



Partnership

To End Malaria

February 2018

**RBM Partnership
Strategic Plan
2018–2020**

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Acronyms

AIM	Action and Investment to Defeat Malaria 2016-2030: for a Malaria Free World.
ALMA	African Leaders' Malaria Alliance
ARMPC	RBM Advocacy and Resource Mobilisation Partner Committee
BMGF	Bill & Melinda Gates Foundation
CBO	Community-based organisation
CEO	RBM Chief Executive Officer
CHAI	Clinton Health Access Initiative
CMWG	RBM Case Management Working Group
CRSPC	RBM Country and Regional Support Partner Committee
EU	European Union
GF	The Global Fund To Fight AIDS, Tuberculosis and Malaria
GMP	WHO Global Malaria Programme
GTS	WHO Global Technical Strategy for Malaria 2016-2030
MDGs	Millennium Development Goals
MERG	RBM Monitoring & Evaluation Reference Group
MiPWG	RBM Malaria in Pregnancy Working Group
MOH	Ministry of Health
NMCP	National Malaria Control Programme
NGO	Non-governmental organisation
PC	Partner Committee
PCCG	Partner Committee Coordination Group
PMI	US President's Malaria Initiative
RBM	RBM Partnership to End Malaria
REC	Regional Economic Community
ROI	Return on investment
SBCCWG	RBM Social and Behaviour Change Communication Working Group
SCPC	RBM Strategic Communications Partner Committee
SDGs	Sustainable Development Goals
VCWG	RBM Vector Control Working Group
WG	Working Group
WHO	World Health Organization
WMR	WHO World Malaria Report
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services

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Foreword

This strategic plan represents the vision of the RBM Partnership to End Malaria – the largest multi-stakeholder platform to fight malaria. The plan outlines the strategic priorities for the Partnership over the next three years, from 2018 until 2020, leading up to the 2020 milestones of the 2030 global malaria goals. It has been developed as a consultative process involving RBM Partners, as well as stakeholders in health and other sectors that are essential to achieving the Sustainable Development Goals (SDGs). The consultations include guidance from the RBM Partnership Board on the overall strategic priorities, an online survey to ensure access to the widest possible audience, direct consultations with malaria endemic countries as well as outreach through the RBM Partnership Committees. The plan describes a living strategy that will be frequently reviewed and refreshed – leveraging opportunities to add value as the global, multi-sectoral platform to harmonise partner action to control and eliminate malaria.

The Partnership has adapted over time, as the global malaria situation and global development context have evolved. In its initial incarnation, from 1998 until 2005, the RBM Partnership focused on convening the malaria community to share knowledge, establish malaria on the global development agenda and escalate funding. From 2005 until 2010, the Partnership was focused on malaria control: development of action plans, decreasing disease burden and providing support to countries. From 2010-2015, the Partnership's emphasis was on achieving the Millennium Development Goals (MDGs). Coordinated efforts succeeded in reducing malaria mortality by 60%, with 6.2 million lives saved from 2000-2015 and dramatic reductions in malaria cases by at least 75% in 57 countries.

Now, as we enter the SDG era, the next phase of the Partnership's work focuses on the new malaria elimination agenda, structured around three major strategic priorities: **keeping malaria high on the political agenda** to ensure continued commitment and prioritisation of malaria to achieve the 2030

global malaria targets; **accelerating progress towards effective control and elimination through regional malaria initiatives** which ensure collective progress; and **sustained and increased financing** for malaria, including domestic financing. The strategic priorities are delivered through the joint efforts of Partners.

These strategic priorities are complemented by a strong foundation of communication, coordination and outreach to Partners, those directly involved in the malaria space as well as those working across other sectors that are essential to achieve the global malaria goals, building a strong multi-sectoral engagement strategy. The strategy will increasingly use the opportunities of new media and communication tools to reach out to Partners, sharing information and facilitating engagement. It prioritises opportunities for face-to-face discussions and engagement of Partners through the Partner Committees, ad hoc working groups, and thematic consultations to ensure coherence and optimal use of our collective resources.

The coming three years represent a period of great opportunity and enthusiasm. The work that has been and continues to be done to refocus and refresh, creating a revitalised RBM Partnership to End Malaria, ensures that we are collectively ready to take on this challenge. The Partnership recognises that the whole is more than the sum of its parts. Turning this synergy into action requires leadership, structure and efficient systems.

We thank our Partners, national leadership and advocates in malaria endemic countries, our donors and all stakeholders committed to working for a malaria-free world. By harnessing the incredible power of the RBM Partnership to End Malaria, we will **achieve more, together**.

Dr Winnie Mpanju-Shumbusho
Board Chair | **RBM Partnership to End Malaria**

Dr Kesete Admasu
CEO | **RBM Partnership to End Malaria**

Executive Summary

- 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.
- Strategic Objectives:** The RBM Partnership to End Malaria has three intertwined objectives:
- Keep malaria high on the political and developmental agenda through a robust multi-sectoral approach to ensure continued commitment and investment to achieve the GTS and AIM milestones and targets,
 - 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, and
 - Promote and advocate for sustainable malaria financing with substantial increases in domestic financing.
- Approach & Assumptions:** The reinvigorated RBM Partnership to End Malaria serves as the platform for all Partners to come together based on the principle that they can achieve more, together. The Partnership does not simply refer to the Secretariat – it means all the malaria partners that are voluntarily convened under the Partnership umbrella and commit to work collectively with respect and mutual support. The Secretariat will remain lean and will neither be an implementing nor a financing mechanism. The RBM Partnership to End Malaria recognises country ownership and leadership as the bedrock of the malaria elimination agenda.
- Added Value:** The RBM Partnership to End Malaria adds value by:
- **Convening** Partners focused on this common cause,
 - **Coordinating** Partners to maximise alignment, facilitate cooperation, and ensure that common challenges are addressed cooperatively,
 - **Mobilising resources** by identifying resource requirements and creating humanitarian and business cases to support the mobilisation of resources,
 - **Facilitating communication, identifying and addressing opportunities and challenges** by engaging Partners, sharing experiences and best practices, and
 - **Providing mission critical support to malaria affected countries and regions:** the Partnership will support critical enablers required to enhance political will and provide targeted support where it is most needed.

**Operational
Focus:**

To achieve the Partnership's strategic objectives and maximising its comparative advantages, the RBM Partnership to End Malaria has identified four areas of potentially transformative significance to receive particular attention in the operational focus of the Secretariat and the Partner Committees. A growth of multi-sectoral partnerships for malaria, expanded and improved multi-country regional initiatives, diversified and increased malaria financing, and creating a more transparent and accountable partnership mechanism will magnify the effectiveness of malaria prevention, control, and elimination efforts across the malaria endemic countries.

**Transforming into
a multi-sectoral
partnership:**

Malaria both contributes to poverty and thrives in poverty. Communities, particularly poor women and children, disproportionately suffer from malaria and as a result are trapped in a perpetual cycle of poverty. Hence, developmental strategies that aspire to eradicate poverty should take the malaria elimination agenda within their core mission. Both malaria elimination and poverty eradication can only be realised through a multi-sectoral approach. The structure of the RBM Partnership to End Malaria at global, regional, national and sub-national levels therefore reflects the multi-sectoral nature of the fight against malaria. This strategy therefore identifies key sectors such as education, the extractive industries, housing, agriculture, environment, tourism and transport sectors as potential trailblazers in malaria multi-sectoral engagement at all levels.

**Regional
Initiatives:**

Cross-border collaboration in regions where malaria elimination is feasible in the short term is crucial, as countries need to synchronise their planning, share information and collaborate in disease surveillance. This strategic plan advocates for expansion and improvement in regional initiatives in high-burden geographies. The objective of this regional approach, anchored in existing political and/or economic platforms, is to mobilise the political and financial resources necessary for accelerating progress towards malaria control and elimination targets. The regional approach helps repackaging the Partnership's advocacy and communication messages to align with the collective regional economic and security aspirations, and elevate and sustain the malaria agenda to the highest level. Regional platforms have the potential to drive political commitment, provide a framework for creating a malaria financing facility, and engage with the private sector. Regional initiatives will be based on a thorough situational analysis prior to commencing. This analysis will include an assessment of existing partnerships and initiatives and the potential for the RBM Partnership to End Malaria to add value through its own unique comparative advantages.

Regional initiatives will also focus on solutions for malaria transmission in humanitarian and complex situations, including those resulting from natural factors like excessive rains, flooding or earthquakes as well as human-made crises arising from conflict. According to the WHO World Malaria Report (WMR) 2017, where the ecological conditions

are suitable for malaria, complex situations often result in increased malaria transmission, disease and deaths.¹ The burden of disease can be exceptionally high among the most vulnerable, such as children and pregnant women, especially when worsening nutritional conditions impair their capacity to fight the disease. By their nature, complex situations are often not anticipated in national strategic plans and require regional collaboration and adapted vector control solutions to prevent resurgence and significant reversal of malaria gains.

**Malaria
Financing:**

Funding for the global malaria response has plateaued since 2010, reaching US \$2.7 billion in 2016 (less than half of the 2020 funding target). Malaria financing currently derives from three major sources: domestic financing, bilateral, and multilateral organisations. Most malaria financing is currently used for commodity procurement and out-of-pocket expenditure at personal and household levels. A closer look at the financing landscape reveals that nearly two-thirds of malaria expenditure comes from a handful of donors, and that the domestic financing component predominantly covers recurrent costs in human resources for health. Consequently, malaria financing remains extremely vulnerable to changes in the political priorities of donor countries. Even more worrisome, most of the essential malaria commodities for testing and treatment are financed by donor resources.

We are seeing more countries heading towards elimination. The European Region remains malaria-free. A number of African countries have achieved impressive improvements in diagnostic testing and surveillance. However, as the burden of disease continues to decline within a number of countries, there is a real risk that malaria financing could become a victim of the success of malaria control programmes. Yet, after an unprecedented period of success in malaria control, progress has stalled, according to the WMR 2017. Many countries have reported significant increases in malaria cases, particularly those with a high burden of malaria. The achievements made over the past decades are at risk of reversal, if resources plateau or decrease. It is therefore critical to work with endemic countries to expand their domestic financing base, and strive to advocate globally to sustain and increase the funding from major donor countries. In addition to these interventions, this strategic plan identifies the need to attract new and emerging donors.

**Transparency &
Accountability:**

The RBM Partnership to End Malaria recognises the importance of transparency and accountability in its actions and activities. Transparency will be ensured through active use of different communication platforms, including the RBM Partnership to End Malaria website and direct communication to Partners on a regular basis, and will include multiple virtual and in-person opportunities

⁹ World Malaria Report 2017. Geneva: World Health Organization; 2017, 50-53. Hereafter cited as WMR.

for Partners to provide feedback on key initiatives and interventions. In addition, an annual report will be developed and disseminated widely among Partners, donors and other stakeholders, including analyses of operational effectiveness, efficiency and progress.

An accountability framework will also be developed for the Partnership as a whole, for which Partners will be invited to sign up to as part of their commitment to the Partnership's mission and vision. A Partnership-specific risk framework will also be established to guide organisational operations and identify specific mitigation measures. All risk, monitoring and evaluation frameworks and reporting mechanisms will be developed for individual programmes, to be agreed with the Partners involved, and will support the Partnership's commitment to mutual accountability.

Chapter 1: Introduction

The RBM Partnership to End Malaria Strategic Plan 2018-2020 serves as the overarching guide to the work of the Partnership, including its Partner Committees and the Secretariat.

At the 5th Partnership Board meeting in April 2017, the CEO presented to the Board a draft strategic approach for the Partnership. The Board approved the strategic approach and requested the CEO and the Secretariat to engage and consult a wide range of Partners in the preparation of the Strategic Plan. Between April and July 2017, a comprehensive consultation exercise took place. This process included targeted dialogues with endemic countries, online surveys and consultation using the Partner Committee structures. On the basis of these consultations, the Strategic Plan was finalised and submitted to the Partnership Board for approval at its 7th meeting in November 2017.

The world has witnessed unprecedented progress in the fight against malaria, yet history demonstrates that the risk of malaria resurgence is real if political commitment weakens, funding wanes or technical challenges go unaddressed.² Sustained investment will be required to maintain progress, avoid losing the gains of recent years and advance the malaria elimination agenda. This continued investment is outlined in the RBM Partnership to End Malaria framework document: Action and Investment to Defeat Malaria 2016-2030³ (AIM), and WHO's Global Technical Strategy (GTS).⁴

In addition to the AIM and GTS documents, a detailed analysis of recent developments in the malaria space has been used to guide the definition of the Partnership priorities for the period 2018-2020. The strategy aims to position the reinvigorated RBM Partnership to End Malaria to play a vital role in:

- Elevating malaria on the global developmental and political agenda,
- Making malaria elimination a central theme in the sustainable development agenda,
- Advocating for universal access to malaria prevention, diagnosis, and treatment services,
- Building momentum and accelerating progress towards malaria elimination,
- Sustaining momentum and mobilising funding for regional and national elimination efforts,
- Empowering countries, communities and individuals to defeat malaria,
- Promoting innovation and facilitating uptake of new tools for greater impact, and
- Demonstrating a multi-sectoral approach to end malaria for good.

² Cohen "Malaria resurgence: a systematic review and assessment of its causes", Justin M Cohen, David L Smith, Chris Cotter, Abigail Ward, Gavin Yamey, Oliver J Sabot and Bruno Moonen, *Malaria Journal* 2012 11:122 ; <https://doi.org/10.1186/1475-2875-11-122>

³ Action and Investment to defeat malaria 2016-2030. For a Malaria-Free World, World Health Organization on behalf of the Roll Back Malaria Partnership, 2015 http://www.rollbackmalaria.org/files/files/aim/RBM_AIM_Report_A4_EN-Sept2015.pdf

⁴ The WHO's Global Technical Strategy for Malaria 2016-2030, available at: http://www.who.int/malaria/areas/global_technical_strategy/en/

Chapter 2: Framing the RBM Partnership Priorities

Since its inception in 1998, the RBM Partnership to End Malaria has been at the forefront of advocacy and partnership coordination to maintain and further expand investments in malaria control and elimination.

During this time, the world has seen unprecedented progress in relation to malaria: the disease burden and transmission, global health architecture, international environment and leadership — notably by malaria-affected countries — have all changed considerably. The Partnership has consistently developed and adapted over time in response to these changes in the global malaria context and progress in the global development landscape, and has been key to the success and achievements in reducing the malaria burden. Malaria-affected countries and their global partners in every sector fully recognise the importance of a coordinated and sustained approach to end malaria for good, and emphasise that the RBM Partnership to End Malaria must play a critical leadership role in shaping the global fight against malaria. In this ever-changing global development landscape, it will be crucial to speak with a unified and amplified voice to:

- Build political support and raise public awareness towards malaria elimination and its multifaceted benefits,
- Attract diverse, sufficient, sustained and predictable financing,
- Promote the effective use of appropriate tools and the development of new ones as situations evolve, including a shift from control to elimination, and
- Invest in health systems and strengthen disease surveillance in all endemic countries.

The RBM Partnership to End Malaria Strategic Plan considers the following positive developments in the malaria and global health development space and positions the Partnership to play its value-added roles:

- Sustainable Development Goals (SDGs) include ambitious malaria targets under Goal 3, and strong malaria linkage can be made for most of the other SDGs,
- The Partnership's framework document, Action and Investment to Defeat Malaria 2016-2030: for a Malaria Free World1 (AIM), and WHO's Global Technical Strategy (GTS) provide the technical and policy foundations for malaria elimination,
- UNICEF's Strategy for Health (2016-2030) emphasises ending preventable maternal and child deaths and equity in health,
- From Aspiration to Action, what will it take to end malaria?, a joint publication of the Bill

& Melinda Gates Foundation and the United Nations Secretary-General's Special Envoy for Health in Agenda 2030 and for Malaria, sets forth a bold malaria eradication vision,

- The Global Fund Strategy 2017-2022: investing to end epidemics outlines a realistic yet aggressive agenda for scaling up evidence-based interventions and measuring impact,
- Catalytic Framework to end AIDS, TB and Eliminate Malaria in Africa by 2030 from the African Union aspires to eliminate malaria incidence, mortality and prevent its transmission and re-establishment in all countries by 2030, and
- Asia Pacific Leaders Malaria Alliance, Malaria Elimination Roadmap has a goal of achieving an Asia Pacific free of malaria by 2030.

Link to Global Goals and Targets

Efforts to prevent, control and eliminate malaria both contribute to and benefit from sustainable development. The objectives of reducing the disease burden and eliminating malaria are intrinsically linked to most of the SDGs, and are central to *“Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages. Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.”*

GTS Targets

The Partnership’s Strategic Plan 2018-2020 is aligned to the WHO GTS targets. RBM Partners will work together to support achievement of the following milestones:

By 2020:

- Malaria mortality rates and incidence are reduced by at least 40% compared with 2015.
- Malaria does not re-emerge in countries that were malaria-free in 2015.
- Malaria is eliminated in a further 10 countries compared to 2015.

By 2030:

- Reduce malaria incidence and mortality rates globally by at least 90% compared with 2015 levels.
- Eliminate malaria from at least 35 countries in which malaria was transmitted in 2015.
- Prevent re-establishment of malaria in all countries that are malaria free.
- End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

✓ **Figure 1: Examples of positive synergies between advances in malaria and progress towards the Sustainable Development Goals.**



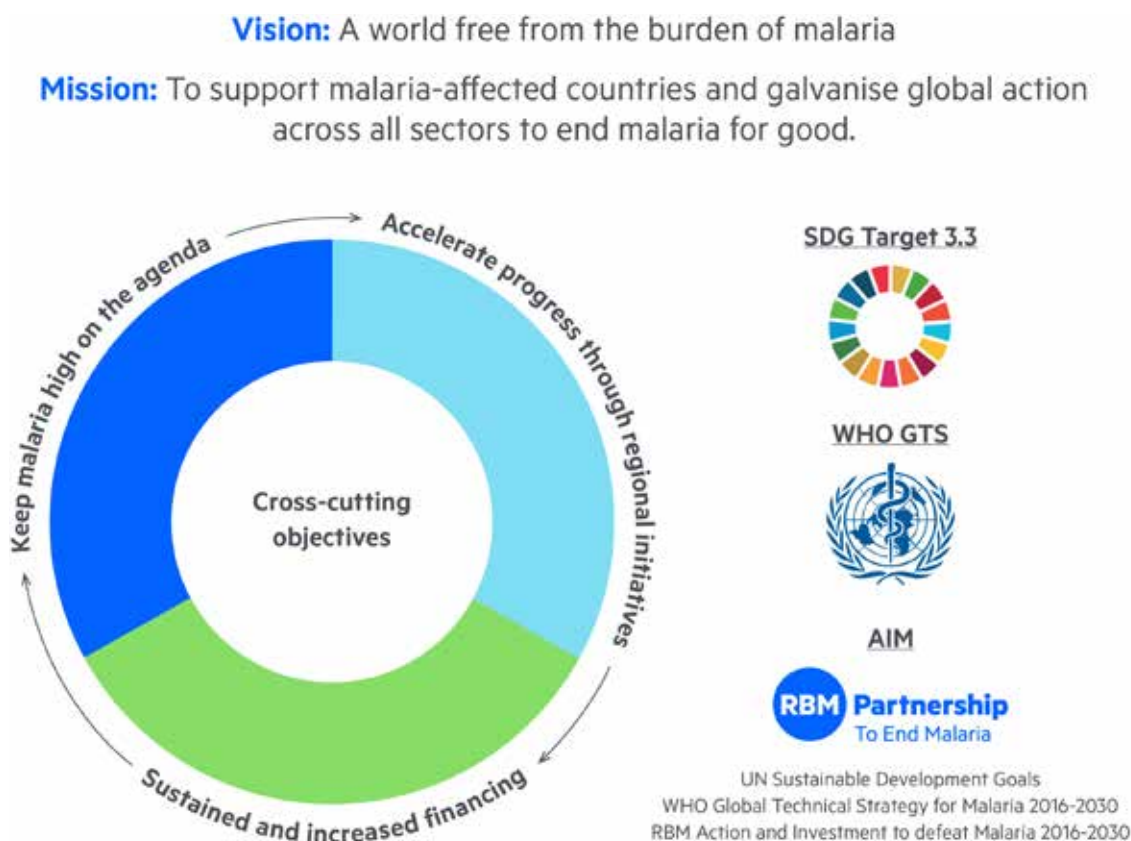
Chapter 3: The RBM Partnership Operational Strategy 2018-2020

The RBM Partnership to End Malaria Strategic Plan 2018-2020 will focus on building global momentum towards the malaria elimination agenda in countries that are near elimination as well as in high burden countries.

The recent WHO Malaria Elimination Framework encourages countries to invest in core capacities regardless of where the country is in the continuum of malaria elimination. This strategic plan is structured around three main strategic objectives, as follows:

- **Strategic Objective 1:** Keep malaria high on the political and developmental agendas through a robust multi-sectoral approach to ensure continued commitment and investment to achieve the GTS and AIM milestones and targets.
- **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.
- **Strategic Objective 3:** Promote and advocate for sustainable malaria financing with substantial increases in domestic financing.

✓ **Figure 2:** RBM Partnership to End Malaria vision, mission and strategic objectives.



3.1. RBM: The Global Partnership to End Malaria

The RBM Partnership to End Malaria is the global platform for coordinated action against malaria. It mobilises for action and resources and forges consensus among Partners. It was launched in 1998 by WHO, UNICEF, UNDP and the World Bank in an effort to provide a coordinated global response to the disease. The RBM Partnership Secretariat is hosted by the United Nations Office for Project Services (UNOPS) in Geneva, Switzerland.

The Partnership's vision is of a world free from the burden of malaria, and its overall strategy aims to reduce malaria morbidity and mortality by reaching universal coverage and strengthening health systems. This strategic plan defines the Partnership's priorities emanating from AIM and GTS documents and provides a common framework for Partners to harness their collective resources, working together to achieve a malaria-free world. It also positions malaria in the wider development agenda, by illustrating how reducing and eliminating malaria creates healthier, more equitable and prosperous societies, and promotes a broadly inclusive and multi-sectoral response.

Overview of the Partners

The RBM Partnership to End Malaria is open to organisations and institutions committed to collective action in the fight against malaria. It is comprised of more than 500 Partners, including malaria endemic countries, their bilateral and multilateral development Partners, the private sector, non-governmental (NGOs) and community-based organisations (CBOs), foundations, research and academic institutions.

Analysis of data from 2017 indicated that current RBM Partnership members are predominantly focused in Africa, Europe and North America, where 80% of Partners are located. 47% of all new members joining are from Africa, while only 8% of new members are from South Asia. In keeping with its global mandate, the Partnership is actively seeking to expand its membership over the period of this Strategic Plan

to increase the number of Partners from different malaria endemic zones, academic and research institutions, as well as Partners representing other sectors, which influence or are impacted by malaria.

Understanding an organisation's motives for investing to end malaria is key to creating and nurturing productive collaborations. Each stakeholder, whether operating at a national level, across sectors, or across regions has a unique role to play and a successful collaboration will establish clear responsibilities and facilitate measurable impact in malaria control and elimination programmes. The Partnership is therefore reaching out to all members to better understand their background and expectations, and to ensure that the Partnership represents the broad diversity of stakeholders who seek to contribute to achieving a malaria-free world.

Conscious of the importance of building a global Partnership, which represents a wide range of stakeholders, the RBM Partnership to End Malaria will use different outreach and engagement structures through which Partners can contribute to the Partnership and learn from the work of others. Central to these are the work of the Board, the Secretariat, the Partner Committees and the Working Groups described below. These structures are complemented by an active information service which pushes information to members through email, social media and the website as well as pull mechanisms which solicit information from members. An example of such an approach is the development of this Strategic Plan, which was the subject of a wide consultative process through online surveys, Partner Committee consultations and consultations with country representatives and other stakeholders. Members can sign up on the RBM Partnership to End Malaria website or by putting in a written request to the Secretariat. No fees are paid, and membership is maintained until an organisation withdraws from the Partnership.

As the global multi-stakeholder platform to fight malaria, the RBM Partnership to End Malaria provides a forum to engage, amplify and align Partners across sectors and geographies to increase progress towards the global malaria goals. The Partnership will harness the power of Partners to “achieve more, together,” drawing strength from its ability to form effective partnerships both globally and nationally. Partners work together to scale up malaria-control and elimination efforts at country level, coordinating their activities to avoid duplication and fragmentation and to ensure optimal use of resources.

In return, the Partnership requests that Partners commit to the vision of a malaria-free world, recognise the Partnership nature, actively engage to constructively build the Partnership and abide by the Partnership By-laws.

Working together: Core Functions and Structures

As the global multi-stakeholder platform to fight malaria, the RBM Partnership to End Malaria provides a forum to engage, amplify and align Partners across sectors and geographies to increase progress towards the global malaria goals. The Partnership will harness the power of Partners to “achieve more, together.” By working together, Partners avoid duplication and fragmentation, amplify their message and ensure optimal use of resources. The core functions of the Partnership are as follows:

- Convene Partners focused on this common cause,
- Coordinate Partners to maximise alignment, facilitate cooperation and ensure that common challenges are addressed cooperatively,

- Mobilise resources by identifying resource requirements and creating humanitarian and business cases to support the mobilisation of resources,
- Facilitate communication, identify and address opportunities and challenges by engaging Partners, sharing experience and best practice, and
- Provide mission-critical support to malaria-affected countries and regions, supporting the critical enablers required to enhance political will and providing targeted support where it is needed most.

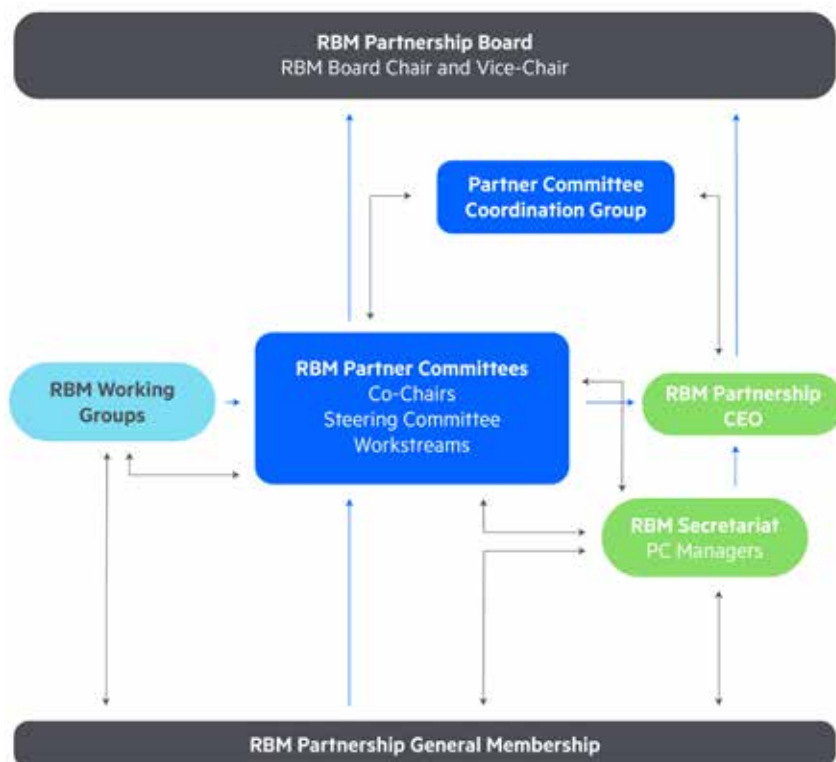
The core of the Partnership is composed of the four key structures outlined below. The Partnership is governed by the Board, which leads the Partnership in the drive towards achieving the vision through its strategies and associated operational plans. The Partner Committees are intended to formalise, consolidate and amplify the Partnership priorities of advocacy, resource mobilisation and country/ regional support. Further information on the different Partner Committees is provided in Table 3.

✓ **Figure 3:** RBM Partnership to End Malaria structures

Partnership Board	<ul style="list-style-type: none"> • Governing body: with diverse, senior-level composition that oversees Partnership operations and strategy • Accountable to Partners via regular reporting and regular, published, independent reviews • Candidates are nominated by Partners
CEO & Management Team	<ul style="list-style-type: none"> • Day-to-day manager and face of the Partnership • CEO leads the Management Team in implementing the strategy plans approved by the Partnership Board • Mobilises resources for the strategy plans approved by the Partnership Board
Partner Committees	<ul style="list-style-type: none"> • Formalised mechanism of direct Partner engagement and ownership of the Partnership to deliver on its core functions • 3 Partnership Committees: Strategic Communications; Advocacy and Resource Mobilisation; Country and Regional Support
Ad-Hoc Working Groups	<ul style="list-style-type: none"> • Established as needed by Partners or the CEO / Management Team to facilitate and streamline specific bottlenecks and coordinate partner technical implementation efforts



✓ **Figure 4:** RBM Partnership to End Malaria governance.



The RBM Partnership to End Malaria is assisted by the End Malaria Council, a committed group of global public sector and business leaders that sees malaria eradication as a critical health and development priority. The End Malaria Council has come together to drive progress towards eradication by focusing on leadership, financing and technology. The Partnership will continue to work closely with the Council to leverage the unprecedented opportunity these committed leaders bring to the fight against malaria.

Assumptions

The RBM Partnership to End Malaria is a Partnership for all: it is the responsibility of and at the service of all Partners. The different components — the Board, the Secretariat, the Partner Committees, the Working Groups, and the Partners — work together as mutually reinforcing and supportive components of the whole Partnership. The following assumptions have been developed to ensure a collective understanding of the framework and philosophy of the Partnership:

- The main function of the Partnership is to convene, coordinate and communicate, and provide a forum for Partners to share experience and join forces to achieve the goal of achieving

a malaria-free world; as such, it will seek to avoid duplication or overlap, and will deliver its work through Partners or coalitions of Partners;

- Malaria elimination requires country ownership and the role of the Partnership is to ensure that countries are in the driving seat;
- Partners commit to the RBM Partnership to End Malaria based on the principle that they can do more together than individually; Partners will work with respect and mutual support;
- The Partnership Secretariat is not a direct implementing or financing partner;
- The Partnership aligns its goals with relevant political and technical guidance, such as the Sustainable Development Goals (SDGs), the WHO Global Technical Strategy for Malaria and relevant regional guidance;
- The Partnership will have an intentional strategic focus on addressing malaria in humanitarian crisis and conflict situations that weaves through all priorities in this plan.
- The Partnership will review its priorities on an annual basis, considering new dynamics: it serves as a platform for Partners to explore new ideas and stimulate innovation.

Branding

Recognising the new malaria and global development environment which the revitalised RBM Partnership to End Malaria faces, the Partnership Board commissioned a branding assessment to understand the legacy of the Roll Back Malaria (RBM) brand perception, and assess and present options for the Partnership brand going forward. A strong brand is not simply a name or logo but rather represents a set of ideas and values. It instils confidence and invites engagement, encapsulating the experiences of those who interact with it.

The Strategic Communications Partner Committee is leading the process of the evolution of the Partnership brand, with recognisable continuity but capitalising on the opportunity to provide a renewed platform for communication. Following the Board's approval, the new RBM Partnership to End Malaria branding was unveiled at the UN General Assembly in New York in September 2017. All Partners were informed via a special newsletter, and initial feedback received has been predominately positive. The rollout of the new branding (including its print, online and audio-visual applications in relevant languages) is being completed.

3.2. Strategic Priorities

Strategic Objective 1: keep malaria high on the political and developmental agendas to ensure continued commitment and investment to achieve the GTS and AIM milestones and targets.

The RBM Partnership to End Malaria is the most critical global advocacy platform to relentlessly pursue elimination and eventual eradication of malaria. The level of political commitment and financial investment required to sustain malaria control and elimination is high in the short term, and may be challenging to achieve and maintain. This will require an unprecedented level of advocacy and movement, including positioning malaria elimination as a critical mission to a wide spectrum of civil society organisations, governments, private sector and communities in endemic countries. Demonstrating to political leaders, key influencers, and other key stakeholders the importance of continuing to reduce and eliminate malaria for economic growth and development is key to keep malaria high on the political agenda.

The world has witnessed unprecedented progress in the fight against malaria, but the gains are fragile and the risk of malaria resurgence is real. We are seeing more countries advancing towards elimination, whilst the European Region remains malaria-free. A number of African countries have achieved impressive improvements in diagnostic testing and surveillance. However, after this unprecedented period of success in malaria control, progress has indeed stalled. Many countries have reported significant increases in malaria cases, particularly those with a high burden of malaria, according to the WHO WMR 2017. Overall, countries are not on track to achieve the 2020 targets of the WHO GTS for Malaria – specifically targets calling for a 40% reduction in

case incidence and mortality. Analysis reveals that countries with ongoing malaria transmission are increasingly falling into one of two categories: those progressing towards elimination and those with a high burden of malaria that are experiencing setbacks in their responses. The results of the WHO WMR 2017 signal a clear need for greater investment in malaria control – particularly at the domestic level well as the need to have a strategic focus on addressing malaria in humanitarian crisis and conflict situations. The malaria epidemics reported in 2016 and 2017 in Burundi, Northern Nigeria, Venezuela, and Yemen clearly underline the need for more strategic focus on addressing malaria in humanitarian settings. Gaps in the coverage of existing tools that prevent, diagnose and treat malaria must be urgently closed. Equally important is the need for robust investment in the research and development of new tools.

To achieve the 2030 malaria targets and meet the SDGs, the global community must combine forces to defeat malaria and recognise the importance of building inclusive coalitions at all levels. Malaria prevention and treatment are among the most cost-effective public health interventions. They provide a consistently high return on investment (ROI), beyond the direct benefits of better health. Thus, investing in malaria control and elimination amounts to an unparalleled investment in productivity, progress and people-centred development. There is a compelling case for making this investment. The World Bank reports that investment in health and education fosters economic growth of 1.25% per year⁵, while the Copenhagen Consensus identified malaria elimination as “truly [one of] the best-buys in global health”⁶. Thus, beyond the financial return, it will generate unprecedented socio-economic, development, humanitarian and equity benefits.

⁵ To learn more: <https://tinyurl.com/y7v8ggq7> and World Bank President Dr Jim Yong Kim's speech at Reaching the Last Mile Conference, Abu Dhabi, 15 November 2017.

⁶ The Copenhagen Consensus has identified malaria elimination as “truly one of the best-buys in global health.” See: <http://www.copenhagenconsensus.com/post-2015-consensus/news/heres-how-wipe-malaria-map>

Stakeholders at all levels (global, regional, country, sub-national and local) are crucial in leveraging the case for investment to advocate for and successfully mobilise the full range of resources needed to move countries along the path from control to elimination. The RBM Partnership to End Malaria provides the platform for coordinated, harmonised and amplified advocacy messaging targeted to endemic countries, donors, civil society, parliaments, media and other stakeholders.

Strategic Objective 1 - Initiatives:

- Promote and help establish all-party parliamentary groups on malaria: engage Partners at global, regional, and country levels, including the Inter-Parliamentary Union (IPU), to pursue the establishment of all-party parliamentary groups on malaria elimination across priority endemic and donor countries
- Communicate strategically: provide clear, strong, accessible, and compelling messages to leaders and key stakeholders on the importance of continuing to reduce and eliminate malaria through internationally recognized best practices
- Build inclusive and multi-sectoral coalitions: address the determinants of malaria at global, regional and country levels within and across sectors
- Focus on coverage gaps: continue to address coverage gaps in core malaria interventions to ensure universal access to prevention, diagnosis, and treatment
- Scale up new tools: advocate for adoption and scale up of innovative new tools, which are recommended by WHO for public health use.

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.

This strategic objective proposes the development of regional initiatives, which will support malaria elimination across countries within regions, increasing the pace of progress towards the 2020 milestones and 2030 goals. A regional approach is particularly effective in cases where issues transcend geographic or political boundaries, as in the case of malaria, drug resistance, communicable disease outbreaks or humanitarian crises. Regional initiatives will be based on a situational analysis of the epidemiological, entomological, political, social and economic dynamics in the region. Regional initiatives will be channelled through an existing regional economic community⁷ (REC) or relevant regional political grouping or platform. The RBM Partnership to End Malaria will conduct situational analyses by working with Partners supporting these initiatives – notably those from the countries / regions concerned – to build a case for a regional intervention. The Partnership will also work closely with key regional partners and entities to support improved planning and vector control in the context of humanitarian emergencies.⁸

Forging an alliance between the Partnership and the RECs is critical to building political commitment. With this commitment, the initiative will build platforms for engagement among Partners, foster collaboration, build capacity and mobilise resources. Before engaging, each initiative will identify whether it needs to scale up existing work, address specific gaps, identify new ways of working or develop a fully scoped initiative. The choice of a platform and the Partnership's engagement will be determined in close consultation with the countries concerned. Regional initiatives will encourage those who are already taking a lead, or which have a significant regional role, to expand their commitment.

⁷ For example, the Regional Economic Communities in Africa: Arab Maghreb Union (UMA); Common Market for Eastern and Southern Africa (COMESA); Community of Sahel-Saharan States (CEN-SAD); East African Community (EAC); Economic Community of Central African States (ECCAS); Economic Community of West African States (ECOWAS); Intergovernmental Authority on Development (IGAD); and Southern African Development Community (SADC).

⁸ See Project 5. Vector Control in Humanitarian Emergencies Roll Back Malaria Vector Control Working Group (RBM VCWG) 12th Annual Meeting, 8–10th February 2017 Geneva.

Each regional initiative will be country-led and supported by the three main pillars of the RBM Partnership: advocacy and resource mobilisation; regional and country support; and strategic communications. Furthermore, the regional approach provides the necessary platform to addressing malaria in humanitarian/complex situations that usually has a regional implication in the malaria control and elimination efforts. The role of the Partnership will be to coordinate with Partners, including on messaging and outreach, and to build the case for and support ongoing resource mobilisation.

Strategic Objective 2 - Initiatives:

- Help establish regional malaria initiatives: collaborate through platforms for regional cooperation amongst countries, facilitate engagement of Partners including the private sector
- Establish a regional malaria financing facility: collaborate with global and regional development banks to address the funding gap in malaria programmes
- Build regional capacity: build entomological and surveillance capacity, and create a network of regional experts able to provide quality technical assistance to countries
- Combat substandard and fake medicines: launch regional mechanisms to combat fake medicines and products and harmonise regulatory processes where possible
- Maximise the impact of the Global Fund malaria investments: accelerate progress towards the 2020 and 2030 targets.

Strategic Objective 3: Increase the financing envelope for malaria.

In order to meet the ambitious global malaria goals, malaria financing — both international and domestic — must increase substantially. Despite the unprecedented funding for malaria over the last 20 years, the US\$ 2.7 billion invested in 2016 accounts for only 41% of the estimated annual investment required to meet the GTS goals. In parallel, the WHO WMR 2017 notes that in 2016, there were an estimated 216 million cases of malaria,

an increase of about 5 million cases over 2015. Funding levels for those at risk of contracting malaria have either plateaued or decreased across most WHO regions, relative to the peak years of 2012 and 2013. Currently, malaria financing is derived from three major sources: domestic financing (mainly in health systems and the health workforce); bilateral and multilateral sources, much of which is currently used for commodity procurement; and out-of-pocket, personal and household expenditures.

The WHO WMR 2017⁹ provides a comprehensive breakdown of funding sources:

- Countries with endemic malaria provide nearly one third (32%), including US\$ 612 million for National Malaria Control Programmes (NMCPs) and US\$ 332 million which was expenditures calculated for malaria patient care,
- Approximately 45% of malaria funding is channelled through the Global Fund,
- Approximately 63% of all malaria funding in 2015 came from 8 major donors, with 35% of all funding coming from the US, 16% from the UK and the remainder (approx. 12%) being made up by France, Germany, Japan, Canada, BMGF and the EU.

This strategic objective aims to support the resource mobilisation process required to ensure development of sustainable financing solutions for the fight against malaria. The initial work of the Partnership will focus on a robust situational analysis to build a compelling evidence base and investment case to support advocacy and resource mobilisation activities. This includes situational analyses; a landscape mapping of global and sub-regional financing, costs and ROI (building on work carried out by WHO); insights into the demand side for financing, with costs for elimination plans. This analytical basis will facilitate the development of resource mobilisation strategies to maintain and expand malaria resources from existing donors, new donor investments, the private sector and increasing investment through increased domestic financing.

⁹ World Malaria Report 2017 p. 48

Strategic Objective 3 - Initiatives:

- Expand domestic financing for malaria: develop robust national investment cases which promote increased malaria financing, including through innovative financing methodologies
- Increase malaria financing through global and regional innovations
- Advocate for continued donor commitments: maintain and expand the base of traditional donors, and attracting investment from new donors
- Increase private sector engagement: increase private sector engagement and investment in malaria
- Guiding coalitions to end malaria: establish national and regional End Malaria Councils to make malaria elimination a top domestic political agenda.

3.3. Translating the Strategic Priorities to Action

In June 2016, the new RBM Partnership to End Malaria Board was named to lead the global organisation into a new era, accelerate efforts and drive momentum to end malaria for good. This Board comprises a highly experienced group of individuals from across the malaria and development community, who will guide the Partnership through its goal of an expanded membership and to “achieve more, together.” Guided by this goal, the RBM Partnership to End Malaria will prioritise its work on those areas where it has a unique added value, can leverage Partners to have more impact by working together and where it can have the biggest impact.

Partner Committees

The by-laws of the reinvigorated RBM Partnership to End Malaria establish three Partner Committees which are intended to formalise, consolidate and amplify the core Partnership functions as established by the Partnership Board. These are:

- Advocacy & Resource Mobilisation (ARMPC)
- Strategic Communications (SCPC)
- Country/Regional Support (CRSPC)

The work of the Committees is coordinated by the Partnership CEO. Each Partner Committee is encouraged to establish a steering committee to institute a management structure that facilitates its work. Furthermore, work streams under each Partner Committee can also be established to ensure wider and participatory engagement of Partners. The Partner Committee managers from the Partnership Secretariat will coordinate the work of the steering committee and work streams. The Partner Committees will in all respects be accountable to the Partnership Board. The Partner Committee Co-Chairs, along with the Partnership Secretariat, will also take part in the Partner Committee Coordination Group (PCCG) chaired by the CEO. These regular meetings provide a forum and formal mechanism for interaction, direction and coordination.

Working Groups

The by-laws of the Partnership recognise working groups as one of the core Partnership mechanisms. Managed and led by Partners, these provide venues for Partners to share information and collaborate on specialised topics. Working Groups are self-financing and self-convening to ensure they continue to meet the needs of their target group of Partners. The Working Groups will at all times ensure that their work is aligned with, and complements, that of WHO. The Secretariat has developed detailed criteria to permit Working Groups to be accredited as official Partnership Working Groups. The Partnership Board approves all applications for accreditation of Working Groups. The Secretariat will monitor the performance of the Working Groups and may request the Partnership Board to remove accreditation if a Working Group is either inactive or does not fulfil the requirement to ensure adequate participation of malaria-affected countries in its activities. In order to improve alignment and communication among Partners, the Co-Chairs of the Working Groups will be included in the steering committees of relevant PCs.

Building a High-performing Secretariat

The RBM Partnership to End Malaria mechanisms are supported by a Secretariat engaged by UNOPS that provides hosting services to the Partnership. The Secretariat will ensure that the work of the Partnership mechanisms is aligned with the Board approved priorities. The Secretariat acts as the voice of the Partnership. There can be no well-functioning Partnership without strong communications and there cannot be good communications without the strong participation and support from the malaria Partners, and in particular, those committed to be engaged in the SCPC.

The Secretariat’s primary role is to facilitate the work of the Partnership through supporting the implementation of the Partnership Board-approved Strategy and work plans and other decisions.

The following are operational objectives of the Secretariat:

- The Secretariat provides support to the Partnership Board and mechanisms to ensure efficiency, effectiveness and transparency in its operations,
- The Secretariat provides the necessary support to ensure the optimal and efficient functioning of the Partner Committees, including the establishment of Partner Committee management structures / steering committee, work streams, etc./ and active engagement of Partners under these structures,
- The Secretariat conducts business practices in a manner consistent with the mission and values of the Partnership; and with staunch support by UNOPS, must ensure that operations are in alignment with all applicable laws and regulations, including but not limited to those of UNOPS,
- The Secretariat operates with a principle of network-leadership and remains lean, cost-effective and efficient,
- The Secretariat has systems in place for managing financial risks and works towards diversifying its funding sources, and
- The Secretariat functions as the voice of the Partnership and effectively represents the Partnership in global health and development fora.

3.4. Accountability

A Common Accountability Framework

The RBM Partnership to End Malaria underscores the importance of having transparency and accountability pillars in its actions and activities. This would require setting up a clear accountability matrix to measure progress against the Partnership's targets. In line with the engagement approach mentioned above, in which Partners are jointly responsible for collectively defining, implementing and reporting on the activities of the Partnership, the accountability framework that will be developed applies to the Partnership as a whole. By holding Partners, the Secretariat and the organisational leadership collectively accountable for accomplishing the Partnership goals, the accountability framework, along with the development of a risk management framework, will further support continued alignment, accountability and engagement across the Partnership. Below are excerpts from the AIM document relevant to the accountability framework: The AIM monitoring framework, presented in **Table 2** confines itself to indicators that are credible reflections of the phenomenon to be measured, and for which the information is already available, or can be collected with a manageable level of effort. It has been designed so that the monitoring can be carried out at global, regional, country and local levels, as appropriate. The AIM monitoring framework is relatively streamlined because other important accountability mechanisms are already in place; for example, the scorecards that have been developed by the African Leader's Malaria Alliance (ALMA) and Asia Pacific Leader's Malaria Alliance (APLMA). The framework will allow the global community to track the extent to which political leaders honour their pledges and support local stakeholders in their efforts to achieve the 2030 malaria goals. Individual Partners should also have their own accountability frameworks, ideally compatible with, or adapted to, the AIM monitoring framework.

It will be important to monitor the availability of quality-assured data that can be used to generate the indicators.

The Board, on behalf of the reinvigorated Partnership, will agree on the use of the AIM monitoring framework or develop additional performance measures, which will be used to assess the progress of the RBM Partnership to End Malaria. These performance measures will be reported on by various levels of the Partnership and in appropriate detail and frequency to ensure and demonstrate the smooth functioning of the Partnership. In addition to the overall accountability framework¹⁰, specific monitoring and evaluation frameworks and reporting mechanisms will be developed for individual programmes, which will be agreed with the Partners involved.

Transparency

Managing the Partnership communications will be a critical function of the Secretariat and the SCPC. It will be important to update all Partners, including key donors and malaria affected countries, directly on progress against the Partnership Strategic Plan and deliverables. It will be necessary to ensure proper resourcing, including sufficient capacity, the right skill sets, and knowledge of the intricacies and nuances of the fight against malaria. The Partnership communication should strategically utilise the assets and other opportunities of Partners to amplify and promote the Partnership, its successes and challenges. Transparency will be ensured through active use of different communication platforms, including the website and direct communication with Partners. The Partnership will also report to the Board on a quarterly basis. The Board will provide feedback on key initiatives and interventions in addition to its financial and management oversight functions. An annual report on progress will be developed and disseminated widely among Partners, donors and other stakeholders.

¹⁰ This should take into account the accountability framework adopted in the context of the 2015 evaluation.

Table 1: Strategic Objectives and Initiatives

Strategic Objective 1:

Keep malaria high on the political and development agendas to ensure continued commitment and investment to achieve the GTS and AIM milestones and targets.

Strategic Initiative 1.1: Promote and help establish All-Party Parliamentary Groups on Malaria

Operational Definition:

Engage Partners at global, regional, and country levels, including the Inter-Parliamentary Union (IPU), to pursue the establishment of All-Party Parliamentary groups on malaria elimination across priority endemic and donor countries.

Indicators:

Number of All party parliamentarian groups on malaria in priority endemic and donor countries.
(ref: AIM indicator 2)

Activities

1. Develop Advocacy and Resource Mobilization Toolkit tailored specifically for Parliamentary Group consultations in 3 languages.
2. Appoint and set Work Plan for RBM Special Envoy to lead establishment of 3 Parliamentary groups per year.
3. Establish Parliamentary Malaria groups in 4 endemic Countries per year to affect policy change and % increase of resources mobilisation for investment-case contribution.

Target(s) Year 1

3 Countries Europe/Asia & 4 Countries Africa

Target(s) Year 2

4 Countries Asia & 4 Countries Africa

Target(s) Year 3

4 Countries Africa

Strategic Initiative 1.2: Communicate Strategically

Operational Definition:

Provide clear, strong, accessible, and compelling messaging to leaders and key stakeholders on the importance of continuing to reduce and eliminate malaria.

Indicators:

Increase in the uptake of RBM messages by leaders, key stakeholders and top-tier media.
(ref: AIM Indicators 1,3)

Activities

1. Develop effective and consistent messaging in relevant languages to highlight the global fight against malaria through data reflecting specific relevance to UN Sustainable Development Goals.
2. Organize 2-3 key campaigns per year with involvement from RBM partners to advocate for achieving global GTS targets for 2020 and 2030.
3. Launch rigorous, creative and news-making RBM reports to track elimination targets based on successful stakeholder leadership stories linked to 2020 and 2030 GTS targets.
4. Increase quantity and quality of media coverage of malaria and RBM in relevant languages, through use of social media and strategic media partnerships.

Target(s) Years 1, 2 & 3

User-friendly and regularly updated website (increase in traffic and downloads);

Monthly partnership newsletters;

World Malaria Day annually (25 April), RBM 20th anniversary 2018, 1-2 other key campaigns (1 per year);

Increase in quantity and quality of coverage in top tier media (20% year on year);

1 new media partner.

Strategic Initiative 1.3: Build inclusive and multi-sectoral coalitions

Operational Definition:

Address the determinants of malaria at global, regional and country levels within and across sectors.

Indicators:

Number of malaria alliance hubs established in multi-sectoral settings. (ref: AIM indicators 1,4)

Activities

1. Establish joint Malaria Coalition for multi-sectoral policy and planning Malaria-Hubs with Africa RECs for Malaria and Trade Incentives, 2 RECs per year.
2. Reposition malaria elimination with civil society organizations (includes i.e. Rotary, Lions and others) as a rallying agenda through 2 joint annual campaigns.
3. Establish joint Malaria Coalition for multi-sectoral policy and planning Malaria-Hubs with UN partners and develop joint mainstreaming methodology for each.
 - a. Rome Based Agencies (IFAD, WFP, FAO for food and rural development programme.
 - b. UNWTO for Malaria and tourism.
 - c. UNEP for Malaria and Climate Change mitigation and disaster response.
 - d. WTO-EIF for Malaria and trade.
 - e. UNICEF for Education Women/Girls Year.
 - f. IOM for Malaria and migrant populations.
 - g. IFRC humanitarian and health operations.
4. Develop agreements with Multi-National & National Companies tailored for RBM advocacy campaigns support. (i.e., Exxon, local business)

Target(s) Years 1, 2 & 3

User-friendly and regularly updated website (increase in traffic and downloads);

Monthly partnership newsletters;

World Malaria Day annually (25 April), RBM 20th anniversary 2018,

1-2 other key campaigns (1 per year);

Increase in quantity and quality of coverage in top tier media (20% year on year);

1 new media partner.

Strategic Initiative 1.4: Focus on coverage gaps

Operational Definition:

Advocate for continued emphasis in addressing coverage gaps in core malaria interventions to ensure universal access to prevention, diagnosis and treatment.

Indicators:

Percentage of commodity gaps met to help close gaps in 18 countries. (ref: AIM indicators 1,2)

Activities

1. Develop Advocacy and Resource Mobilization Toolkit for Policy Makers and Influential personalities. (global and national) with key messages, based on advocacy models, targeting countries with high coverage gaps. (link to MFTF)
2. Identify and bring on board influential Champions to advocate and campaign at national/regional level, including through use of media outreach, with evidenced % increase of domestic/regional resources.

Target(s) Year 1

4 Countries
10 Africa (ALMA support)
4 Asia (APLMA support)
2 Arab Region

Target(s) Year 2

6 Countries
10 Africa (ALMA support)
6 Asia (APLMA support)
2 Arab Region

Target(s) Year 3

8 Countries
10 Africa (ALMA support)
8 Asia (APLMA support)
1 Arab Region

Strategic Initiative 1.5: Scale up new tools

Operational Definition:

Advocate for adoption and scale up of innovative new tools, which are recommended by WHO for public health use.

Indicators:

1. Number of countries adopting new tools and scale/up of new tools.
2. Percentage increase of resources gained through financing instruments. (ref: AIM indicators 2,5)

Activities

1. Establish a Forum with PDPs (i.e. MMV, IVCC, IZI) to ensure access to information on new tools, help adoption of new tools and address regulatory bottlenecks.
2. Advocate for increased financing to rollout new tools through (i.e.) market shaping, volume guarantee and establishment of additional financing instruments.

Target(s) Year 1, 2 & 3

Bi-annual meetings.

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.

Strategic Initiative 2.1: Help establish Regional Malaria Initiatives

Operational Definition:

Collaborate through platforms for regional cooperation amongst countries, facilitate engagement of Partners including the private sector.

Indicators:

Number of active regional malaria initiatives and the Number of regional public/private sector malaria initiatives established.

(ref: AIM indicator 1)

Activities

1. Conduct situational analysis of current regional network/platforms and RECs a to determine RBM partnership methodology.

2. Formulate MOUs with RECs to reposition malaria in the REC mechanism.

3. Establish Regional Initiatives (i.e. Sahel initiative) for RBM partnership.

Target(s) Year 1

Year 1 (*include analysis of key success models, i.e. ECLAC/IBRD).
With 4 RECs in Africa.

Target(s) Year 2

Min. 1 Sahel

Target(s) Year 3

N/A

Strategic Initiative 2.2: Establish a regional malaria financing facility

Operational Definition:

Collaborate with global and regional development banks to address the funding gap in malaria programs.

Indicators:

Flexible and hybrid finance facilities made accessible to endemic countries closing malaria GTS 2020 and 2030 financing gaps.

(ref: AIM indicators 1,2)

Activities

1. Establish a regional Malaria Finance Facility in collaboration with Regional Development Banks, the World Bank and others.

Target(s) Year 1

N/A

Target(s) Year 2

Years 2/3

Target(s) Year 3

Years 2/3

Strategic Initiative 2.3: Build regional capacity

Operational Definition:

Build entomological and surveillance capacity and create a network of regional experts able to provide quality technical assistance to countries.

Indicators:

Multi-expertise network hubs fully operational in 4 key regional entities.

(ref: AIM indicator 2 for accountability to citizens)

Activities

1. Create Regional Multi-expertise Network Hubs within key regional entities/platforms to build national capacity on Entom. and Surveillance systems (following country and regional consultations) and regional experts support following:

- a. RBM partners' assessment of needs and identify regional hosting partner (RD institutes or national labs) for expertise provision.
- b. Assist countries to develop MOUs with identified regional entities/platforms to share materials and technical expertise.

Target(s) Year 1

2

Target(s) Year 2

1

Target(s) Year 3

1

Strategic Initiative 2.4: Combat substandard and fake medicines

Operational Definition:

Launch regional mechanisms to combat fake medicines and products and harmonize regulatory processes where possible.

Indicators:

Regional surveillance mechanisms to combat fake medicines operational in 4 Africa sub-regional partner entities.

(ref: AIM indicator 2 for accountability to citizens)

Activities

1.a. Conduct situation analyses of existing regional regularity mechanisms and their potential linkage with RECs to ascertain exact capacity gaps in each sub-region.

1.b. Design an RBM-WHO working methodology (inclusive of KPIs) Regional Surveillance Mechanisms to combat fake medicines (e.g., within RECs/IGAD), providing capacity support, as appropriate, in 4 Africa sub-regional partner entities.

2. Establish RBM partnerships with major anti-malaria producer countries.

Target(s) Year 1

1 Region

Target(s) Year 2

2 Regions

Target(s) Year 3

1 Region

Strategic Initiative 2.5: Maximize the impact of the Global Fund malaria investments

Operational Definition:

Accelerate progress towards the 2020 and 2030 targets and goals.

Indicators:

Optimized disbursement and programme target delivery of all GF malaria Programmes.

(ref: AIM indicator 1)

Activities

1. Conduct and share country level gap analyses to determine country needs based on National Strategic Plans as set against the 2030 target.
2. Support countries to ensure timely grant signing and disbursement of GF resources.
3. Bottleneck analysis in implementation of GF and support to increase of grants' absorption rate.
4. Percentage proportion of countries recipient of quality unfunded gaps' resources.

Target(s) Year 1, 2 & 3

Ongoing

Strategic Objective 3:

Increase the financing envelope for malaria.

Strategic Initiative 3.1: Expand domestic financing for malaria

Operational Definition:

Develop robust national investment cases which promote increased malaria financing, including through innovative financing methodologies.

Indicators:

Increased international and domestic resources (per capita) attributed to 10 endemic countries to meet GTS targets. (ref: AIM indicator 2)

Activities

1. Monitor and support GF counter-financing targets (i.e., 15% within each country and 5% per annum) are met through RBM quarterly reviews

2. a. Develop and implement plan for investment case support in consultation with 10 high burden countries and MFTF members impacting % increase from domestic revenues.

2.b. Disseminate materials and tools developed with all countries to share lessons and to seek demand driven support from endemic countries. (i.e. via knowledge network/website and key malaria events, World Malaria Day).

Target(s) Year 1

RBM Quarterly
a. 4/5 Countries

Target(s) Year 2

RBM Quarterly
b. 3 Countries TBD by MTF for Year 2

Target(s) Year 3

RBM Quarterly
c. 3 Countries TBD by MTF for Year 3

Strategic Initiative 3.2: Innovative malaria financing

Operational Definition:

Increase malaria financing through global and regional innovations.

Indicators:

Expanded use of innovative international and national financing instruments to meet GTS resource gaps. (ref: AIM Indicators 1,4)

Activities

1. Review and develop a database/ case study of existing innovative instruments replicable for health sector/malaria applicable to country profiles to share with endemic recipient countries and other partners. (i.e. high burden, transitioning countries, credit standing, etc.) (as linked to S.O. # 3, S.I./1 above).

2a. Explore Debt-Swap as potential financing instrument of high endemic and high debt burden countries to share with endemic recipient countries and other partners.

2b. Launch rollout to increased financing for key pilot countries (TBD), as appropriate.

Target(s) Year 1

Q2

Target(s) Year 2

Analysis Report

Target(s) Year 3

Year 3

Strategic Initiative 3.3: Advocate for continued donor commitments

Operational Definition:

Maintain and expand the base of traditional donors, and attracting investment from new donors.

Indicators:

Sustained ODA levels and increased funding from new donors to meet GTS and SDG targets.
(ref: AIM indicators 1,2)

Activities

1. Monitor bilateral (ODA), multi-lateral, special initiatives and health funds and loans resources for Malaria analysed against RBM advocacy targets to ensure support for sustained levels of traditional funding.
2. Develop and implement resource mobilization framework for emerging and new donor countries includes China, India, Gulf States, South Korea, U.A.E.

Target(s) Year 1

Bi-annual and/or annual as appropriate.
(ARMPC)
China, India, UAE

Target(s) Year 2

South Korea, Gulf States

Target(s) Year 3

TBD

Strategic Initiative 3.4: Increase private sector engagement

Operational Definition:

Increase private sector engagement and investment in malaria.

Indicators:

Increased financing and advocacy partnerships from MNCs and local businesses targeting malaria elimination in endemic countries.
(ref: AIM indicator 4)

Activities

1. Formulate RBM Private Sector Engagement Strategy to promote PPPs for malaria elimination in endemic countries.
2. Develop 4 sub-regional private sector Regional Malaria Platforms in Africa for philanthropic, core business or hybrid arrangements as funding platform for countries covering East & Southern Africa, West & Central.
3. Organize two Private Sector for Malaria Elimination Forums to advocate and raise resources.

Target(s) Year 1

Q1. East & Southern Africa Year Q3.

Target(s) Year 2

Minimum 2 per sub-region.
West & Central Africa Year Q2.

Target(s) Year 3

Minimum 2 per sub-region.

Strategic Initiative 3.5: Guiding coalitions to end malaria

Operational Definition:

Establish national and regional End Malaria Councils to make malaria elimination a top domestic political agenda.

Indicators:

Prioritized and increased funding for malaria at the national and regional policy planning and budgeting processes.
(ref: AIM indicators 1,3)

Activities

1. Establish national/regional EMCs based on needs of countries:
 - a. To mobilize resources from sub-region
 - b. To help advocate malaria sensitive policies from the sub-region.

Target(s) Year 1

Year 1

Target(s) Year 2

Year 2

Target(s) Year 3

N/A

Cross-cutting Strategic Objective:

Building a high-performing Secretariat

Operational Definition:

1. The Secretariat to provide support to the Partnership Board and mechanisms to ensure efficiency, effectiveness and transparency in its operations.

Indicators:

The RBM Partnership Board is fit for purpose and efficient, effective and transparent in its operations, with support from the RBM Secretariat.

Activities

1. RBM Governance Framework (by-laws, policies, and SOPs) is established and updated (as necessary) on a regular basis.

2. The CEO reports regularly to the RBM Board on activities and finances through the established mechanisms (monthly leadership calls, Board meetings, RBM annual report).

3. The CEO presents annual work plans to the RBM Board, including inputs from the PCs.

4. RBM Board leadership undertakes annual review of the CEO's annual key performance indicators, to ensure efficiency and effectiveness of the RBM Secretariat.

5. The RBM Partnership Board members are engaged in the RBM activities and operations through a detailed Board Engagement Plan.

6. The RBM Website is fit-for-purpose, regularly updated, and serves as a one-stop-shop for all malaria and RBM related matters, including Board decisions.

7. Periodic newsletters and updates are issued by the RBM Secretariat for the Board and broader partnership.

Target(s) Year 1

Ongoing
Efficient governance
Quarterly
Annually
Q2
Monthly

Target(s) Year 2

Ongoing
Efficient governance
Quarterly
Annually
Monthly

Target(s) Year 3

Ongoing
Efficient governance
Quarterly
Annually
Monthly

<p>Operational Definition: 2. The Secretariat to provide the necessary support to ensure the optimal and efficient functioning of the Partner Committees, including the establishment of Partner Committee management structures / steering committee, work streams, etc. / and active engagement of Partners under these structures.</p>	<p>Activities</p> <p>1. RBM Governance Framework (by-laws, policies, and SOPs) is established and updated (as necessary) on a regular basis. PC specific SOPs are established.</p> <p>2. RBM PC Managers performance reviews (as per Individual Performance plans) to reflect effective engagement as part of the PC Steering Committee.</p>	<p>Target(s) Year 1 Year 1 Annual Monthly Quarterly</p> <p>Target(s) Year 2 Annual Monthly Quarterly</p>
<p>Indicators: Partner Committees are efficient and transparent in their operations, with support from the RBM Secretariat.</p>	<p>3. RBM Partner Committee Coordination Group (PCCG) meets for interaction, direction and coordination.</p> <p>4. RBM PC prepare annual workplans, and periodically report to the Board (at their request) on their implementation and the PC's performance.</p>	<p>Target(s) Year 3 Annual Monthly Quarterly</p>

<p>Operational Definition: 3. The Secretariat to conduct business practices in a manner consistent with the mission and values of the Partnership; and with staunch support by UNOPS, to ensure that operations are in alignment with all applicable laws and regulations, including but not limited to those of UNOPS.</p>	<p>Activities</p> <p>1. RBM specific SOPs are developed to guide its operations, in accordance with UNOPS rules and regulations, to ensure consistency with the mission and values of the Partnership and alignment with UNOPS rules and regulations.</p>	<p>Target(s) Year 1 Q1 Ongoing</p> <p>Target(s) Year 2 N/A</p>
<p>Indicators: RBM operations and its Secretariat are aligned with UNOPS rules and regulations, and consistent with the mission and values of the Partnership.</p>	<p>2. RBM Secretariat undertakes the UN trainings, and mandatory courses and periodically trained on new developments.</p>	<p>Target(s) Year 3 Ongoing</p>

<p>Operational Definition: 4. The Secretariat operates with a principle of network leadership and remains lean, cost-effective, and efficient.</p>	<p>Activities</p> <ol style="list-style-type: none"> 1. RBM Secretariat is established to support RBM's network leadership, and its staff (contracted through UNOPS HR modalities) are subject to annual performance reviews to optimize management performance 2. RBM Governance framework and SOPs embody the principle of value for money at their core to ensure cost effectiveness and efficiency. 3. RBM annual report to include a section on cost effectiveness and efficiency to demonstrate the application of these principles in the Partnership. 	<p>Target(s) Year 1 Annual RBM Secretariat staff performance review. Q1 Annual</p> <p>Target(s) Year 2 N/A</p> <p>Target(s) Year 3 N/A</p>
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<p>Operational Definition: 5. The Secretariat to ensure that systems are in place for managing financial risks and to work towards diversifying its funding sources.</p>	<p>Activities</p> <ol style="list-style-type: none"> 1. RBM-specific SOPs are developed to guide its operations, in accordance with UNOPS rules and regulations. 2. Board Finance Committee meetings are organized in advance of Board meetings, and the Finance Committee provides relevant guidance and oversight on financial and fiduciary matters to ensure the proper management of financial risk 3. Regular financial reporting is provided to the Board and Board leadership, including financial forecasting and resource mobilization development. (Board Meetings, PCCG Meetings) 4. Regular financial reporting is provided to the RBM Donors in accordance with the signed Contribution Arrangements. 5. RBM specific risk framework is established to guide its operations, in accordance with UNOPS practice. 6. RBM reserves policy is operational and revisited as necessary. 7. RBM operations are audited as part of the UNOPS internal and external audit framework. 	<p>Target(s) Year 1 Ongoing Ongoing Q1 Quarterly Ongoing Annual Q2 Ongoing Annual</p> <p>Target(s) Year 2 Quarterly Ongoing Annual Ongoing Annual</p> <p>Target(s) Year 3 Q4 Quarterly Ongoing Annual Ongoing Annual</p>
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Operational Definition:

6. The Secretariat to function as the voice of the Partnership and effectively represent the Partnership in global health and development fora.

Indicators:

RBM Partnership recognized as the collective lead voice for combatting malaria.

Activities

1. RBM Secretariat maintains the RBM website (above), including an active online presence through social media.

2. RBM Board Engagement Strategy is operationalized to ensure outreach by the RBM Board members, with the support of the RBM Secretariat.

3. Network of RBM Special Envoy/ Champions are put in place (see S.O. #2 above) to support the voice of the Partnership, under the leadership of the CEO.

Target(s) Year 1

Ongoing

Target(s) Year 2

Ongoing

Target(s) Year 3

Ongoing

Table 2: Monitoring Framework for Action and Investment to Defeat Malaria 2016-30

- Source: Action and Investment to Defeat Malaria 2016-2030. For a Malaria-Free World.

Table 2: Monitoring Framework for Action and Investment to Defeat Malaria 2016-2030

<p>Indicator: High-level commitment to control and elimination of malaria.</p>	<p>Operational Definition Existence of a high-level malaria advisory or governing body that includes representation from the non-health and private sectors, as well as civil society.</p>	<p>Illustrative Data Source(s) Will require engagement of malaria leadership to review malaria bodies.</p>	<p>Suggested Level(s) Regional, national and local levels, where possible.</p>
<p>Indicator: Resources committed to malaria control and elimination.</p>	<p>Operational Definition Total funding and proportion of annual health funding (per capita) allocated to malaria in affected countries (by source, including national funding, donor and out-of-pocket).</p>	<p>Illustrative Data Source(s) RBM Malaria Funding Data Platform, OECD/DAC, Country data and surveys.</p>	<p>Suggested Level(s) Global, regional, national and local levels, where possible.</p>
<p>Indicator: Accountability to citizens for progress in malaria control and elimination.</p>	<p>Operational Definition Public (web-based) access to geographically disaggregated data regarding malaria incidence or prevalence and intervention (prevention, diagnosis and treatment).</p>	<p>Illustrative Data Source(s) Will require accessing of websites for each affected country.</p>	<p>Suggested Level(s) Global, regional, national and local levels, where possible.</p>
<p>Indicator: Engagement of the private sector in malaria control and elimination.</p>	<p>Operational Definition Number of top-10 registered corporations in the national tax base that invest in malaria prevention and control for the company's workforce or the broader community, or both).</p>	<p>Illustrative Data Source(s) Will required measurements by malaria leadership to interview top-10 corporations regarding these investments.</p>	<p>Suggested Level(s) National level.</p>
<p>Indicator: Investment in malaria research and innovation.</p>	<p>Operational Definition Total funding and proportion of funding for malaria relevant research (including R&D and operations or implementation research).</p>	<p>Illustrative Data Source(s) GFINDER (Policy Cures), MMV, IVCC, MVI, Global Fund, WHO and national research agencies.</p>	<p>Suggested Level(s) Global and national levels, where possible.</p>



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