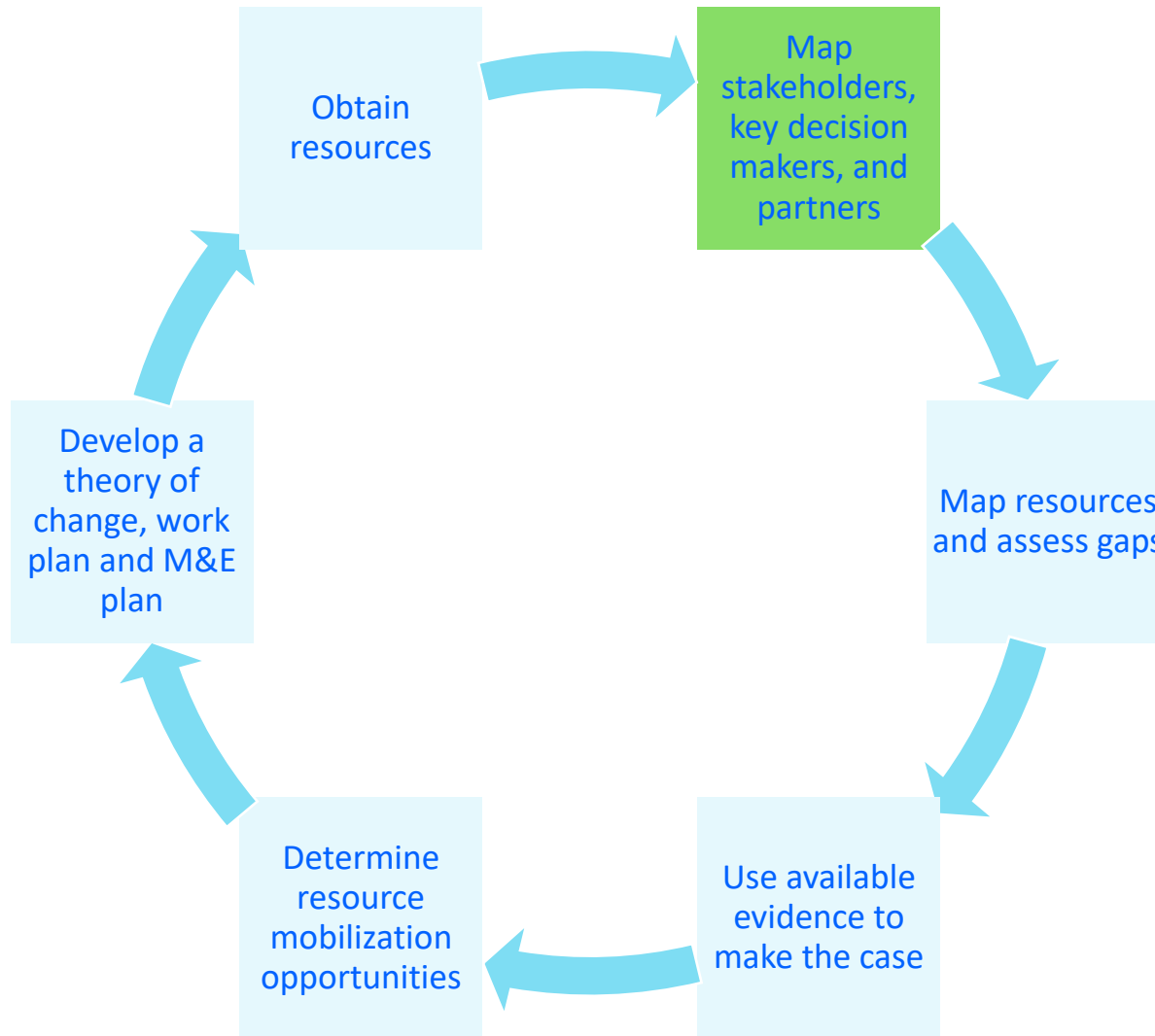
Benefits estimation & investment cases



Is there sufficient funding? How to address the gap.

Financial and gap analysis and potential sources to fill the gap

Resource mobilization : Steps in the process



Country level engagement

- Scoping mission
- Who is the audience?
- Who are the stakeholders?
- What data are already available on costs and economic impact?
- Data collection
- Map stakeholders and assess pathways of influence
- Analysis and strategy development
- Workplan and theory of change
- Monitoring and evaluation plan
- Presentation of key findings

Who are the key stakeholders?

Current AND potential

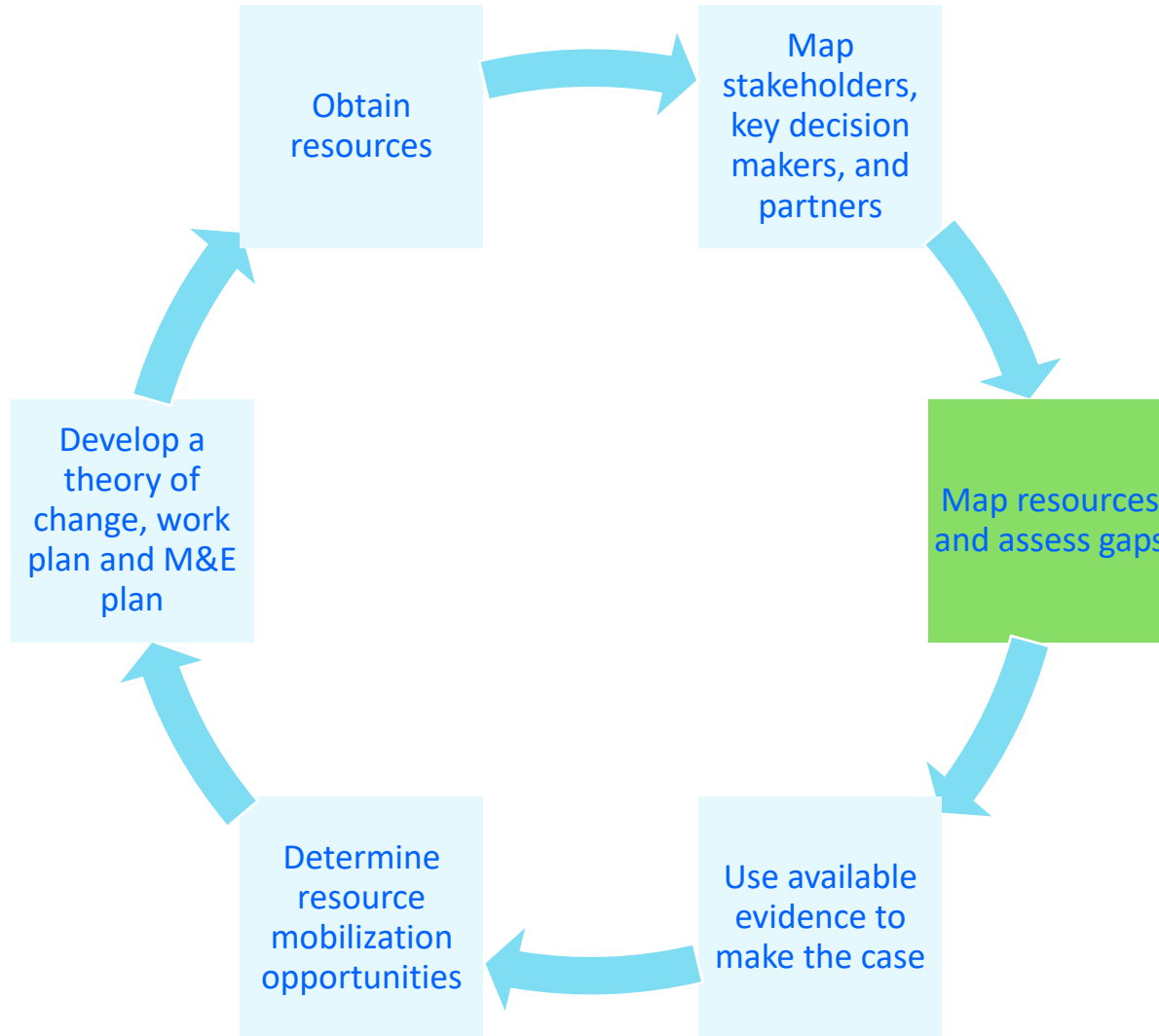
- Whole of government – leaders and key constituent groups
 - Ministry of Health, the Ministry of Finance, the Ministry of Foreign Affairs, Parliamentarians
- Health Financing Stakeholders (e.g. health insurance)
- Civil society and communities affected by malaria
- NGOs, faith-based organizations
- Traditional donors: multilaterals and bilateral donors
- United Nations agencies, World Bank
- Global Fund Country Coordinating Mechanism members
- Private sector actors currently supporting anti-malaria efforts, companies (business affected by malaria such as mining and other labor-intensive industries), and companies whose clients are affected by malaria (tourism, rural enterprises, telecommunications firms, money transfer firms, and more)
- Multilateral and Regional Development Banks (African Development Bank)
- Individuals advocating for anti-malaria efforts
- Celebrities, artists, religious leaders, journalists, and more

Stakeholder mapping for resource mobilization

Stakeholder	Interest	Level of Influence	Potential for engagement
Ministry of Finance	High	High	Through office of xx
Ministry of External Affairs			Invite to End Malaria Council
ExxonMobil	High	High for resource mobilization but also as champion	High through participation in End Malaria Council

Source : RBM Zero Malaria Starts with Me Toolkit

Resource mobilization : Steps in the process



Map resources: Financial landscape

- What does the country need?
- What resources are available?
 - Government
 - Donor
 - Private sector
 - Other
- What are the potential other sources?
 - Development banks
 - Public-private partnerships
 - Corporate Social Responsibility
 - Innovative financing



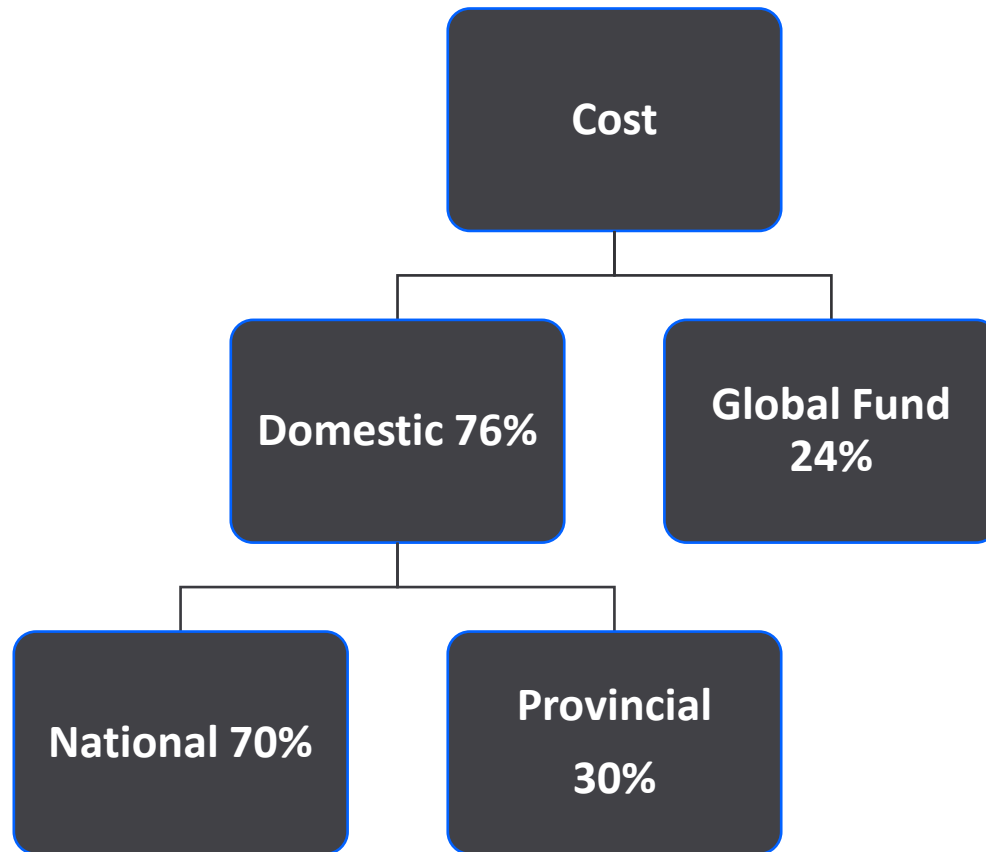
Financial need

- Where to find information on cost of program commodities and activities (actual and future estimates)
 - National [Malaria] Strategic Plan
 - Global Fund (Procurement data and financing projections)
 - Past expenditure analysis
 - National Health Accounts, budgets
 - Peer reviewed literature
 - Health Insurance Schemes (for example, in Ghana)
 - Existing analysis/studies on cost
- Empirical data collection
- Projections made using models to estimate future cost of interventions

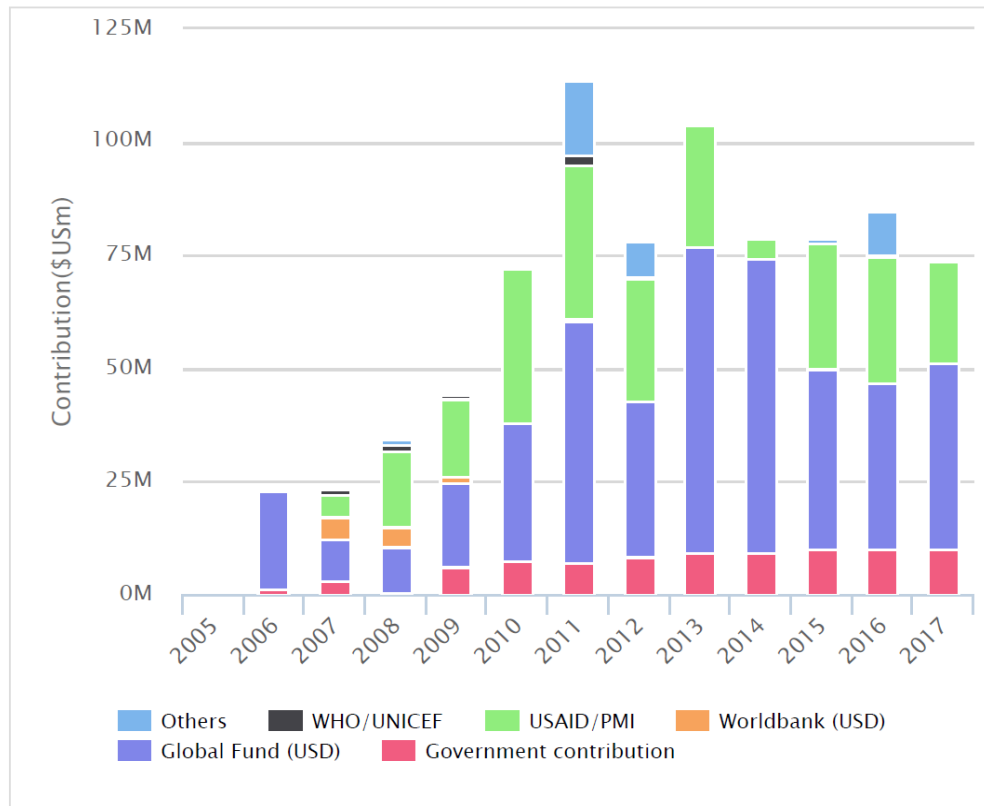
Cost analysis

Cost by source	Cost by input	Cost by activity
Government financing	Capital	Vector control
	Personnel	Diagnosis
External financing	Consumables	Treatment
	Services	Surveillance, Monitoring and evaluation
		Social and behavior change communication
		Supportive supervision, training, supply chain support
		Chemoprevention (IPTp, SMC)

Cost by source: example



Example: Sources of financing for malaria in Ghana (USD)



- Total financing increased from < USD 25 million to > USD 100 million in 2011
- Government financing increased ten-fold
- Global Fund
- Two active grants in 2019 – total funding USD 109 million
- Additional financing: US PMI, DFID and others

Source: WHO World Malaria report (2018)

Future commitments: sources

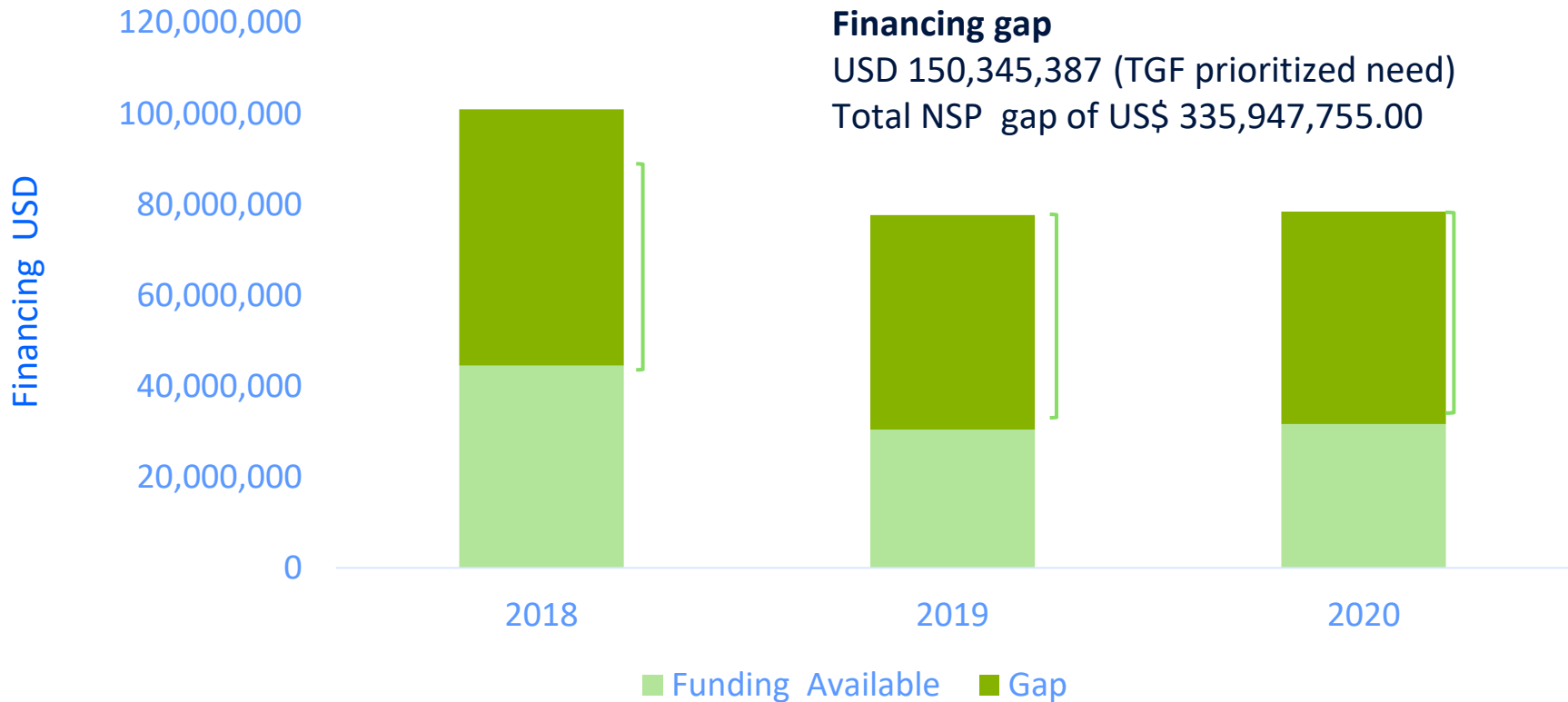
- External commitments
 - Global Fund: Grant agreements
 - USAID/PMI: Malaria Operational Plans
 - Bilateral agreements
 - Government budget allocations
 - National
 - Subnational

Financial gap

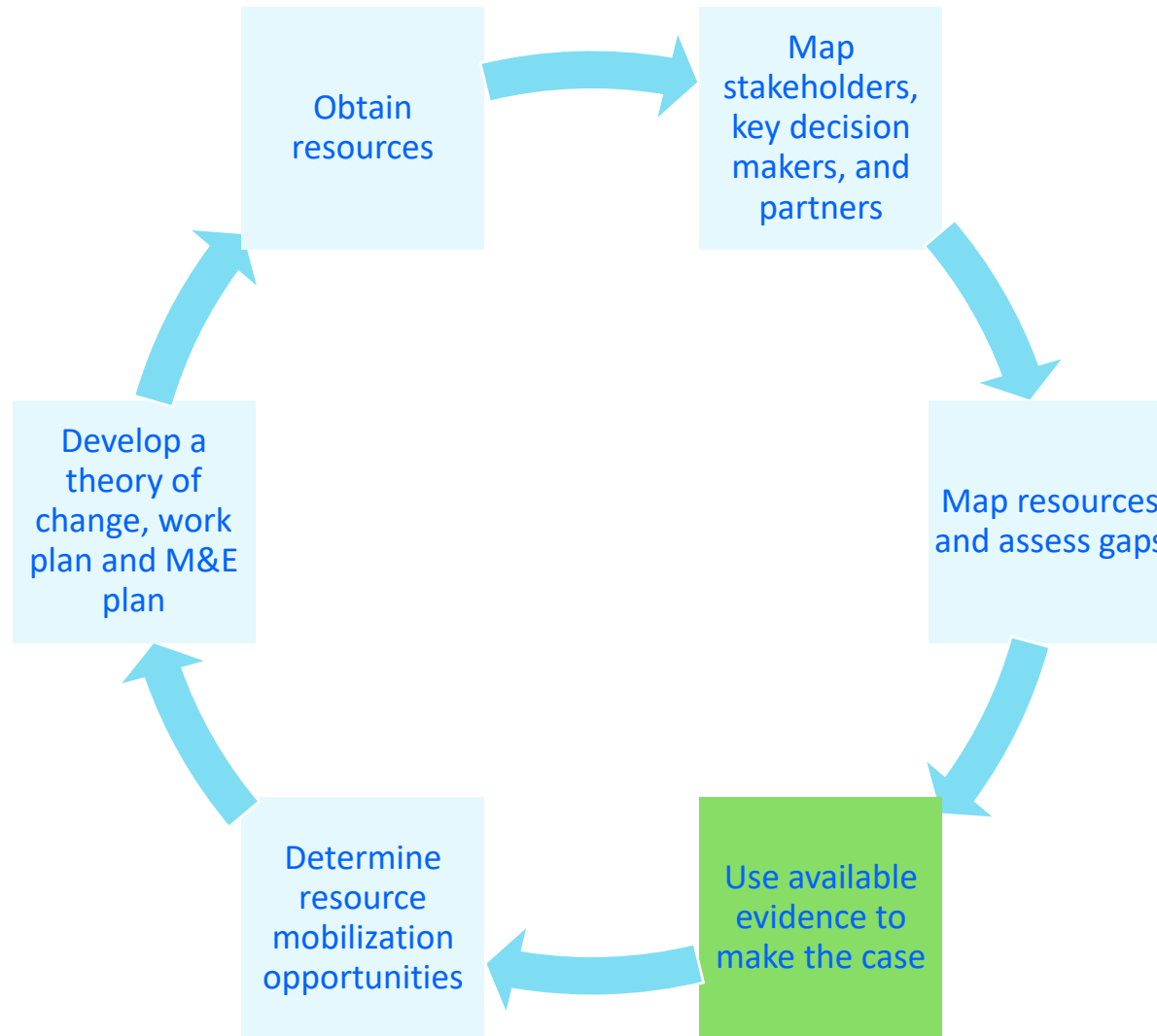


Financial Gap = Need (cost of program) – Available resources

Example: Funding gap



Resource mobilization : Steps in the process



Benefits: Returns for food security, education, and womens' empowerment

Less malaria means children can attend school and grow up leading healthy, productive lives



When the work of caring for those with malaria drops, women can generate income and take part in decision-making



As the burden of malaria drops, women can engage in subsistence agriculture more effectively, increasing crop yields and making their households more food secure



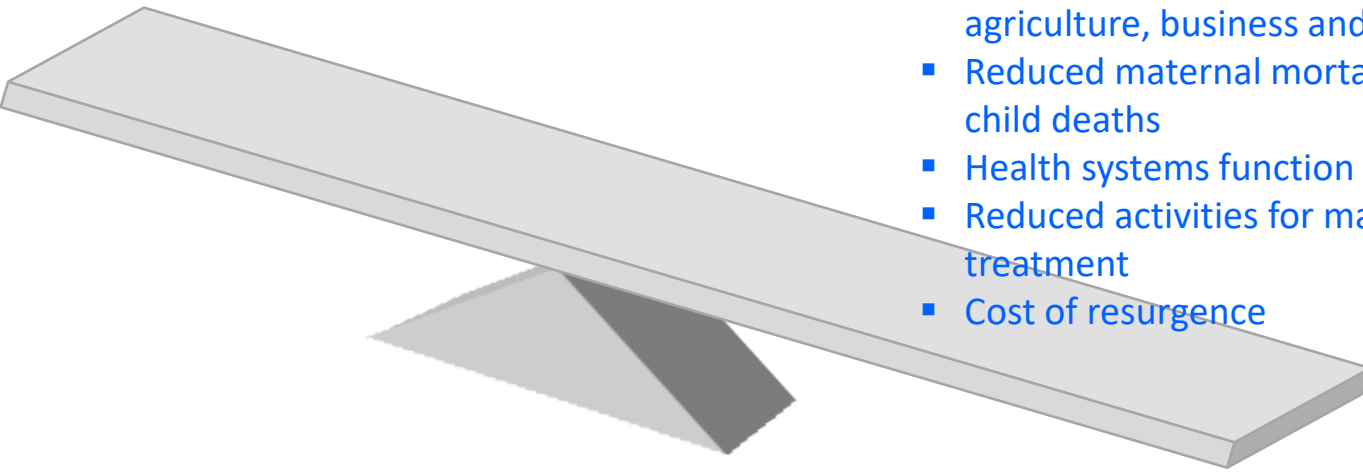
Evidence: The investment case for malaria elimination

COSTS

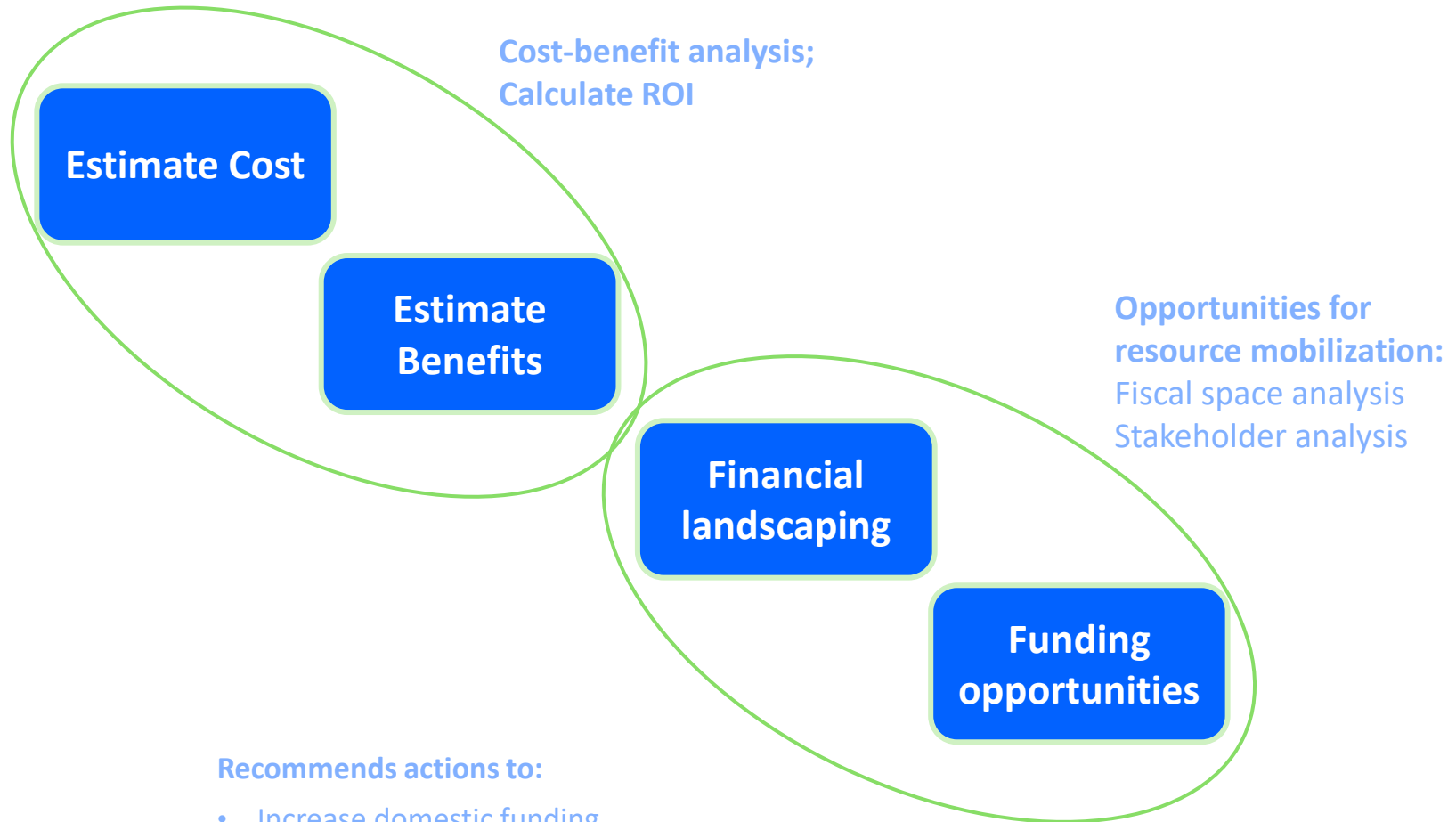
- Effective and proven malaria prevention and treatment to reach goal
- Strengthening of surveillance systems

BENEFITS (HOUSEHOLD, HEALTH SYSTEM, SOCIETAL)

- Reduced worker and school absenteeism
- Reduced out of pocket expenditures. Savings and investments in IEC/BCC
- Enabling of non-market activities (i.e., caregiving, house-keeping)
- Improved cognitive development and educational attainment
- Increased productivity in key economic areas: agriculture, business and industry
- Reduced maternal mortality, and neonatal and child deaths
- Health systems function more effectively
- Reduced activities for malaria prevention, and treatment
- Cost of resurgence



Framework for the investment case



Recommends actions to:

- Increase domestic funding
- Expand the base of traditional donors
- Increase private sector investment
- Explore innovative financing solutions

Economic (cost-benefit) analysis:

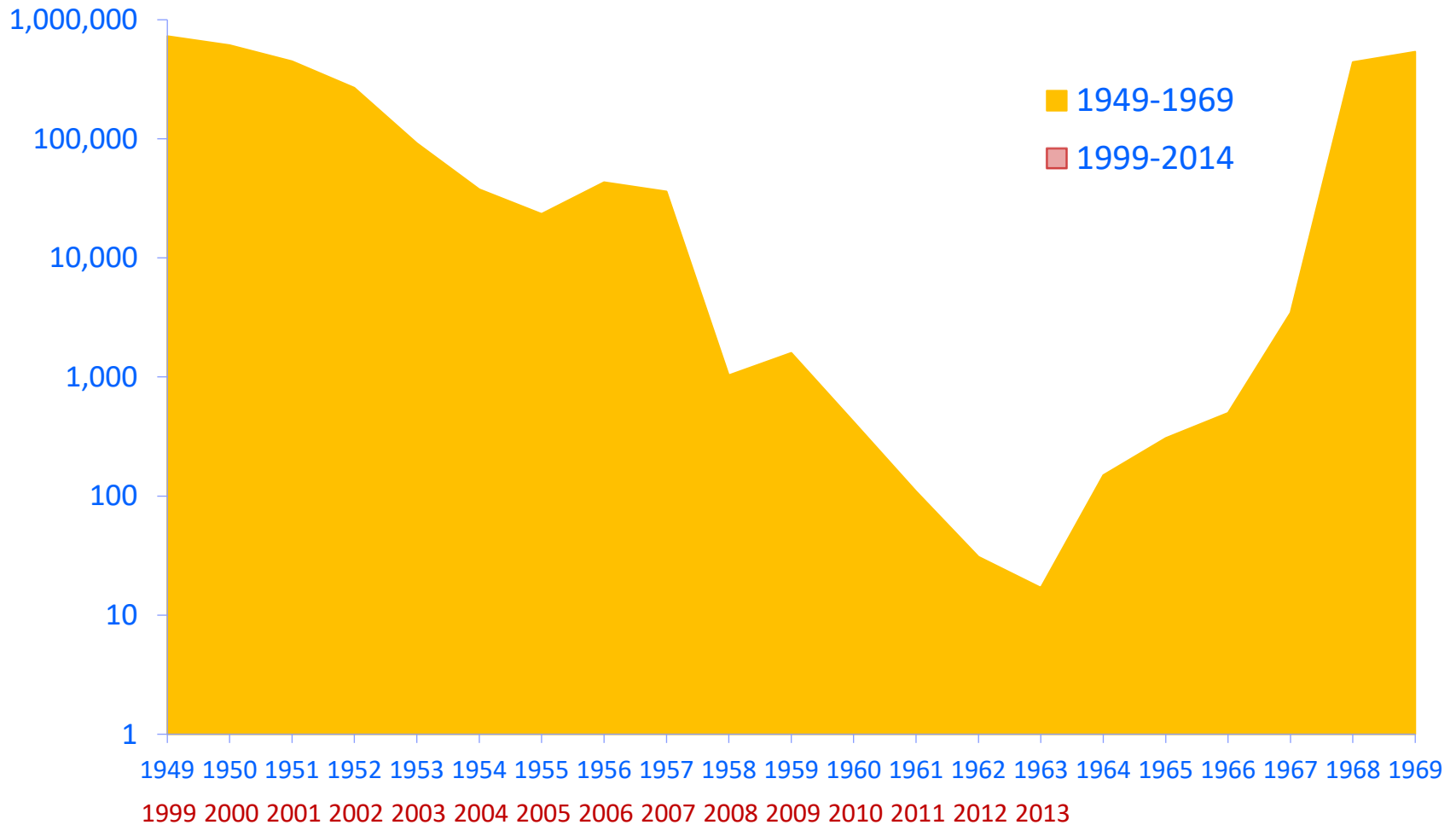
- Goal: what is the investment case for?
 - for example – malaria elimination
- Projected cases, deaths
- Projected interventions to achieve the goal
- Projected costs of the interventions

- Options
 - Assume that NSP interventions, goals (cases and deaths) and costs are true
 - Use of a model to project effect of interventions (mathematical model or non-parametric model)
 - If there is a access to this (for example, elimination scenario planning tool)

Investment case scenarios - current, future and counterfactual?

- Do nothing
- Continue with “status quo” of interventions with the result of the same levels of cases and deaths
- Reverse scenario
- Return to a reasonable time in history
 - Cost of interventions at that time
 - Cases and deaths at that time

Example: Resurgence in Sri Lanka (counterfactual)



Economic benefits of malaria elimination

Direct health systems costs averted

- Direct cost savings (national and subnational expenditures on interventions)

Household/out of pocket costs averted

- Reduction in out-of-pocket expenditures for treatment seeking

Indirect/societal costs averted

- Productivity gains among malaria patients and caregivers and broader societal economic impacts
- Value of life years lost due to premature death

Economic benefits of malaria control and elimination

Direct cost to the health system	Direct cost to households	Indirect cost to the society
Cost of increased health service utilization for malaria (inpatient and outpatient treatment)	Out of pocket expenditure incurred due to malaria	Value of life years lost due to premature death
Cost of vector control to control a resurgence		Cost of lost productivity due to malaria morbidity
Cost of treatment for population with special needs (malaria in pregnancy)		
Cost of increased diagnosis of fever cases		
Cost of training human resources and educating the community		

Data sources

Data	Source
Case and deaths (by district) Intervention coverage	NMCP (from the Health Management Information System (HMIS) Partners (IRS, SBCC HSS cost) World Malaria Reports and Annexes
Cost of commodities and activities	NMCP Global Fund (Procurement data and financing projections) Partners
Cost of outpatients and inpatients	National Health Accounts Peer reviewed and grey literature (Some of these may be integrated with other costs and will need assumptions to apportion)
Targets and goals	NMCP Expert opinion (for assumptions where data was unavailable)
Effectiveness of interventions	NMCP Peer reviewed and grey literature Expert opinion (for assumptions where data was unavailable)

Estimating monetary value of benefits

Cost savings to the health systems:

Malaria cases averted * cost of treating each outpatient and in-patient

Cost savings for prevention (vector control, chemoprophylaxis)



Cost savings in household Out of Pocket (OOP) expenditures:

Malaria cases averted * OOP expenditure



Societal costs:

Productivity gains from less illness days (patient and caretaker)

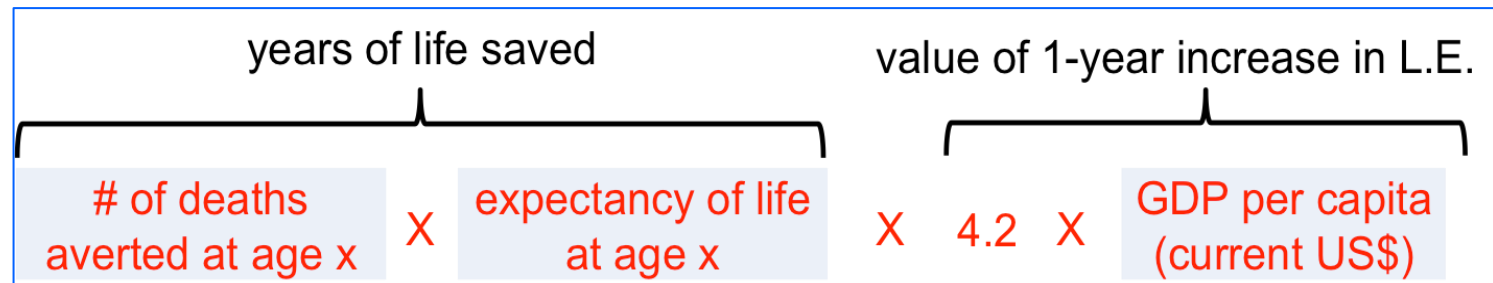
Malaria cases averted * # days lost per episode * average daily wage (or GDP per capita)



Societal benefits: productivity gains from less deaths



Estimate the value of a life year (VLY) gained in monetary terms

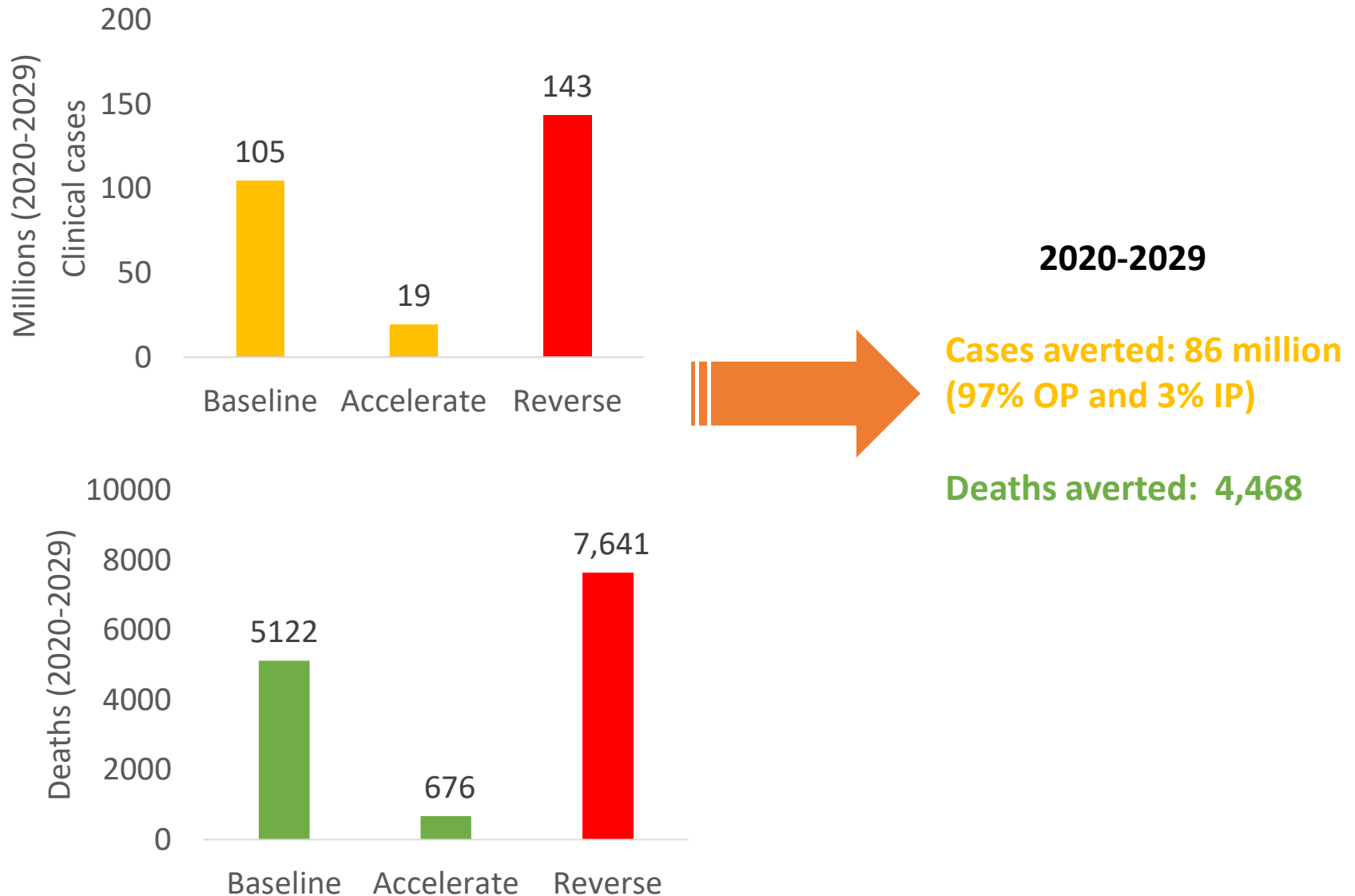


Methodology: Economic analysis

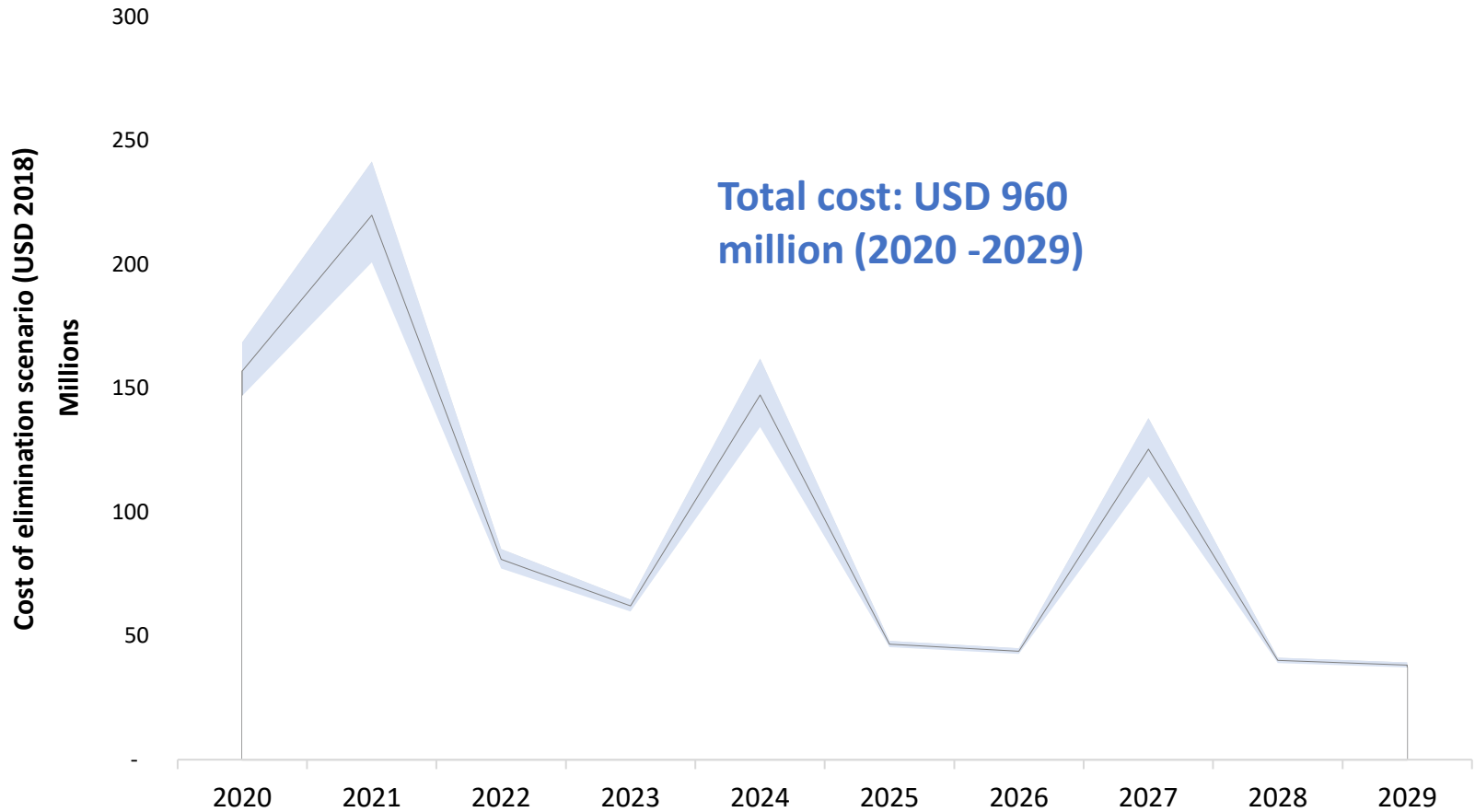


Costs and benefits: remember to apply discount rate (usually 3%)

Example: cases/deaths averted in Ghana



Example: Cost of elimination in Ghana



Data inputs and sources

		Source
Cost of OP malaria treatment	16	National Health Accounts (NHA)
Cost of IP malaria treatment	580.86 (5 days)	NHA
OOP per OP malaria case	4.91	Literature
OOP per IP malaria case	24.55	
Economics		
GDP per capita (USD)	1807.1	World Bank
Coefficient for VLY calculation	4.2	Jameson et al.
Discount rate (%)	3.0	
Exchange rate (2018 mid-year)	5.78	Oanda
Mortality		
Life expectancy at 40 years	33.2	Statistical office
Life expectancy at 2.5 years	66.83	
Epidemiology and length of disease		
Length of OP malaria case (days lost)	5.85	NMCP
Length of IP malaria case (days)	10.79	NMCP

Estimating monetary value of benefits in Ghana

- Cost savings to the health systems:

- # Malaria cases averted * cost of treating each outpatient and in-patient

$$[(86 \text{ million} * 97\%)* 16] + [(86 \text{ million} * 3\%)*580.86]$$

- Cost savings in household Out of Pocket (OOP) expenditures:

- # Malaria cases averted (outpatient and in-patient) * OOP expenditure

$$[(86 \text{ million} * 97\%)* 4.91] + [(86 \text{ million} * 3\%)*24.55]$$

- Societal costs:

- # Malaria cases averted * # days lost per episode * average daily wage (or GDP per capita)

$$86 \text{ million} * 5.85 * 1807$$

$$\# \text{ Malaria deaths averted} * \text{life expectancy} * 4.2 * \text{GDP per capita}$$

- $4468 * 33.2 * 4.2 * 1807$

Economic benefits: Ghana



Decreased health system expenditure



2,169,971,495



Increased productivity



29,133,426,945



Greater household prosperity



580,686,484

Economic benefit



US\$ 32 billion

ROI 32:1

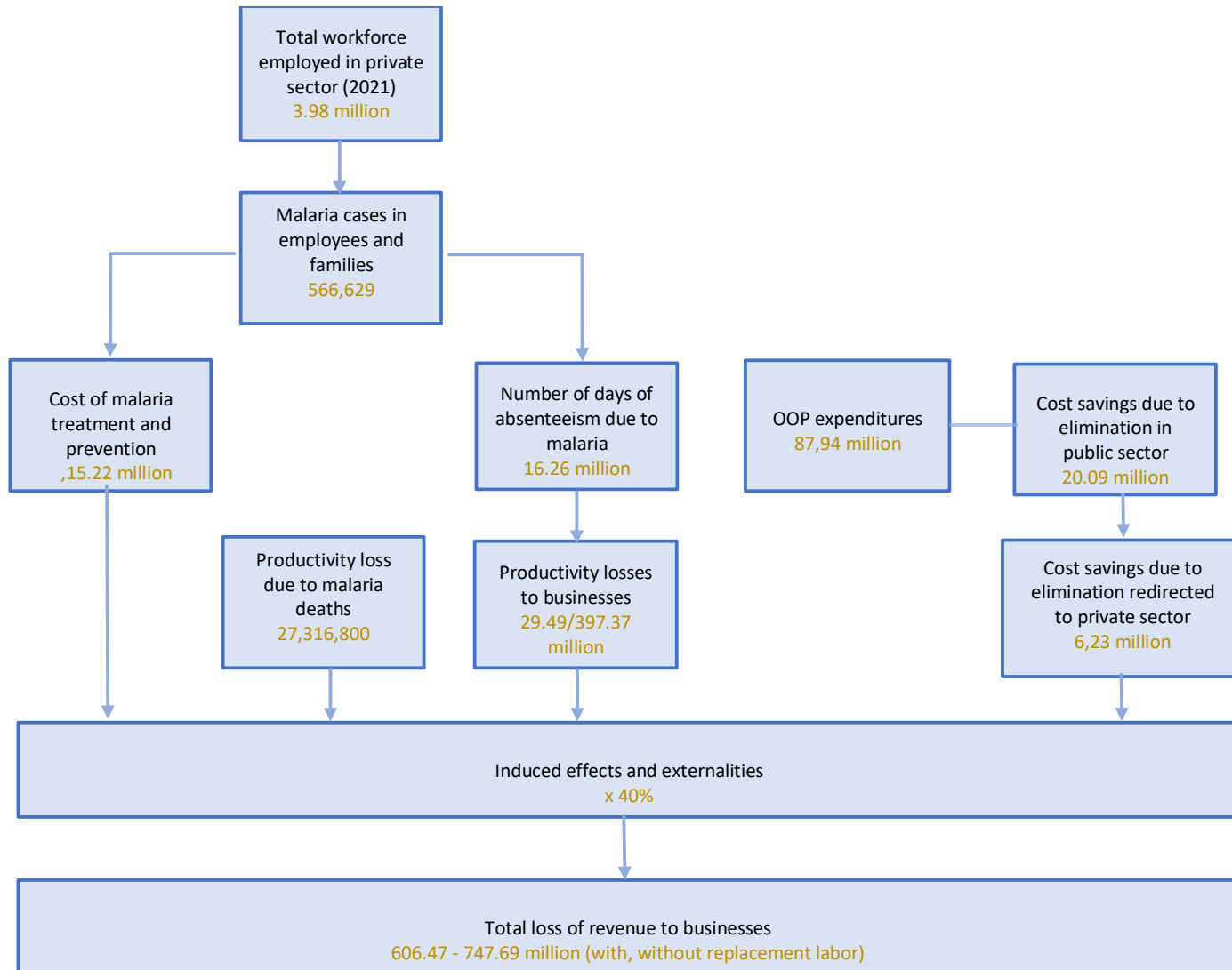
Elimination is feasible and a worthwhile goal: Example Ghana

Benefit from reduced morbidity and mortality	Cost of resurgence
<ul style="list-style-type: none">• 86 million clinical malaria cases averted• 51 million reported cases averted• 4468 deaths averted• Economic benefit: US\$ 32 billion• Economic benefits exceed the cost malaria control by a factor of at least 32	<ul style="list-style-type: none">• 38.2 million additional clinical malaria cases• 24.4 million additional reported malaria cases• 2497 additional deaths• US\$ 14.1 billion in forgone economic output

Other non-quantifiable (or difficult to measure) benefits

- Cognitive development and education (and impact of future earnings)
- Impact on tourism and trade
- Gender equality
- Equity
- Less burdened health systems
- Freeing up resources (including human resources) for other diseases

Private sector investment case in Zambia

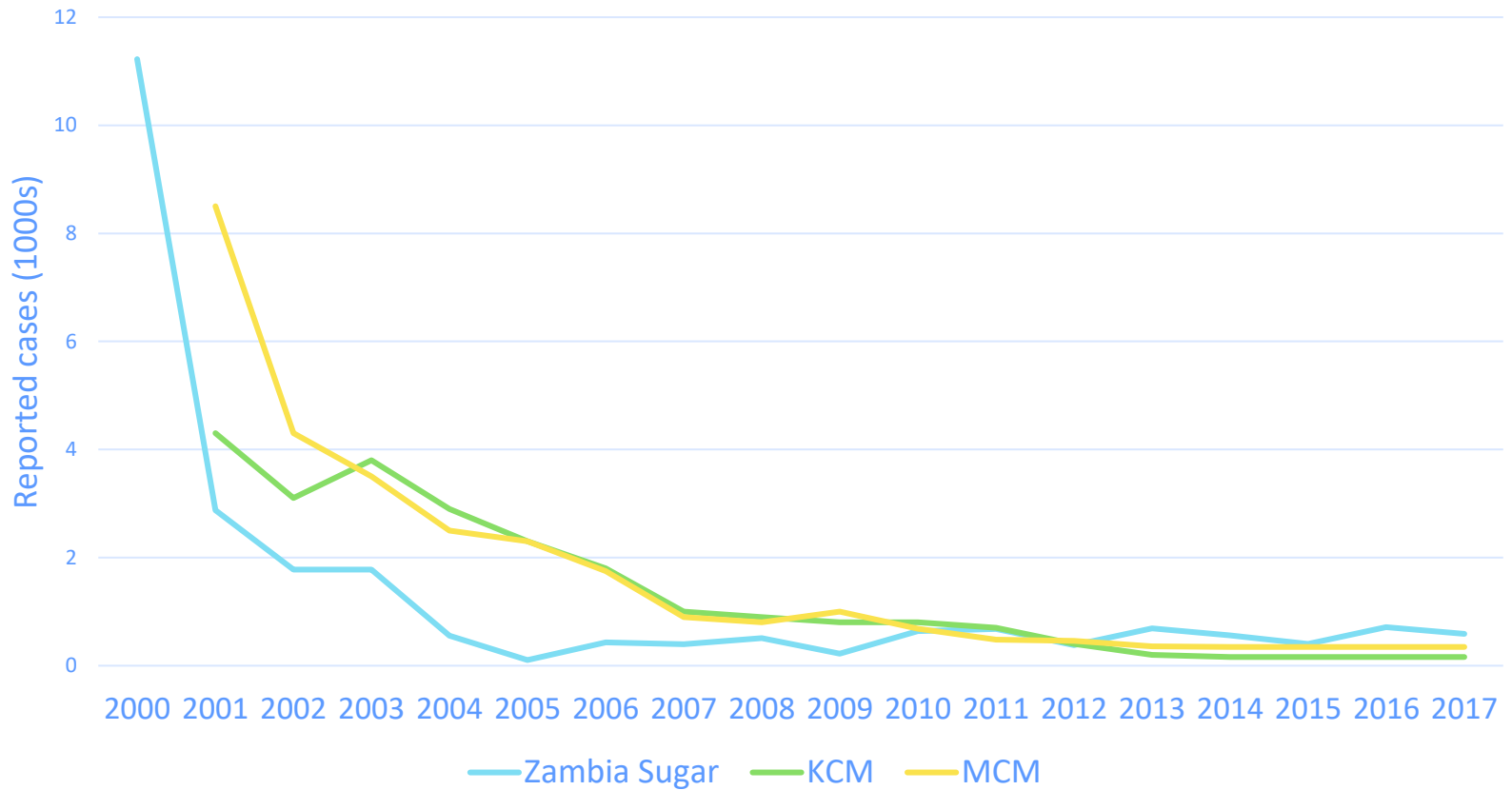


Private sector investment case in Zambia

- Private sector employees in Zambia miss an average of 4 days for each malaria episode
- Employees miss an additional 2.5 days to care for their families when they have malaria
- 16.3 million days per year are lost annually by private sector employees due to malaria
- Businesses lose between USD 606-747 million in revenue and indirect costs from productivity losses
- Business lose an additional USD 15.2 million in direct costs for diagnosis, treatment and prevention of malaria in employees
- Eliminating malaria will provide an economic return of between 15-29 times the investment
- A resurgence could result in revenue losses of USD 0.83 - 1.02 billion to Zambian businesses

- Eliminating malaria makes good business sense and provides robust economic returns in addition to garnering goodwill in communities.
- A stronger Zambian economy will increase consumer spending, boosting corporate returns even further.
- Although some businesses in Zambia have a history of participating in malaria control activities, newer partnerships are needed

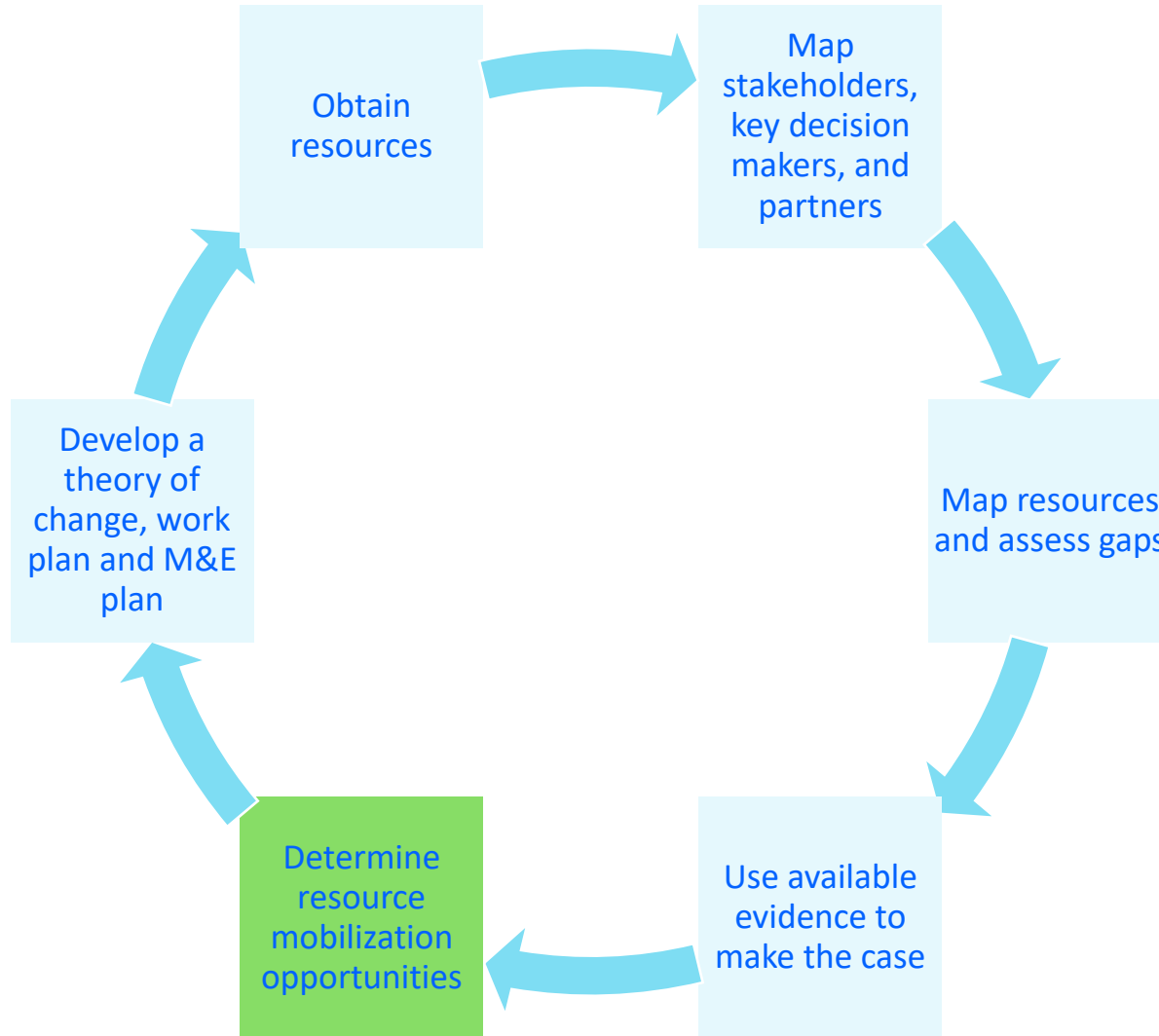
Reported cases (1000s) in company health clinics for Zambia Sugar, Mopani Copper Mines and Konkola Copper Mines 2000-2017



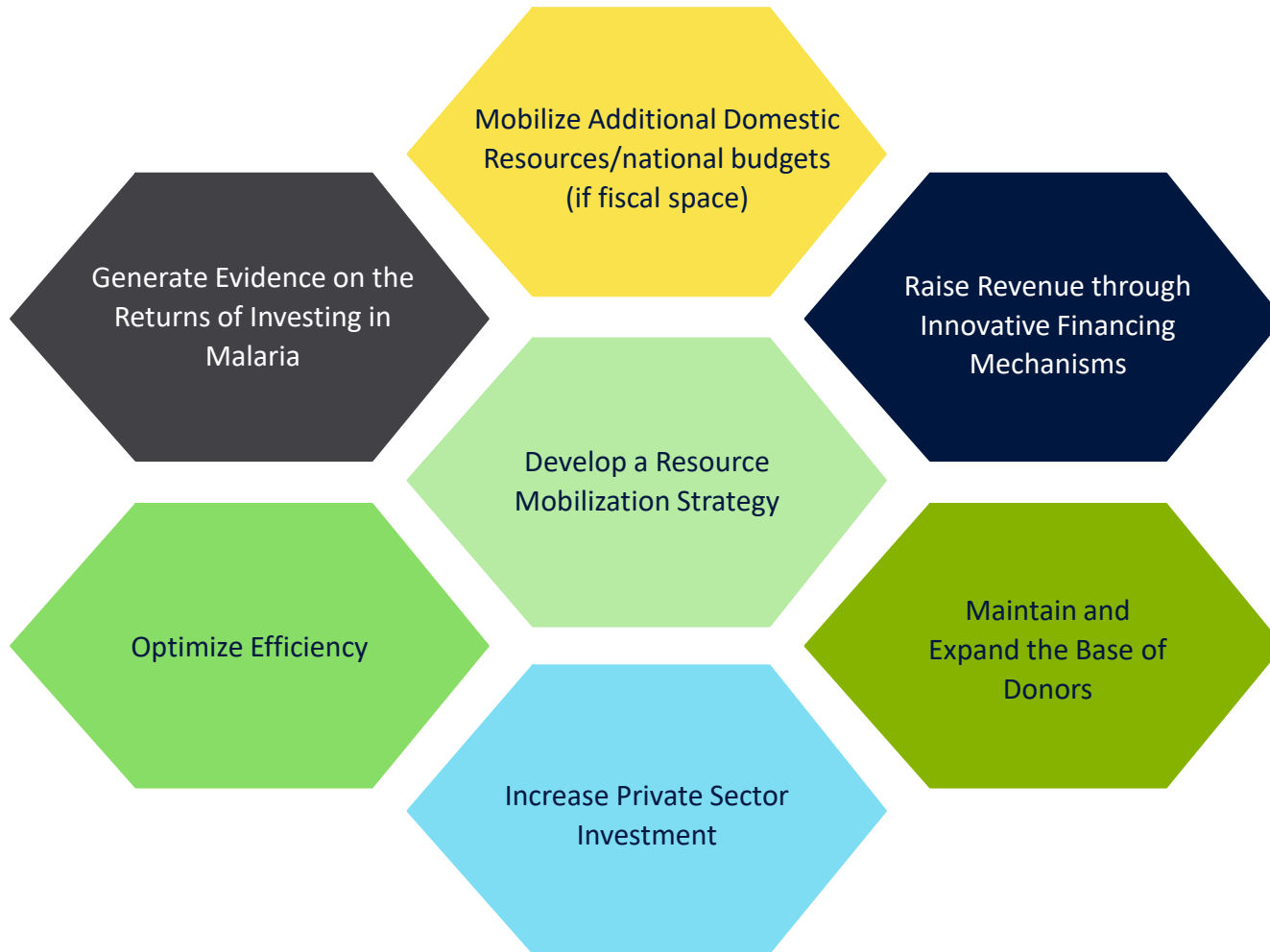
Private sector incentives (examples)

- **Commercial interest.** An obvious motivator is commercial interest from companies that manufacture products used for malaria diagnosis, treatment and prevention.
- **Productivity.** Many companies are motivated by the business case for malaria prevention in employees particularly when their operations are located in an endemic area and the company suffers from productivity losses due to employee absenteeism.
- **Corporate social responsibility/philanthropy.** Aided by social media, there appears to be increasing social capital attached to philanthropic efforts by large companies globally. Many companies engage in malaria focused activities in catchment communities from a philanthropic motivation as a show of good citizenship, although benefits from the marketing opportunity often act as complementary drivers.
- **Marketing and company positioning.** Companies are often motivated if positioned as a high-profile issue garnering media and political attention which may them with provide leverage in other aspects of the business. Some companies also consider CSR as an important part of a risk management strategy for maintaining and enhancing their reputation.
- **Tax incentives.** Many governments offer tax incentives to companies for donations or social activities. As soon as a company engages in charitable projects, a certain portion of its gross total income becomes exempt from taxes.
- **Network generation and political currency.** Particularly at a national level, engaging in high profile activities may provide business leaders with access to celebrities or political figures through which they can expand their market.
- **Personal interest.** Personal drive can be strong motivators for national level champions, company leadership and high net worth individuals. These are often instigated through encouragement via personal networks.

Resource mobilization : Steps in the process



Opportunities or resource mobilization



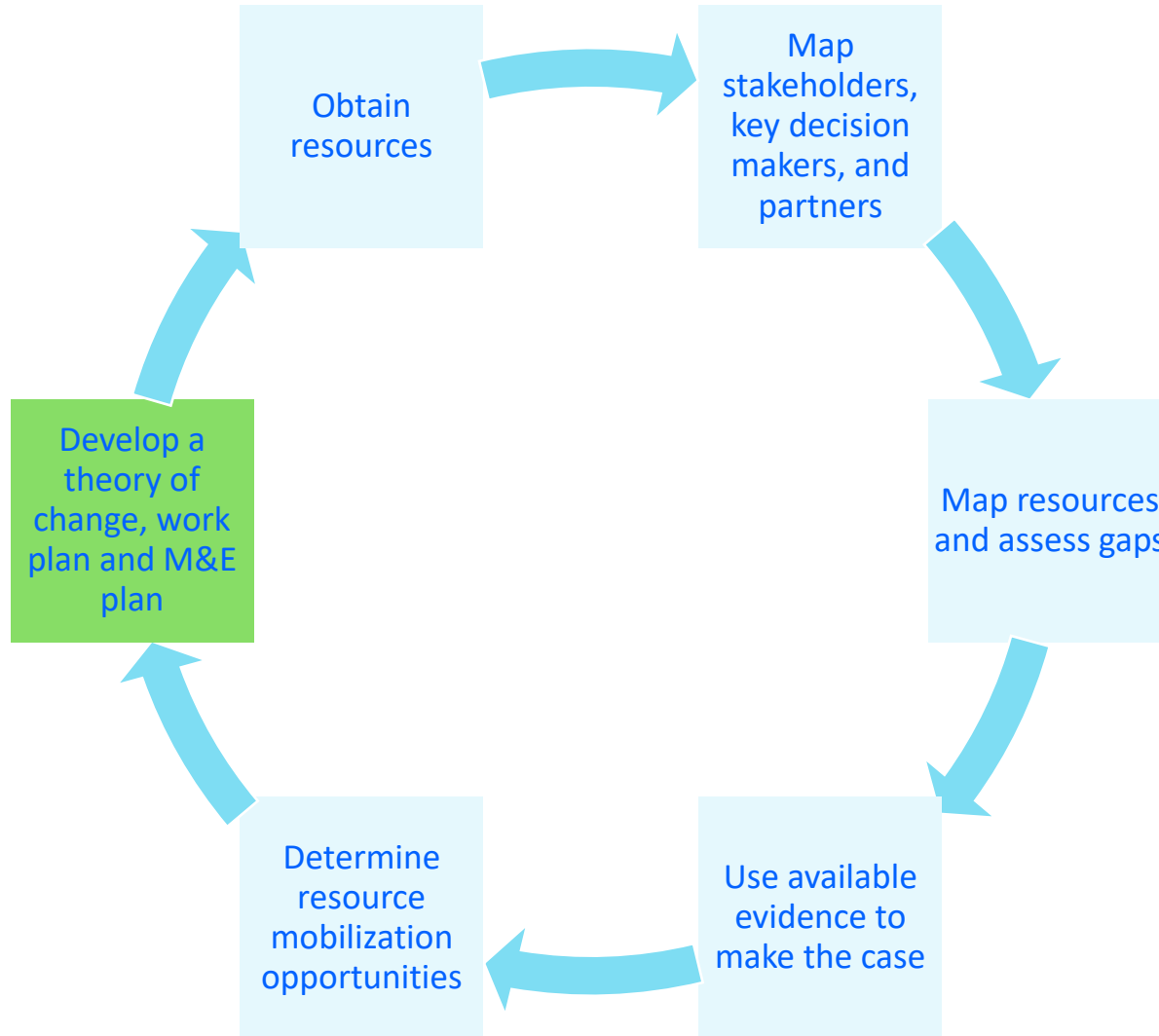
Opportunities for resource mobilization

- National Malaria Foundation (End Malaria Council and Fund)
- Private sector investments
- Engaging diaspora and philanthropists/matching funds
- New bilateral donors
- Remittances
- Sin/excise tax, stamps and duties earmarked for malaria (or via NHIA)
- % of airport tax
- % of petroleum revenue
- Development bank loans/grants
- Allocative and technical efficiencies

Example of Ghana

- Proportion of the 1% tourism tax
- Better tax collection – ↑ GDP by 2.2%
- NHIA reimbursement collection
- Advocacy for 0.5% DACF for malaria accountability
- Unlock 15% co-financing of Global Fund allocation

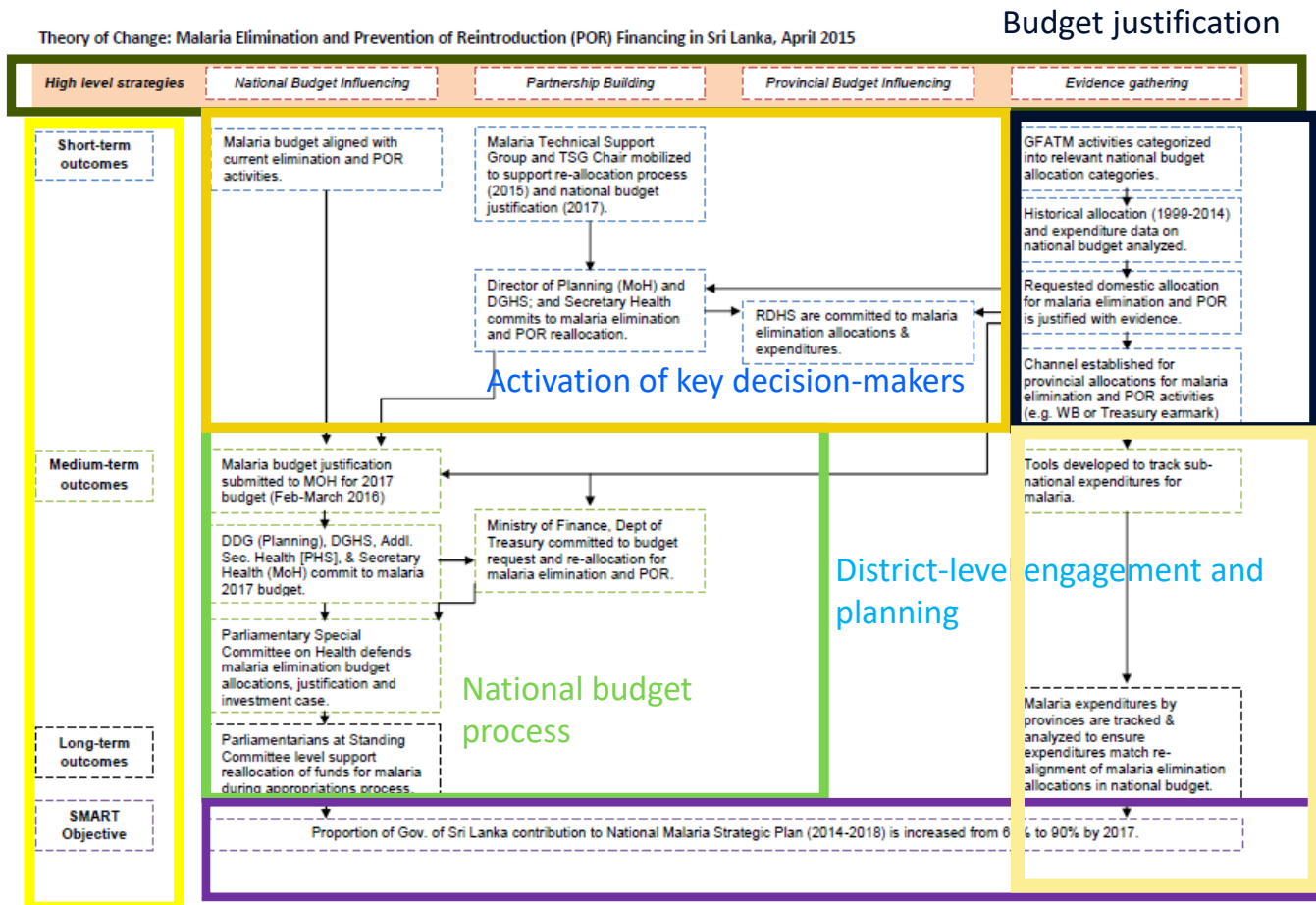
Resource mobilization : Steps in the process



Theory of change

- Process of change
- Outlines causal linkages in a program to achieve shorter-term, intermediate, and longer-term outcomes
- Changes are mapped – as the “outcomes pathway”
- Each outcome presented in a logical and chronological relationship
- Link between outcomes explained by “rationale” or “justification”

Theory of change: example of Sri Lanka

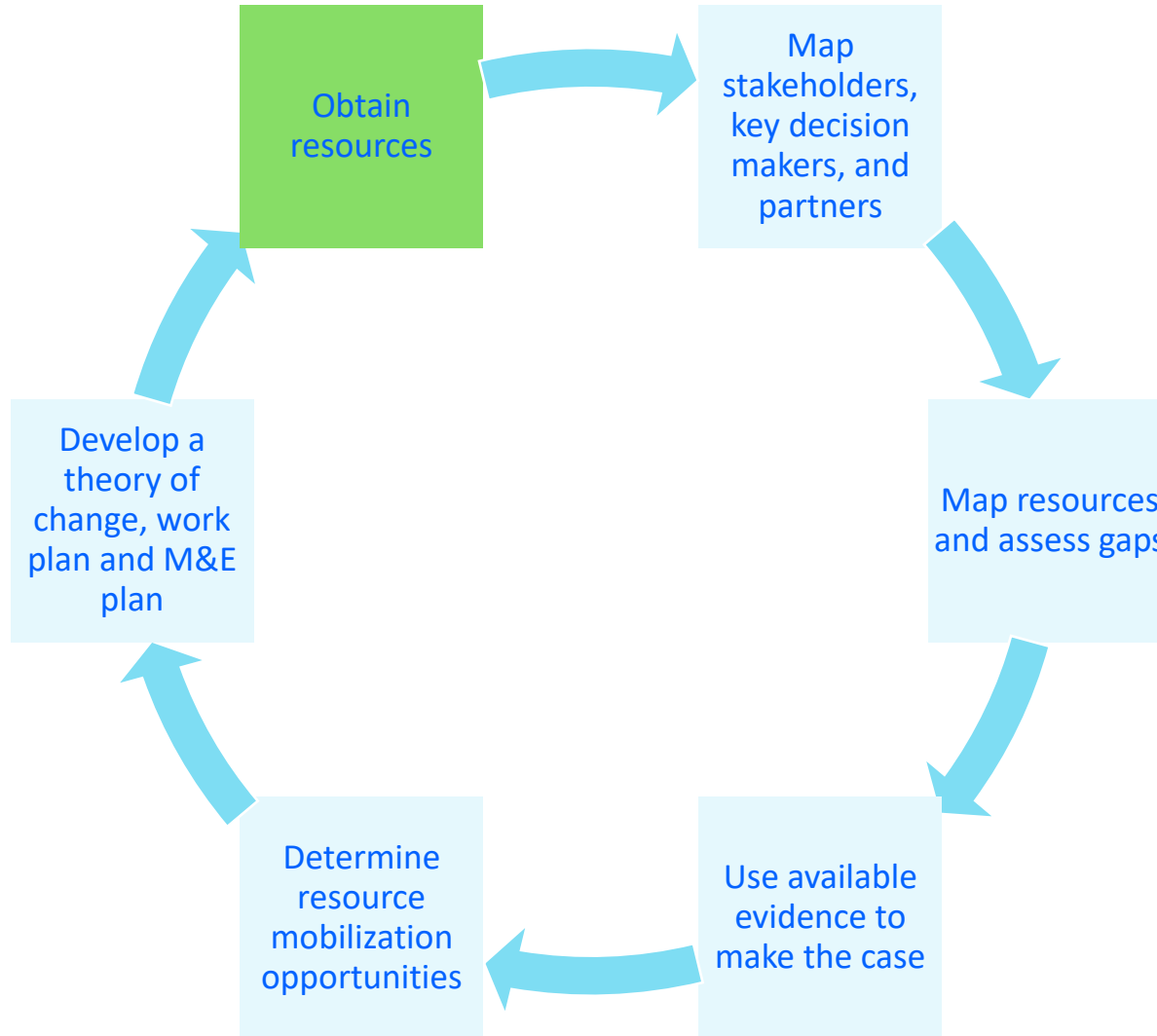


(Source: USCF/MEI)

Smart objectives and monitoring and evaluation

- SMART
 - Specific
 - Measurable
 - Achievable
 - Relevant
 - Time-bound
- Realistic objectives that can be accomplished with available resources, partners, and skills
- Objectives contribute to overall vision for a malaria-free country
- Specify timeframes
- Roles and responsibilities

Resource mobilization : Steps in the process



Linking with advocacy

- National End Malaria Council
- Zero Malaria Starts with Me (ZMSWM)
- Ambassadors and influencers
- Linked to an advocacy strategy and where possible with the establishment of Advocacy Coalition's

Annex

Useful resources

- GTS
- https://www.who.int/malaria/areas/global_technical_strategy/en/
- AIM
- <https://endmalaria.org/about-us/vision>
- ZMSWM toolkit
- <https://endmalaria.org/sites/default/files/Zero%20Malaria%20Toolkit%20Final.pdf>

- Drummond MF, Sculpher MJ, Torrance GW, O'Brien BJ, Stoddart GL. Methods for economic evaluation of health care programmes. 3rd ed. Oxford: Oxford University Press; 2005.
- Jamison DT, Summers LH, Alleyne G, Arrow KJ, Berkley S, Binagwaho A, et al. Global health 2035: a world converging within a generation. *Lancet*. 2013;382:1898–955.
- Examples of investment cases
- Shretta R, Silal SP, Celhay OJ, Mercado CEG, Kyaw SS, Avanceña A.L.V, Zelman B, Fox K, Baral R, White L, Maude R. 2019. An investment case for malaria elimination in the Asia Pacific Region. *Wellcome Open Research Wellcome Open Research* [version 1; peer review: awaiting peer review]. *Wellcome Open Res* 4:60 (<https://doi.org/10.12688/wellcomeopenres.14769.1>)
- Shretta R, Baral, R, Avancena, AL, Fox K, Dannoruwa, AP, Jayanetti, R, Hasantha, R., Peris L, Premaratne R. 2017. An investment case for preventing the re-introduction of malaria in Sri Lanka. *American Journal of Tropical Medicine & Hygiene* 96(3):602–615.
- <http://www.shrinkingthemalariamap.org/what-we-do/economics-financing/financing-elimination-asia-pacific>
- Shretta, R. 2019. The Business Case for Private Sector Investment for Malaria Elimination in Zambia. Africa Leaders Malaria Alliance, Nairobi.

Example: Funding gap analysis (USD)

	2018	2019	2020
Total need	11.86 m	12.62 m	13.43 m
Government resources	5.49 m	6.12 m	6.77m
External resources (Global Fund)	2.47 m	2.47 m	2.47 m
External resources (Other)	0	0	0
Financial gap	3.90 m	4.03 m	4.19 m

Example: Private sector investment case in Zambia

Activities currently being carried out in support of malaria control/elimination	<ul style="list-style-type: none"> On-site clinics for staff Referral for complicated cases Treatment for families at nearby government facilities IRS at manufacturing sites and in employee homes Assistance to provincial office to distribute nets 	NA
Motivators for businesses to invest in malaria	<ul style="list-style-type: none"> Employee absenteeism due to illness Wellbeing of employees Employee and community loyalty Cost of prevention less than treatment Time lost for funerals Cultural 	<p>95%</p> <p>48%</p> <p>48%</p> <p>40%</p> <p>24%</p> <p>19%</p>
Measurement of returns on investment?	<ul style="list-style-type: none"> Not quantitatively 	
Current levels of collaboration with NMEC and Ministry of Health	<ul style="list-style-type: none"> Would like more involvement/collaboration at the work planning stage 	95%
Advocacy organizations of influence	<ul style="list-style-type: none"> ZAACI Chamber of Mines Chamber of manufacturing and industry Zambia Federation of Employers 	
Further incentives needed from government	<ul style="list-style-type: none"> Capacity building and training More partners Pooled procurement and lower pricing for procurement of products Citizenship awards Tax incentives 	<p>95%</p> <p>95%</p> <p>48%</p> <p>100%</p> <p>100%</p>
Detriments to higher levels of investment	<ul style="list-style-type: none"> New sales taxes will hurt profits making less resources available for CSR 	
What can private sector offer towards malaria elimination goal	<ul style="list-style-type: none"> Trucks for transport logistics/distribution of commodities Messaging in communities 	<p>95%</p> <p>95%</p>

Sample stakeholder analysis

Stakeholder	Interest	Alignment	Influence	Potential for engagement
Ministry of Finance	Moderate. Controls public spending on malaria interventions and interested in poverty reduction.	Negative. They are currently trying to reduce public spending.	High. The President and Parliament listen to their advice about new spending programmes.	The Ministry of Finance will need to support new investments in malaria. They will need to be convinced of the poverty-reducing potential of these interventions and the importance of domestic spending to complement aid.
Bauxite Mining Co.	High. Malaria is harming their workforce. They are looking for a new approach to reduce the diseases impact.	Neutral. They are most interested in reducing malaria at their mines rather than nationally.	High. They are one of the largest companies operating in the country and have a large budget for health.	Bauxite Mining Co. could become an important partner for the campaign. They will need to be shown the potential impact of large-scale malaria programmes on their work.
A famous musician	Moderate. They have enjoyed a successful career and are looking to give back to their country.	Positive. They have previously spoken about how their country needs to get rid of malaria.	Moderate. They are well known and respected by millions of fans but have limited experience working with the government.	The musician could become a spokesperson for the campaign and use their influence to convince others to participate.

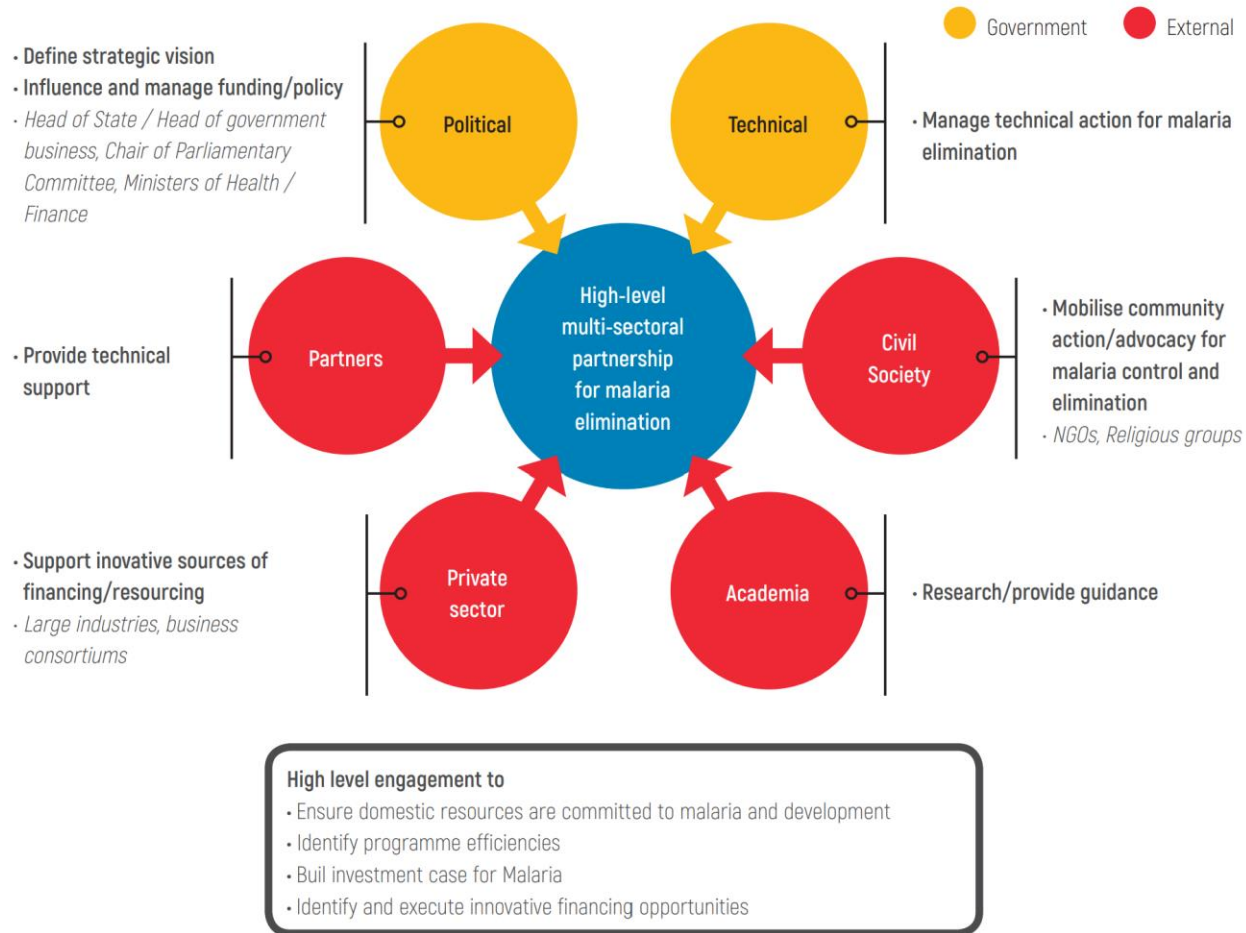
Smart objective criteria

S	M	A	R	T
Specific	Measurable	Achievable	Relevant	Time-bound
Be as specific as possible when defining objectives so that it is clear what you are working toward.	Ensure that the objective is measurable so that you can tell when you have achieved it.	Choose realistic objectives that can be accomplished with your available resources, partners, and skills.	Ensure that objectives are an important contribution to your overall vision for a malaria-free country.	Specify when you intend to complete or make progress toward your objective.

Action plan

Objective	Activity	Indicator	Target	Date	Responsibility

End malaria councils



Benefits: Positive Synergies between Advances in Malaria and Progress towards the SDGs



Goal 1: End Poverty. Sustained investment in health and malaria unlocks the potential of human capital to **generate growth**. A 10% reduction in malaria has been associated with a 0.3% rise in annual GDP. At household level, **reducing malaria protects household income** from lost earnings and the costs of seeking care.



Goal 2: End Hunger. Sustainable agricultural practices help reduce malaria. People who suffer less from malaria can work their fields more consistently, resulting in better harvest and improved food security. Well-nourished people, especially children, are better able to fight malaria.



Goal 8, 12: Economic Growth and Sustainable Production. Reducing malaria creates **healthier, more productive workforces** which can help to attract trade and commerce. When combined with pro-poor policies, these factors **drive job creation, inclusive growth and shared prosperity**. Enterprises that invest in their workers reduce the costs of doing business, increase their **competitiveness** and enhance their reputation.



Goal 10, 16: Reduce Inequality and Promote Peace. A targeted response to malaria actively improves the health of the poorest, enabling vulnerable families to **break the vicious cycle of disease and poverty**, and helping to make sure that no one is left behind. Investing in malaria reduction contributes to the creation of more **cohesive, inclusive societies**. Stable countries are more likely to attract international investment and overseas development aid.



RBM Partnership
To End Malaria

31 October, 2020

Thank you