



“The World Bank is in this fight against malaria for the long haul. If you consider how malaria preys on the poor people of Africa, India, and elsewhere, causing lost wages, and widespread illness and death, while corroding the economic performance of malaria-endemic countries, this is a long-term development problem that we in the Bank are committed to for as long as it takes to get it under control.”

World Bank Group President Robert B. Zoellick, September 2008

“Malaria is not just a health burden, it is a tax on the productivity and potential of a nation.”

World Bank Group Vice President, Africa Region, Obiageli Ezekwesili, December 2008

Expanding the Effort

On December 4, 2008, in Abuja, Nigeria, the World Bank launched Phase II (FY 2009 – 2011) of the Booster Program. Building on prior commitments and successes, the World Bank is making available an additional US\$1.125 billion to expand programs to combat malaria in Africa. The new financial commitment will help African countries to scale up their malaria prevention and treatment programs and to sharply reduce the numbers of malaria cases and malaria-related deaths that afflict their communities each year. In doing so, it supports the long term goal of malaria elimination.

In addition to continuing to support the malaria control and elimination efforts of most countries funded in Phase I of the Booster Program and adding new countries where Booster funding can complement other partners efforts and have significant impact, the World Bank has made a strategic priority of increasing focus on two of Africa's highest-burden countries – the Democratic Republic of Congo and Nigeria. These two countries account for 30 to 40 percent of all malaria deaths worldwide. They and other countries are undertaking massive bed net campaigns, expanding treatment to the rural poor, and improving the overall health system so that the gains made through rapid control can be sustained.

National Plans and a Regional Approach

The Booster Program makes available flexible, cross-border, and multi-sector funding for country-led initiatives to scale up proven malaria control interventions and strengthen health systems. Countries take the lead in prioritizing, planning, implementing, and evaluating the initiatives within their borders.

In the spirit of effective collaboration, the World Bank is using its comparative advantages vis-à-vis other partners to help countries identify and fill gaps in financing, break through bottlenecks, and achieve the goals of their National Malaria Control Plans. This includes increasing support for regional efforts, which are essential to sustained control and to the malaria elimination agenda. The World Bank has allocated US\$500 million for cross-border and regional programs to help ensure that all households have access to effective malaria control tools and to strengthen regional capacity and coordination for malaria control and elimination.



Booster Phase II Is Built on Five Pillars

The five pillars of Phase II of the Booster Program reflect country- and regionally-defined needs and the agreement of the Bank's partners on how the Bank can capitalize on its comparative advantages in supporting malaria control:

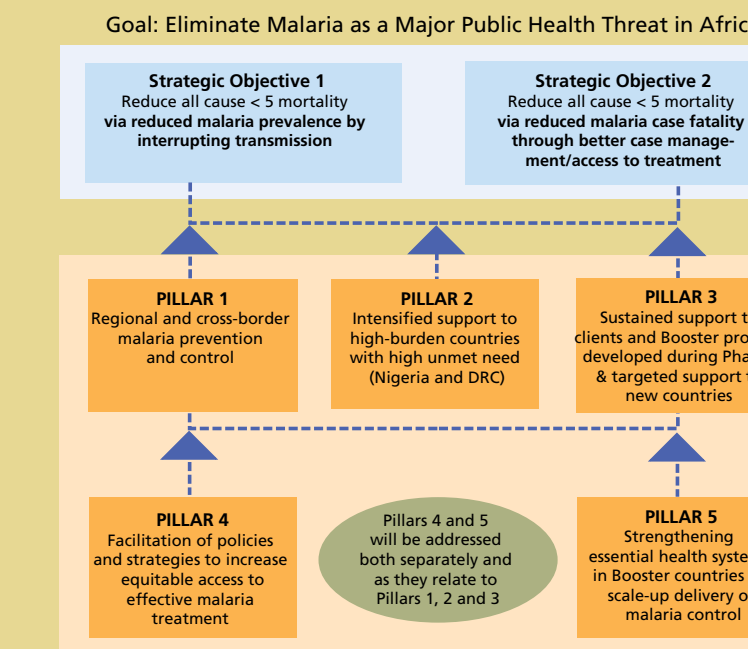
- *Pillar 1—Regional and cross-border prevention and control.* Malaria has no borders. The progressive elimination of malaria depends not only on a country's own national program but also on the efforts made by its immediate neighbors.
- *Pillar 2—Intensified support to two high-burden countries with high unmet need, the Democratic Republic of Congo and Nigeria.* These two countries account for up to 50 percent of malaria infections and deaths in Africa. The overall targets for Africa cannot be achieved if these two countries do not make substantial progress toward theirs. Financial support for malaria control in these high-burden countries is disproportionately low in per capita terms. Country assessments conducted by the RBM Partnership provide the information from which to develop comprehensive intervention packages for both countries.
- *Pillar 3—Sustained support for ongoing programs and a targeted approach to new country efforts.* Most Phase I investments are relatively new and therefore are just beginning to generate results. Phase II seeks to help to sustain and increase the impact of these first investments and supports new, focused, strategic activities based on demand from countries, the efforts of other donors, and the cost-effectiveness of interventions.
- *Pillar 4—Facilitation of policies and strategies to increase equitable access to effective treatment.* As Booster Phase II began, access to effective treatment was still far from universal. Pillar 4 supports innovative approaches through the private sector and communities to increase the access of poor and rural families to high-quality, effective treatment. It also supports global efforts to make treatment more affordable.
- *Pillar 5—Strengthening of essential health systems in Booster countries to scale up the delivery of malaria interventions.* Phase II helps address key bottlenecks in national health systems that constrain the effective control of malaria (and other diseases) by (i) improving procurement and supply chain management, (ii) decentralizing resource planning and management, and (iii) strengthening monitoring and evaluation. The program's support for strengthening health systems is customized to each country's needs.

Each of these pillars has a specific goal and rationale, as well as a selection of activities tailored to meet country and regional needs. Phase II of the Booster Program is specifically designed to complement and leverage the efforts of other donors. This is particularly evident in Booster's focus on regional and cross-border control of malaria and on health systems strengthening, which are comparative advantages of the Bank. Coordinated and complementary financing strategies with other donors are necessary to provide equitable access to essential malaria prevention and treatment services for the whole population.

A Critical Role in Attaining a Shared Goal

Malaria can be prevented and treated. Major reductions in malaria deaths and illness are possible within the next several years. Attacking the disease full-force with a front-loaded effort will have tremendous impact on health and economic outcomes. The Bank's ability to frontload its support to national programs is a major advantage in moving malaria control to scale in Africa. African nations and the global community are gearing up to meet the ambitious new goal of universal coverage by 2010 and malaria elimination over the longer term. As one of the top three funders of malaria control, the World Bank is called upon to play a substantial role in this effort. Phase II of the Booster Program is the Bank's affirmative and emphatic response to that call.

Booster Phase II Conceptual Framework



Strategic Objectives

The strategic objectives of Phase II are to reduce malaria prevalence and to reduce the number of malaria fatalities, thus lowering the overall under-five mortality rate. It is expected that, after these objectives are achieved, malaria will no longer be among the top five leading causes of under-five mortality in countries where the Booster Program is operating.

Phase II Design Considerations

The design of Booster Phase II has been endorsed by the RBM Partnership and by the Bank's client countries.

Booster Phase II:

- Has a higher level of ambition than Phase I and, consequently, makes a much larger amount of funding available.
- Puts more emphasis on maximizing impact in the largest high-transmission countries and on favoring strategic funding for comprehensive programs.
- Provides increased support to countries and task teams to help them implement the projects.
- Capitalizes on the Bank's comparative advantages in being able to provide regional support and flexible, innovative financing.
- Puts more emphasis on maximizing the effectiveness of the global malaria partnership and on strengthening advocacy to and communication with the public.
- Further strengthens M&E so that reliable data can be gathered on results and outcomes.

Monitoring and Evaluation Are Crucial to Eliminating Malaria as a Public Health Problem

Not only is it important to ensure that investments translate into results on the ground; it is also essential to be able to discern where problems persist in order to keep malaria transmission low and prevent it from recurring in areas where it has been eliminated. Phase II therefore takes on discrete yet inter-related aspects of M&E. These include supporting comprehensive country-level M&E systems for routine data collection, periodic population-based assessments, and special studies. In addition, M&E work in Phase II supports joint progress tracking across the continent to permit all involved countries and international partners to hold each other accountable for results on the ground.

The World Bank Booster Program for Malaria Control in Africa— Intensifying the Fight against Malaria

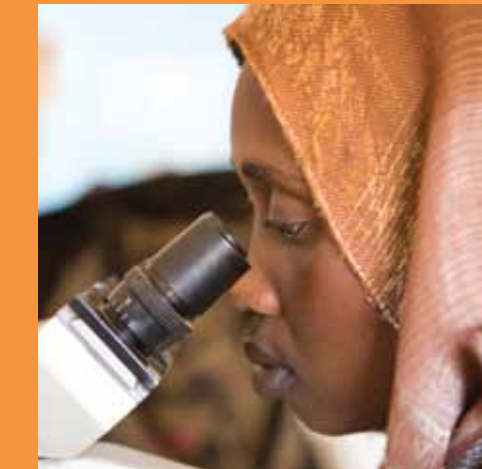
The World Bank is committed to the global malaria effort not only because it is a major public health issue but also because it costs Africa at least US\$12 billion per year and helps keep families and communities in poverty. Our mission to fight poverty demands that we help client countries remove this disease as a hindrance to their development.

In its first three years (FY 2006 – 2008), the World Bank's Malaria Booster Program committed nearly US\$468 million to malaria control on the continent. World Bank resources are on track to help purchase and distribute at least 21 million long-lasting insecticidal nets (LLINs) and 42 million doses of artemisinin-based combination therapy (ACT) as part of a comprehensive approach to malaria control. Focusing on a two-pronged approach of combining disease control interventions and health systems strengthening, the program worked with countries and other partners to contribute significantly to the global effort to fight the disease.

Several countries are showing concrete signs of progress as they expand their malaria control programs to achieve universal access to LLINs, indoor residual spraying (IRS) where appropriate, accurate diagnosis, and low-cost, effective drugs for preventing and treating the disease.



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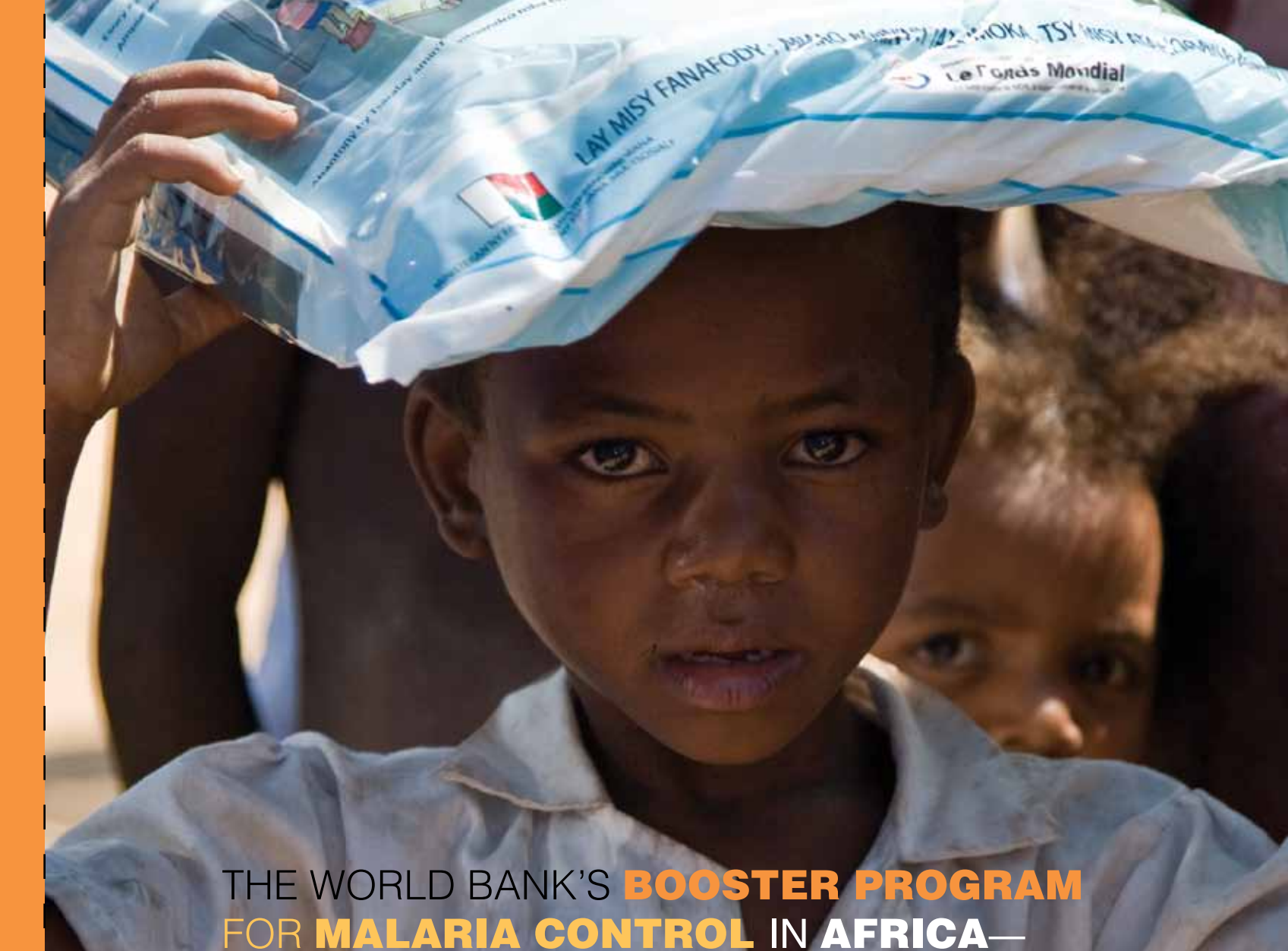
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The Booster Program for Malaria Control in Africa was launched in 2005 as a 10-year effort to reaffirm the Bank's commitment to malaria control and help Africa meet its development goals. During Phase I of the Booster Program, the Bank committed \$467.8 million in IDA support and trust funds. In September 2008, World Bank President Robert B. Zoellick announced a new commitment of up to \$1.125 billion, depending on country demand, for Phase II of the Booster Program.



THE WORLD BANK'S **BOOSTER PROGRAM**
FOR **MALARIA CONTROL IN AFRICA**—

INTENSIFYING THE FIGHT AGAINST **MALARIA**