



RBM Partnership
To End Malaria

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To End Malaria
Annual Report 2019**



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Acronyms

ACT	Artemisinin-based combination therapy
AIM	Action and Investment to Defeat Malaria 2016–2030
ALMA	African Leaders Malaria Alliance
ANC	Antenatal care
ARMPC	Advocacy and Resource Mobilisation Partner Committee
AU	African Union
CCDC	Chinese Center for Disease Control and Prevention
CEO	Chief Executive Officer
CMWG	Case Management Working Group
CRSPC	Country and Regional Support Partner Committee
ECOWAS	Economic Community of West African States
GTS	Global Technical Strategy
IPU	Inter-Parliamentary Union
IRS	Indoor residual spraying
KEMA	Korean End Malaria Alliance
LLIN	Long-lasting insecticidal net
MAAM	Mass Action Against Malaria
M&E	Monitoring and evaluation
MEG	Malaria Elimination Group
MERG	Monitoring and Evaluation Reference Group
MFTF	Malaria finance task force
MIM	Multilateral Initiative on Malaria
MiPWG	Malaria in Pregnancy Working Group
MMV	Medicines for Malaria Venture
MSWG	Multisectoral Working Group
NMCP	National Malaria Control Programme
RDT	Rapid diagnostic test
RMEI	Regional Malaria Elimination Initiative
PMI	United States' President's Malaria Initiative
SaME	Sahel Malaria Elimination Initiative
SBCC	Social and Behaviour Change Communication
SBCWG	Social and Behaviour Change Working Group
SCPC	Strategic Communications Partner Committee
SDGs	Sustainable Development Goals
SMC	Seasonal Malaria Chemoprevention
TRP	Technical Review Panel
UHC	Universal Health Coverage
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
USD	United States dollar
VCWG	Vector Control Working Group
WHA	World Health Assembly
WHO	World Health Organization

Foreword



2019 was a year of ambition and action. After recognizing that radical steps were needed to meet global targets for reducing cases and deaths, momentum has continued to build among the global malaria community to not only get back on track but lay the groundwork to end malaria for good within a generation.

In September, the RBM Partnership to End Malaria supported the launch of two major reports shaping the long-term goals for the fight against malaria, by the Lancet Commission on Malaria Eradication and the WHO Strategic Advisory Group on malaria eradication respectively. Both reports showed that the path to a world free from malaria will not be easy, but is possible if we accelerate progress, increase available funds, and strengthen the research and development pipeline.

To advance our vision of a malaria-free world, we must ensure that the fight against malaria remains a high priority for world leaders. At the United Nations General Assembly, the RBM Partnership organised and participated in discussions on gender, climate change, innovation, and universal health coverage, forging links between malaria and other top development issues. Throughout 2019, the RBM Partnership has been engaging members of the Francophonie, including Heads of State, First Ladies, Parliamentarians and Mayors in Africa, Asia and the Americas, as new malaria champions, building on the strong commitment of Commonwealth leaders.

Meanwhile, the RBM Partnership has continued to foster country and regional ownership of malaria efforts to encourage the growth of sustainable domestic resources to fund the fight over the next decades. Over 14 countries have now launched Zero Malaria Starts with Me, or like-minded campaigns, driven by commitments from leaders in the political, private

sector, and community spheres. These campaigns have helped establish innovative End Malaria Funds, End Malaria Councils that cut across sectors, and community-led initiatives to empower everyone to take personal responsibility to reach zero malaria.

As countries scale up their response, the RBM Partnership continues to mobilise resources and provide technical assistance. The RBM Partnership works closely with the Global Fund and Global Fund recipients at all stages of the grant cycle – supporting the record USD 14 billion replenishment in October, working directly with countries to prepare successful grant requests for submission in 2020, and deploying technical experts to ensure effective implementation of long-lasting insecticide treated net (LLIN) campaigns, indoor residual spraying (IRS), social and behaviour change communication (SBCC) and more.

After joining the RBM Partnership in April 2019 as CEO, I have been humbled by the dedication of our partners to our shared vision of a world free from malaria. I have witnessed many of these organisations, countries, and individuals regularly go above and beyond what is asked of them, generously making available their time and resources to support our mission.

The world expects a lot from our community. Millions of lives are at stake, and everyone has a role to play in winning humanity's long fight against this ancient disease. The RBM Partnership belongs to everyone working to end malaria in their community, in their country, and around the world, and will continue to serve as a platform to coordinate, convene, and forge consensus on the actions needed to see this fight through.

Dr Abdourahmane Diallo

CEO, RBM Partnership to End Malaria

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RBM Partnership Strategic Plan 2018–2020

Vision: A world free from the burden of malaria

Mission: To support malaria-affected countries and galvanise global action across all sectors to end malaria for good.

The RBM Partnership Strategic Plan 2018–2020 was approved by the Board in 2017 following consultations and revisions with multiple partners and countries. The plan is aligned with global malaria targets outlined in the Global Technical Strategy for Malaria 2016–2030 (GTS) and broader UN Sustainable Development Goals (SDGs)

Objectives and priorities

1. Keep malaria high on the global political and development agenda through a robust multi-sectoral approach to ensure continued commitment and investment to achieve established goals.
2. Promote and support regional approaches against malaria based on existing political and economic platforms such as regional economic communities, including in complex/humanitarian settings.
3. Promote and advocate for sustainable and predictable malaria financing with special emphasis on increasing domestic financing.

The Strategic Plan also includes cross-cutting objectives to build a high-performing Secretariat, support the Board and Partner Committees and ensure business practices are consistent with the Partnership's mission and values.

Governance

The RBM Partnership to End Malaria is composed of four key structures:

- **the Board** as the governing entity;
- **the Secretariat led by the CEO** as the manager and public face of the Partnership, which mobilises resources and implements strategies and plans approved by the Board;
- **the Partner Committees** that formalise, consolidate and amplify the Partnership's priorities; and
- **Working Groups** established by Partners as needed to address specific bottlenecks and coordinate implementation efforts by Partners.

Board

The Board held two in-person meetings in 2019: in April in Geneva, Switzerland, and in November in Abu Dhabi, United Arab Emirates, in advance of the Reaching the Last Mile Forum, which discussed and generated commitments for the elimination and eradication of infectious diseases including malaria, in addition to an extraordinary virtual Board meeting in October 2019.

In June 2019, Professor Maha Taysir Barakat, former Director General of the Health Authority, Abu Dhabi, took over as Board Chair of the RBM Partnership. Professor Barakat replaced Dr Winnie Mpanju-Shumbusho, former Assistant Director General for HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases, World Health Organisation, who completed her three-year term as Board Chair and continues to serve on the Partnership's Board.

In addition to the changes in the Board Leadership, two RBM Partnership Board Members completed their terms and stepped down from the Board: Professor Awa Marie Coll-Seck, former Minister of Health and Social Welfare, Senegal, and Mr Paulo Gomes, former Executive Director, World Bank. Two new members joined the RBM Partnership Board in November 2019: Dr Diane Gashumba, former Minister of Health, Rwanda, and Dr Marijke Wijnroks, Chief of Staff, Global Fund to Fight AIDS, Tuberculosis and Malaria.

RBM Partnership Finance Committee

The RBM Partnership Finance Committee, chaired by Mr Ray Nishimoto, held three meetings in 2019 as well as an in-person working session. The Finance Committee reviewed the RBM Partnership financial reports, 2020 workplan and budget, as well as the risk log, submitting them for RBM Partnership Board approval. The Finance Committee led the oversight of the RBM internal audit undertaken in 2019, including the implementation of the recommendations.

RBM Partnership Policies and Procedures

The RBM Partnership Board approved a revision to the Bye-Laws, and the RBM risk log. The RBM Partnership Board also approved Secretariat enhancements and the 2020 workplan and budget. The Board Selection Committee, appointed by the Board, met for the selection of two new Board members.

Secretariat composition

The Secretariat, hosted by UNOPS, is the Partnership's voice, facilitating its work through implementing the Board-approved strategy, work plans and Partner Committees' performance while remaining lean, cost-effective and efficient. As of end December 2019, the

RBM Partnership Board 2019

- Prof Maha Taysir Barakat, Chair
- Mr Simon Bland, Vice-Chair
- Dr Pedro Alonso, WHO¹
- Mr Elhadj As Sy
- Mr Kieran Daly
- Dr Diane Gashumba
- Dr Richard Nchabi Kamwi
- Dr Altaf Lal
- Dr Winnie Mpanju-Shumbusho
- Mr Ray Nishimoto
- Dr David Reddy
- Dr Mirta Roses Periago
- Dr Kenneth Staley
- Dr Marijke Wijnroks
- HE Yongyuth Yuthavong
- Mr Moin Karim², UNOPS
(Ex-Officio Board Member)

RBM Partnership Secretariat team was composed of 16 personnel, 12 based in Geneva, 2 in Botswana, and 2 in Burkina Faso.

The CEO is selected by the Board and is accountable to the Board Chair, acting as the public face of the Partnership. Dr Abdourahmane Diallo joined the RBM Partnership as CEO in April 2019, having previously served as the Minister of Health of the Republic of Guinea from 2016–2018.

Partner Committees

Partner Committees formalise, consolidate and amplify core Partnership functions. Their work is coordinated by the CEO and they are accountable to the Board. The Partner Committees are led by Co-chairs, supported by a Steering Committee and designated Secretariat manager.

The **Advocacy and Resource Mobilisation Partner Committee (ARMPC)** designs and supports implementation of the Partnership Advocacy Strategy. The ARMPC annual meeting was held on 20 May 2019 in Geneva.

¹ Dr Pedro Alonso represents the WHO in an institutional capacity

² Mr Moin Karim represents UNOPS in an institutional capacity as an Ex-Officio Board Member.

Workstreams: Leadership (co-led with SCPC Champions workstream), Existing Donors, Innovation & Access, New Donors, Private Sector

More information about the RBM Partnership secretariat can be found at: <https://endmalaria.org/about-us/governance/secretariat>

The **Country/Regional Support Partner Committee (CRSPC)** provides a platform to engage the Partnership community in coordinating support to countries and regions as they execute their malaria control and implementation programmes. The CRSPC annual face to face meeting was held on 26 October 2019 in Abuja, Nigeria.

Working Groups

Working Groups are led, managed and funded by Partners to provide venues for information-sharing and collaboration on specialised topics and to address bottlenecks. Working Groups are accountable to the Board through the CEO.

Workstreams: Country Resource Mobilisation, Implementation Support, Programme Review and National Strategic Plans.

Working Groups include:

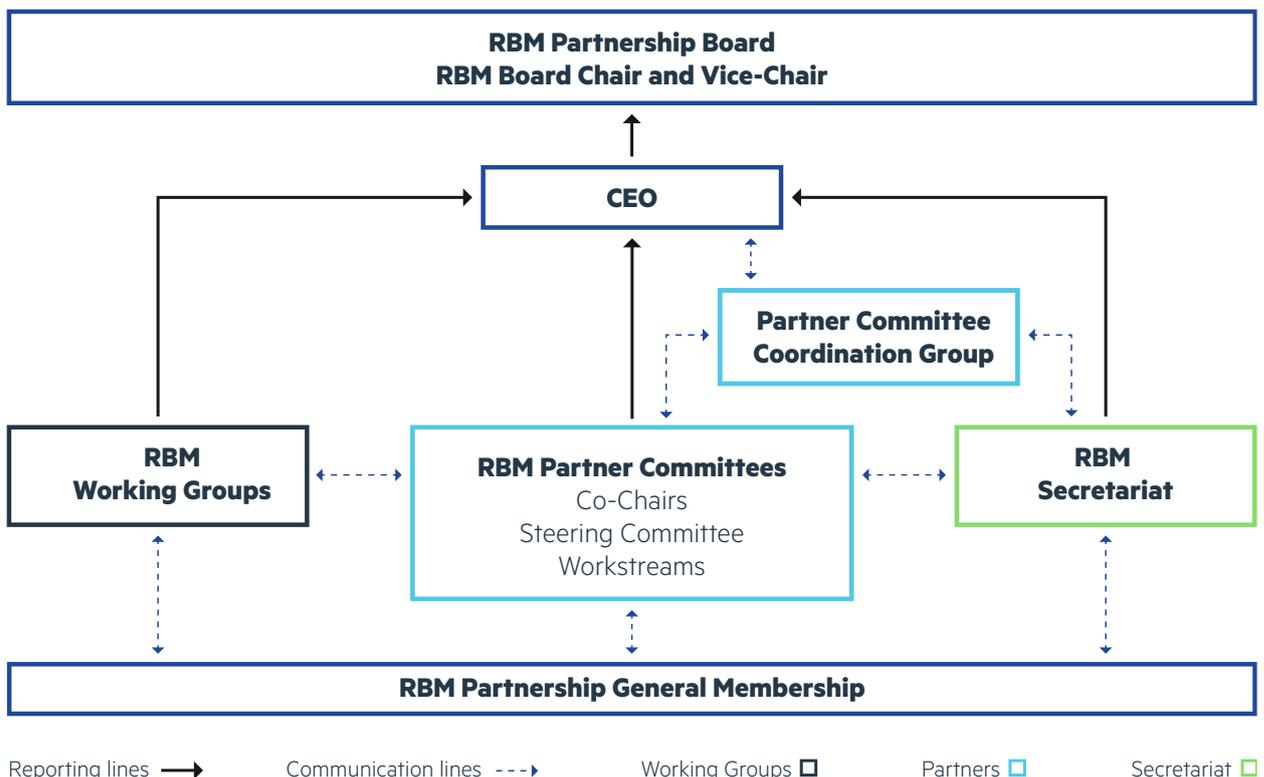
- Case Management Working Group (CMWG)
- Malaria in Pregnancy Working Group (MiPWG)
- Monitoring and Evaluation Reference Group (MERG)
- Multisectoral Working Group (MSWG)
- Social and Behaviour Change Working Group (SBCWG)
- Vector Control Working Group (VCWG)

The **Strategic Communications Partner Committee (SCPC)** develops and implements communications to achieve the advocacy objectives of the Partnership. The SCPC held its annual meeting in Geneva on 13–14 February 2019.

Workstreams: Media, Digital, Messaging, Branding, Champions (co-led with ARMPC Leadership workstream), Success Stories.

More information about the Working Groups can be found at: <https://endmalaria.org/about-us/governance/working-groups>

RBM Partnership Structure



Strategic Objective 1

Keep malaria high on the political and developmental agendas to ensure continued commitment and investment to achieve the Global Technical Strategy for Malaria 2016–2030 (GTS) and Action and Investment to Defeat Malaria 2016–2030 (AIM) milestones and targets

Working with a range of partners, the RBM Partnership has ensured that malaria remains a primary focus of leaders in the political, development and community spheres. This year, the RBM Partnership continued to build strong, cross-cutting coalitions to fight malaria through the Zero Malaria Starts with Me campaign, work with the private sector, and strengthened engagement of members of the Francophonie. Through the Partner Committees, the RBM Partnership helped shape the evolving conversation around the fight against malaria, including urgent issues in high burden countries and the long-term vision for malaria eradication. And finally, the RBM Partnership helped draw attention to and address key gaps at the country level and in the research & development pipeline.

Building influential coalitions

Zero Malaria Starts with Me

“Zero Malaria Starts with Me” is a grassroots campaign, co-led by the African Union Commission and the RBM Partnership to End Malaria, that aims to keep malaria

high on the political agenda, mobilize additional resources, and empower communities to take ownership of malaria prevention and care.

The campaign, first launched in Senegal in 2014, was officially endorsed at the African Union Summit by all African Heads of State in July 2018. It engages



Zero Malaria Starts with Me launch in Tanzania. RBM Partnership to End Malaria/Maria Schiavo.

all members of society; political leaders who control government policy decisions and budgets; private sector companies that will benefit from a malaria-free workforce; and communities affected by malaria, whose buy-in and ownership of malaria control interventions is critical to success.

In 2019, seven additional African countries have joined the growing “Zero Malaria” movement, launching their own national campaigns, these are:

- **Cote d’Ivoire:** The Minister of Health launched Zero Malaria Starts with Me on World Malaria Day 2019, reiterating the country’s commitment with donors, community members and religious leaders to eliminate malaria in Côte d’Ivoire by 2030.
- **Eswatini:** His Majesty King Mswati III launched the campaign together with the national End Malaria Fund in May 2019. The campaign and fund are focused on mobilising resources and community action necessary to eliminate malaria by 2022.
- **Ethiopia:** Mr Demeke Mekonnen, Ethiopia’s Deputy Prime Minister launched the national Zero Malaria Starts with Me Campaign at the beginning of October 2019.
- **Ghana:** The First Lady of Ghana, Mrs Rebecca Akufo-Addo, launched the national Zero Malaria Starts with Me campaign on World Malaria Day 2019. The country has developed a multisectoral action and resource mobilisation plan to fight malaria. Efforts are underway to reconstitute the Ghana Malaria Foundation and promote parliamentary engagement on malaria.
- **Nigeria:** During the 2019 World Malaria Day celebrations in Abuja, Nigeria launched the national Zero Malaria Starts with Me campaign which aims at increasing awareness and mobilizing the entire Nigerian population on the availability and access to prevention and appropriate treatment of malaria using anti-malarial treatments and rapid-diagnostic testing.
- **Sierra Leone:** The country launched its national campaign on World Malaria Day 2019, the Mayor of Freetown, Yvonne Aki-Sawyerr, is closely involved as a campaign champion.
- **Tanzania:** During the Southern Africa Development Community (SADC) Malaria Day in November 2019, Dr Ummu Mwalimu, Minister of Health, Community Development, Gender, Seniors and Children launched the Zero Malaria Starts with Me campaign. Tanzanian parliamentarians are already supporting the campaign.

Francophonie



Half of the ten highest malaria burdened countries in Africa are Francophone (i.e. Burkina Faso, Cameroon, DRC, Mali and Niger). Together, they account for one-quarter (25%) of the global malaria burden.



Eight countries of the Sahel have joined forces through the Sahel Malaria Elimination Initiative which aims to end the disease in the region by 2030. Sahel countries also introduced Seasonal Malaria Chemoprevention, which helped significantly reduce mortality among children under five.



Domestic financing for malaria in francophone countries supported by the Global Fund has increased by 75% in 2018-2020 compared to 2012-2014. However, significant gaps still remain.



Reduction in malaria-related deaths in the Greater Mekong Subregion between 2012-2015. However, the spread of artemisinin resistance in Cambodia, Lao PDR and Viet Nam threatens to undermine recent gains against the disease in the region and beyond.

World Malaria Day 2019 in April was also themed “Zero Malaria Starts with Me”, which highlights the global resonance of the campaign that seeks to promote ownership of the fight against the disease.

The RBM Partnership to End Malaria aims to highlight and reinvigorate the commitment of Francophone countries in the fight against malaria.

The key objective of this collaboration with Francophone countries is to secure a political declaration from leaders of malaria endemic countries, with short-and-medium-term commitments to reduce the malaria burden.

In April 2018, 53 leaders of the Commonwealth committed to halve malaria cases and deaths in the Commonwealth by 2023. The RBM Partnership wishes to replicate this commitment under the auspices of the International Organization of La Francophonie. Conversely, the leadership on malaria shown by Francophone Mayors could be echoed by the Commonwealth Mayors.

The support and contributions of French-speaking nations is integral for progress, and all nations, both those directly affected by malaria and those that contribute towards malaria funding, are being asked to step up the fight:

- **World Malaria Day, 25 April 2019:** The main World Malaria Day 2019 events were organized in Paris, in collaboration with the French Government and the Mayor of the city. The event sought to recognize the importance of Francophone contributions, as well as urging more global action in the fight against malaria.
 - On this occasion, *Francophone Mayors* signed a “Zero Malaria Starts with Me” declaration, committing to integrate malaria in urban development strategies in support of global efforts towards a malaria-free world.
 - On the sidelines of the event, the Partnership organized a *high-level discussion* to highlight, celebrate and reinvigorate the commitment of Francophone countries in the fight against malaria with distinguished guests, including



World Malaria Day commemoration in Paris, France. 25 April 2019. RBM Partnership to End Malaria/David Bacer.

- the First Ladies of Haiti and Niger.
- Numerous Francophone arts and sports personalities have supported World Malaria Day and its theme of Zero Malaria Starts with Me. These include Omar Sy, Fatoumata Diawara, Cyril Kongo, and female footballers from France and elsewhere.
- **72nd World Health Assembly, 22 May 2019:** On the margins of the 72nd World Health Assembly, the RBM Partnership, in collaboration with the International Organization of La Francophonie, the World Health Organization and the Global Fund, organized a Ministerial session on “Malaria: stepping up the fight to reach 2030 objectives” to enable experience sharing and the development of a common vision among Francophone countries with the highest malaria burden, as well as celebrate countries that have become malaria-free. 18 countries, most of them Francophone, co-sponsored the event.
- **Global Fund’s Sixth Replenishment Conference, 9-10 October 2019:** Taking place in Lyon (France), the Global Fund’s Sixth Replenishment Conference secured USD 14 billion to help save 16 million lives, avert 234 million infections and help the world get back on track to end these diseases. The RBM Partnership supported a public outreach campaign in the lead-up to the Replenishment Conference calling on leaders to step up the fight against HIV, TB and malaria and organised a side event in Lyon focusing on regional efforts against malaria (Sahel, Greater Mekong Subregion, Mesoamerica, SADC, and Melanesia), together with an interactive booth, the “Zero Malaria Village”.
- **40th anniversary of the International Association of Francophone Mayors (AIMF), 3-5 December 2019:** Taking place in Phnom Penh, Cambodia, the 40th anniversary of AIMF presented an opportunity to shine the spotlight

on the situation in the Greater Mekong Region and Mayors’ efforts to integrate malaria in urban development strategies.

Parliamentarians

In 2019, the Partnership continued to increase their engagement with Parliamentarians from both endemic and donor countries. In early 2019, the Partnership signed a memorandum of understanding (MOU) with the Inter-Parliamentary Union to provide a communication mechanism with national and regional parliaments.

The Partnership also initiated a new collaboration with the UNITE parliamentary network, supporting the expansion of that group’s strategy into malaria-focused issues. In October, the RBM Partnership, the UNITE Network and the Global Fund convened Parliamentarians from Côte d’Ivoire, France, Nigeria, Tanzania and Zimbabwe at the Western and Central Africa Sub-Regional Network meeting to explore the roles parliamentarians can play in the national malaria response and discuss strategies for political engagement with meeting participants.

Additionally, the Partnership supported the chair of the Parliamentary Health Committee from the Republic of Korea to attend a study tour in Tanzania to explore the potential for collaboration on malaria elimination with Tanzanian MPs and other government officials and Tanzanian civil society, as well as with partners from the Global Fund, US President’s Malaria Initiative and other bilateral and multilateral partners. The Korean delegation was comprised of the Korean End Malaria Alliance (KEMA), featuring representatives from private companies and non-governmental organizations. Partner organizations worked throughout the year to engage parliamentarians in the UK, US, France, Italy, Japan, and Australia through a range of different activities aimed at increasing support for the Global Fund Replenishment. The ARMPC worked to provide information to partners and coordination as needed.

Shaping the Global Malaria Conversation

Development of thematic briefs and participation in major events

Early in 2019, the RBM Partnership began work on a range of thematic advocacy briefing documents exploring the intersection of malaria with major issues of concern for the development community. Four thematic briefs were created during the year, including malaria and climate change, malaria and universal health coverage (UHC), malaria and gender, and malaria and multisectoral action. All of these documents were made available in print form in English and French at UNGA, ASTMH and digitally.

At UNGA these briefs supported the UN high level meeting on UHC, the RBM Partnership side event on gender and malaria and the 2019 Climate Summit. The RBM Partnership Secretariat and RBM partners have used the briefs at other major convenings as well as to inform talking points and the creation of other content related to these topics, including blogs and social media content. For example, RBM partner Nothing But Nets created a short animated video based on the climate brief and social media toolkits for the other briefs. For 2020, the RBM Partnership has mapped out additional relevant topics and plans to produce 5-7 more thematic advocacy briefs to add to the set.

“Since 2000, global efforts against malaria have saved 7 million lives from the disease and prevented more than a billion cases of malaria – and it is now thanks to this tremendous progress that we have the possibility of ending malaria for good. The next few years will be critical if we are to have a fighting chance of eradicating malaria and achieving Sustainable Development Goals within a generation. We must heed the calls from malaria experts by stepping up the fight and pursuing the eradication goal with renewed vigour.”

Dr Abdourahmane Diallo

CEO of the RBM Partnership to End Malaria



Algeria and Argentina (pictured) were certified malaria-free in May 2019. World Health Organization/Mark Henley.

Seminal reports affirm vision of a malaria-free world

In September 2019, the RBM Partnership welcomed the latest research from The Lancet Commission on Malaria Eradication highlighting the opportunity global efforts have created to eradicate malaria, one of the world’s deadliest diseases, within a generation.

The launch of The Lancet Commission’s report came soon after the WHO Strategic Advisory Group on Malaria Eradication published an executive summary of its forthcoming report on malaria eradication. Both reports reaffirm the RBM Partnership’s vision of a malaria-free world, outlining the priority actions required to ensure that ending malaria later this century remains an ambitious, yet achievable, goal.

However, both reports emphasize that to reach eradication, there is an urgent need to significantly step up political will and financing, increase efficiencies through greater collaboration and better use of data, and invest in developing and expanding access to transformative life-saving tools and innovations.

Crucially, both reports demonstrate that experts from across the world agree we must continue the drive towards ending the disease because it will yield immense social and economic gains that far outweigh the costs associated with eradication.

Drawing attention and commitments to address gaps

Global Fund Catalytic and Grant Allocation meetings

Every three years, partners have an opportunity to develop recommendations that will shape the Global Fund's malaria and catalytic funding allocations.

The CRSPC engaged the Partnership to develop consensus positions around the Global Fund allocation formula for the 2020–2022 funding cycle, emphasising the importance of essential services previously covered by the Global Fund and filling gaps in high burden countries whilst continuing to address upsurges. Additionally, CRSPC successfully advocated for the deployment of emergency Global Fund resources to Venezuela.

Global Fund catalytic investments comprise funding for strategic initiatives, programmes, and activities

that complement country allocations. The CRSPC has engaged the partnership to identify, elevate and support catalytic funding priorities which have been approved by the Global Fund Board for the 2020-2022 funding cycle, including:

- Addressing insecticide resistance through the introduction of new next-generation LLINs
- Addressing drug resistance in the Greater Mekong Subregion
- Addressing malaria elimination, including in Southern Africa
- Support to the RBM Partnership for implementation assistance and support to the Global Fund application process
- Supporting pilot implementation of the RTS,S vaccine

Innovation and Access

The new Innovation and Access workstream, housed under the Advocacy and Resource Mobilisation Partner Committee (ARMPC), aims to sustain and increase cross-sectoral support for investing in malaria innovations, creating demand for the most effective innovations, and supporting scale-up of innovations for the populations most in need of accessing them.

In 2019, the workstream prepared key messages on the need to increase investment in malaria innovations for dissemination during major events like World Malaria Day, World Health Assembly and the Global Fund Replenishment conference.

Adjacent to the 6th Global Fund Replenishment in Lyon on 10 October 2019, the I&A Workstream hosted an Innovation and Access Roundtable titled, "Increasing Access to Innovations in the 6th Global Fund Replenishment Period." Given the crucial role the private sector plays in financing, developing, and delivering new products, this

invitational Roundtable sought to actively bring businesses into the malaria innovation and access conversation, take the next steps to further develop previously suggested solutions to specific bottlenecks, and suggest future opportunities to formally integrate the private sector into similar joint discussions in the future.

Four bottlenecks in the pathway to rolling out innovations in healthcare identified by the Global Fund, WHO, and the global health-focused Product Development Partnerships (PDPs) were chosen to frame the discussions at this roundtable: complex and fragmented international funding sources; inconsistent prequalification and regulatory processes; inconsistent alignment between centralized and local regulators; and price-focused tendering process. The next steps of this roundtable included a continuation of the Roundtable series in 2020 to build on the momentum generated at the Lyon Roundtable.

Strategic Objective 2

Promote and support regional approaches to the fight against malaria anchored in existing political and economic platforms such as regional economic communities, including in complex/humanitarian settings

Long-term success against malaria requires close coordination among neighbors, requiring strong leadership by existing regional bodies. The RBM Partnership continues to engage Regional Economic Communities and support regional ownership of the fight against malaria, while also working directly with countries to coordinate targeted technical assistance that creates efficiencies and increases programmatic impact.

Anchoring malaria in regional institutions

Partnering with Regional Economic Communities

Robust coordination across borders and within regions is essential for defeating malaria. By working with existing regional platforms to address malaria transnationally, countries are better able to coordinate the timing of interventions, generate cost-saving efficiencies, share best practices and harmonise policies.

In 2019, the RBM Partnership supported the development of sub-regional malaria strategic plans for the Great Lakes through the East African Community and for the Economic Community of Central African States (ECCAS) and Organisation of the Fight Against Endemic Diseases in Central Africa for the period 2019–2023 for acceleration toward the elimination of malaria in Central Africa, for the 11 ECCAS countries. The Partnership continues to support the Elimination 8, a sub-regional group of countries in southern Africa targeting malaria elimination, in preparing a regional grant proposal for resource mobilisation. Additionally, the RBM Partnership has signed Memorandums of Understanding with three regional economic communities, including the Southern African Development Community, the West African Health

Organisation and ECCAS. The remaining MOUs (for IGAD and EAC) are finalised and awaiting signature.

Sahel Malaria Elimination Initiative

The Sahel Malaria Elimination Initiative (SaME) is a regional platform of eight countries in the Sahel (Burkina Faso, Cabo Verde, Chad, Mali, Mauritania, Niger, Senegal and The Gambia) to reach and sustain universal coverage of malaria interventions and mobilise additional domestic resources. The initiative was launched in 2018 by health ministers from eight Sahel countries, committing, through the Dakar Declaration, to:

- Scale up universal coverage of anti-malarials;
- Mobilise financing for malaria elimination;
- Strengthen cross-border collaboration;
- Fast track the introduction of innovative technologies to combat malaria; and
- Develop a sub-regional scorecard to track progress towards elimination by 2030.

In 2019, the SaME Ministerial Forum gathered Ministers of Health from the eight participating countries to approve the SaME workplan, led by SaME Chair Hon. Arlindo Nascimento do Rosário, Minister of Health of

Cabo Verde, and Vice Chair, Professor Léonie Claudine Lougue, Minister of Health of Burkina Faso. At their meeting in Niamey, the Ministers established a new Sahel Malaria Commodities Fund (SMCF) to bridge critical gaps in essential malaria commodities in the region. The new Fund will be used to procure essential commodities – which include seasonal malaria chemoprevention (SMC), indoor insecticide spraying (IRS), long-lasting insecticide-treated nets (LLINs), rapid diagnostic tests (RDTs) and artemisinin-based combination therapy (ACTs). At the Ministerial Forum, the work plan for the Sahel Malaria Elimination Initiative was also reviewed and approved by attendees. The agreed priorities include:

- Extending seasonal chemoprevention to protect 1.2 million more children from malaria across the Sahel;
- Building on cross-border cooperation between neighbouring countries, including joint mosquito net mass distribution campaigns;
- Developing a sub-regional scorecard to track progress towards malaria elimination across the Sahel; and
- Rollout of the joint African Union-RBM Partnership Zero Malaria Starts with Me initiative (already established in Mauritania, Niger and Senegal,) to the rest of the Sahel region.

Sub-regional meetings

The RBM Partnership organised two sub-regional meetings of National malaria programmes from malaria endemic countries in Africa and local and global malaria

partners in two separate venues (Lusaka, Zambia and Abuja, Nigeria). All malaria endemic countries in the sub-regions and more than 40 partner organisations attended the meetings. The malaria programmes reviewed the implementation status of their National Strategic Plans and discussed the progress against the national, regional and global targets, while sharing valuable lessons learned.

These meetings provided an opportunity to track progress in the implementation of different initiatives, update the programmatic and financial gap analysis which allowed us to prioritise the filling of these gaps including through portfolio optimisation, and identify the implementation support required by countries in 2020.

Additionally, in preparation for supporting the successful development of Global Fund applications in 2020, the RBM Partnership held a three-day orientation meeting on the materials and tools of the Global Fund application process for NMCP coordinators, staff and partners. 56 countries from Africa, Asia Pacific and Latin America participated in the orientation workshop, including over 350 participants. The meeting provided guidance on the application process and initiated the provision of technical assistance to countries in support of the completion of their Global Fund applications. On the sidelines of the orientation meeting, a two-day meeting intended for experience-sharing and use of best practices for the next Global Fund application among countries in challenging operating environments (COE) was held, with more than 200 participants from COE countries and partners.



The SaME Ministerial Forum gathered Ministers of Health from eight participating countries to develop a regional workplan and establish the Sahel Malaria Commodities Fund. RBM Partnership to End Malaria.

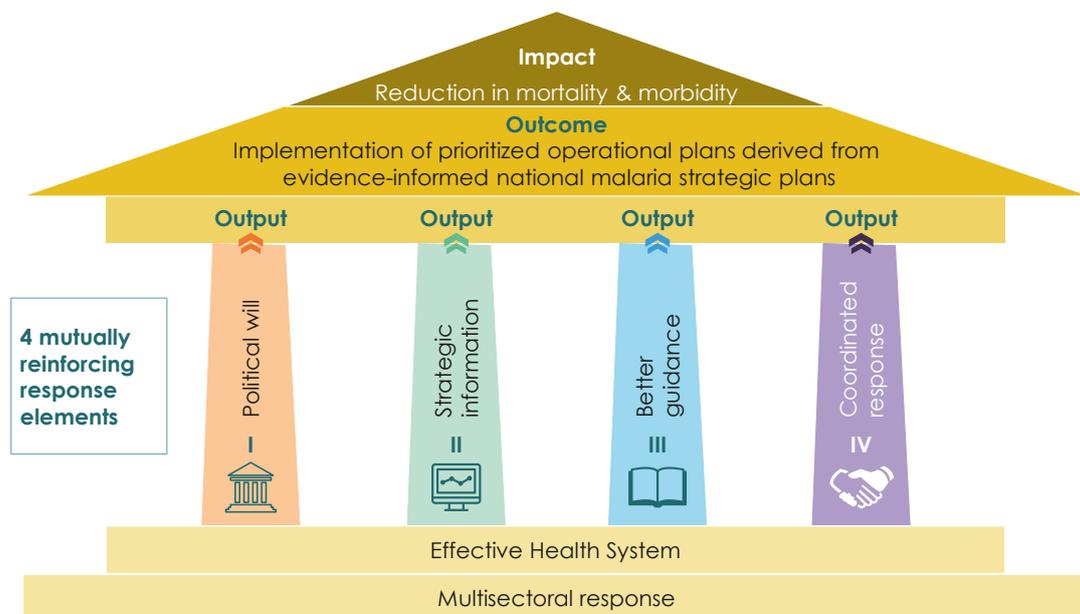
Reinforcing capacity in the highest malaria burden countries

High burden to high impact

In response to stalled progress against malaria in countries with the highest burden of cases, WHO and the RBM Partnership have been coordinating a response to get back on track, through *High Burden to High Impact: A targeted malaria response* (HBHI).

The initiative, which was launched in November 2018, is designed to reinforce country ownership and country leadership of the response, has so far supported the eleven highest malaria burden countries along four elements:

HBHI is a holistic approach, with the 4 elements feeding into tangible actions through NSP implementation and concrete outcomes



High Burden High Impact

RBM Partnership
To End Malaria

World Health
Organization

1. Political will to reduce malaria deaths

By the end of 2019, nine of the eleven countries had held their national consultation meetings (see Annex I). In each of the countries, leaders have taken ownership of the response, providing higher political attention for malaria demonstrated through the development of national and sub-national scorecards, legislation to support malaria programmes led by parliamentary committees, and statements of support by Heads of State and First Ladies. This includes, the launch of Zero Malaria Starts with me in six of the countries, ongoing work to create End Malaria Councils and Funds and enhance the engagement of parliamentarians including in Uganda, DRC, Ghana and Tanzania.

2. Strategic information to drive impact

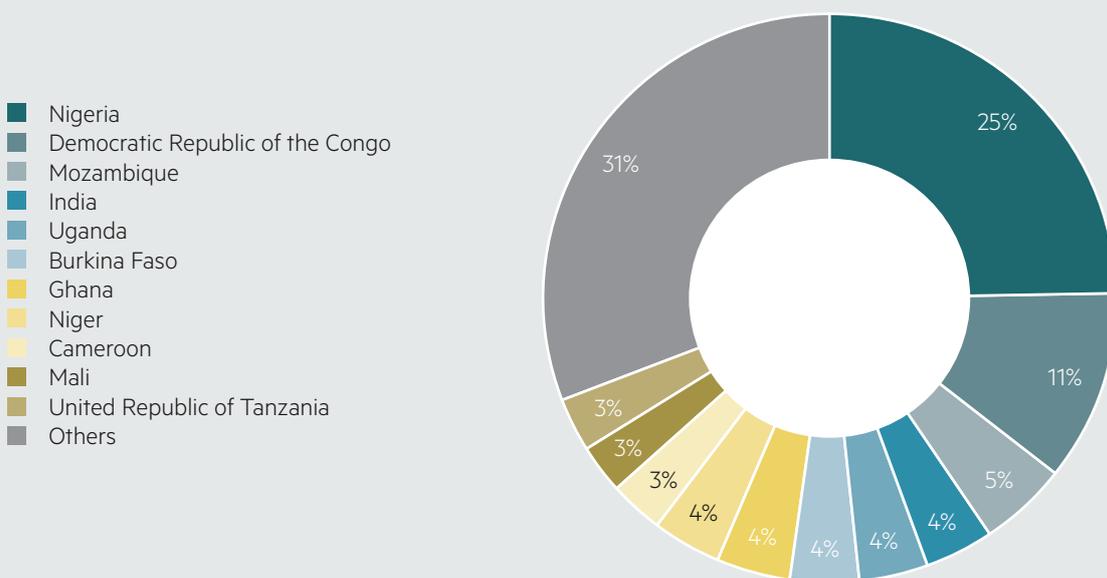
Nigeria, Uganda, Tanzania and Ghana have begun to establish malaria data repositories. Additionally, Mozambique, Tanzania, Ghana, DRC, Uganda, Burkina Faso, Cameroun and Nigeria have worked on their stratification with support from WHO to enhance targeting of interventions for maximum impact.

3. Better guidance, policies and strategies

Through the HBHI process, WHO are working to update the global guidance feeding into the Global Fund application process.

4. A coordinated national malaria response

Most countries have revitalised or reconstituted their national RBM partnership committees, including malaria thematic groups. Countries are also reviewing or developing enhanced malaria technical guidelines customized to the local context with support from WHO. WHO and the RBM Partnership will continue provide technical and implementation assistance across all the four elements of the HBHI approach, including in the Malaria Programme Review process and the development of National Strategic Plans, leading into the Global Fund application process in 2020.



Estimated country share of total malaria cases in the 11 highest burden countries, 2017.

Maximising the impact of investments to fight malaria

In many cases, targeted implementation assistance can catalyse greater impact for major investments in interventions to fight malaria. The RBM Partnership mobilises experienced local and international consultants to identify and address bottlenecks across a range of topics, including planning LLIN campaigns, SBCC, domestic resource mobilisation and advocacy. Implementation support was provided to countries to address emergencies, including in Djibouti, and this included support in mobilising resources through the Global Fund Emergency Fund (for Djibouti, Mozambique, Zimbabwe and Uganda). Support was also provided to Mozambique for the completion of the programmatic and financial gap analysis.

Scaling up LLIN distribution

In 2019, Alliance for Malaria Prevention continued to provide implementation assistance to countries planning ITN distribution campaigns, contributing to keeping ITN distributions on track and supporting countries to achieve their universal coverage targets. During the course of 2019, AMP supported a total of **22 countries** through **78 in-country missions** and distance support. The AMP Partnership includes more than 40 organizations working to scale-up and maintain universal coverage targets for ITNs through all available channels, including mass distribution campaigns and continuous distribution. In 2019, AMP focused on the development and sharing of best practices, quality standards, lessons learned and recommendations for malaria prevention with ITNs, and supports the implementation of ITN distribution

activities with the goal of strengthening skills and capacity at the country level.

Social and behaviour change communication

The RBM Partnership increased its support for SBCC planning in 2019, supporting NMCPs in developing communications tools, M&E frameworks and overall strategy development to support LLIN campaigns and case management, including support to Zero Malaria Starts with me! In 2019, implementation support was provided to four countries: Djibouti, Mozambique, Namibia and South Sudan in developing national malaria SBCC strategic plans.

National malaria strategic plan development and malaria programme reviews

The RBM Partnership, working under the leadership and at the request of WHO, supports NMCPs in undertaking malaria programme reviews (MPR), which identify strengths and weaknesses of NMCP strategy implementation and in the development of national strategic plans (NSP) in line with global guidance and national priorities.

In 2019, the RBM Partnership provided implementation support to 12 countries, including Cameroon (NSP), Cape Verde (MPR), Chad (MPR and NSP), DRC (NSP), Djibouti (MPR), Eritrea (MPR), Rwanda (MPR), São Tomé and Príncipe (MPR), Tanzania (MPR), Uganda (MPR), Zambia (MPR) and Zimbabwe (MPR) through international and local consultants.



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Strategic Objective 3

Increase the financing envelope for malaria

The need for robust funding streams to finance the fight against malaria has never been greater. The RBM Partnership advocates for sustaining investments from global partners while strengthening domestic resource mobilisation in endemic countries and regions, approaching new donors to broaden the base of support, and examining innovative ways of working across sectors to create efficiencies.

Sustaining global investments

Global Fund Portfolio Optimisation

Throughout the year, the RBM Partnership tracks coverage of essential services in countries and shares gap analyses with the Global Fund Secretariat and Grant Approvals Committee (GAC). This information feeds into the Global Fund portfolio optimisation process, enabling the allocation of resources to address major gaps in high burden. In 2019, USD 279 million was secured through this exercise for malaria. This included resources for LLINs for moderate to high burden areas in Ghana, Kenya, Niger, South Sudan, Sudan, Zambia and Chad, IRS in Rwanda, Zambia, Mozambique and

Sudan and filling all outstanding SMC gaps in the Sahel countries including Nigeria.

Throughout the overall portfolio optimization process in 2018 and 2019, malaria has succeeded in securing significantly more resources (malaria – USD 370 m, TB – USD 216 and HIV – USD 184) in part because countries highlighted impactful interventions targeting priority gaps in high/moderate burden areas. The Portfolio optimization process has also been facilitated by the up to date gap analyses available to inform the prioritisation exercise.

Building a foundation for domestic resource mobilisation

Malaria Finance Task Force (MFTF)

MFTF selected countries for Domestic Resource Mobilisation Scoping Missions (Mozambique, Zambia, Sudan, and the Republic of the Congo, Uganda, and 1-2 states in Nigeria).

The MFTF selected countries requested special assistance from the RBM Partnership in mobilizing domestic resources for their malaria programmes. MFTF engagement consisted of an initial scoping mission to identify opportunities and mobilise governments and partners followed by the development of an investment case. Investment cases explore the feasibility

and potential investment returns of various financing opportunities and propose concrete steps for countries to increase their funding for malaria. Following the development and presentation of investment cases within the countries, additional technical assistance for resource mobilisation may be available from the RBM Partnership to help countries implement their proposed workplans. In addition to identifying tailored financing opportunities for each country, investment cases will link to other relevant initiatives supported by the RBM Partnership when appropriate, such as the creation of national End Malaria Councils, malaria funds, or Zero Malaria Starts with Me campaigns.

With the launch of the High Burden to High Impact (HBHI) approach by the RBM Partnership and WHO in November 2018, which is currently being applied in the top 11 high burden countries (including Mozambique, Nigeria, and Uganda), the work of the MFTF in supporting investment cases was incorporated into this broader approach. Going forward, multisectoral investment cases for malaria will not only be supported for the originally selected MFTF countries, but for all high burden countries requesting assistance. For the Republic of Congo and Zambia, which are not yet a part of the HBHI approach, the RBM Partnership Secretariat will continue to follow up and support the development and use of multisectoral investment cases for malaria. Because of the current political unrest in Sudan, work there is being put on hold until the country is ready to re-engage.

Looking ahead the MFTF is shifting focus as cross-partner committee mechanism for getting updates and feedback on malaria finance initiatives globally. Recent updates include:

- Preparation of international development financing guides for malaria programme managers
- Tracking of countries establishing End Malaria Councils and End Malaria Funds (Eswatini, Ghana, Mozambique, Uganda and Zambia.)
- Global Fund's Malaria Elimination Initiative in Melanesia (Papua New Guinea, Solomon Islands, Timor-Leste and Vanuatu).

- The Global Fund Domestic and Innovative Financing team has added Congo Brazzaville, one of the visited MFTF countries, to their portfolio, with a mandate to support health financing and domestic resource mobilisation in the country. RBM is working to support the launch of ZMSWM in the country, to be accompanied by an investment case.

Country-level support

In 2019, the RBM Partnership has provided targeted development bank resource mobilisation support to Nigeria, which accounts for approximately 30 percent of the total gap in essential services for malaria.

Three proposals, to the World Bank, Islamic Development Bank, and African Development Bank, were developed with CRSPC support. These resources will cover gaps in the 13 Nigerian States that were previously without external support. In November, the World Bank proposal for approximately USD 200M for malaria was submitted to the World Bank Board (and approved in quarter 1 2020). A proposal to the Islamic Development Bank for USD 100 million was approved in quarter 4.

Support was also provided to Ghana, Madagascar and Uganda to develop business plans for resource mobilisation.

Mobilising the private sector

In early 2019, the Partnership strengthened its collaboration with the private sector, specifically with the Business Alliance Against Malaria (BAAM) by signing a Memorandum of Understanding (MOU), making BAAM the first private sector body officially engaged with the partnership. The MOU formalized and strengthened the existing close relationship between BAAM and the RBM Partnership at the strategic and working levels, focusing on joint advocacy, communications, and resource mobilization activities. This MOU underlined the private sector's ability to play a pivotal role in providing expert advice to global and

national malaria policies and can impact communities for the better.

Later, in collaboration with BAAM, WHO, USAID PMI and Unitaid, RBM held an important panel discussion on multisectoral innovation, collaboration and scale needed to end malaria on the sidelines of the World Health Assembly. The moderated discussion explored the recent scale-up efforts in malaria endemic countries, opportunities to accelerate access to new tools in the coming years and interventions with businesses operating outside the health sector.

Working group highlights

Case Management Working Group

The Case Management Working Group set as its top priority for 2019 the sharing of tools and best practices on malaria case management. To this end, it established a Task Force to collect available tools related to a range of case management activities, including supply chain management and training and quality assurance at facility and community levels. To date, more than 30 tools have been collected and will soon be posted on

the CMWG's website. In addition, the CMWG held two briefings to share the latest state-of-the-art information on topics including Seasonal Malaria Chemoprevention, Case Management in the Private Sector, and Management of Severe Malaria. Participation in both sessions was high and feedback from the sessions indicated that they were well appreciated.

Malaria in Pregnancy Working Group

In 2019, the Malaria in Pregnancy Working Group (MiPWG) continued to promote efforts to advance MiP programming. A cornerstone of the WG's efforts was support to country adoption and implementation of the WHO 2016 Recommendations on antenatal care for a positive pregnancy. Specifically, the WG re-disseminated the WG brief, *Implementing Malaria in Pregnancy Programs in the Context of World Health Organization Recommendations on Antenatal Care for a Positive Pregnancy Experience*, which provides guidance on how countries can implement MiP programming in the context of the new ANC recommendations.

Support also included hosting two webinars in collaboration with WHO and sharing lessons learned on the adoption process across countries. Another WG product developed in 2019 is the MiP M&E Brief which provides an MiP monitoring and evaluation framework and guidance on MiP Indicators, in alignment with WHO guidance. In addition, the WG continues to facilitate the sharing of best practices for MiP programming, strengthen partnerships between national malaria and reproductive health programs and disseminate key MiP findings from clinical trials and operational research to advance the prioritization and scale-up of MiP interventions.

Monitoring and Evaluation Reference Group

In 2019 the Monitoring and Evaluation Reference Group (MERG) held the 30th MERG Meeting in Accra, Ghana where malaria surveillance, monitoring and evaluation progress and challenges in moderate and high burden countries were discussed.

From this meeting two activities were identified for the MERG Secretariat to carry out: a review of past MERG meetings to identify past trends, deliverables, and challenges that have been discussed and the development and facilitation of a NMCP survey to



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better understand how the MERG can meet the needs of programmes. Both activities have been carried out by the Secretariat.

In 2019 the finalized version of the *Framework for Evaluating National Malaria Programs in Moderate- and Low- Transmission Settings* and *Aid Memoire* were also published and are now available on the MEASURE Evaluation website.

Multi-Sectoral Working Group

The 3rd Multisectoral working group meeting was held on 6-7 February in Geneva. This was the first meeting with participants from 22 countries, representing four WHO regions (AFRO, EMRO, EURO, PAHO). The participants presented their vision and priorities for a multisectoral response to malaria elimination, noting that the working group would step up to support three areas: coordinating the multi-sectorial actions, facilitating learning, and sharing best practices.

The participants presented their work on the elimination of malaria and highlighted the role of communities and stakeholders in the design and implementation of the malaria response. A request was made by the participants for the co-chairs to lead on

the development of the WG action plan and to finalize the framework to ensure that guidance on multisectoral actions becomes available and accessible.

The last day of the meeting included a half-day session on 2020 workplan and the following actions were prioritized : development of a consensus statement; finalize the update of the Multi-sectoral Action Framework; develop advocacy briefs; advocate on having the Multi-sectoral Action for the Elimination of Malaria as the 2021 World Malaria Day theme and ensure engagement of the MSWG group members in the upcoming events on multisectoral response to malaria.

Social and Behaviour Change Working Group

In 2019, the Social and Behaviour Change (SBC) WG leadership presented key SBC resources and guidelines at sub-regional meetings in Lusaka, Abuja and Nairobi with National Malaria Control Programme staff and their partners to inform Global Fund proposal development. The WG also collaborated with the RBM Partnership to build a roster of SBC consultants for country technical assistance requests. The WG continues to be on the forefront of development of SBC technical guidance, finalizing a new template for National Malaria Social and Behaviour Change Strategies to accompany the Strategic Framework for Malaria Social and Behaviour Change Communication 2018-2030, an [optional malaria SBCC survey module](#) for the MIS, and a literature and desk review of community

health worker malaria SBC guidelines to inform ongoing development of a resource package for community health workers in malaria SBC.

As they become available, key [technical resources](#) are posted online and translated into French and Portuguese. In 2019, the WG held [four general calls](#) featuring technical presentations, participated in RBM WG meetings and coordination calls, and organized the [6th Annual Meeting](#) in Maputo, Mozambique, convening over 120 attendees from over 24 countries. During this meeting, members identified new priorities for malaria SBC in 2020. The WG plans to hold a one-day auxiliary event in October 2020 at the International SBCC Summit in Morocco.

Vector Control Working Group

The Vector Control Working Group (VCWG) consists of representatives from diverse sectors and aims to align RBM Partners on best practices to reach and maintain universal coverage of effective vector control interventions. Partners use the forum of the Annual Meeting and activities within the Workstreams to reach a common understanding of the threats and opportunities which face vector control, to learn from each other and to develop the necessary networks and activities to overcome these challenges. 2019 saw continued growth in our membership and participation at the Annual Meeting in February saw more than 270 participants representing 52 countries.

Notable activities during the year included the convening, with support from the UN Foundation and involving 32 partners; a one-day workshop on Vector

Control in Humanitarian Emergencies. This honed-in on ways to improve the use and availability of existing tools and proposed a number of steps, including better collaboration with industry, towards the development and deployment of new vector surveillance and control tools.

There was also continued progress towards the delivery of a training course on insecticide resistance management using the Massive Open Online Course (MOOC) approach. Members of the LSM Workstream continued to respond to country requests to integrate larval source management into their vector control programs and the Annual Meeting was an important forum for dialogue around the availability and usage of new LLIN and IRS tools containing new insecticide modes of action.

Financial report

For 2019,³ the RBM Partnership had income of USD 15.84 million in donor contributions and carryover funds, with an expenditure of USD 9.06 million, leaving a total available budget of USD 6.78 million. Additional donor contributions are expected in early 2020.

RBM Partnership Donors

The RBM Partnership continues to be supported by the following donors: the President's Malaria Initiative (PMI)/USAID, Abu Dhabi Crown Prince Court (CPC), the Bill and Melinda Gates Foundation (BMGF), and the Global Fund (GF).

Expenditure in 2019

Total expenditure for 2019 year was USD 9,064,718, from an approved budget of USD 9,969,550, representing an expenditure rate of 91%. Furthermore, following a Board decision in April 2018, the Sustainability Reserve was increased to USD 1.6 million. The Strategic Initiative Reserve remains at USD 900,000.

Partner Contributions for 2019

The RBM Partnership heavily relies on its partners in the implementation of its initiatives. In order to capture these significant contributions, any of which are in-kind, the RBM Partnership has tracked the contributions of partners, both monetizing from its governance model as well as numerous financial and in-kind contributions. For 2019, this represented contributions of approximately USD 3.67 million, 37% of the 2019 budget.

2020 Budget

The 2020 budget, totalling USD 15.49 million, is aligned with the 2018-2020 Strategic Plan, and was reviewed by the Finance Committee and approved by the Partnership Board in November 2019. The 2020 budget represents a 55% increase from the 2019 budget.

Table 1

2019 Expenditure (in USD)	Budget	Expenditure	Balance	Rate %
Objective 1: Keep malaria high on the agenda	1,933,550	1,701,516	232,034	88%
Objective 2: Accelerate progress through regional approach	2,958,250	3,017,181	-58,931	102%
Objective 3: Increase the financing envelope for malaria	740,500	261,490	479,010	35%
Objective 4: High performing Secretariat	3,685,036	3,491,684	193,352	95%
Sub-total	9,317,331	8,471,871	845,465	91%
UNOPS Management Fee (7%)	652,214	592,847	59,367	
Total	9,969,550	9,064,718	904,832	91%

³ The 2019 financial figures are interim. Final financial figures will be available in June 2020.

Table 2

Strategic Objective	Budget (USD)
1: Keep malaria high in the global agenda	7,530,490
2: Accelerate progress through a regional approach	878,400
3: Increase malaria financing	597,300
Cross Cutting: Building a high performing Secretariat	5,466,948
UNOPS Management Fee	1,013,120
Total	15,486,258

Table 3

Partner Committee	Budget (USD)
ARMPC	520,000
CRSPC	7,411,690
SCPC	1,114,500
Cross Cutting Objectives and Secretariat	5,426,948
UNOPS Management Fee	1,013,120
Total	15,486,258

Annex I. High burden to High Impact updates

Country updates

Burkina Faso

Burkina Faso organised their HBHI meeting in May to present the HBHI initiative and discuss the preliminary results of the country self-assessment. Following the meeting, key priority activities were defined, including the development of a work plan to enhance political support for malaria control, improve data management, policy guidance and coordination. Since the launch of the HBHI, the NMCP with the support of country partners, have completed the following activities:

- Engagement of the Head of State as a malaria champion;
- Advocacy for the creation of a budget line for malaria control;
- Implementation of the “Zero Malaria Starts with Me” campaign;
- Decentralization of the Burkina Faso malaria scorecard to regional level;
- Integration of malaria surveillance into the DHIS2 and launching of the stratification process. The country is in the advanced stages of establishing a malaria data repository.

Next steps include planning for the malaria programme review, incorporating the HBHI approach, and sub-national stratification into the process, feeding into the Global Fund application.

Cameroon

Cameroon completed their HBHI meeting in May. The key priority activities defined include a gap analysis to determine key areas that need more

support, sharing of the meeting recommendations with the different malaria working groups, finalization of the Malaria Strategic Plan (NSP) using the HBHI meeting recommendations and guiding principles, establishment of a malaria data repository and creation of a Task Force for fostering political will. The key achievements since the stakeholders’ meeting include:

- Holding of advocacy meetings to disseminate the HBHI approach and increase the involvement of stakeholders, particularly towards enhancing political engagement;
- Review of the country malaria scorecard;
- Establishment of a taskforce for the development of a business case and advocacy document for increasing domestic funding;
- Review of the country malaria stratification and the establishment of the malaria data repository;
- Finalization of the revised Malaria Strategic Plan incorporating the HBHI approach and the revised malaria stratification as well as a review of the malaria treatment guidelines;
- Review of the National RBM partnership committee’s membership and holding their first meeting in September 2019;

Key next steps include advocacy for resource mobilization, in particular domestic funding.

Democratic Republic of Congo

DRC held its country malaria stakeholders meeting in July. Participants included representatives from the MoH Directorates, NMCP, PMI, USAID, WHO, SANRU (Principal recipient of the Malaria GF), PATH,

Academicians (University of Kinshasa, School of Public Health), Swiss TPH, UNICEF, RBM, ALMA and Civil society. Presentations focused on the malaria control situation in DRC, the HBHI approach, and review of the HBHI self-assessment tool. The HBHI self-assessment tool was utilised and key priority activities around the four HBHI pillars were identified. Next steps include launching of the HBHI approach during the stakeholders meeting planned for 13-15 November 2019.

Ghana

Ghana held their HBHI meeting in June to discuss the concept of HBHI and the operationalization process, the development of the framework and work plan to support the implementation of HBHI activities. The key priority activities identified during the meeting included the finalization of the HBHI log frame and work plan. The key achievements since this stakeholders' meeting include:

- The revitalization of the malaria steering committee and working groups including plans for the Ghana Malaria Foundation, establishment of a malaria council and creation of parliamentary interest groups;
- Establishment of the malaria data repository and epidemiological stratification to inform the intervention mix are ongoing and will feed into the next National Strategic Plan and the country's Global Fund application.

Mozambique

Mozambique convened their HBHI malaria stakeholders in Maputo for a consultation meeting in July. The progress achieved since the launch meeting includes the finalization of the malaria gap analysis to identify priority gaps for partner support. The country has also strengthened the malaria surveillance system in partnership with in-country partners. The finalization of the HBHI log frame and work plan has reached its final stage. Mozambique is rolling out a multisectoral malaria fund and forum and is decentralising the malaria scorecard and action tracker. At the national level, the President's Office and Ministry of Health are establishing a public-private malaria fund. Mozambique also plans to establish a multisectoral malaria forum

to advocate for malaria to remain a national priority and drive action and accountability with a donor round table planned in Q1 2020. The national malaria scorecard has been decentralised with provincial health and political leaders receiving a sub-national malaria scorecard. These scorecards help quickly identify systemic bottlenecks and other challenges, especially non-technical political leaders who may otherwise be unaware of the specific issues.

Niger

Niger held their HBHI meeting in September. This meeting highlighted Niger's high level of political will with commitment from political authorities at all levels. The key achievements since the meeting include the launch of an advocacy strategy for high level political commitment. For example, the HBHI meeting was chaired by the Prime Minister of Niger and the First Lady is the malaria champion. The next steps include the review and finalisation of the findings from the country self-assessment, development of the HBHI log frame and Work Plan. The country is also planning a Malaria Programme Review and is incorporating the HBHI approach into this process.

Nigeria

Nigeria held its HBHI meeting in March 2019 in Abuja. The meeting included a self-assessment at the national level and the development of an action plan outlining activities under each of HBHI response elements. Following the meeting, the NMEP has also organized the quarterly malaria review meeting to explain HBHI to the broader in-country malaria partnership. The country is working to engage political leaders and policy makers in the Malaria Programme Review process. The rigorous collation and use of existing data have been strengthened to facilitate better planning, and data will be used for improved stratification and to guide intervention mixes. The country has also reviewed the capacity of the NMEP at all levels to implement their national strategy.

Tanzania

Two country meetings were held in September and October 2019 attended by key in-country malaria stakeholders (local and international NGOs, bilateral organizations (PMI/USAID), private sector and ALMA). The main objective was to identify resource gaps in all the thematic areas of malaria implementation in the country, including: programme management, diagnosis and case management; vector control and entomological surveillance; and advocacy and social behaviour change and communication. Addressing the key resource gaps through various innovative mechanisms to mobilize resources, including from the private sector, is expected to address challenges to reducing the disease burden. These preparatory

meetings led to the finalization of the country pre-assessment. The Head of State is expected to attend the international HBHI stakeholder meeting planned for 2020 and will launch the HBHI approach in Tanzania.

Uganda

Uganda held their HBHI meeting in February 2019. Key actions taken since the meeting include working with Uganda Parliamentarians to enhance political commitment including with the development of the Malaria Act and enhanced accountability with the creation of the UPFM Scorecard. The country is developing its national strategic plan (NSP) based on the new stratification maps and intervention mixes.

Country follow up and support

To follow up on country progress, monthly conference calls are being organized with countries and key malaria partners (both in-country and international) to track progress, discuss challenges and identify support needed to resolve bottlenecks. Technical assistance is provided to countries to support convening the HBHI

meeting, as well as responding to country requests (including support to Programme reviews, National Strategic Plans, stratification, gap analysis, political engagement etc.). This support will be extended to all the countries for their Global Fund application process.

Challenges

- Weak multisectoral collaboration at country level
- Multiple priorities on the government's agenda (security, education, infrastructure)
- Capacity of NMCPs to fully implement their HBHI activities
- How best to maximize integration and the use of other delivery channels, recognizing the health system challenges and delivery constraints.

Way forward

- WHO and the RBM Partnership will provide technical and implementation assistance across all the four elements of the HBHI approach, including in the Malaria Programme Review process and the development of National Strategic Plans using the HBHI guiding principles, leading into the GF application process in 2020.
- There is increasing demand from additional countries to expand the HBHI approach beyond the eleven highest burden countries. Whilst it is essential to maintain focus on the highest burden countries, we can extend lessons to all countries with malaria.



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