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**RBM Partnership  
Annual Report  
2017**





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# **RBM Partnership Annual Report 2017**

# Acronyms

ACT	Artemisinin-based combination therapy
AIM	Action and Investment to Defeat Malaria 2016-2030: for a Malaria Free World
ALMA	World African Leaders Malaria Alliance
APLMA	Asia Pacific Leaders Malaria Alliance
ARMPC	Advocacy and Resource Mobilisation Partner Committee
CEO	Chief Executive Officer
CMWG	Case Management Working Group
CRSPC	Country and Regional Support Partner Committee
DRC	Democratic Republic of Congo
GTS	Global Technical Strategy
HIV/AIDS	Human immunodeficiency virus, acquired immunodeficiency syndrome
IDA	International Development Association
IRS	Indoor residual spraying
IST	Interim Support Team
LLITNs	Long lasting insecticide-treated nets
MEG	Malaria Elimination Group
MERG	Monitoring and Evaluation Reference Group
MFTF	Malaria finance task force
MiPWG	Malaria in Pregnancy Working Group
NGOs	Non-governmental organisations
NMCP	National Malaria Control Programme
NTDs	Neglected tropical diseases
RBM	Roll Back Malaria
RDT	Rapid diagnostic test
RMEI	Regional Malaria Elimination Initiative
PAHO	Pan American Health Organization
PMI	United States' President's Malaria Initiative
SBCCWG	Social and Behaviour Change Communications Working Group
SCPC	Strategic Communications Partner Committee
SDGs	Sustainable Development Goals
SOPs	Standard Operating Procedures
TB	Tuberculosis
TRP	Technical Review Panel
UN	United Nations
UNDP	United Nations Development
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
USD	United States dollar
VCWG	Vector Control Working Group
WHO	World Health Organization

# Foreword

2017 was a year of transition for the RBM Partnership to End Malaria, which has been reinvigorated with new and strengthened mechanisms – its Board, Partner Committees and Secretariat. As the largest multi-sectoral malaria platform with over 500 Partners, we firmly believe that we can “achieve more, together” in advancing our vision of a malaria-free world.

The Partnership’s Strategic Plan 2018-2020 is a perfect illustration of this approach. Developed in broad consultation with the partners and approved by the Board, the Plan is aligned with global malaria targets, and focuses on keeping malaria high on the political agenda, regional approaches to accelerate progress towards control and elimination, and increasing the financing envelope.

2017 brought stark evidence that, after a decade of success, global progress in the fight against malaria has stalled as funding stands at less than half of what is required for malaria control and elimination. We must therefore renew our efforts now to bolster support for endemic countries, and step up domestic financing so that malaria cases can once again start decreasing.

To this end, the Partnership provided concrete support to over 50 malaria endemic countries in their Global Fund to Fight AIDS, tuberculosis and malaria grant applications for 2018-2020 that contributed

to securing more than USD 3 billion for countries in need. A subsequent detailed financial gap analysis by the Partnership based on applications from 35 countries showed an over 50% funding gap for malaria interventions over the next three years. The largest gaps were tragically in the two highest malaria burden countries: Nigeria and the Democratic Republic of the Congo. In response, the Partnership has stepped up its support to malaria programmes in these two countries. In addition, the Partnership is pursuing South-South cooperation initiatives whereby China will engage with African countries in developing sustainable malaria financing, starting with Ethiopia, Mozambique, Tanzania and Zambia in 2018.

We are thankful for the strong commitment shown by a wide range of Partners and members of the global health community when we presented the rebranded RBM Partnership during the 72<sup>nd</sup> UN General Assembly in September. We felt this momentum at many other global, regional and national malaria and public health events throughout 2017.

As we prepare to mark the 20<sup>th</sup> anniversary of the RBM Partnership to End Malaria in October 2018, we hope to continue to provide leadership and support to the global malaria community, and look forward to new partners joining as we redouble our efforts to end the disease for good.

## **Dr Winnie Mpanju-Shumbusho**

Board Chair  
RBM Partnership to End Malaria

## **Dr Kesete Admasu**

Chief Executive Officer (CEO)  
RBM Partnership to End Malaria

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# 2017 Timeline

From the appointment of the new CEO by the reconstituted Board, selection of the new hosting agency to the complete rebranding and revitalisation of the Partnership, 2017 has been a dynamic year of transition for the RBM Partnership to End Malaria

January	<p>Hosted by</p> 	<p>United Nations Office for Project Services (UNOPS) assumed its duties as hosting agency, represented by its office in Geneva, Switzerland</p>
February		<p>The RBM CEO, Dr Kesete Admasu, assumed his duties in February: "I look forward to working with all the RBM Partners in the effort to relegate malaria into the history books."</p> <p>Dr Winnie Mpanju-Shumbuscho, the RBM Board Chair: "As a champion of innovation, task shifting and implementation at scale, Dr Kesete has the experience to lead this global partnership into a new era and drive momentum to end malaria for good."</p>
April		<p>The 5<sup>th</sup> Board Meeting of the Partnership was held in Geneva</p>
July		<p>The 6<sup>th</sup> Board Meeting held in July was the first virtual RBM Boardmeeting</p>
August		<p>The Interim Support Team (IST) completed its mandate that led to an efficient and smooth transition mid-year</p>
September		<p>The new Secretariat team assumed their duties in early September.</p> <p>The Strategic Communications Partner Committee (SCPC) and international communication experts collaborated to rebrand and revitalise the Partnership.</p> <p>The rebranded RBM Partnership was unveiled at the 72<sup>nd</sup> UN General Assembly in New York. A joint event on SDG 3.3 was held with Stop TB, UNAIDS, The Global Fund and the RBM Partnership</p>
November		<p>The 7<sup>th</sup> Board Meeting was held in Abu Dhabi, UAE where the RBM strategic Plan 2018-2020 was approved</p>
December		<p>The 2018 workplan and budget was approved in December by the Board</p>

# 2017 Highlights

## Reestablishment of RBM Partnership

2017 was a dynamic year of transition for the RBM Partnership to End Malaria. The new CEO, Dr Kesete Admasu, was selected by the reconstituted Board during the 4<sup>th</sup> Board meeting in Geneva in December 2016, taking on his functions on 1 February 2017. Dr Kesete Admasu is a long standing and respected global health leader, and the former Minister of Health of Ethiopia.

Among different hosting options considered for the

RBM Partnership, the United Nations Office for Project Services (UNOPS) was selected by the Board in September 2016, represented by its office in Geneva, Switzerland. Upon the approval of hosting terms in December 2016, UNOPS provided support to the RBM Partnership starting in 2017.

The RBM Secretariat is housed in the Global Fund To Fight AIDS, Tuberculosis and Malaria offices in Geneva, until the move to permanent offices at the new Global Health Campus, foreseen in April 2018, together with several other partner organisations.

An efficient and smooth handover occurred mid-year from the Interim Support Team (IST) to the current Secretariat team that was in place by early September. The IST completed its mandate in early August under



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***“As a champion of innovation, task-shifting and implementation at scale, Dr Kesete has the experience required to lead this global Partnership into a new era and drive momentum to end malaria for good.”***

### **Dr Winnie Mpanju-Shumbusho**

Board Chair



***“I am excited to join the RBM Partnership as the CEO. I look forward to working with all the RBM Partners in the effort to relegate malaria into the history books.”***

### **Dr Kesete Admasu**

January 2017



budget (unspent funds were transferred in early 2018) and provided detailed documentation, as well as recommendations for the incoming team regarding governance, finance, communications, and operational matters.

During 2017, the RBM Partnership also undertook an important rebranding exercise. The Strategic Communication Partner Committee (SCPC), with input

from international communications experts as well as from across the Partnership, conducted a review of the RBM brand that resulted in a clearer sense of purpose and mission, as well as a fresh look & feel. After the new branding and name – the RBM Partnership to End Malaria – was approved by the Board, it was unveiled during the 72<sup>nd</sup> UN General Assembly in New York in September.

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## The Partnership approach: “Achieve more, together”

The RBM Partnership recognises that agencies in today’s world accomplish more by working collectively instead of in isolation; thus it prioritises areas where it has a unique added value by leveraging its more than 500 Partners including malaria endemic countries, their bilateral and multilateral development partners, the private sector, non-governmental and community-based organisations, foundations, research and academic institutions.

As the largest global multi-stakeholder platform to fight malaria, the Partnership is best suited to work across sectors and regions, both nationally and globally, in the spirit of “**achieving more, together**”, avoiding duplication and fragmentation and ensuring optimal use of resources. Its main role is to align and support malaria-affected countries, donors and Partners towards achieving agreed malaria control and elimination targets.

The core functions of the Partnership are:

- 1) **convene** partners focused on this common cause;
- 2) **coordinate** partners to maximise alignment, facilitate cooperation and ensure that common challenges are addressed cooperatively;
- 3) **mobilise resources** by identifying resource requirements and creating humanitarian and business cases to support the mobilisation of resources;
- 4) **facilitate communication, identify and address opportunities and challenges** by engaging Partners, sharing experience and best practice; and
- 5) **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.

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## SDG 3.3: Joining forces

A joint event on meeting the UN Sustainable Development Goals (SDG) 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” was held during the 72<sup>nd</sup> UN General Assembly in New York with heads of Stop TB, UNAIDS, The Global Fund and the RBM Partnership, with over 150 members of the global health community in attendance.



L-R:

Mr Nauman Rana, MDR-TB survivor and activist

Dr Lucica Ditiu, Executive Director, Stop TB Partnership

Ms Marijke Wijnroks, Interim Executive Director, Global Fund

Mr Michael Sidibe, Executive director, UNAIDS

Dr Kesete Admasu, CEO, RBM Partnership to End Malaria

## Approval of the RBM Partnership Strategic Plan 2018-2020

A draft strategic approach for the RBM Partnership was presented at the 5<sup>th</sup> Board meeting in April 2017, which was approved and subsequently submitted for consultation with a wide range of Partners, endemic countries, and online surveys, finalised and submitted for approval at the 7<sup>th</sup> Board meeting in November

2017. The Strategic Plan positions the Partnership to work where it can provide crucial value added, and focuses on keeping malaria high on the political agenda, regional approaches to accelerate progress towards malaria control and elimination, and increasing the financing envelope.

## 20<sup>th</sup> anniversary of the RBM Partnership in 2018

The original Roll Back Malaria (RBM) Partnership was launched on 30 October 1998 in New York by WHO, UNDP, UNICEF and the World Bank. To mark two decades of collective action against malaria, the Partnership is planning events favouring an engagement with the global health community, as well as leaders and influencers to make sure that malaria stays high on the global political agenda.



## Partners

The RBM Partnership aims to continue to extend its membership, increasing the number of Partners (currently over 500) from all parts of the world and sectors who share the vision of a world free from the burden of malaria. Currently 80% of members are

from Africa, Europe and North America, with 47% of new members joining from the African continent. Membership is open and does not involve any fees. New members can sign up on the RBM website or by contacting the RBM Secretariat

## Record delivery of malaria interventions

An estimated 312 million rapid diagnostic tests (RDTs) were delivered globally in 2016, 269 million in Africa. Although RDTs distributed by National Malaria Control Programmes (NMCPs) increased between 2010 and 2015, numbers fell from 247 million in 2015 to 221 million in 2016 in sub-Saharan Africa. An estimated 409 million artemisinin-based combination therapy (ACT) courses were procured by countries in 2016, an increase from 311 million in 2015, over 69% were for the public

sector. Most of the NMCP distribution of ACTs (99%) in 2016 was in Africa.

Between 2014 and 2016, a total of 582 million insecticide-treated mosquito nets (ITNs) were delivered globally, 505 million in sub-Saharan Africa and 75% in Africa through mass distribution campaigns. In 2017, countries purchased and distributed 203 million mosquito nets to families across Africa, a record level.

## Support to countries for Global Fund applications 2018-2020

The Country and Regional Support Partner Committee (CRSPC) supported over 50 malaria endemic countries in all five WHO regions in their Global Fund malaria grants applications for 2018-2020. Support activities for countries included orientation meetings, technical support throughout the application process, mock

technical review panels (TRPs), and a detailed gap analysis based on completed applications. This exercise contributed to securing over USD 3 billion funding from The Global Fund.

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## World Malaria Day 2017 media coverage

World Malaria Day (25 April) continues to be the high point for global media coverage on malaria issues. In 2017, the event, themed “End Malaria for Good”, earned 450 media mentions. In addition to direct quotes, key

themes and ideas from the RBM messages appeared in the media via numerous commentaries and news articles. Furthermore, the RBM Partnership saw significant engagement on social media.

# Global Malaria Status

After a decade of progress in fighting malaria, the global community is once again at a crossroads. Regional and national efforts in tackling malaria should be strengthened and innovative finance approaches are needed as current funding is less than half of WHO estimates required to reach global malaria targets for 2020.

## Recent progress in global malaria reduction is under threat

The WHO World Malaria Report 2017 (analysis of 2016 data) revealed that the historic progress in the global fight against malaria is at stake, with around 216 million cases in 91 countries in 2016, a 5 million increase compared to 2015, and about the same number of deaths (445,000). Although malaria incidence is estimated to have decreased by 18% globally between 2010 and 2016, recently (between 2014 and 2016) substantial increases have occurred in several regions.

**Africa continues to be the most affected region, with 90% of all estimated malaria cases and 91% of deaths in 2016, and 15 African countries alone contributing 80% of all cases.** The top two contributors were Nigeria, which accounts for 27% of cases and 30% of deaths globally, and the Democratic Republic of the Congo, with 10% of cases and 14% of deaths.

These alarming data underscore the need to boost efforts in the fight against malaria. WHO Global Malaria Programme Director and RBM Partnership Board Member Dr Pedro Alonso said that reasons behind the recent scenario include a flatline in funding since 2010 and governments not prioritising malaria. Both keeping malaria high on the global political agenda as well as increasing domestic financing in malaria endemic countries are key issues that the RBM Partnership is currently focusing on.

## Malaria control and elimination investment not enough to reach targets

From an estimated USD 2.7 billion invested in 2016 in malaria control and elimination, 74% were spent in the WHO African Region. Governments of endemic countries contributed 31% (USD 800 million) in 2016, and USA was the largest international funder, providing 1 billion (38%), followed by the UK and other international donors including France, Germany and Japan. More than half (57%) of resources were channelled through The Global Fund. However, current funding is not enough to reach the first milestone of the Global Technical Strategy (GTS) (a reduction of at least 40% in malaria case incidence and mortality rates globally compared to 2015), which is estimated as USD 6.5 billion per year by 2020.

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***“We are at a crossroads in the response to malaria. We hope this report serves as a wake-up call to the malaria community.”***

### **Dr Pedro L. Alonso**

WHO Global Malaria Programme Director and  
RBM Partnership Board Member



## Malaria elimination achievements

In 2016, 44 countries reported fewer than 10,000 malaria cases, compared to 37 countries in 2010. Kyrgyzstan and Sri Lanka were certified malaria free by WHO in 2016, and Maldives maintained its malaria free status. In 2016, WHO identified 21 countries with the potential to eliminate malaria by 2020 (E-2020 countries), although 11 of these have reported malaria incidence increases since 2015.

During the 30<sup>th</sup> African Union Summit, the African Leaders Malaria Alliance (ALMA) honoured six African

nations for their accomplishments in fighting malaria. The 2018 ALMA Awards for Excellence were presented to The Gambia, Madagascar, Senegal and Zimbabwe that showed a reduction of more than 20% in malaria cases between 2015 and 2016. Algeria and Comoros were also recognised for being on track to achieve more than 40% reduction in cases by 2020.

Senegal increased its per capita spending on malaria between 2015 and 2016 and implemented a nationwide “Zero Malaria Starts with Me” campaign to engage citizens to keep malaria high on the agenda.

### Thailand ‘s 1-3-7 strategy

After the “National Malaria Elimination Strategy” for Thailand was endorsed in 2016 aiming for malaria elimination by 2024 and the domestic malaria budget increased by 28%, malaria morbidity and mortality have continued to decline. The “1-3-7 strategy” (village malaria workers report cases within 24h of detection, cases are investigated within 3 days and follow-up is conducted within 7 days) is supported by procurement and distribution of imported diagnostic materials with domestically produced medicines purchased directly by health facilities.

### Zambia: a success story in Africa?

Kazinyone, in the Southern Province in Zambia, has shown an impressive 74% reduction in malaria cases from over 159,000 in 2014, to just over 41,000 in 2016. Zambia is aiming to eliminate malaria by 2021 with strategies implemented by its National Malaria Elimination Centre including mass drug administration, community health workers, and distribution of Long lasting insecticide-treated nets (LLITNs), RDTs and ACTs.

***“When we put our mind to it, we can effectively control malaria and even eliminate it once and for all.”***

#### **Prof. Awa Coll Seck**

Senegal’s Minister of State and  
RBM Partnership Board Member



# RBM Partnership Restructuring

## 1998 to 2015 – Roll Back Malaria

The Roll Back Malaria (RBM) Partnership was launched in 1998 by WHO, UNICEF, UNDP and the World Bank, in an effort to provide a coordinated global response to the malaria crisis. The past two decades have seen tremendous gains in reducing the burden of disease and progressing towards malaria elimination. Despite these gains, malaria still poses a significant threat to public health and sustainable development.

Every five years, RBM has commissioned an external evaluation to ensure the Partnership remains fit-for-purpose to ensure continued momentum towards a malaria-free world. The evaluation of December 2013 highlighted that significant adjustments would be necessary to sustain the Partnership's successes and position it to deliver on the World Health Assembly ambitious 2030 goals and objectives.

The report noted the changing malaria landscape and political environment require that the Partnership had to be better equipped to advocate at the highest levels for malaria as a priority in the increasingly complex international development and global health financing

agendas. The Partnership must also be better able to support regions and countries that suffer a high burden of disease but have significant barriers to reducing this. Greater resource mobilisation at country level and enhanced regional cooperation have been identified as priorities. This evaluation led the RBM Board to initiate a process in 2014-2015 to revitalise its structures to meet these challenges and to remain fit-for-purpose.

At its 28<sup>th</sup> Board Meeting in May 2015, the RBM Board approved the outline of a new structure, and empowered the Transition Oversight Committee (STET) to oversee the revitalisation of the Partnership by creating these new structures. These changes were designed to make RBM better equipped to perform high-level advocacy, resource mobilisation, strategic communication, and co-ordination of country support. At its 29<sup>th</sup> Board Meeting in December 2015, the Board approved the continuation of the Partnership's transition under the guidance of the former TOC Co-Chairs with support from a dedicated Interim Support Team.

## 2016 – A new Board and governance framework

With the support of the IST, a comprehensive nomination and selection process took place in 2016 that resulted in 13 new RBM Partnership Board members approved in April and two more in December.

The reconstituted Board approved a number of key governance documents, including the new Bye-Laws of the Partnership in September 2016, which provide guidance and specify roles and responsibilities of the different components of the governance framework. Furthermore, the Board approved the Partner Committee Terms of Reference and a fast-track selection of inaugural Partner Committee Co-Chairs in November 2016.

In August 2016, the RBM Board Chair and five Board members hosted a well-attended side event at the 66<sup>th</sup> session of World Health Regional Committee for Africa in Addis Ababa, where Health Ministers and delegations were updated on the revitalised RBM Partnership.

In September 2016, the Board approved the United Nations Office for Project Services (UNOPS) as the hosting partner. The IST continued to support the incoming Board Leadership and the transition process prior to the recruitment of the permanent Secretariat in 2017.

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## 2017 – Reconstituted Secretariat and re-energised Partnership

In February 2017, the new CEO Dr Kesete Admasu officially joined the Partnership, and the new Secretariat team took over from the IST in September.

Throughout 2017, the Partnership was reintroduced at a number of key global events, including co-hosting in May a well-attended side event at the 70<sup>th</sup> World Health Assembly (WHA) on country-led efforts to end malaria, and led a side event at the 67<sup>th</sup> session of the WHO AFRO Regional Committee in August. The Partnership also organised four mock technical review panels (TRPs) for support to over 50 malaria endemic

countries in their Global Fund malaria grants, including in-country technical assistance, securing over USD 3 billion in funding. The Partnership rebranding as the RBM Partnership to End Malaria was unveiled at the 72<sup>nd</sup> UN General Assembly in New York in September.

In November 2017, the RBM Partnership Strategic Plan 2018-2020 was approved by the Board and implementation will be led by the Secretariat, with support from the Partner Committees and the broader Partnership.

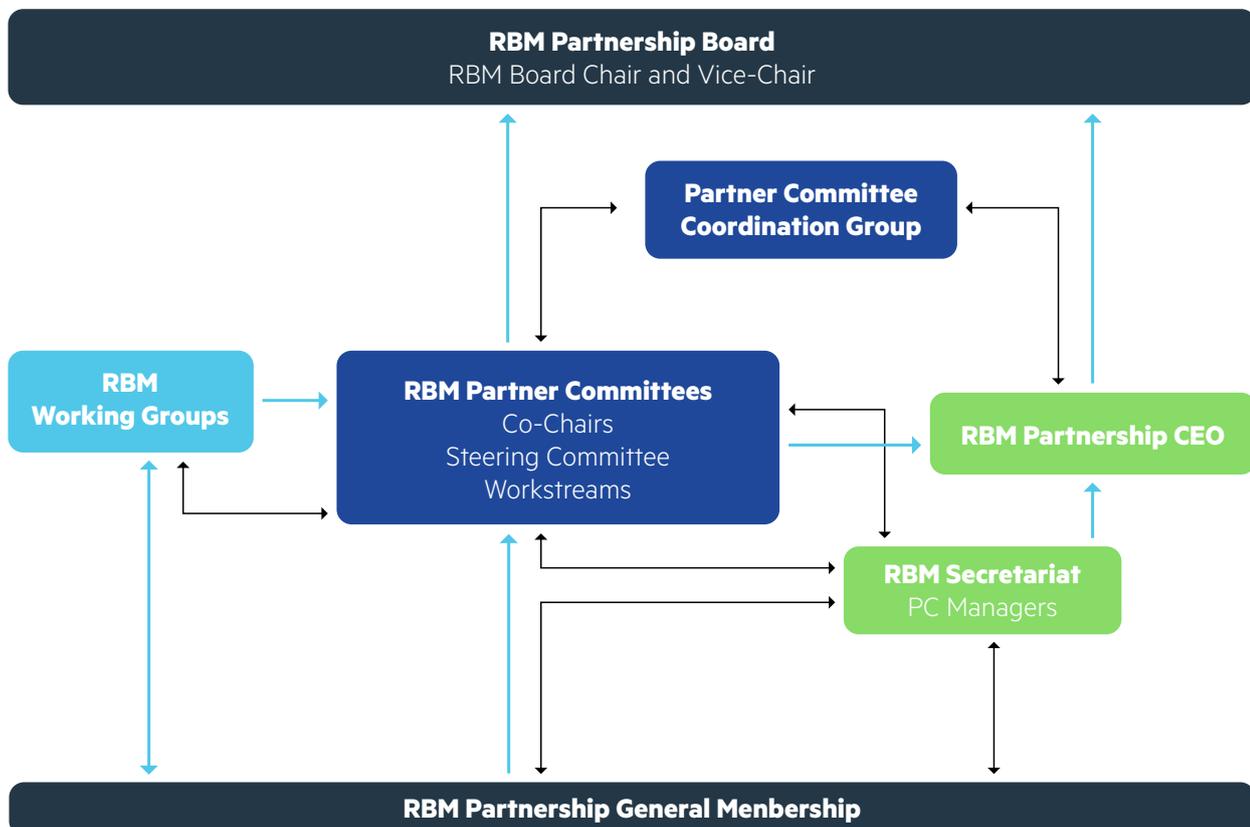
# Governance

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

- 1) **the Board** as the governing entity of senior-level composition;
- 2) **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;
- 3) **the Partner Committees** that aim to formalise, consolidate and amplify the Partnership priorities of strategic communications, advocacy and resource mobilisation, and country/regional support; and

- 4) **Working Groups** established by Partners or the Secretariat/CEO as needed to address specific bottlenecks and coordinate implementation efforts by Partners.

These four components, along with the Partners, work together as mutually reinforcing and supportive elements of the whole Partnership.



## Board Appointment and Composition

As the governing body of the Partnership, leading the Partnership in its drive toward achieving its vision, the Board is composed of 10-15 members with significant experience in the field of global health and/or development, selected and sitting on the Board in their individual capacity, and drawn from government, civil society, multi-sectoral, private sector or international organisations, including one member who will be a WHO senior representative. At least Half of the Board members will be drawn from malaria-affected countries and regions. One member will be from the host agency (UNOPS) represented in an *ex officio*, non-voting advisor capacity. The Board oversees all operations and strategies, and is held accountable to Partners by regular reporting as well as independent reviews. The Board Chair and Vice-Chair, elected for a term of three years by the Board members, lead the Board and, along with the CEO, are the public face of the Partnership.

The new RBM Partnership to End Malaria Board was appointed in June 2016, featuring highly experienced malaria and development community members working towards the vision of a malaria-free world.

The Board Chair is Dr Winnie Mpanju-Shumbusho, a Tanzanian national and former WHO Assistant

Director General for HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases (NTDs), brings with her over 35 years of experience in key senior leadership positions in health, public health, the United Nations and international cooperation organisations, including working closely with high levels of national governments, multilateral and international bodies, NGOs and major donors. She has also served on the Boards of other global partnerships, including the Global Fund, UNAIDS, TDR – The Special Programme for Research and Training in Tropical Diseases, UNITAID, and ‘Uniting to Combat NTDs’. She has published extensively and won various leadership, humanitarian and academic awards, including the AHEAD Humanitarian Award.

The Board Vice-Chair Mr Kieran Daly, a British national, brings over 20 years of experience in advocacy, resource mobilisation and work with the Global Fund and major donors, along with organisational leadership and authority. He is the Deputy Director within Global Policy and Advocacy at the Bill and Melinda Gates Foundation, responsible for HIV, TB and malaria advocacy and Global Fund investments.

### RBM Partnership Board 2016-2019

- Dr Winnie Mpanju-Shumbusho, **Chair**
- Mr Kieran Daly, **Vice-Chair**
- Dr Pedro L. Alonso
- Mr Elhadj As Sy
- Prof Maha Taysir Barakat
- Mr Simon Bland
- Prof Awa Coll Seck
- Mr Paolo Gomes
- Dr Richard Nchabi Kamwi
- Dr Altaf Lal
- Mr Ray Nishimoto (Chair of the Board Finance Committee)
- Dr David Reddy
- Dr Mirta Roses Periago
- HE Yongyuth Yuthavong
- UNOPS (Ex-Officio Board Member)



## Board meetings

Three RBM Partnership Board meetings were held in 2017. In April in Geneva, the 5<sup>th</sup> Board meeting welcomed the new CEO Dr Kesete Admasu who had joined the Partnership in February. In July, the 6<sup>th</sup> meeting was held by teleconference, and in November, the 7<sup>th</sup> meeting was held in Abu Dhabi. These meetings were essential for the transition process and handover

to be completed, including new branding, recruitment of the new Secretariat team, and drafting, revision and approval of the 2018-2020 Strategic plan. Dates for upcoming 2018 meetings were set, with the next face to face meeting on for 13-14 April in Senegal, teleconference meetings in February and July and a face-to-face meeting in 19-20 November.

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## Adoption of key policies

After the new Board was named in June 2016 and the Partnership Bye-Laws updated in October, a number of key policies were approved at 2017 Board meetings, including the Board observer policy, the strategic initiative and sustainability reserves, the terms of reference for the Partner Committee Coordination Group, the Board member adviser policy and the Board rotation policy to be implemented by the Secretariat.

The Standard Operating Procedures (SOPs) of Partner Committees and Working Groups were also approved to be implemented with support from the Secretariat. The Strategic Plan 2018-2020 as well as the Board member engagement strategy were also approved in 2017. All of the Partnership policies are available on its website.

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## Secretariat composition

The Secretariat, contracted through UNOPS, acts as the Partnership's voice by representing it and facilitating its work supporting implementation of the Board-approved strategy, work plans and Partner Committees' performance while remaining lean, cost-effective and efficient with systems for managing financial risks and diversifying funding sources.

The CEO is selected by the Board and accountable to the Board Chair, and is the public face of the

Partnership. Dr Kesete Admasu, current CEO, was the Minister of Health of the Federal Democratic Republic of Ethiopia from 2012-2016 and served in several other clinical and public health positions. His successful career dedicated to public service and scientific research on major public health problems in Ethiopia has been acknowledged by numerous national and international awards. The Secretariat team details can be found on the Partnership website.

## Partner Committees

Partner Committees are established by the Board to formalise, consolidate and amplify the core Partnership functions. Their work is coordinated by the CEO and they are accountable to the Partnership Board. The Partner Committees are led by Co-Chairs, supported by a Steering Committee and a designated Secretariat manager. They operate on four basic principles: transparency, diversity, accountability and flexibility.

There are three Partner Committees:

1. **Advocacy and Resource Mobilisation (ARMPC):** designs and subsequently supports implementation of the *Partnership Advocacy Strategy* related to advocacy and resource mobilisation at global and regional levels.  
**Workstreams:** Leadership, Existing Donors, New Donors, Private Sector
2. **Country/Regional Support (CRSPC):** provides a platform to engage the Partnership community in coordinating support to countries and regions as they execute their malaria control and elimination implementation programmes.  
**Workstreams:** Country Resource Mobilisation, Implementation Support, Programme Review and National Strategic Plans
3. **Strategic Communications (SCPC):** develops and implements, in collaboration with the Secretariat team, communications to achieve the advocacy objectives of the Partnership  
**Workstreams:** Media, Digital, Messaging, Branding, Champions, Success Stories

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## Working Groups

The Working Groups are led, managed and funded by Partners to provide venues to share information and promote collaboration on specialised topics and address bottlenecks. They may support scale-up of interventions and facilitate sharing of best practices in the field. The Working Groups are accountable to the RBM Partnership Board through the CEO.

There are currently five working groups operational within the Partnership:

1. **Social and Behaviour Change Communication Working Group (SBCCWG):** aims to empower RBM Partners at the country level to develop, implement and evaluate effective malaria communication activities to ensure the proper use of treatment and prevention.
2. **Case Management Working Group (CMWG):** aims to minimise wasteful duplication and maximise synergies, encourage harmonisation and pooling of efforts for faster uptake and scale up of malaria case management strategies, synthesising and disseminating evidence-based best practice.
3. **Monitoring and Evaluation Reference Group (MERG):** facilitates alignment of Partners on strategies and best practices for developing effective systems to monitor and evaluate M&E malaria control programmes, and identifies emerging research questions and needs related to the implementation of M&E initiatives and communicates these to appropriate partners.
4. **Malaria in Pregnancy Working Group (MiPWG):** aligns RBM Partners on best practices and lessons learned in MiP programming to help achieve higher coverage in MiP interventions globally.
5. **Vector Control Working Group (VCWG):** aligns RBM Partners on best practices to maintain universal coverage with effective vector control interventions, disseminates WHO normative and policy-setting guidelines, supports the generation of evidence, and provides an essential forum where diverse partners of the vector control community come together.

# Strategic Plan 2018-2020

The RBM Partnership Strategic Plan 2018-2020 was approved by the Board in late 2017, following thorough consultations and revisions involving multiple Partners and countries that provided critical insight. The plan is aligned with global malaria targets and broader UN Sustainable Development Goals, and specifically focuses on three objectives: keeping malaria high on the political agenda, regional approaches to accelerate progress towards control and elimination, and increasing financing (especially domestic).

## Framework

The Strategic Plan represents the Partnership’s vision and outlines the strategic priorities over the next three years. Its milestones and targets are aligned with those in the WHO *Global Technical Strategy for Malaria 2016-2030* (GTS) and the Partnership’s framework document *Action and Investment to Defeat Malaria 2016-2030: for a Malaria Free World* (AIM) milestones and targets. The Partnership also envisions playing a critical leadership role in shaping the global fight against malaria towards achieving the UN Sustainable Development Goal 3 (to ensure healthy lives and promote well-being for all at all ages), and specifically its 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”.

## Consultation and drafting process

During 2017, the Strategic Plan 2018-2020 for the RBM Partnership was developed and finalised under the guidance of the Board and the CEO with input from the Partner Committees and numerous partners to serve as a guide to the work of the Secretariat and Partner Committees. At the 5<sup>th</sup> Board meeting in April 2017, the CEO presented a draft strategic approach which was approved by the Board; the CEO and the Secretariat were requested to engage with a wide range of Partners in a comprehensive consultation exercise conducted between April and July that included targeted dialogues with endemic countries, online surveys and consultation using the Partner Committee structures. The draft Strategic Plan benefited from feedback from numerous malaria endemic countries and partner organisations as well as from malaria endemic and donor countries.

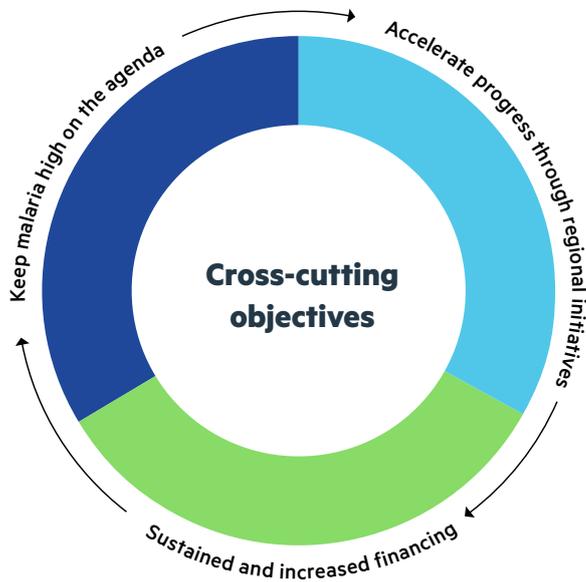
The Strategic Plan was finalised and submitted to the Partnership Board for approval at its 7<sup>th</sup> meeting in November 2017.

Table 1: WHO GTS malaria targets

	By 2020	By 2030
<b>Malaria incidence and mortality reduction</b>	At least 40% compared to 2015	At least 90% compared to 2015
<b>Malaria elimination</b>	At least 10 more countries compared to 2015	At least 35 more countries compared to 2015
<b>Prevention of malaria re-emergence</b>	In countries that were malaria-free in 2015	In all malaria-free countries

**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



**SDG Target 3.3**



**WHO GTS**



**AIM**



UN Sustainable Development Goals  
WHO Global Technical Strategy for Malaria 2016-2030  
RBM Action and Investment to defeat Malaria 2016-2030

## Objectives and priorities

The three main strategic objectives of the Strategic Plan are:

- 1) Keep malaria high on the global political and developmental 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

In addition to these strategic objectives, the cross-cutting objective is building a high-performing Secretariat, supporting the Board and Partner Committees, as well as ensuring business practices are consistent with the Partnership's mission and value, that systems are in place for managing financial risks

and to work towards diversifying its funding sources, leading in a lean, cost-effective and efficient manner, and functioning as the Partnership's voice.

## 2018 Workplan

In alignment with the Strategic Plan, a 2018 workplan and corresponding budget were developed based on a consultative and collaborative process led by the Partner Committees and the Secretariat, with inputs from the PC Steering Committees, a preliminary review by the Finance Committee and Partnership Board in November 2017, and a subsequent review and approval by the Finance Committee and Partnership Board in December 2017.

# Strategic Objective 1: Keeping malaria high on the political agenda

**The RBM Partnership uses key events on the international calendar to disseminate information to political leaders and other influencers. In 2017, the Partnership led, co-organised and participated in several high-level events with the aim of keeping malaria high on the political agenda. Among these were World Malaria Day, the 72nd UN General Assembly, WHO global and regional meetings, End Malaria Council meeting, as well as the “Reaching the Last Mile: Mobilizing together to eliminate infectious diseases” conference. These and other events were featured in the media, contributing to a global conversation around the progress achieved and the remaining challenges in the global fight against malaria.**

## **RBM Partnership at the 72<sup>nd</sup> UN General Assembly**

During the 72<sup>nd</sup> UN General Assembly in September, the RBM Partnership co-hosted an official side event “The Role of Country Leadership in Accelerating

Malaria Elimination” moderated by the Board Chair Dr Winnie Mpanju-Shumbusho and attended by three Heads of State, ministers and senior officials from across Africa, Asia-Pacific, Europe and the Americas, and several RBM Board members. Among important new commitments announced was the extension of the United States’ President’s Malaria Initiative (PMI) to four new countries. A second RBM co-sponsored event was a joint reception with Stop TB, UNAIDS, and the Global Fund titled “Ending AIDS, Tuberculosis and Malaria for Good: Collaboration and Innovation in Global Health” with more than 150 members of the global health community in attendance.

## **RBM Partnership participation in public health events**

On 25 May, the Partnership co-hosted, with Ethiopia, a side event at the World Health Assembly on country-led efforts to end malaria. One of only two side events on malaria, the gathering was attended by representatives from several malaria endemic





Washington DC, the RBM Partnership CEO presented an award to Rear Admiral Tim Ziemer, Senior Director for Global Health Security and Biothreats, US National Security Council, and former RBM Partnership Board member, in recognition of his leadership on malaria control, prevention and elimination.

and donor countries. During the second half of 2017, the Partnership was represented at WHO regional meetings, including the WHO AFRO August meeting in which the CEO led RBM's side event attended by ministers, heads of delegations, partners and the RBM Board Chair, and the WHO South East Asia Regional Committee meeting in September where the Board Chair intervened during the Ministerial Roundtable and the Side Event on the Global Fund.

The RBM Partnership Board Chair attended the Malaria Elimination Group 2.0 (MEG) inaugural meeting in October where she chaired three sections and highlighted the reinvigorated Partnership's role as a platform bringing all partners together in the fight against malaria. The role of MEG 2.0 in the global malaria landscape, scientific challenges to malaria eradication, and operational and financial requirements were key topics discussed at the meeting.

### Recognising malaria leadership

During a panel discussion at the Center for Global Development's "Malaria Control: A Critical Investment for Saving Lives in Africa" on 27 September in



Immediately before the RBM Partnership's 7<sup>th</sup> Board Meeting in Abu Dhabi, the "Reaching the Last Mile: Mobilizing together to eliminate infectious diseases" conference was held on 15 November, attended by over 200 government officials, aid and industry leaders and global health experts, under the patronage of His Highness Sheikh Mohamed bin Zayed Al Nahyan, Crown Prince of Abu Dhabi, in partnership with The Carter Center and the Bill & Melinda Gates Foundation. Participants celebrated how Guinea-worm disease may become the second human disease in history, after smallpox, to be eradicated. Dr Winnie Mpanju-Shumbusho led the session "Ending malaria: what will it take," along with Dr Pedro Alonso and Hon Dr Rajitha Harischandra Senaratne, Sri Lanka's Minister of Health and Indigenous Medicine. The session focused on where there has been success against malaria, remaining challenges, and exciting promising research on towards malaria elimination.



## End Malaria Council

The End Malaria Council was launched in January 2017 by Bill Gates and Ray Chambers, the UN Secretary-General's Special Envoy for Health in Agenda 2030 and for Malaria, in collaboration with the RBM Partnership Board, to help advance the global malaria agenda. Its members, a committed group of global public sector and business leaders that sees malaria eradication as a critical health and development priority, will use their voices and networks to support the work of malaria field workers, scientists and experts to drive progress towards malaria eradication by focusing on three areas: leadership, financing and technology.

Although the End Malaria Council is a separate body from the RBM Partnership, the Council is dependent upon the strategic guidance and expertise of the

Partnership and will work in close coordination across its priority areas. The Partnership will continue to work closely with the Council to leverage the unprecedented opportunity these committed leaders bring to the fight against malaria.

In September 2017, the CEO participated in the End Malaria Council's meeting where he discussed malaria progress and challenges highlighting the need to keep malaria high on the political agenda as well as innovative financing.

The Partnership also aims to support countries in establishing national End Malaria Councils, serving as guiding coalitions. Zambia, with support from ALMA and the RBM Partnership, will be the first country to roll out such a national structure in 2018.

# Strategic Objective 2: Regional approach

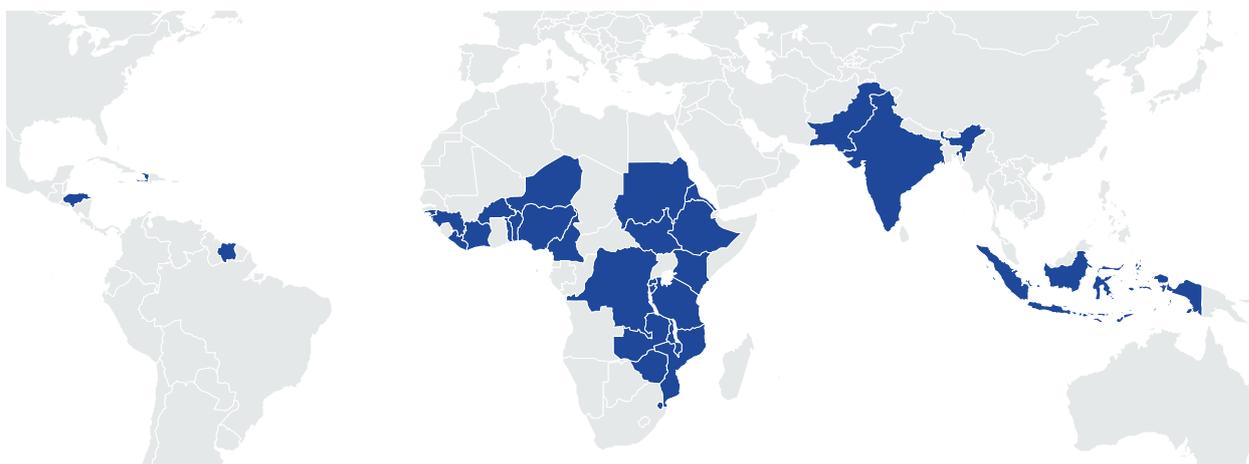
**Regional collaboration is key to defeating malaria and is therefore at the heart of the Partnership's strategy for 2018-2020. African countries and sub-regions are high on the Partnership's agenda. The Partnership supported over 50 malaria endemic countries around the world in 2017 (the majority of countries in Africa but including support to all other regions) in their application process for Global Fund grants by providing orientation, technical support and mock technical review panels (TRPs). Based on 35 completed GF applications, the Partnership, supported gap analyses of malaria interventions that revealed an over 50% gap in malaria financing in the highest malaria burden countries to fully implement the countries national strategic plans, including the top two countries Nigeria and DRC. Furthermore, the Partnership is engaging in an important malaria elimination initiative with WHO with countries in the Sahel region. In Asia there is also a call for countries in the Greater Mekong sub-region to work towards accelerated malaria elimination due to drug resistance to anti-malarials**

**detected in the region. In the third highest malaria burden country, India, RBM has initiated a country-led collaboration aiming at malaria elimination. In the Americas, RBM Partners have supported the regional approach to malaria elimination in Mesoamerica and Hispaniola Island.**

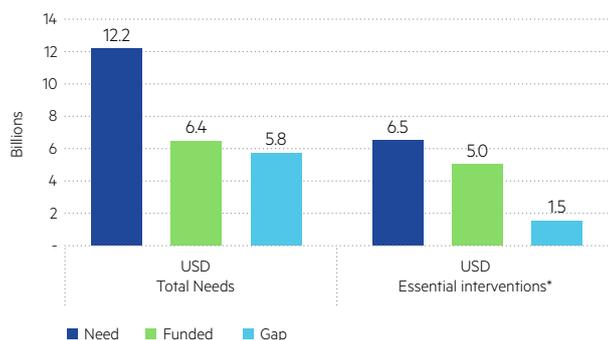
## **Global Fund malaria applications support to malaria endemic countries**

Via its CRSPC, the RBM Partnership supported countries in their Global Fund grants application process for the 2018-2020 period. A country-owned and led approach included orientation meetings, technical support to 36 countries for completion of the application templates and finalisation of accompanying documentation such as gap analyses, budgets and performance frameworks, and mock TRPs for country peer review of proposals and expert review of final drafts. Countries from all five WHO regions received support.

## **Countries included in the gap analyses supported by the RBM Partnership**



**Figure 1:** Financial Gap analysis to Implement National Malaria Interventions in 41 Countries (2018-2020)



Two highly rated orientation meetings for GF malaria applications were held in December 2016 and January 2017 for participants from a total of 49 countries. Resources were transferred to 31 countries to support consultation, dialogue and local consultants. Four mock TRPs of draft country proposals were held in February, April and July for over 50 countries, facilitating review by technical partners, facilitators and country peer review processes, resulting in significant improvements in quality and were classified as best practice by a Global Fund evaluation. They have now been implemented by HIV and TB programme. In addition, remote mock TRP reviews for Bangladesh and Bhutan were held. By the end of the first three application windows in August 2017, over 95% of malaria applications (55) were submitted and TRP reviewed, with 95% moving on to grant making. Another mock TRP was held in January 2018 for additional countries, with the next one planned for the spring. USD 3 billion had been secured by the end of 2017 for the 2018-2020 implementation period thanks to the support provided to countries by the RBM Partnership.

Based on countries applications to the Global Fund, the Partnership also supported gap analyses of malaria interventions for 35 malaria endemic countries that had completed grant submission for 2018-2020.

This analysis followed an evidence-based approach to planning and programming based on targets and strategies outlined in the country malaria national strategic plans, which will be updated regularly as new information becomes available. The analysis showed a USD 12.2 billion budget requirement for full implementation of the national plans of which more

than half, 5.8 billion, is unfinanced. The largest gaps are in high malaria burden countries with the top gap shown for Nigeria (29%) the leading country in malaria incidence and deaths in 2016.

The gap analysis also details the key malaria interventions including vector control and case management (diagnostic testing and treatment). Notable gaps include 280 million doses of artemisinin-based combination therapies (ACT) in seven countries, an extra 180 million long lasting insecticidal nets (LLINs) in 17 countries, a USD 47 million gap in five countries for indoor residual spraying (IRS), and 101 million rapid diagnostic test (RDT) tests in five countries.

The Partnership, through CRSPC, supported countries with major funding gaps in developing resource mobilisation strategies and funding proposals – including Democratic Republic of Congo (DRC), Nigeria and Equatorial Guinea in resource mobilisation strategies formulation. Nigeria was supported for the development of the USD 300 million World Bank International Development Association request, with facilitation and advocacy through the End Malaria Council, RBM and ALMA, and working on addressing Global Fund co-financing requirements.

The Partnership also provided back-up support to the WHO-led process in supporting the development of country malaria control and elimination strategies in 13 countries.

### LLIN Distribution Campaigns

In 2017, the CRSPC workstream of the Alliance for Malaria Prevention (AMP) continued to provide high-level technical assistance to countries planning LLIN distribution campaigns supporting countries to achieve their universal coverage targets. AMP has been instrumental in keeping LLIN campaigns on track and has contributed in 2017 alone to the successful delivery of over 68 million nets to their targeted recipients in sub-Saharan Africa and beyond. In 2017, AMP was able to support a total of 21 countries through 52 in-country missions and distance support.



## Regional support for malaria control and elimination

### Africa

Most malaria cases in 2016 were in Africa (90%). Several sub-regions across the African continent have stepped up their cross-border efforts towards malaria elimination. In southern Africa, Elimination 8 countries (Angola, Botswana, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) marked a decade of the cross-border partnership to reach the bold goal of eliminating malaria by 2030, while in west Africa, an additional eight nations have agreed to accelerate malaria elimination in the Sahel region. The RBM Partnership, in collaboration with ALMA, is working on signing Memoranda of Understanding with the Regional Economic Communities (RECs) of the African Union.

### Sahel region countries

The Partnership is working with WHO among other partners to roll out a regional malaria elimination initiative to accelerate implementation of focused interventions in the Sahel region from 2018 onwards. With the ambitious goal of eliminating malaria in the sub-region by 2030, the Sahel Malaria Elimination

Initiative will be implemented in eight Sahelian countries: Burkina Faso, Cabo Verde, Chad, Mali, Mauritania, Niger, Senegal and The Gambia.

### DRC and Nigeria

During the second half of 2017, the RBM Partnership focused on the two African countries that together accounted for 37% of total malaria burden (DRC and Nigeria) and are currently facing significant gaps in financing their malaria efforts over the next three years. According to the Partnership's latest gap analysis, between now and 2020, DRC and Nigeria will need 23 and 72 million LLINs and USD 536 and 690 million respectively towards malaria activities. Currently, 13 Nigerian states have no dedicated funding to fight malaria.

**DRC:** DRC contributed 10% of all malaria cases and 14% of deaths among 15 high-burden countries in 2016. A RBM support mission to Kinshasa took place in September 18-27 to support the Ministry of Health in reorganising the National Public Health Institute and strengthening national malaria prevention efforts. The Ministry of Health appreciated the RBM response, as the Institute will have surveillance, laboratory and research pillars, and malaria is included as a priority so

there is greater need for external support. Discussions also addressed revitalising the in-country RBM Partnership and the GF grant-making process.

**Nigeria:** Nigeria was the leading country both in malaria cases (27%) and deaths (30%) in 2016; it was also the country with the largest malaria financial gap (29%) shown in the RBM Partnership's gap analysis. The CEO visited Nigeria in October to engage with senior officials including the National Malaria Elimination Programme Coordinator and WHO officials, as well as other local and international partners, in efforts to fill key gaps through funding from The World Bank, the Islamic Development Bank and the African Development Bank.

## Asia

The second contributor to malaria burden in 2016 after Africa was the South-East Asia region (7% of cases). Countries in the Greater Mekong sub-region (Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam) are engaged in a call for action in December 2017 to eliminate malaria by 2030. There is also concern over parasite resistance to the antimalarial artemisinin, which so far has been detected in five of these six countries.

The Partnership has provided support to Pakistan, Bangladesh and Sri Lanka in the elaboration of the The Global Fund grant applications. India was the third top contributor to global malaria burden, with 6% of malaria cases, and 7% of deaths in 2016. The Partnership is starting to engage with India, in collaboration with the Asia Pacific Leaders Malaria Alliance (APLMA).

## Americas

Recent increases in malaria incidence have occurred in the Americas, as highlighted by the World Malaria Report 2017 report. In particular the Bolivarian Republic of Venezuela, once a malaria eradication model in the Americas, now reports an alarming number of cases and has overtaken Brazil as the main malaria contributor in the region. The malaria elimination agenda in the Americas is entering an interesting phase through the involvement of RBM Partners (the Inter-American Development Bank, the Bill & Melinda Gates Foundation and the Carlos Slim Foundation) launching the Regional Malaria Elimination Initiative (RMEI) to support malaria elimination in seven Central American countries and the Dominican Republic. The RBM Partnership will further engage with the region – in close collaboration with Pan American Health Organization (PAHO) – to accelerate this agenda.

# Strategic Objective 3: Financing initiatives

**In 2017, the RBM Partnership identified specific financing initiatives to promote increased domestic and external financing for malaria, including the use of investment cases, a regional financing facility, social impact bonds, blended finance products, and debt reduction instruments. In conjunction with a revised strategy for the Advocacy and Resource Mobilisation Partner Committee (ARMPC), collaboration with the People's Republic of China, and enhanced engagement with the private sector, these financing initiatives were designed to be scoped in specific country contexts, analysed, and further elaborated during implementation of the RBM Partnership workplan in 2018. For this purpose, a Malaria Finance Task Force (MFTF) was established to link the coordination of mission critical support by CRSPC with the global level advocacy and resource mobilisation of the ARMPC.**

## Investment cases

Over the last five years, there has been a substantial increase in the use of the “investment case” framework for analysing developing countries’ available fiscal space for health and promoting increased resource mobilisation and expenditure. The approach has been profitably employed in the areas of reproductive, maternal, newborn, child, and adolescent health, immunisation programmes, community health delivery, nutrition, neglected tropical diseases, non-communicable diseases, HIV, TB, and malaria, among others. The RBM Partnership identified the use of investment cases as a strategy for addressing the substantial gap between the projected requirements for malaria financing, to meet the WHO’s GTS 2020 targets, and the anticipated commitments from donors

and malaria endemic countries (USD 2.9 billion out of a total USD 6.4 billion). After selecting a limited number of countries for which investment cases will be prepared, the RBM Partnership plans to analyse potential efficiency gains, policy reforms, and innovative financial products that may be used to bridge each country’s funding gap. The political will to drive these reforms is intended to come from numerous sources including heads of state, ministries of health, parliamentarians, national end malaria councils/ commissions, and grassroots campaigns.

## Malaria Finance Task Force

In September 2017, the RBM Partnership established the MFTF to coordinate the financing initiatives, linking the global level advocacy of the ARMPC and resource mobilisation efforts with the supporting partners in malaria endemic countries of the CRSPC. The MFTF selected five countries to support in 2018: Mozambique, Nigeria (1-2 states), Republic of Congo, Sudan, and Zambia, to which delegations would be sent to develop investment cases and workplans to increase domestic resources over the 2018-2020 period. MFTF partners represented in 2017 included WHO, The Global Fund, Malaria No More,, UN Special Envoy on Health, World Bank, CABRI, CHAI, PMI, ALMA and APLMA.

## ARMPC strategy

In 2017, the Partnership also commissioned a consultancy to review and provide recommendations for revising the strategy and structure of the ARMPC. In 2018, the RBM Secretariat Team will incorporate these recommendations into the overall RBM Partnership workplan, reconstitute the ARMPC Steering Committee

and workstreams, and work with the MFTF and other joint coordination efforts under this revised framework. The new ARMPC manager was also recruited at the end of 2017 and will lead this process along with the co-chairs into 2018.

### **Private sector strategy**

At the 7<sup>th</sup> RBM Board meeting in Abu Dhabi, the Partnership identified the need for a more thorough review and revision of the formal structure for engaging the private sector. In 2018 a consultancy will be commissioned to develop this new engagement framework. In this mode, the RBM Partnership will actively seek to increase the involvement and contributions of the private sector from existing Partners, identify and reach out to new potential partners, especially companies and private sector associations operating in malaria-endemic countries, and strengthen the use of the RBM Partnership committees as the consensus-building, convening, and coordinating entities for collective action in malaria advocacy, resource mobilisation, strategic communications, and direct support to endemic regions and countries.

### **China collaboration**

In 2017, the RBM-China Steering Committee was formed to coordinate joint activities, including:

- Guiding the development of project proposals for the demonstration projects and support the application process to the South-South cooperation fund and innovation fund of Ministry of Science and Technology.
- Supporting in leveraging the People Republic of China's investment in ICT to strengthen surveillance and data management capacity.
- Organising a side event in the margins of World Health Assembly in May 2018 to celebrate the Chinese companies that have pre-qualified products to put positive pressure on other manufacturers.
- Providing guidance in making the preparation for a high-level malaria summit in 2019 to coincide with interruption of local malaria transmission in China.
- Working with countries and partners in promoting local manufacturing of malaria commodities.
- Scoping missions to four countries (Ethiopia, Mozambique, Tanzania, and Zambia) to identify potential pilot projects.

# Financial report

As of 31 December 2017,<sup>1</sup> the RBM Partnership had USD 17.37 million in signed donor commitments, 10.37 million in contributions received and had expended 7.2 million, leaving a total available budget of 10.17 million and 3.17 million of available funds.

## Donors contributions and funding received in 2017

About USD 17.368 million from donors have been signed as contribution agreements by the end of 2017, of which USD 11,374,350 were received by December 31<sup>st</sup> from four donors (USAID/ President's Malaria Initiative (PMI), the Bill & Melinda Gates Foundation (BMGF), the Global Fund, and a donation from the Abu Dhabi Crown Prince Court, as well as leftover RBM funds previously with WHO as follows:

The USD 5 million 3-year contribution from His Highness Sheikh Mohammed bin Zayed, Crown Prince of Abu Dhabi was announced in September, a generous donation that will support implementation of the RBM Partnership's Strategic Plan 2018-2020.

The 2017 contribution from USAID/PMI of USD 4.9 million was to broadly support the RBM Secretariat in

Figure 2: 2017 Expenditure (in USD)

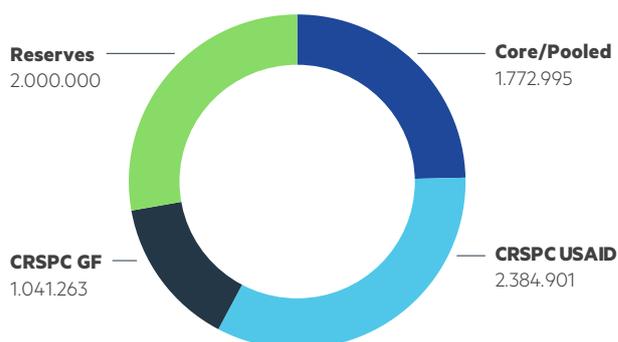


Table 2: WHO GTS malaria targets

Donor	Contributions signed (USD)	Funds received (USD)
USAID/President's Malaria Initiative	4,900,000	3,900,000
Abu Dhabi Crown Prince Court	5,000,000	1,750,000
The Bill and Melinda Gates Foundation	3,500,000	1,500,000
Global Fund	2,568,000	1,824,350
WHO (RBM funds)	1,400,000	1,400,000
<b>Total</b>	<b>17,368,000</b>	<b>10,374,350</b>

<sup>1</sup> The 2017 financial figures are interim. Final financial figures will be available in June 2018.

the implementation of its annual workplan, as well as earmarked support for the work undertaken by the CRSPC, whereas USD 3.5 million from Bill & Melinda Gates Foundation with an initial disbursement of USD 1.5 million was to support the Partnership in providing a coordinated global platform to accelerate action and investment towards a malaria free world.

Of the funding committed by donors, USD 2.57 million from The Global Fund and 3 million from USAID/PMI are earmarked for CRSPC activities, with USD 11.8 million for core/pooled funds. Of the funding received, approximately 4.82 million are earmarked for CRSPC activities (The Global Fund 1.82 million and 3 million from USAID/PMI), with USD 6.55 m for core/pooled funds.

## Expenditure in 2017

Total expenditure this year was USD 7,199,160 in four different categories: reserves, core/pooled funds, CRSPC USAID funds, and CRSPC Global Fund funds.

- **Reserves**

Currently, two reserves totalling USD 2 million are set aside that were established in July 2017: a Sustainability Reserve (USD 1.1 million: the Secretariat aims to increase this reserve in 2018 to better cover its operational needs); and a Strategic Initiative Reserve (USD 900,000).

- **Core/Pooled Funds**

A total of USD 1,772,995 or 68% from a core/pooled funds budget of USD 2,609,208 was expended in 2017. Substantial savings related to personnel and travel costs occurred due to Secretariat staff starting later than initially assumed (Sep-Dec instead of mid-year).

- **CRSPC USAID Funds**

A total of USD 2,384,901 or 79.4% from a budget of USD 3 million CRSPC USAID funds was expended. Although in November 2017 the USAID funds were almost fully expended, signature and receipt of the contribution agreement with The Global Fund funds (which provided USD 900,000 reimbursement for mock TRPs) were reimbursed to the USAID project. USAID has agreed to extend the project funding until 30 September 2018. In

2017, there was a higher demand for on-ground technical assistance from consultants, as most Global Fund grants were approved in the first round. Funds were repurposed, as there was no need for multiple rounds of mock TRPs as had been budgeted.

- **CRSPC Global Fund Funds**

A total of USD 1,041,263 or 71.6% from a CRSPC GF funds budget of USD 2,568,000 (of which 1,824,350 were received in 2017), was expended in 2017. The Global Fund agreement was only signed and received in November, therefore expenditures were delayed and the funds could not be fully disbursed. The grant from The Global Fund supports the critical work of the CRSPC and used specifically towards activities such as Global Fund applications (gap analysis update, in-country dialogue to formulate priorities, mock TRPs, post-TRP revisions) and implementation of grants (bottlenecks identification and action, including LLIN campaign issues).

Table 3

Strategic Objective	Budget (USD)
1: Keep malaria high on the global agenda	2,171,750
2: Accelerate progress through a regional approach	2,999,250
3: Increase malaria financing	642,900
Cross cutting: Building a high performing Secretariat	3,420,801
UNOPS management	646,429
<b>Total</b>	<b>9,881,130</b>

Table 4

Partner Committee	Budget (USD)
ARMPC	612,040
CRSPC	5,189,393
SCPC	644,140
Cross cutting objectives and Secretariat	3,435,557
<b>Total</b>	<b>9,881,130</b>

## **2018 forecast and budget**

The 2018 budget that will cover all work in the plan for 2018 contemplated in the Strategic Plan 2018-2020 was preliminarily reviewed by the Finance Committee and approved by the Partnership Board in December 2017.

The total 2018 budget is USD 9,881,130, following a prioritisation exercise undertaken by the Partner Committees. Expenses will be monitored throughout the year by the Secretariat, which may propose re-allocations for unfunded priority activities.

## **Cost Effectiveness and Efficiency**

The RBM Partnership Strategic Plan 2018-2020 states that the Secretariat, following a network leadership principle, must remain lean, cost-effective and

efficient with systems in place for managing financial risks and diversifying its funding sources. The RBM Partnership is hosted by UNOPS, and must ensure that operations are in alignment with all applicable laws and regulations, including its principles of providing value for money and transparency regarding funds allocation and use, with monitoring and timely and detailed reports including of results achieved. Accountability and transparency are important principles included with mechanisms to support them under the Strategic Plan such as performance measures and communication platforms to ensure accountability and transparency, respectively. Among UNOPS rules and regulations and policies, specific ones apply to travel, financial and fiduciary safeguards, transparent and competitive procurement and human resources processes. The Secretariat has been developing its policies and procedures in line with these guiding principles.







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