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ACRONYMS

AIM: Action and Investment to Defeat Malaria 2016-2030: for a Malaria Free World
ARMPC: RBM Advocacy and Resource Mobilisation Partner Committee
BMGF: Bill & Melinda Gates Foundation
CMWG: RBM case management working group
CRSPC: RBM Country and Regional Support Partner Committee
EU: European Union
GF: the Global Fund
GLR: the Great Lakes Region of Africa
GMS: Greater Mekong Subregion
GNI: gross national income
GTS: WHO’s 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
PMI: President’s Malaria Initiative (USAID)
RBM: Roll Back Malaria Partnership
REC: Regional Economic Community
SBCCWG: RBM Social and Behaviour Change Communication Working Group
SCPC: RBM Strategic Communications Partner Committee
SDGs: Sustainable Development Goals
SES: socio-economic status
UHC: universal health coverage
VCWG: RBM Vector Control Working Group
WHO: World Health Organization
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We acknowledge the inputs from the following organisations: Academic Medical Centre at the University of Amsterdam; African Leaders Malaria Alliance (ALMA); African Media and Malaria Research Network; Asia Pacific Malaria Elimination Network; BASF SE; CHAI; Catholic Relief Services; Escorts Pharmaceuticals Limited; FHI 360; Gilead Global Initiative for the Less Privileged; Imperial College London; Global Fund; H. D. Hudson Manufacturing Company; Intelligent Insect Control; Isdell: Flowers Cross Border Malaria Initiative; Jhpiego/JHSPH; KEDI Healthcare Industry Nigeria Ltd; Malaria Consortium; Morehouse School of Medicine; Mnazi Mmoja Hospital; National Institute of Epidemiology, Chennai; Ohaha Family Foundation; Organisation Communautaire de Base (OCB) Diam Ak Khewal; Office of the UN Special Envoy for Health in Agenda 2030 and for Malaria; PATH; Preventive Health Managers; Population Services International; Réseau des Synergies contre les Pathologies Tropicales (RESYPAT); SATU; Sumitomo Chemical; TropMed Pharma Consulting; UNICEF; United Nations Foundation; University of Hamburg; University of Namibia; WHO Zambia; WHO GMP; World Vision USA.
FOREWORD

This strategic plan represents the vision of the Roll Back Malaria Partnership – the largest multi-stakeholder platform to fight malaria. The plan outlines the strategic priorities for the Partnership over the next 4 years, from 2017 - 2020, leading up to the first global malaria elimination targets collectively agreed through the World Health Organization’s Global Technical Strategic for Malaria 2016 – 2030 (GTS).

This strategic plan has been developed as a consultative process, involving RBM members, as well as stakeholders in health and other sectors who are essential to achieve the SDGs. The consultation includes guidance from the RBM 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 Partnership has adapted over time, as the global malaria situation and global development environment has progressed. In its initial incarnation, from 1998 – 2005, the RBM Partnership focused on convening the malaria community to share knowledge, putting malaria on global development agenda and escalating funding; the next phase, from 2005 – 2010 focused on control: develop action plans, decrease disease burden & support countries; the following period to 2015 placed the emphasis on achieving the 2015 MDG targets.

This 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 investment to achieve our common goals; addressing the gaps and maintaining the gains through regional initiatives which ensure collective progress; advocating for 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, both those directly involved in the malaria space as well as those working across other sectors who are essential to achieve global malaria goals. The Partnership will build a strong multi-sectoral engagement strategy. It will increasingly use the opportunities of new media and communication tools to reach out to partners, sharing information, communication and encouraging engagement. It makes the most of opportunities for face-to-face discussions and will engage partners through the Partnership Committees, ad-hoc working groups and thematic consultations to ensure coherence and optimal use of our collective resources.

The coming four years are a period of great opportunity and excitement. The work done to refocus and refresh, creating a revitalised RBM Partnership, ensures that we are ready to take up 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 this Partnership, we will achieve more, together.

Dr Winnie Mpanju-Shumbusho  
Chair, Roll Back Malaria Partnership Board  

Dr Kesete Admasu  
CEO, Roll Back Malaria Partnership
**EXECUTIVE SUMMARY**

**RBM vision:** RBM's vision is of a world free from the burden of malaria.

**RBM mission:** the RBM Partnership goal is to support malaria affected countries to achieve the goals of the WHO Global Technical Strategy and contribute to a malaria-free world.

**Targets:** RBM partners shall work together to support achievement of the following milestones and the SDG targets.

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.

This strategic plan for the RBM Partnership has three pillars:
- Keep malaria high on the political and developmental agenda through a robust multi-sectoral approach,
- A regional approach to the fight against malaria anchored in existing political and economic platforms such as regional economic communities,
- Sustainable malaria financing with substantial increase in domestic financing.

**Approach and assumptions**

The reinvigorated RBM Partnership will serve as the platform for all partners to come together based on the principle that they can do more together than individually. The RBM Partnership does not mean 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 or financing mechanism. The partnership recognises country ownership and leadership as the bedrock of the malaria elimination agenda.

**RBM added value:** the Partnership adds value by:

a) **convening** partners focused on this common cause,

b) **coordinating** partners to maximise alignment, facilitate cooperation and ensure that common challenges are addressed cooperatively,

c) **mobilising resources** by identifying resource requirements and creating humanitarian and business cases to support the mobilisation of resources,
d) facilitating communication, identify and address opportunities and challenges by facilitating communication between partners, sharing experience and best practice with one another,
e) providing mission critical support to malaria affected countries and regions: the RBM Partnership will support critical enablers required to enhance political will, and provide targeted support where it is needed most.

Transforming RBM into a multi-sectoral partnership
Malaria is a disease of poverty and results 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 as their core mission. This can only be realised in a truly multi-sectoral approach. The RBM Partnership at global, regional, national and sub-national levels should reflect the multi-sectoral nature of the fight against malaria. This strategy proposes the identification of key sectors such as tourism, education, extractive industries and the transport sectors as the trailblazers for robust engagement at all levels.

Regional initiatives
A cross border collaboration in regions where malaria elimination is feasible in the short-term is a “no brainer.” This is so, as countries need to synchronise their planning, share information, and collaborate in surveillance. This strategic plan advocates to build on this and push for regional initiatives in high burden geographies as well. The objective of such a regional approach, anchored in existing political and/or economic platforms, is to mobilise political and financial resources necessary for accelerating progress towards our malaria control and elimination targets. The regional approach helps to repackage our 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. The regional approaches can provide the platform to drive political commitment at the regional level, create a malaria financing facility and engage the private sector. Regional initiatives will be based on a thorough situational analysis prior to commencing. This assessment shall include an assessment of existing partnerships and initiatives, and the potential for RBM added-value.

Malaria financing
Malaria financing is currently 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; out-of-pocket expenditure at personal and household levels. In 2015, malaria financing totalled USD 2.9 billion. A closer look at the financing landscape shows that nearly two-third of malaria expenditure comes from a handful of donors. The domestic financing component is predominantly human resource cost. Consequently, the malaria financing is extremely vulnerable to changes in political priorities in
these donor countries. Even more worrisome is most of the malaria commodities are financed by donor resources. As the burden of disease continues to decline, there is a real risk that malaria could become a victim of its own success. The achievements we have made are at risk of reversal if there is an abrupt reduction of resources. It is therefore critical to work with endemic countries to expand their domestic financing base, and advocate globally to sustain and increase the funding from major donor countries. In addition to these interventions, the strategic plan identifies the need to attract new and emerging donors as well.

**Transparency and accountability**

The Partnership recognises the importance of transparency and accountability in its actions and activities. Transparency shall be ensured through active use of different communication platforms, including the website and direct communication to partners in person or through electronic means. The Partnership shall also report to the board on a quarterly basis and seek feedback on key initiatives and interventions. An annual report on progress shall be developed and disseminated widely among partners, donors and other stakeholders.

An accountability framework will be developed for the Partnership as a whole, which partners will be invited to sign up to in their commitment to the Partnership mission and vision. Specific monitoring and evaluation frameworks and reporting mechanisms will be developed for individual programmes, to be agreed with the partners involved.
INTRODUCTION

The RBM Partnership operational strategy 2017-2020 is prepared to serve as the overarching guidance to the work of the Partner Committees and the Secretariat. At the 5th RBM 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 operational strategy. Between April and July 2017, a comprehensive consultation exercise has taken place. The consultation process included targeted dialogues with endemic countries, online survey, and consultation using the Partner Committee structures.

The world has witnessed unprecedented progress in the fight against malaria. As a result, in many high burden countries, malaria could be a “victim” of its own success. The risk of malaria resurgence is real, if political commitment weakens, funding wanes or technical challenges go unaddressed. Sustained investment will be required to maintain progress, avoid losing the gains of recent years and advance the elimination agenda. This continued investment is outlined in the RBM Partnership framework document, Action and Investment to Defeat Malaria 2016-2030: for a Malaria Free World1 (AIM), and WHO’s Global Technical Strategy (GTS).

The RBM operational strategy 2017-2020 is aligned to the GTS 2020 milestones. 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 RBM priorities for the period 2017-2020.

The operational strategy aims to reposition the reinvigorated RBM Partnership to play a vital role in:

- elevating malaria on the global developmental and political agenda,
- advocating for universal access to prevention, diagnosis, and treatment,
- making malaria elimination a central theme in the sustainable development agenda,
- building momentum and accelerate progress towards malaria elimination,
- sustaining momentum and mobilise funding for regional and national elimination efforts,
- empowering countries, communities, and individuals to defeat malaria,
- promoting innovation and facilitating uptake of new tools to bring impact,
- Demonstrating a multi-sectoral approach to end malaria for good.

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1 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
Framing the RBM Partnership priorities

Since its inception in 1998, the Roll Back Malaria Partnership has been at the forefront of advocacy and partnership coordination to maintain and further expand investments in malaria control and elimination. The period since 1998 has seen 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 global development.

The malaria community has emphasised the importance of a coordinated and sustained approach to end malaria for good. Hence, the RBM Partnership 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 public awareness towards malaria elimination and its multifaceted benefits,
- attract sufficient, sustained and predictable financing,
- promote the effective use of appropriate tools and the development of new ones as situations change (either to replace failing tools or to address new situations, such as a move from control to elimination),
- invest in health systems and strengthen surveillance in all endemic countries.

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

- the sustainable development goals (SDGs) which includes ambitious malaria targets under Goal number 3 and strong malaria linkage can be made for most of the goals;
- RBM Partnership's framework document, Action and Investment to Defeat Malaria 2016-2030: for a Malaria Free World' (AIM), and WHO's Global Technical Strategy (GTS) document provide the technical and policy foundations for malaria elimination;
- UNICEF's strategy for health (2016-2030), which emphasises ending preventable maternal and child deaths and equity in health;
- From Aspiration to Action, what will it take to end malaria? A call for bold malaria eradication vision;
- The Global Fund strategy 2017-2022: investing to end epidemics, which outlines a bold agenda for scaling up evidence based interventions and its impact;
• **Catalytic Framework to end AIDS, TB and Eliminate Malaria in Africa by 2030**, a document which aspires to eliminate malaria incidence, and mortality, and prevent its transmission and reestablishment in all countries by 2030;

• **Asia Pacific Leaders Malaria Alliance, Malaria Elimination Roadmap**, which has a goal of achieving an Asia Pacific free of malaria by 2030.

**THE RBM PARTNERSHIP OPERATIONAL STRATEGY 2017-2020**

The operational strategic plan 2017-2020 will focus on building global momentum towards the malaria elimination agenda including 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 operational strategy is structured around three main strategic objectives and a number of strategic initiatives under each objective as follows:

- 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;
- strategic objective 2: establish a regional approach anchored in existing political and economic platforms such as regional economic communities to accelerate progress and build impetus for malaria elimination;
- strategic objective 3: increase the financing envelope for malaria.

**RBM - THE GLOBAL PARTNERSHIP TO END MALARIA**

The RBM Partnership 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.
RBM’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. Action and Investment to defeat Malaria 2016 – 2030 (AIM) positions malaria in the wider development agenda. It illustrates how reducing and eliminating malaria creates healthier, more equitable and prosperous societies and promotes a broadly inclusive and multi-sectoral response. This operational 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.

**RBM: an overview of the partners**

Membership of RBM is open to organisations and institutions committed to collective action in the fight against malaria. The Partnership is comprised of more than 800 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.

Analysis of data from March 2017 indicated that membership was predominantly focused in Africa, Europe and North America, where 80% of members are located. 47% of all new members joining are from Africa, while only 8% of new members are from South Asia. The relaunch of the Partnership highlights an opportunity to reach out to 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.

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 influenced by malaria. An essential success factor for establishing enduring and productive partnerships will be understanding a partner’s or sector’s motivation for investing in malaria, where all partners both contribute and enjoy the synergistic benefits. Recognising the strengths of each stakeholder group and establishing clear roles and responsibilities will lay the groundwork for strong and operational partnerships at any level, whether within communities, at national level or across sectors and borders.

Conscious of the importance of building a global partnership, which represents a wide range of stakeholders, RBM will use a range of 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 an online survey, Partnership Committee consultations and consultations with country representatives and other stakeholders.

Members can sign up through the RBM website, or by putting a request to the RBM Secretariat. No fees are paid, and membership is maintained until an organisation withdraws from the Partnership. 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 organisation’s by-laws.

**Working together: core functions and structures**

As the largest multi-stakeholder platform to fight malaria, the RBM Partnership 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 RBM are as follows:

- **a) convene** partners focused on this common cause;
- **b) coordinate** partners to maximise alignment, facilitate cooperation and ensure that common challenges are addressed cooperatively;
- **c) mobilise resources** by identifying resource requirements and creating humanitarian and business cases to support the mobilisation of resources;
d) facilitate communication, identify and address opportunities and challenges by facilitating communication between partners, sharing experience and best practice with one another;

e) 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 4 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 RBM Partner Committees (PCs) are intended to formalise, consolidate and amplify the Partnership priorities of advocacy, resource mobilisation, and country/regional support. Further information on the different PCs is provided in Annex 4.

![Fig. 1: RBM structures](image)

The RBM Partnership is assisted by the End Malaria Council (EMC), a committed group of global public sector and business leaders that sees malaria eradication as a critical health and development priority. The council has come together to drive progress towards eradication by focusing on leadership, financing, and technology. The RBM Partnership will work closely with the EMC to leverage the unprecedented opportunity these committed leaders bring to the fight against malaria. Further details on the EMC are available at [http://endmalaria council.org/](http://endmalaria council.org/).
Assumptions

The Partnership is described above as a Partnership for all: by this we mean that the Partnership is the responsibility of, and at the service of, all partners. The different components – the board, the Secretariat, the PCs, the Working Groups, 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 based on the principle that they can do more together than individually; partners shall 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 SDGs, WHO’s Global Technical Strategy for Malaria and relevant regional guidance;
- 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 faces, the board has commissioned a branding assessment to understand the current RBM brand perception and assess and present options for the RBM brand. A strong brand is not simply a name or logo but rather represents a set of ideas and values. It instills confidence and invites engagement, encapsulating the experiences of those who interact with it.

The Strategic Communications Partner Committee is leading the process of this review of the RBM brand. In its 6th meeting, the board has approved the final phase of the work that would involve a brand refresh, with recognisable continuity but capitalising on the opportunity to provide a renewed platform for communication. This decision keeps elements of the current Roll Back Malaria brand but evolves to the changing times. A procurement process is underway to hire firms with this process in mind.
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 is the most critical global advocacy platform which must relentlessly pursue elimination and eventually 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 unprecedented level of advocacy and movement, including positioning malaria elimination as a critical mission to large 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. To achieve the 2030 malaria goals, the global community must combine forces to defeat malaria and recognise the importance of building inclusive partnerships at all levels. Malaria prevention and treatment are among the most cost-effective public health interventions. They provide a consistently high return on investment, 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. Beyond the financial return, it will generate unprecedented socioeconomic, development, humanitarian and equity benefits. Stakeholders at all levels (global, regional, country, subnational 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 provides the platform for coordinated, harmonised, and amplified advocacy messaging targeted to endemic countries, donors, civil societies, parliaments, media and other stakeholders.

- **Strategic initiative 1:** engage partners at global, regional, and country levels to pursue the establishment of all party parliamentary groups on malaria elimination across endemic and donor countries
- **Strategic initiative 2:** provide clear, strong, accessible, and compelling messaging to leaders and key stakeholders on the importance of continuing to reduce and eliminate malaria
- **Strategic initiative 3:** build inclusive partnerships at global, regional, and country levels within and across sectors to address the determinants of malaria
• Strategic initiative 4: mobilise resources for the fight against malaria to ensure universal access to prevention, diagnosis and treatment

• Strategic initiative 5: advocate for adoption and scale up of innovative new tools, which are recommended by WHO for public health use

Strategic objective 2: accelerate progress through a regional approach anchored in existing political and economic platforms such as regional economic communities and build impetus for malaria elimination

This strategic objective proposes the development of regional initiatives which will support malaria elimination across countries in a region, 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 or communicable disease outbreaks.

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 community (REC) or relevant regional political grouping. The RBM Partnership will conduct situation analysis by closely working with RBM partners supporting these initiatives – notably those from the countries concerned or working closely with the countries/regions – will build a case for a regional intervention. Forging partnership with the RECs is critical to build political commitment. Based on this political commitment, the initiative will develop a regional implementation plan to build platforms for engagement among partners, foster collaboration, build capacity, mobilise resources, etc.

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 partnership will be developed 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. The process and implementation of a regional initiative will be country-led. Each regional initiative will be supported by the three main pillars of the RBM Partnership: advocacy and resource mobilisation; regional and country support; and strategic communications. The role of the Partnership will be to coordinate with partners, including messaging and building the case for and supporting resource mobilisation.

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2 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); Southern African Development Community (SADC)
• **Strategic initiative 1:** advocate for the establishment of regional malaria initiatives to serve as platforms for regional cooperation amongst countries, facilitate engagement of partners including the private sector

• **Strategic initiative 2:** establish a regional malaria financing facility in collaboration with global and regional development banks to address the funding gap in malaria programs

• **Strategic initiative 3:** build entomological and surveillance capacity, and create a network of regional experts able to provide quality technical assistance to countries

• **Strategic initiative 4:** launch regional mechanisms to combat fake medicines and products and harmonise regulatory processes where possible

• **Strategic initiative 5:** maximise the impact of the Global Fund malaria investments to accelerate progress towards the 2030 goals

**Strategic objective 3: increase the financing envelope for malaria**

There is a huge demand for substantial increase in malaria financing in order to meet the ambitious global malaria goals. 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; out-of-pocket expenditure at personal and household levels. The 2016 World Malaria Report provides a comprehensive breakdown of funding sources:

- countries with endemic malaria provide nearly one third (32%), including USD 612 m for NMCPs and USD 332 m, 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.

In 2015, malaria financing totalled USD 2.9 billion. This falls far short of the estimated requirements, especially as countries move to more resource intensive surveillance activities for elimination. In addition, there is a widespread concern that this funding level has plateaued.

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 base will facilitate the development of 3 types of resource mobilisation strategies to maintain and expand malaria resources from existing donors, new donor investments, and increased investment through increased domestic financing.
• **Strategic initiative 1**: expand domestic financing for malaria through the development of robust national investment-case to promote increased malaria financing, including through innovative financing methodologies

• **Strategic initiative 2**: increase malaria financing through global and regional innovations

• **Strategic initiative 3**: maintaining and expanding the base of traditional donors, and attracting investment from new donors

• **Strategic initiative 4**: increase private sector investment in malaria

• **Strategic initiative 5**: establish national and regional End Malaria Councils to make malaria elimination a top domestic political agenda

**Translating the Strategic Priorities to Action**

**A New Era for the Roll Back Malaria Partnership**

In June 2016, the new RBM Partnership 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.

The RBM Partnership aligns and supports affected countries, donors and other partner organisations to achieve internationally agreed targets for malaria control and elimination, map resource requirements and gaps, and lead in the mobilisation of resources. Partners are accountable to the Partnership board and to other partners and Partnership mechanisms for the achievement of targets set out in RBM strategies, and this operational strategic plan for which they have accepted accountability. The Partnership will develop an accountability matrix with clear targets and request partners to report on their progress towards achieving these targets.

“No…agency can work in isolation any longer”: this statement epitomises the philosophy driving RBM, notably the call for partners to “achieve more, together”. Quite simply, Partnerships allow members to achieve more collectively than they would do alone. The RBM Partnership 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.

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3 WHO support for medicines regulatory harmonization in Africa: focus on East African Community, WHO Drug Information, Vol. 28 No. 1, 2014
Building a high-performing Secretariat

The RBM Partnership mechanisms are supported by a Secretariat engaged by the UNOPS that provides hosting services to the Partnership building in line with the priorities of this strategic plan. The Secretariat will ensure that the work of the Partnership mechanisms is aligned with the board approved priorities. The Secretariat needs to speak for 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 will 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, workstreams, 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;
- The Secretariat functions as the voice of the Partnership and effectively represents the Partnership in global health and development fora.

ACCOUNTABILITY
A common accountability framework

The RBM Partnership 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 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 RBM Partnership as a whole. By holding partners, the Secretariat and the organisational leadership collectively accountable for accomplishing the Partnership goals, the accountability framework will further support continued alignment, accountability and engagement across the Partnership.

The board, on behalf of the Partnership, will agree on the performance measures which will be used to assess the progress of the Partnership. These performance measures will be reported on by different 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 framework, 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 RBM 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 strategy 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 shall be ensured through active use of different communication platforms, including the website and direct communication to partners in person or through electronic means. The Partnership shall also report to the board on a quarterly basis. The board shall provide feedback on key initiatives and interventions in addition to its financial and management oversight functions. An annual report on progress shall be developed and disseminated widely among partners, donors and other stakeholders.

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4 This should take into account the accountability framework adopted in the context of the 2015 evaluation.
## STRATEGIC OBJECTIVES AND INITIATIVES

<table>
<thead>
<tr>
<th>Strategic objective</th>
<th>Strategic initiatives</th>
<th>Performance measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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</strong></td>
<td>• Strategic initiative 1: engage partners at global, regional, and country levels to pursue the establishment of all party parliamentary groups on malaria elimination across endemic and donor countries</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Strategic initiative 2: provide clear, strong, accessible, and compelling messaging to leaders and key stakeholders on the importance of continuing to reduce and eliminate malaria</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Strategic initiative 3: build inclusive partnerships at global, regional, and country levels within and across sectors to address the determinants of malaria</td>
<td></td>
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<tr>
<td></td>
<td>• Strategic initiative 4: mobilise resources for the fight against malaria to ensure universal access to prevention, diagnosis and treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Strategic initiative 5: advocate for adoption and scale up of innovative new tools, which are recommended by WHO for public health use</td>
<td></td>
</tr>
</tbody>
</table>
| Strategic objective 2: accelerate progress through a regional approach anchored in existing political and economic platforms such as regional economic communities and build impetus for malaria elimination | • Strategic initiative 1: advocate for the establishment of regional malaria initiatives to serve as platforms for regional cooperation amongst countries, facilitate engagement of partners including the private sector  
• Strategic initiative 2: establish a regional malaria financing facility in collaboration with global and regional development banks to address the funding gap in malaria programs  
• Strategic initiative 3: build entomological and surveillance capacity, and create a network of regional experts able to provide quality technical assistance to countries  
• Strategic initiative 4: launch regional mechanisms to combat fake medicines and products and harmonise regulatory processes where possible  
• Strategic initiative 5: maximise the impact of the Global Fund malaria investments to accelerate progress towards the 2030 goals |
<table>
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<tbody>
<tr>
<td>Strategic objective 3: increase the financing envelope for malaria</td>
<td>• Strategic initiative 1: expand domestic financing for malaria through the development of robust national investment-case to promote increased malaria financing, including through innovative financing methodologies</td>
</tr>
<tr>
<td>Cross-cutting objective: building a high-performing Secretariat</td>
<td>Cross-cutting objective 1: the Secretariat to provide support to the Partnership board and mechanisms to ensure efficiency, effectiveness and transparency in its operations</td>
</tr>
<tr>
<td>- Strategic initiative 2: increase malaria financing through global and regional innovations</td>
<td></td>
</tr>
<tr>
<td>- Strategic initiative 3: maintaining and expanding the base of traditional donors, and attracting investment from new donors</td>
<td></td>
</tr>
<tr>
<td>- Strategic initiative 4: increase private sector investment in malaria</td>
<td></td>
</tr>
</tbody>
</table>

- Strategic initiative 5: establish national and regional End Malaria Councils to make malaria elimination a top domestic political agenda
<table>
<thead>
<tr>
<th>Cross-cutting objective 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cross-cutting objective 4:</th>
</tr>
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<tbody>
<tr>
<td>The Secretariat operates with a principle of network leadership and remains lean, cost-effective, and efficient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cross-cutting objective 5:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Secretariat to ensure that systems are in place for managing financial risks and to work towards diversifying its funding sources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cross-cutting objective 6:</th>
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</thead>
<tbody>
<tr>
<td>The Secretariat to function as the voice of the Partnership and effectively represent the Partnership in global health and development fora</td>
</tr>
</tbody>
</table>
ANNEX 1: COUNTRY PROGRESS TOWARDS 2020 TARGETS


Countries reporting less than >40% decrease in case incidence & mortality, 2010 – 2015*
(not currently fully on track to meet the targets)


Americas: Colombia, Guatemala, Nicaragua, Panama, Peru, Venezuela

Eastern Mediterranean: Afghanistan, Djibouti, Pakistan, Saudi Arabia, Somalia, Sudan

European: (no countries)

South East Asia: India, Nepal

Western Pacific: Cambodia, Laos, Papua New Guinea, R. Korea

*Some countries report progress of 40% either case incidence or mortality but not both. Additional countries report progress, but at less than 40%

Countries reporting decrease of >40% in case incidence & mortality from 2010 – 2015 (anticipated on track)

Africa: Algeria, Botswana, Cabo Verde, Comoros, D.R. Congo, Ethiopia, Swaziland, Uganda

Americas: Belize, Bolivia (P.R), Brazil, Dominican Republic, Ecuador, El Salvador, French Guiana, Guyana, Haiti, Honduras, Mexico, Suriname

Eastern Mediterranean: I.R. Iran, Yemen

European: Tajikistan

South East Asia: Bangladesh, Bhutan, DPR Korea, Indonesia, Myanmar, Thailand, Timor-Leste

Western Pacific: China, Malaysia, Philippines, Solomon Islands, Vanuatu, Vietnam

Countries reporting an increase >20% in case incidence or mortality from 2010 – 2015

Africa: Gabon, Kenya, Madagascar, Mali, Namibia, Rwanda, South Africa

Americas: Nicaragua, Panama, Peru, Venezuela

Eastern Mediterranean: Djibouti, Saudi Arabia, Somalia
European: (no countries)

South East Asia: (no countries)

Western Pacific: (no countries)

Countries reporting no malaria deaths in 2015
Source: WHO World Malaria Report 2016

Countries reporting an increase of malaria case incidence by >= 20% in 2015
Source: WHO World Malaria Report 2016
Countries showing a decrease of case incidence rate of 40% 2010 – 2015
Source: WHO World Malaria Report 2016

***
ANNEX 2: DEMONSTRATING REGIONAL INTERVENTIONS: GREAT LAKES

A brief overview of what the regional approach entails is presented using the Great Lakes Region of Africa as an example. This includes six countries: Burundi, the Democratic Republic of Congo, Kenya, Rwanda, Tanzania and Uganda. Malaria is endemic in all of these, with varying degrees of geographic spread and intensity. This region represents over 238 million people - over one fifth of the population of the continent as a whole. The countries of this region collectively reported over 61 million cases of malaria and over 62 thousand deaths, i.e. around 15% of the total global mortality. Individually, the countries are making progress. While progress on malaria control has been significant in some countries, or at sub-national level, it is imperative that progress is made across the region as a whole if these gains are to be maintained and further expanded.

<table>
<thead>
<tr>
<th>Data Source: World Bank</th>
<th>Total Area (km²)</th>
<th>Population (mn) (1)</th>
<th>Pop. &lt; 15 YO</th>
<th>Life Expectancy (years)</th>
<th>Income Level</th>
<th>GDP (USD bn)</th>
<th>GDP Growth (2015)</th>
<th>GNI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burundi</td>
<td>27830</td>
<td>11.18</td>
<td>45%</td>
<td>56.6</td>
<td>Low Income</td>
<td>3.09</td>
<td>-3.9%</td>
<td>260</td>
</tr>
<tr>
<td>DR Congo</td>
<td>2'344'858</td>
<td>77.27</td>
<td>46%</td>
<td>58.6</td>
<td>Low Income</td>
<td>35.24</td>
<td>6.9%</td>
<td>410</td>
</tr>
<tr>
<td>Kenya</td>
<td>582'650</td>
<td>46.05</td>
<td>46%</td>
<td>61.5</td>
<td>Lower Middle</td>
<td>63.40</td>
<td>5.6%</td>
<td>1,340</td>
</tr>
<tr>
<td>Rwanda</td>
<td>26'338</td>
<td>11.61</td>
<td>41%</td>
<td>63.9</td>
<td>Low Income</td>
<td>8.09</td>
<td>6.9%</td>
<td>700</td>
</tr>
<tr>
<td>Tanzania (UR)</td>
<td>947'303</td>
<td>53.47</td>
<td>45%</td>
<td>64.9</td>
<td>Low Income</td>
<td>45.62</td>
<td>7.0%</td>
<td>920</td>
</tr>
<tr>
<td>Uganda</td>
<td>241'038</td>
<td>39.03</td>
<td>48%</td>
<td>58.4</td>
<td>Low Income</td>
<td>27.53</td>
<td>5.1%</td>
<td>700</td>
</tr>
</tbody>
</table>

*Table 1: Key Data – Great Lakes Region (Africa)*

<table>
<thead>
<tr>
<th>Data Source: World Health Organization</th>
<th>Malaria Cases 2015</th>
<th>Malaria Deaths 2015</th>
<th>On target 2020 decrease 40% Indicence</th>
<th>On target 2020 decrease 40% Mortality</th>
<th>Malaria funding / USD person at risk, average 2013 - 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burundi</td>
<td>2'000'000</td>
<td>5'600</td>
<td>No</td>
<td>No</td>
<td>&lt;4</td>
</tr>
<tr>
<td>DR Congo</td>
<td>24'000'000</td>
<td>65'000</td>
<td>No</td>
<td>No</td>
<td>&lt;4</td>
</tr>
<tr>
<td>Kenya</td>
<td>11'000'000</td>
<td>12'000</td>
<td>Yes</td>
<td>No</td>
<td>&lt;4</td>
</tr>
<tr>
<td>Rwanda</td>
<td>4'600'000</td>
<td>4'600</td>
<td>No</td>
<td>No</td>
<td>&lt;4</td>
</tr>
<tr>
<td>Tanzania (UR)</td>
<td>6'900'000</td>
<td>24'000</td>
<td>No</td>
<td>Yes</td>
<td>&lt;4</td>
</tr>
<tr>
<td>Uganda</td>
<td>13'000'000</td>
<td>17'000</td>
<td>No</td>
<td>No</td>
<td>&lt;4</td>
</tr>
</tbody>
</table>

*Table 2: Malaria Key Data – Great Lakes Region (Africa)*
The countries of the Great Lakes Region have the tools in place to tackle the disease. However, challenges in implementation, under-resourcing, and limited political commitment leave the region lagging in relation to the 2020 targets. As a key reservoir of malaria transmission, it is essential that the region make faster progress if the malaria community as a whole is to reach its goals. The definition of a regional initiative requires a detailed situation analysis and a country-led definition of the key proprieties. The following is an initial proposal for discussion.

Objectives for a proposed regional initiative in the Great Lakes Region (GLR)

- to achieve a minimum of 10% year-on-year improvement in incidence and mortality rates
- to avail a compelling investment case based on a robust analysis of the financing landscape in the GLR
- to increase domestic financing for malaria
- to attract additional external resources for the malaria programs in the region
- to monitor progress based on clear baseline data and document the process

Milestones:

By the end of Q1 2018:

- to have carried out a full situational analysis to identify bottlenecks
- to develop a country-led implementation plan with buy-in from key partners
- to develop a business plan for achieving the targets with 75% of funding committed
- each country has defined and established appropriate reporting systems

By the end of 2018:
- a fully-functional regional support group is established, led by countries / regional partner
- each country has identified & addressed one critical bottleneck to achieving 2020 targets
- countries are implementing reporting systems, providing both case and financial reports

By the end of 2019
- each country has 2 years of year-on-year improvement in reduced incidence / deaths
- each country has identified and addressed critical bottlenecks (in service delivery, reporting, procurement and supply management, behaviour change, financing or other gap impacting progress)

By the end of 2020:
- each country has 3 years of year-on-year improvement in reduced incidence / deaths
- the collaboration has leads to systematic exchange of information between country leads in order to consolidate gains
- countries show significant improvement in case management, through confirmed diagnosis and rational use of medicines
- the collaboration is able to report fully to donors and document the process as a case
ANNEX 3: TEMPLATE FOR EXPLORING MULTI-SECTORAL PARTNERSHIPS

The following table is provided to stimulate discussion among RBM partners and other stakeholders around multi-sectoral activities. RBM partners, notably at national or sub-national levels, are invited to use this as a starting point for identifying potential areas of common interest with other sectors. These common areas of interest can then be developed into joint initiatives.

<table>
<thead>
<tr>
<th>Sustainable Development Goals</th>
<th>Common impact</th>
<th>Possible actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDG 1: End poverty in all its forms everywhere</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture</td>
<td></td>
<td></td>
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<tr>
<td>SDG 3: Ensure healthy lives and promote well-being for all at all ages</td>
<td></td>
<td></td>
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<tr>
<td>SDG 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDG 5: Achieve gender equality and empower all women and girls</td>
<td></td>
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<tr>
<td>SDG 6: Ensure access to water and sanitation for all</td>
<td></td>
<td></td>
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<tr>
<td>SDG 7: Ensure access to affordable, reliable, sustainable and modern energy for all</td>
<td></td>
<td></td>
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<tr>
<td>SDG 8: Promote inclusive and sustainable economic growth, employment and decent work for all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDG 9: Build resilient infrastructure, promote sustainable industrialisation and foster innovation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDG 10: Reduce inequality within and among countries</td>
<td></td>
<td></td>
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<tr>
<td>SDG11: Make cities inclusive, safe, resilient and sustainable</td>
<td></td>
<td></td>
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<tr>
<td>SDG 12: Ensure sustainable consumption and production patterns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDG 13: Take urgent action to combat climate change and its impacts*</td>
<td></td>
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<tr>
<td>SDG 14: Conserve and sustainably use the oceans, seas and marine resources</td>
<td></td>
<td></td>
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<tr>
<td>SDG 15: Sustainably manage forests, combat desertification, and halt and reverse land degradation, halt biodiversity loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Justice for all and build effective, accountable and inclusive institutions at all levels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SDG 17: Revitalise the Partnership for sustainable development</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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ANNEX 4: PARTNER COMMITTEES

The RBM Partner Committees (PCs) are intended to formalise, consolidate and amplify the Partnership priorities of advocacy, resource mobilisation, and country/regional support. The work of these Partner Committees is expected to align with the priorities outlined in the Global Technical Strategy 2016-2030 and Action and Investment to Defeat Malaria (AIM) 2016-2030, as well as with the Partnership strategy and annual budget and work plans. All members are actively encouraged to participate fully in one of the three partner committees described below.

ADVOCACY AND RESOURCE MOBILISATION PARTNER COMMITTEE
TERMS OF REFERENCE

Purpose

The purpose of the Advocacy & Resource Mobilisation Partner Committee (ARMPC) is to design, and subsequently support implementation of the Partnership Advocacy Strategy (see below) related to advocacy & resource mobilisation at global & regional levels.

The anticipated outcome of the ARMPC is increased political will and linked financial commitment for a malaria free world in the Sustainable Development era. The ARMPC will address (1) identified resource gaps, and (2) broader partnership advocacy activities, including multi-sectoral outreach.

Roles & responsibilities

General:

- Convene partners with an interest in the particular role of the Committee in order to then co-ordinate and facilitate communications of activities. Routinely support fora that bring partners, especially those from malaria-affected countries, together to identify and highlight key challenges within these terms of reference, and to develop plans to address these challenges.
- Work with other PCs to obtain necessary inputs, avoid duplication of efforts, and to resolve any concerns over responsibilities for aspects of the PCs’ work.
- Develop an annual work plan and budget for each year in collaboration with the Partner Committee Manager and the CEO and submit to the Partnership board for approval. The work plan will include strategic priorities, and how results will be measured and reported to the Partnership board.
- Engage and relate with regional entities to ensure regions and countries are empowered to address malaria, with particular attention to cross border settings.
- Ensure coordination, documentation, and dissemination of malaria advocacy and communication materials and best practices.

Committee specific:

- Facilitate estimation by sub-region and region of the immediate and longer term resource needs for a malaria free world.
- Prioritise responses to mitigate predicted funding shortfalls though the identification of resource mobilisation opportunities.
- Identify, document and share best practices related to innovative and transitional funding approaches.
• Package information on resource needs and opportunities to assist Partnership board members, the CEO, the Strategic Communication Partner Committee and any other partners as required for resource mobilisation presentations and discussions.
• Develop a 3 to 5-year Partnership advocacy strategy to guide the Partnership board, partners, PCs, and the RBM Partnership Secretariat in coordinating and harmonising partner advocacy initiatives and events and to generate political support.
• Convene partners engaged in malaria advocacy to ensure effective coordination and leverage assets across partners to address country-identified advocacy needs.

**Membership & leadership**

The Committee will consist of those partners who indicate their commitment to its work and preparedness to commit some resources to its work.

The selection of the membership and of the leadership of the Committee will be governed by the relevant sections of the Partnership bye-laws.

**Reporting & performance review**

The Co-chairs of the Committee will submit to the Partnership board an annual report outlining its performance against the agreed objectives contained in the annual work plan and budget. The format of this report will be agreed with the Partnership Board Chair and the CEO. The Partnership board may invite the Committee Co-chairs to attend a Partnership board meeting to review the report and discuss any challenges that the Committee has encountered.
STRATEGIC COMMUNICATIONS PARTNER COMMITTEE
TERMS OF REFERENCE

Purpose

The purpose of the Strategic Communications Partner Committee (SCPC) is to develop and implement, in collaboration with the RBM Partnership Secretariat, communications to achieve the advocacy objectives of the Partnership. The objective of the SCPC is to translate the overarching objectives of the Partnership into specific, aligned and inspirational messages that catalyse action.

Roles & responsibilities

General:

- Convene partners with an interest in the particular role of the Committee in order to then coordinate and facilitate communications of activities. Routinely support fora that bring partners, especially those from malaria-affected countries, together to identify and highlight key challenges within these terms of reference, and to develop plans to address these challenges.
- Work with other PCs to obtain necessary inputs, avoid duplication of efforts, and to resolve any concerns over responsibilities for aspects of the PCs’ work.
- Develop an annual work plan and budget for each year in collaboration with the Partner Committee Manager and the CEO and submit to the Partnership board for approval. The work plan will include strategic priorities, and how results will be measured and reported to the Partnership board.
- Engage and relate with regional entities to ensure regions and countries are empowered to address malaria, with particular attention to cross border settings.
- Ensure coordination, documentation, and dissemination of malaria advocacy and communication materials and best practices.

Committee specific:

- Develop messaging frameworks relevant to the Partnership advocacy strategy.
- Develop communications that frame the issues (white papers, thought pieces, etc.)
- Advise and support for Partnership brand management.
- Advise and support for the development of media platforms (website and social media platforms, traditional media production, public service announcements, etc.).
- Manage strategic media relations (day-to-day media relations will be the responsibility of the RBM Partnership Secretariat).

Membership & leadership

The Committee will consist of those partners who indicate their commitment to its work and preparedness to commit some resources to its work.

The selection of the membership and of the leadership of the Committee will be governed by the relevant sections of the Partnership bye-laws.

Reporting & performance review

The Co-chairs of the Committee will submit to the Partnership board an annual report outlining its performance against the agreed objectives contained in the annual work plan and budget. The format of this report will be agreed with the Partnership Board Chair and the CEO. The Partnership board may invite the Committee Co-chairs to attend a Partnership board meeting to review the report and discuss any challenges that the Committee has encountered.
COUNTRY/REGIONAL SUPPORT PARTNER COMMITTEE

TERMS OF REFERENCE

Purpose

The purpose of the Country/Regional Support Partner Committee (CRSPC) is to provide a platform to engage the RBM Partnership community in coordinating support to countries and regions as they execute their malaria control and elimination implementation programmes.

Support will be tailored to suit the requirements and existing capacity in each region and country. Where capacity exists at country level, the support will be provided at that level. Where there are gaps in capacity at country level to address a technical or implementation area, coordinated support will be provided at a regional level, and then from global level. The decision of the most appropriate level of support will be through a triage mechanism. It is not intended that any RBM country/regional support will compete with or duplicate existing mechanisms that are already in place and working effectively.

Roles & responsibilities

General:

- Convene partners with an interest in the particular role of the Committee in order to then coordinate and facilitate communications of activities. Routinely support fora that bring Partners, especially those from malaria-affected countries, together to identify and highlight key challenges within these terms-of-reference, and to develop plans to address these challenges.
- Work with other PCs to obtain necessary inputs, avoid duplication of efforts, and to resolve any concerns over responsibilities for aspects of the PCs’ work.
- Develop an annual work plan and budget for each year in collaboration with the Partner Committee Manager and the CEO and submit to the Partnership board for approval. The work plan will include strategic priorities, and how results will be measured and reported to the Partnership board.
- Engage and relate with regional entities to ensure regions and countries are empowered to address malaria, with particular attention to cross border settings.
- Ensure coordination, documentation, and dissemination of malaria advocacy and communication materials and best practices.

Committee Specific:

- **Country/Regional coordination**: coordinate RBM Partnership support to countries and regions, including:
- **Country/Regional technical strategies and implementation plans**: coordinate support for the development and validation of technically sound, implementable, country-led malaria control and elimination strategies, and sustained financial plans that seek to achieve the Global Technical Strategy 2016-2030 targets.
- **Country level resource access and mobilisation**: coordinate and provide technical assistance and implementation support to countries to:
  - Complete comprehensive programmatic and financial gap analyses.
  - Develop funding proposals (including Global Fund concept notes) and other investment requests, including exploring flexibilities within existing major donors, increasing public and private domestic resource commitments, and expanding innovative financing approaches.
  - Foster country coalitions, as appropriate, to focus on key malaria issues within each country and region.
- Coordinate between country, regional, and global-level donors to enhance understanding and collaboration, jointly resolve key bottlenecks, and work to fill funding gaps

- **Implementation support**: working with regional entities, coordinate the operation of an early warning system that identifies bottlenecks both proactively and reactively and implement a rapid response mechanism to support countries to overcome these implementation bottlenecks.

**Membership & leadership**

The Committee will consist of those partners who indicate their commitment to its work and preparedness to commit some resources to its work. WHO shall be a standing member of the CRSPC.

The selection of the membership and of the leadership of the Committee will be governed by the relevant sections of the Partnership bye-laws.

**Reporting & performance review**

The Co-chairs of the Committee will submit to the Partnership board an annual report outlining its performance against the agreed objectives contained in the annual work plan and budget. The format of this report will be agreed with the Partnership Board Chair and the CEO. The Partnership board may invite the Committee Co-chairs to attend a Partnership board meeting to review the report and discuss any challenges that the Committee has encountered.