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Developing a Country Resource Mobilization Strategy for Malaria

CReMA Orientation for Consultants

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Country Regional Support Partner Committee (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

<table>
<thead>
<tr>
<th>Goals</th>
<th>Milestones</th>
<th>Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision: A world free of malaria</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Reduce Malaria mortality rates globally compared with 2015</td>
<td>At least 40%</td>
<td>At least 90%</td>
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<tr>
<td></td>
<td>At least 75%</td>
<td></td>
</tr>
<tr>
<td>2. Reduce Malaria case incidence globally compared with 2015</td>
<td>At least 40%</td>
<td>At least 90%</td>
</tr>
<tr>
<td></td>
<td>At least 75%</td>
<td></td>
</tr>
<tr>
<td>3. Eliminate Malaria from countries in which Malaria was transmitted in 2015</td>
<td>At least 10 countries</td>
<td>At least 35 countries</td>
</tr>
<tr>
<td></td>
<td>At least 20 countries</td>
<td></td>
</tr>
<tr>
<td>4. Prevent re-establishment of Malaria in all countries that are Malaria-free</td>
<td>Re-establishment prevented</td>
<td>Re-establishment prevented</td>
</tr>
<tr>
<td></td>
<td>Re-establishment prevented</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Source: RBM Action and Investment to Defeat Malaria (AIM)
Global Funding Gap (2018)

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

Source: Cohen et al. (2014)
Cost of Failure

- $1.2 Trillion forgone economic output
- 18 Million additional cases requiring hospitalization
- 2 Billion additional malaria cases
- 1 Billion lost working days annually
- 3.7 Million additional deaths
- $5.2 Billion direct costs to healthcare systems and households

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?
- Is the program a worthwhile investment?
- Is there sufficient funding? How to address the gap.

- Costing and cost projections
- Benefits estimation & investment cases
- Financial and gap analysis and potential sources to fill the gap
Resource mobilization: Steps in the process

1. Obtain resources
2. Map stakeholders, key decision makers, and partners
3. Obtain resources
4. Map resources and assess gaps
5. Use available evidence to make the case
6. Determine resource mobilization opportunities
7. Develop a theory of change, work plan and M&E plan
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

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Interest</th>
<th>Level of Influence</th>
<th>Potential for engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Finance</td>
<td>High</td>
<td>High</td>
<td>Through office of xx</td>
</tr>
<tr>
<td>Ministry of External Affairs</td>
<td></td>
<td></td>
<td>Invite to End Malaria Council</td>
</tr>
<tr>
<td>ExxonMobil</td>
<td>High</td>
<td>High for resource mobilization but also as champion</td>
<td>High through participation in End Malaria Council</td>
</tr>
</tbody>
</table>

Source: RBM Zero Malaria Starts with Me Toolkit
Resource mobilization: Steps in the process

1. Obtain resources
2. Map stakeholders, key decision makers, and partners
3. Determine resource mobilization opportunities
4. Use available evidence to make the case
5. Develop a theory of change, work plan, and M&E plan
6. Map resources and assess gaps
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

<table>
<thead>
<tr>
<th>Cost by source</th>
<th>Cost by input</th>
<th>Cost by activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government financing</td>
<td>Capital</td>
<td>Vector control</td>
</tr>
<tr>
<td></td>
<td>Personnel</td>
<td>Diagnosis</td>
</tr>
<tr>
<td></td>
<td>Consumables</td>
<td>Treatment</td>
</tr>
<tr>
<td></td>
<td>Services</td>
<td>Surveillance, Monitoring and evaluation</td>
</tr>
<tr>
<td>External financing</td>
<td></td>
<td>Social and behavior change communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supportive supervision, training, supply chain support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chemoprevention (IPTp, SMC)</td>
</tr>
</tbody>
</table>
Cost by source: example

- **Domestic**: 76%
- **Global Fund**: 24%
- **National**: 70%
- **Provincial**: 30%
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

Future commitments: sources

- External commitments
  - Global Fund: Grant agreements
  - USAID/PMI: Malaria Operational Plans
  - Bilateral agreements
  - Government budget allocations
    - National
    - Subnational
Financial Gap = Need (cost of program) − Available resources
Example: Funding gap

Financing gap
USD 150,345,387 (TGF prioritized need)
Total NSP gap of US$ 335,947,755.00
Resource mobilization: Steps in the process

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Diagram:
- Obtain resources ➔ Map stakeholders, key decision makers, and partners ➔ Use available evidence to make the case ➔ Determine resource mobilization opportunities ➔ Map resources and assess gaps ➔ Develop a theory of change, work plan and M&E plan ➔ Obtain resources
Benefits: Returns for food security, education, and women's empowerment

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

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

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

Cost-benefit analysis; Calculate ROI

Estimate Cost

Estimate Benefits

Financial landscaping

Funding opportunities

Opportunities for resource mobilization:
Fiscal space analysis
Stakeholder analysis

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

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

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

Cost savings to the health systems:

\[ \# \text{Malaria cases averted} \times \text{cost of treating each outpatient and in-patient} \]

Cost savings for prevention (vector control, chemoprophylaxis)

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

\[ \# \text{Malaria cases averted} \times \text{OOP expenditure} \]

Societal costs:

Productivity gains from less illness days (patient and caretaker)

\[ \# \text{Malaria cases averted} \times \# \text{days lost per episode} \times \text{average daily wage (or GDP per capita)} \]
Societal benefits: productivity gains from less deaths

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

\[
\text{years of life saved} \times \text{expectancy of life at age } x \times 4.2 \times \text{GDP per capita (current US$)}
\]

Jameson et al. (2013)
Methodology: Economic analysis

Net $ benefit from cases and deaths averted \[ \div \] Cost of program \[ = \] ROI

Costs and benefits: remember to apply discount rate (usually 3%)
Example: cases/deaths averted in Ghana

Cases averted: 86 million (97% OP and 3% IP)

Deaths averted: 4,468
Example: Cost of elimination in Ghana

Total cost: USD 960 million (2020 -2029)
# Data inputs and sources

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

• Cost savings to the health systems:
  
  • # Malaria cases averted * cost of treating each outpatient and in-patient

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

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

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

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

• Societal costs:

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

  \[86 \text{ million} \times 5.85 \times 1807\]

  # Malaria deaths averted * life expectancy * 4.2 * GDP per capita

  • 4468 \times 33.2 \times 4.2 \times 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

<table>
<thead>
<tr>
<th>Benefit from reduced morbidity and mortality</th>
<th>Cost of resurgence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 86 million clinical malaria cases averted</td>
<td>• 38.2 million additional clinical malaria cases</td>
</tr>
<tr>
<td>• 51 million reported cases averted</td>
<td>• 24.4 million additional reported malaria cases</td>
</tr>
<tr>
<td>• 4468 deaths averted</td>
<td>• 2497 additional deaths</td>
</tr>
<tr>
<td>• Economic benefit: US$ 32 billion</td>
<td>• US$ 14.1 billion in forgone economic output</td>
</tr>
<tr>
<td>• Economic benefits exceed the cost</td>
<td></td>
</tr>
<tr>
<td>malaria control by a factor of at least</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td></td>
</tr>
</tbody>
</table>
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

Total workforce employed in private sector (2021)
3.98 million

Malaria cases in employees and families
566,629

Cost of malaria treatment and prevention
15.22 million

Number of days of absenteeism due to malaria
16.26 million

Productivity losses to businesses
29.49/397.37 million

OOP expenditures
87.94 million

Cost savings due to elimination in public sector
20.09 million

Cost savings due to elimination redirected to private sector
6.23 million

Productivity loss due to malaria deaths
27,316,800

Induced effects and externalities
x 40%

Total loss of revenue to businesses
606.47 - 747.69 million (with, without replacement labor)
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

1. Obtain resources
2. Map stakeholders, key decision makers, and partners
3. Use available evidence to make the case
4. Map resources and assess gaps
5. Determine resource mobilization opportunities
6. Develop a theory of change, work plan and M&E plan

Flow diagram:
- Obtain resources → Map stakeholders, key decision makers, and partners
- Map resources and assess gaps → Use available evidence to make the case
- Use available evidence to make the case → Determine resource mobilization opportunities
- Determine resource mobilization opportunities → Develop a theory of change, work plan and M&E plan
- Develop a theory of change, work plan and M&E plan → Obtain resources
Opportunities or resource mobilization

- Mobilize Additional Domestic Resources/national budgets (if fiscal space)
- Generate Evidence on the Returns of Investing in Malaria
- Develop a Resource Mobilization Strategy
- Optimize Efficiency
- Increase Private Sector Investment
- Raise Revenue through Innovative Financing Mechanisms
- Maintain and Expand the Base of Donors
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
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

1. Obtain resources
2. Map stakeholders, key decision makers, and partners
3. Map resources and assess gaps
4. Use available evidence to make the case
5. Determine resource mobilization opportunities
6. Develop a theory of change, work plan and M&E plan

Flow:
- Obtain resources → Map stakeholders, key decision makers, and partners → Map resources and assess gaps → Use available evidence to make the case → Determine resource mobilization opportunities → Develop a theory of change, work plan and M&E plan → Obtain resources
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

• Examples of investment cases
• http://www.shrinkingthemalariamap.org/what-we-do/economics-financing/financing-elimination-asia-pacific
### Example: Funding gap analysis (USD)

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total need</strong></td>
<td>11.86 m</td>
<td>12.62 m</td>
<td>13.43 m</td>
</tr>
<tr>
<td><strong>Government resources</strong></td>
<td>5.49 m</td>
<td>6.12 m</td>
<td>6.77 m</td>
</tr>
<tr>
<td><strong>External resources (Global Fund)</strong></td>
<td>2.47 m</td>
<td>2.47 m</td>
<td>2.47 m</td>
</tr>
<tr>
<td><strong>External resources (Other)</strong></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Financial gap</strong></td>
<td>3.90 m</td>
<td>4.03 m</td>
<td>4.19 m</td>
</tr>
</tbody>
</table>
### Example: Private sector investment case in Zambia

<table>
<thead>
<tr>
<th>Activities currently being carried out in support of malaria control/elimination</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivators for businesses to invest in malaria</td>
<td>Employee absenteeism due to illness • Wellbeing of employees • Employee and community loyalty • Cost of prevention less than treatment • Time lost for funerals • Cultural</td>
</tr>
<tr>
<td>Measurement of returns on investment?</td>
<td>Not quantitatively</td>
</tr>
<tr>
<td>Current levels of collaboration with NMEC and Ministry of Health</td>
<td>Would like more involvement/collaboration at the work planning stage</td>
</tr>
<tr>
<td>Advocacy organizations of influence</td>
<td>ZAACI • Chamber of Mines • Chamber of manufacturing and industry • Zambia Federation of Employers</td>
</tr>
<tr>
<td>Further incentives needed from government</td>
<td>Capacity building and training • More partners • Pooled procurement and lower pricing for procurement of products • Citizenship awards • Tax incentives</td>
</tr>
<tr>
<td>Detriments to higher levels of investment</td>
<td>New sales taxes will hurt profits making less resources available for CSR</td>
</tr>
<tr>
<td>What can private sector offer towards malaria elimination goal</td>
<td>Trucks for transport logistics/distribution of commodities • Messaging in communities</td>
</tr>
</tbody>
</table>
## Sample stakeholder analysis

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Interest</th>
<th>Alignment</th>
<th>Influence</th>
<th>Potential for engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Finance</td>
<td>Moderate. Controls public spending on malaria interventions and interested in poverty reduction.</td>
<td>Negative. They are currently trying to reduce public spending.</td>
<td>High. The President and Parliament listen to their advice about new spending programmes.</td>
<td>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.</td>
</tr>
<tr>
<td>Bauxite Mining Co.</td>
<td>High. Malaria is harming their workforce. They are looking for a new approach to reduce the diseases impact.</td>
<td>Neutral. They are most interested in reducing malaria at their mines rather than nationally.</td>
<td>High. They are one of the largest companies operating in the country and have a large budget for health.</td>
<td>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.</td>
</tr>
<tr>
<td>A famous musician</td>
<td>Moderate. They have enjoyed a successful career and are looking to give back to their country.</td>
<td>Positive. They have previously spoken about how their country needs to get rid of malaria.</td>
<td>Moderate. They are well known and respected by millions of fans but have limited experience working with the government.</td>
<td>The musician could become a spokesperson for the campaign and use their influence to convince others to participate.</td>
</tr>
</tbody>
</table>
## Smart objective criteria

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

Source: Zero Malaria Starts with Me Toolkit
### Action plan

<table>
<thead>
<tr>
<th>Objective</th>
<th>Activity</th>
<th>Indicator</th>
<th>Target</th>
<th>Date</th>
<th>Responsibility</th>
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</table>
End malaria councils

- Define strategic vision
  - Influence and manage funding/policy
    - Head of State / Head of government business, Chair of Parliamentary Committee, Ministers of Health / Finance

- Provide technical support

- Support innovative sources of financing/resourcing
  - Large industries, business consortiums

High-level multi-sectoral partnership for malaria elimination

- Manage technical action for malaria elimination
  - Government
  - External

- Mobilise community action/advocacy for malaria control and elimination
  - NGOs, Religious groups

- Research/provide guidance

High level engagement to
- Ensure domestic resources are committed to malaria and development
- Identify programme efficiencies
- Build investment case for Malaria
- Identify and execute innovative financing opportunities

Source: Zero Malaria Starts with Me Toolkit
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.

Source: Action and Investment to Defeat Malaria (AIM)
Thank you