

United Nations Millennium Project

Proposal for Breaking the Bottlenecks to Malaria Control to Achieve a Malaria Quick Impact by 2008

Project purpose:

Provide extensive in-country technical support and advising to at least 10 malaria endemic countries to scale-up their malaria control effort to achieve a malaria quick impact by 2008, as part of the MDG-based strategies.

Submitted by:

United Nations Millennium Project: Malaria Team,
The Earth Institute at Columbia University,
June 2005.

I. Executive Summary

We have a timely opportunity to secure rapid success in controlling malaria. The key is to scale up vital interventions through a mobilization of national efforts backed by greatly increased donor assistance. In March 2005, Richard Branson of Virgin Unite, Kathy Bushkin of the UN Foundation, and Jeff Sachs of The Earth Institute and the UN Millennium Project agreed to form a partnership to achieve the Millennium Project's recommended Quick Impact for controlling malaria, especially in Sub-Saharan Africa. The above partners (and others to be recruited) will work to support the global scale up of malaria control efforts, secure appropriate global production of treatment and prevention tools, develop a malaria advocacy campaign, and secure increased international financing for malaria by the greater donor community.

As part of this partnership, the UN Millennium Project's malaria team, which is based at the Earth Institute at Columbia University, will work in close coordination with the relevant international and national partners to launch one component of the malaria Quick Impact effort: "Breaking the Bottlenecks" (BTB) to malaria control.

This initiative will play an important part in connecting immediate and high-impact Quick Wins to long-term national strategies for meeting the MDGs. As emphasized in the Secretary-General's report, *In Larger Freedom*, Quick Wins, "would provide a critical support for national Millennium Development Goals strategies. They would generate rapid momentum and early success stories that would broaden commitment to the Millennium Development Goals."

The BTB initiative will provide extensive in-country advising and technical expertise to at least ten malaria endemic countries to scale up their malaria control efforts. Any scaling up effort will work through existing institutions and national control efforts, supported by Roll Back Malaria, UN Country Teams, and companies which produce key commodities (bed nets, artemisinin combination therapies, diagnostic kits) that are needed in vastly increased quantities. Despite the excellent work that is being done in several of these initiatives, within the current set of resources to address malaria in sub-Saharan Africa there are a number of "bottlenecks" that prevent efforts from being fully successful. For example, bottlenecks may stem from a lack of coordination among UN agencies, national governments, producers, and funding agents as well as from lack of capacity at the national level.

The UN Millennium Project is uniquely placed to strengthen and enable countries to take advantage of the existing network of malaria control efforts. As a core element of its work over the past 18 months, the UN

Millennium Project has worked intensively with the UN Country Teams and international financial institutions in several African countries to support government efforts to develop the first ever Millennium Development Goal-based poverty reduction strategies. As the Secretary-General's independent advisory body on how to achieve the MDGs, the UN Millennium Project has been able to play a unique role in supporting integrated, cross-sectoral strategies to reach the MDGs and has been able to ensure that the world-class technical expertise of the UN system plays a central role in national planning processes, including Poverty Reduction Strategy Papers (PRSPs), where they exist. Working closely with the UN system and the international financial institutions, the UNMP pioneered the needs assessment approach to MDG-based planning. Based on the success of these efforts, the Project has been approached by a large number of countries asking for technical support in developing MDG-based PRSPs. The UN Millennium Project will continue to advise on the best ways to forge such coordination.

The BTB initiative will be undertaken in the context of this broader Millennium Project mission to support efforts by developing countries and UN Country Teams to achieve the MDGs. The Millennium Project will proceed within the spirit of partnership emphasized by RBM, working with a number of partners including UN Country Teams, RBM partnership and the WHO-RBM Technical Department. BTB will work especially closely with the RBM country operations support staff through regular consultation and joint country missions. This technical effort is designed to complement the efforts of RBM and other national and international partner and thus extend our collective reach.

This BTB initiative will be a core element of the UN Millennium Project's next phase of work, as requested by the Secretary-General, in which the Project will be working with the UN system and developing countries around the world to support the development and implementation of development strategies that are bold enough to achieve the MDGs by 2015. Building on the technical expertise of the Project's malaria team and the country-level work supporting MDG-based planning, this initiative will play an important part in connecting immediate and high-impact Quick Wins into long-term national strategies for meeting the MDGs.

Two regional offices, or "Quick Impact Centers", in Africa will be established to provide additional malaria expertise and work with partners to break the bottlenecks to achieving national scaling up of malaria control activities.

A small office, in New York, based at the Earth Institute and working closely with the rest of the UN Millennium Project based at UNDP, will support national efforts and work to advance international initiatives. This office will also be in charge of the overall coordination, supervision, and

evaluation of the BTB project, as well as administration and monitoring of grant expenditures.

The BTB initiative will support the New York based office and the two regional centers which will work with international and national malaria control colleagues and other partners in the proposed 10 to 11 endemic countries but with varying degrees of support. Support will also be provided through email, telephone and personal visits by the team based in Addis Ababa, Bamako and New York.

II. Background and Analysis

Problem Statement and Rationale

Malaria affects more than 500 million people annually and results in millions of needless deaths every year. It is a highly preventable and curable disease, but malaria control, especially in Sub-Saharan Africa, cannot be achieved through any single agency's effort. Indeed, Roll Back Malaria (RBM) was established on the principle that effective and sustained control would require a collaborative effort by as many agencies as possible that share a common vision and basic technical strategy, each working according to its comparative advantage.

Within the current set of efforts to address malaria in sub-Saharan Africa, however, there exist several "bottlenecks" that prevent these efforts from being fully successful. These bottlenecks often stem from a lack of coordination among UN agencies, national governments, and funding agents as well as from lack of capacity at the national level to meet the challenges of designing and implementing effective malaria control and prevention plans. These "bottlenecks" are highly country-specific, and can include, for example:

- Lack of links between national malaria control (and national health) strategies and core national budgetary processes to achieve the MDGs.
- Lack of coordination between the ministries of health, and ministries of planning, UN Country Teams, RBM, Bretton Woods institutions, and donor agencies to support national MDG scale-up processes, including those for malaria control. At the request of the UN Secretary-General and the chair of the UN Development Group, the UN Millennium Project will continue to advise on the best ways to forge such coordination.
- Difficulties ensuring that the country coordinating mechanism (CCM)¹ is able to be effective in moving national processes forward.

¹The CCM is an inter-sectoral body that is responsible for overall coordination, review and approval of proposals and overseeing the use of Global Fund allocations and implementation of planned activities.

- Lack of human resource capacity and or political will in malaria endemic countries to complete administrative and financial processes required by funding agents.²
- Lack of capacity to process tender for the procurement of malaria medicines, insecticide treated nets (ITNs) and other essential commodities. This capacity shortfall has resulted in a number of countries failing to procure antimalarial drugs, rapid diagnostic kits, ITNs and essential supplies for an extended period of time.
- Lack of capacity to develop detailed operational plans for malaria control implementation at the district and community level.³
- Delays in assessment of the effectiveness of malaria control interventions due to both technical problems as well as bureaucratic hurdles in relevant ministries. The development of a consensus on drug efficacy, and the formulation of a national policy to change to new effective antimalarial medications can often take two to three years. In addition, many countries that have formally changed their national policies to use artemisinin-based combination therapies (ACT) for uncomplicated falciparum malaria, still employ ineffective antimalarial drugs such as chloroquine and sulfadoxine/pyrimethamine in their malaria control programs.
- Lack of capacity to undertake risk assessment and collect baseline data, for use in defining outcome and impact objectives and indicators. In general, monitoring and evaluation components of malaria control implementation plans are weak, thereby diminishing the quality of program assessment, reporting and opportunities for reprogramming and adjustment.
- Difficulties working with sometimes unclear formats and guidelines used by funding agents.

² For example, GFATM requirements include identification of principal and secondary recipients of funding and agreement on a local funding agent to represent the GFATM in overseeing the implementation of program activities. Completion of these requirements is needed in order for the GFATM to sign a contract with recipient countries and release the funds. A majority of the GFATM recipient countries take up to a year to complete these requirements. For example, funding for Malawi's malaria proposal, which was approved during the Second Round in 2003, has not yet been released due to a disagreement between the government and the GFATM on the selection of a primary recipient to administer the fund.

³ Most national malaria control programs rely on general strategic national plans, which are usually prepared for a 3-5 year period. This type of top-down planning is too general to address the specific needs of districts and communities and is thus not suitable for application in decentralized health care systems. This has created difficulties in implementation, accountability and reporting related to the disbursement of GFATM funds to the district level.

Discussions between RBM partners in recent months culminated in a reaffirmation during the World Bank Booster Conference of Donors in Paris (8-9 Sept 2005) that to achieve real sustained impact in malaria control it will be critical to find ways to streamline, simplify and harmonize procedures and practices to improve the effectiveness of country-led responses and reduce the burden placed on countries. This includes:

1. Financing and Programme Coordination: the principle of “three ones” should be adopted by all partners – one strategic country plan, one M&E system, and one “country-led” national coordinating body.
2. Capacity: technical assistance is needed immediately to fill the capacity gap and supplement existing skills, particularly in the areas of strategic planning skills; business plan development; supply chain management; and quality assurance.
3. Monitoring and Evaluation Systems: M&E systems for malaria require increased investment in order to measure success and impact, and should be imbedded in national M&E systems, based on consensus building, capacity development and harmonization of indicators for malaria.

The UN Millennium Project is uniquely placed to strengthen and enable countries to take advantage of the existing network of malaria control efforts. As a core element of its work over the past 18 months, the UN Millennium Project has worked intensively with the UN Country Teams and international financial institutions in several African countries to support government efforts to develop the first ever Millennium Development Goal-based poverty reduction strategies. As the Secretary-General’s independent advisory body on how to achieve the MDGs, the UN Millennium Project has been able to play a unique role in supporting integrated, cross-sectoral strategies to reach the MDGs and has been able to ensure that the world-class technical expertise of the UN system plays a central role in national planning processes, including Poverty Reduction Strategy Papers (PRSPs), where they exist. The UN Millennium Project will continue to work as requested by countries to strengthen coordination. Working closely with the UN system and international financial institutions, the UNMP pioneered the needs assessment approach to MDG-based planning. Based on the success of these efforts, the Project has recently been approached by a large number of countries asking for technical support in developing MDG-based PRSPs.

The BTB initiative will be undertaken in the context of this broader Millennium Project mission to support efforts by developing countries and UN Country Teams to achieve the MDGs. The BTB initiative will proceed within the spirit of partnership emphasized by RBM, working with a number of partners including the UN Country Teams, RBM partnership and the WHO-RBM Technical Department. BTB will work especially closely with the RBM country operations support staff through regular consultation and

joint country missions. This technical effort is designed to complement the efforts of national and international partners and thus extend our collective reach. The extent to which efforts to break down bottlenecks can be carried forward will very much depend on capacity at country level and linking of this process to national policies, plans and especially budgets. It is at this level that UNICEF country offices and other partners such as the World Bank can have complementary roles.

This BTB initiative will be a core element of the UN Millennium Project's next phase of work in which the Project will be working with the UN system and developing countries around the world to support the preparation and implementation of development strategies that are bold enough to achieve the MDGs by 2015. Building on the technical expertise of the UN Millennium Project's malaria team and the Projects' country-level work supporting MDG-based planning, this initiative will play an important part in connecting immediate and high-impact Quick Wins to long-term national strategies for meeting the MDGs. As emphasized in the Secretary-General's report, *In Larger Freedom*, Quick Wins, "would provide a critical support for national Millennium Development Goals strategies. They would generate rapid momentum and early success stories that would broaden commitment to the Millennium Development Goals."

The BTB initiative will support the New York based office and the two regional centers in Addis Ababa and Bamako which will work with international and national malaria control colleagues and other partners in the proposed 10 to 11 endemic countries but with varying degrees of support. Support will also be provided through email, telephone and personal visits by the team based in Addis Ababa, Bamako and New York.

BTB anticipates securing additional funding to help additional countries scale-up their malaria control efforts. The UN Millennium Project is in the process of mobilizing resources to secure support for the full \$3 million/3-year *Breaking the Bottlenecks to Malaria Control (BTB)* proposal. A number of donors have expressed interest in providing the complement of resources required for the full program. As outlined in the BTB proposal, the program goal is to support the scaling up of malaria control interventions in at least ten African countries (Ethiopia, Ghana, Kenya, Malawi, Mali, Nigeria, Rwanda, Senegal, Tanzania (Zanzibar), Uganda) including Yemen.

III. Objectives and Strategy

1. Objectives, Outputs, Activities, and Indicators

Goal Statement and Program Objectives

Since the UN Millennium Project recommended the “Quick Win” of malaria control in January 2005, international support for such a success has picked up tremendously. Building on the broad policy and public momentum, the BTB goal is that by the end of 2008 all Africans, most certainly those in the countries covered by this grant, will have assured, reliable, and sustained access to life-saving malaria control measures. In particular, Africans should have access to long-lasting insecticide-treated bed nets (LLINs), artemisinin combination therapies (ACTs), residual indoor spraying where ecologically and epidemiologically appropriate and quality case management, including intermittent presumptive therapy for vulnerable groups. In conjunction with UN Country Teams, RBM partnership and the WHO-RBM Technical Department, the BTB also aims to build the local technical capacities of governments and international system representatives to sustain malaria control beyond the 2008 Quick Win timeline.

For Africa’s poor, especially those in rural areas, “assured, reliable, and sustained access” will require the *free distribution* of malaria control commodities, and free access to quality case management. Distribution of free bed nets will be undertaken through various mechanisms that are in operation at country level, including reaching target groups through routine public health services where these exist (ANC and EPI), and “campaign-style” approaches such as integrated Child Health Days, integrated measles campaigns, and other community-based approaches to distribute bed nets to vulnerable households. Social marketing of bed nets will be replaced by a free mass distribution of bed nets. Effective anti-malaria medicines, including ACTs, will be available without cost, as will malaria control health services in the communities and health posts.

The core objective is empowerment of all African countries to undertake comprehensive malaria control, both prevention and treatment. Comprehensive control entails:

- Vector control: bed nets, residual spraying, environmental control;
- First-line drugs: shift to ACTs; and
- Case management: improved diagnostics and treatment within 24 hours of onset of malaria symptoms, training and empowerment of community health workers to prevent and treat malaria, and intermittent preventive treatment.

National and International Outputs

The BTB initiative will work with a select number of African countries to strengthen the capacity of each country's National Malaria Control Program to rapidly scale up for maximum impact through situation analysis, program development, capacity development, technical support, and monitoring and evaluation support. At the national level, the initiative will:

- Assist countries in developing strategic malaria prevention and control plans and proposals for submission to the GFATM and linking them to national MDG-based development strategies;
- Support developing business plans for activities supported by funding agents, including the GFATM; and
- Work with national and international partners to break remaining national bottlenecks to disbursement of funds and scale-up of activities already supported by funding agents. This may include GFATM funds that require clarification, approved funds pending the signing of contract between PR and GFATM, or procurement of commodities to initiate funded activities.
- Defining selected process and impact indicators for tracking progress, implementation and impact assessment of interventions.

At the international level, the BTB initiative will help to address system-wide bottlenecks and to coordinate and support the country-level work by:

- Establishing and or Strengthening the existing networks of malaria control program managers to share information and experiences in solving various bottlenecks to scaling malaria control activities; and
- Work with countries, funding agents, and policymakers to establish better means of securing adequate and timely supply of high-quality commodities at the lowest costs. One prominent option explored will be the establishment of a more effective pooled procurement mechanism.
- Working with in-country malariologists and malaria control managers to resolve bottleneck situations in various countries, as needed.

MDG/Malaria targets and indicators:

The proposed target and timeline are consistent with the overall health objectives of the Millennium Development Goals, which focus primarily on improving the health of pregnant women and young children, those who are most vulnerable to malaria.

Targets: The following coverage levels for key antimalarial interventions should be met in each supported country by the year 2008:

- One hundred percent of children under five years of age protected by long lasting insecticide-treated nets.
- Eighty percent of people living at risk of malaria protected by locally appropriate vector control interventions (insecticide-treated long lasting nets, indoor residual spraying, environmental management, and appropriate combination of these interventions).
- One hundred percent of children under five years of age treated with effective antimalarial medicines, such as ACTs, within one day of the onset of illness.

Indicators: Four indicators are developed to measure progress toward the MDG/Malaria goal and targets by a consensus of experts.

- Malaria prevalence rate.
- Malaria-related death rates in children under five and other population groups.
- Proportion of children under five and other population groups in malaria-risk areas using effective prevention measures (insecticide-treated nets, indoor residual spraying, and source reduction).
- Proportion of children under five and other population groups who receive appropriate clinical treatment for malaria.

2. Implementation Strategy and Roles

Institutional placement and leadership

The UN Millennium Project's malaria team will work in close coordination with the RBM Partnership Secretariat, RBM Department, WHO/AFRO, UNICEF and the UN Foundation to provide technical expertise to African governments and UN Country Teams. The UN Millennium Project's administrative responsibilities are shared by UNDP and the Earth Institute at Columbia University.

The BTB effort will form a critical element of the UN Millennium Project's overall next phase of work, in which it will be advising the UN system and selected countries on the best ways to develop national strategies for the

MDGs. The Project will continue to work with all partners, including the international financial institutions, to develop a common approach for integrated cross-sector scale-up investment programs aligned with the MDG targets and time horizons. It will also advise on the best ways to launch Quick Impact strategies in the context of longer-term needs-based scale-up processes.

The BTB effort will be lead by Dr. Awash Teklehaimanot of the UN Millennium Project and Columbia University. Dr. Teklehaimanot is co-coordinator of the UN Millennium Project's working group on malaria, and Country Coordinator for the Millennium Development Goals in Ethiopia. He also leads the Malaria Program of the Earth Institute, which is engaged in extensive country advising, teaching, and research on malaria. Dr. Teklehaimanot is Professor of Clinical Epidemiology in Columbia's Mailman School of Public Health. Dr. Teklehaimanot provided extensive leadership in developing the global Roll Back Malaria (RBM) program and served as the interim Director of RBM in WHO/Geneva. Dr. Teklehaimanot is internationally known for his ability to mobilize resources and provide technical support to design, implement, and evaluate malaria control programs throughout Africa. His country-level work includes Ghana, Nigeria, Kenya, Uganda, Eritrea, Tanzania, São Tomé e Príncipe, Botswana, Ethiopia, Zambia, Zimbabwe, Madagascar and Namibia. For five years, he directed Ethiopia's malaria and other vector-borne disease control program, the largest program of its kind in Africa.

Organization and activities of the Breaking the Bottleneck Team

Work at the national level

Two regional centers will be established to provide the malaria expertise to break the bottlenecks to achieving national scaling up of malaria control activities. These centers will provide support to malaria affected countries to develop and implement national malaria control programs, which will be supported by funding from national resources and the GFATM. The malaria experts based at these centers and other consultants will work to strengthen the capacity of each country's National Malaria Control Program by helping to achieve the national objectives and outputs outlined above.

One of the centers will serve East and southern African countries and Yemen, and will be based in the Earth Institute's existing center in Addis Ababa, the Center for National Health Development in Ethiopia (CNHDE). The CNHDE has staff with significant experience in malaria control, health policy and program development. Additional staff will be added to this center to provide the necessary technical support to implement the malaria Quick Impact. The second office will be established in Bamako, Mali to

support the West African countries. Consultants will be used on ad hoc basis.

The UN Millennium Project and the Earth Institute have well established working relationships with the government leaders and Ministers of Health in most of these countries. Last year, for example, Dr. Teklehaimanot and a team of malaria experts helped five countries prepare malaria proposals to the Global Fund to Fight AIDS, TB, and Malaria. Their collaborative work resulted in award of US \$422 million over five years period: Ghana \$39m; Kenya \$186m; Senegal \$34m; Uganda \$158m; Sao Tome Principe \$5m; and Ethiopia \$65m.

Actions at the national level will be carried out in collaboration with agencies already involved in malaria-related work and vary according to national needs. In most countries a large number of the efforts listed below are already underway. Where this is the case they will be supported to break existing bottlenecks and link them systematically to national MDG-based development strategies. The support provided by BTB will include some combination of:

A) Situation analysis of malaria and structure of national programs in the context of the MDGs

- As needed, provide rapid assessment of malaria situation in endemic countries. Accomplished through desk analysis, briefings from MOH and potential partners, and visits to health facilities.
- Evaluate the overall control strategy applied in the country for its consistency with the RBM/Global Malaria Control Strategy and links to the national MDG-based poverty reduction strategy.
- Evaluate treatment guidelines and practices on antimalarial drug efficacy studies.
- Evaluate ITN treatment, distribution and use in both urban and rural settings.
- Examine national implementation plans for completeness in terms of clear objectives, targets and indicators, control strategies, budget allocation, timeline for implementation, and monitoring and evaluation.
- Review and help shape policy regarding the organizational structure of national Malaria Control Programs in terms of human and financial resources available at both national and district level and the responsibility and extent of authority to plan and implement allocated budget independently.

- Assist countries to collect information on partners' financial allocation to malaria and level of participation in the planning, implementation and monitoring process.

B) Program development and support

- Work with malaria control managers RBM's country support team and other national and international partners to prepare implementation plans for the Minister of Health to review and approve, in the context of MDG-based poverty reduction strategies.
- Provide coordinated support with RBM to countries that have received grant approval from funding agents but have not completed the process to have the funding released.
- For countries with funding, help seek solutions to slow rate of implementation and low use of funding (lack of absorption capacity) where applicable.
- Depending on the outcome of the program assessment, consider recruiting national experts or consultants to strengthen program capacity.

C) Capacity Development

- Strengthen national capacity of malaria control teams at national and district levels through refresher training and focused workshops to develop competence in program management and delivery of effective interventions.
- Provide support in training district and peripheral health workers on data collection and basic analysis to monitor the malaria situation.
- Collaborate with national and international partners to help develop proposals for scaling up intervention programs to be submitted to the Global Fund and other funding agents.

D) Provide technical support to partners

- Provide technical support to UN Country Teams, NGOs, faith-based organizations, foundations, the private sector and other partners involved in malaria control for the distribution of insecticide treated bed nets.
- Collaborate with national and international partners, including the GFATM, to support countries in preparing proposals and developing implementation plans.

- Foster links with African Development Bank (AfDB) and the World Bank in support of malaria endemic countries.

E) Monitoring & Evaluation

- Strengthen existing monitoring and evaluation systems to effectively review process, outcome and impact of implementation. Measure the impact of interventions on morbidity, mortality and economic benefit for monitoring the effectiveness of the program.
- Activate drug efficacy monitoring sentinel sites to update treatment guidelines.

F) Linking to Efforts that Address Global Bottlenecks

- Assist countries to determine where bottlenecks exist for which solutions need to be sought at the international level, and assist countries to link to international efforts to address these bottlenecks, including those by the global Quick Impact effort and by other actors.

Work at the international level

In coordination with the RBM Partnership and other initiatives, the BTB team will work to identify and resolve system-wide bottlenecks that hinder the implementation of national malaria prevention and control strategies. While the BTB initiative will not be able by itself to resolve all of these issues, it will play a catalytic role in linking national partners to international initiatives, including the international malaria Quick Impact effort. By assisting countries to assess the national implications of system-wide constraints, BTB's work at the national level will help to bolster the global actions of the Quick Impact team and other partners.

The international activities of the BTB team will support efforts to develop national malaria prevention and control programs, actions to address system-wide commodity supply constraints, and providing additional expertise to national teams.

A small office, in New York, based at the Earth Institute and working closely with the rest of the UN Millennium Project Secretariat based at UNDP, will work closely with UNICEF to coordinate the international activities and achieving the objectives and outputs outlined above. This office will also be in charge of the overall coordination, supervision, and evaluation of the BTB project, as well as administration and monitoring of grant expenditures. The office in New York and in the two centers in Africa will work closely with national and international partners to provide coordinated technical support to countries. It will also work within the context of the Millennium Project's MDG-focused efforts across the

international financial institutions and specialized UN agencies, programs and funds.

A successful and sustained solution to the barriers of implementation will depend on sharing on of experiences and country-level information on various aspects of malaria prevention and control between the UN Millennium Project and RBM.

Key specific actions at the international level include:

A) Supporting the establishment of a mechanism for the pooled procurement of commodities.

While corporations such as Sumitomo, Vestergaard, and Novartis will be involved in scaling up global production of much needed treatments, the Breaking the Bottleneck team will help mobilize African countries to procure, in a pooled way, the essential malaria commodities to achieve the Malaria Quick Impact by 2008. This will be done through discussions with respective Ministry of Health officials that stress advantages of pooled procurement for obtaining high quality commodities at the lowest costs. In all likelihood, the various Ministries of Health will send letters to the GFATM stating that Global Fund grants allocated for commodities should be used for pooled procurement at the global level for direct delivery to countries. This will avoid procurement problems at the country level, particularly for small countries with no capacity of float tender.

B) Establishing and or strengthening existing networks of national malaria control program managers.

A Web-based information system will be used as the platform for a network of national malaria control program managers, with a particular focus for the initial ten countries. This network will provide the basis upon which the malaria control efforts can be scaled up to national level by serving several functions:

- Allow the Malaria Quick Impact Centers and others to post essential information for: 1) all aspects of scaling-up, 2) templates for developing business plans, monitoring and evaluating programs, and 3) technical updates and latest scientific findings;
- Create an electronic platform for country-to-country sharing of information and experience in malaria control by program managers, linking closely to the MDG-based technical support of the UN Country Teams and particularly with UNICEF and RBM at global, regional, and country level;
- Facilitate needs assessment for the procurement of antimalarial commodities such as long lasting insecticide treated nets and effective

medications, in order to establish better means of securing adequate supply of these commodities at reasonable prices. For example, over the internet, malaria program managers could complete standardized entry formats that ask for essential information regarding population sizes at risk, malaria incidence, first and second level of antimalarials in use, coverage of nets, in country distribution mechanisms of commodities, and data sources to be used in the calculating needs. This information could then be used to ensure that global solutions to commodity supply problems are sufficient to address needs. This information will also be critical for country program managers as they prepare detailed distribution mechanisms;

- Monitor progress by national program managers, the Malaria Quick Impact Centers, and the New York office toward implementing planned activities. Program managers will complete standardized entry formats with information on objectives, targets and indicators specified in the countries business plans. Funding for establishing the web-based data management is secured from other sources.
- C) The New York team will also work with in-country malariologists and malaria control managers to resolve bottleneck situations in various countries, as needed.

IV. Proposed budget

The UN Millennium Project is in the process mobilizing resources to secure grant for the full \$3 million/3-year *Breaking the Bottlenecks to Malaria Control (BTB)* proposal. A number of donors have expressed interest in providing the complement of resources required for the full program. As outlined in the BTB proposal, the program goal is to support the scaling up of malaria control interventions in at least ten African countries (Ethiopia, Ghana, Kenya, Malawi, Mali, Nigeria, Rwanda, Senegal, Tanzania (Zanzibar), Uganda), and Yemen from the Eastern Mediterranean Region (EMRO).

The UN Millennium Project has recruited for staffing needs by hiring malariologists for the office in East Africa and has done the interview to hire the experts for the West Africa office. The staff from the Addis Ababa and Bamako centers will convene annual assessment workshops, undertake follow-up missions, and meet more regularly with the malaria managers and UNCT members in all ten countries.

V. Monitoring and Evaluation

The BTB program will undertake self-evaluation at the 6-month and 12-month mark to assess progress. Since a core component of the Malaria Quick Impact initiative concerns the development of monitoring and evaluation mechanisms at the national and international level, this will build upon the regular work of the initiative. As outlined above, at the national level the BTB team will:

- Strengthen existing monitoring and evaluation systems to review process, outcome and impact of implementation.
- Assist countries to measure the impact of interventions on morbidity, mortality and economic benefit for monitoring the effectiveness of the program.
- Activate drug efficacy monitoring sentinel sites to update treatment guidelines.

At the international level the team will:

- Monitor progress by national program managers, the Malaria Quick Impact Centers, and the New York office toward implementing planned activities. Program managers will complete standardized entry formats with information on objectives, targets and indicators specified in the countries business plans. Funding for establishing the web-based data management is secured from other sources

The respective teams in Addis Ababa, Bamako and New York will compile these analyses at the 6- and 12-month marks to assess performance and report to the funding foundations and organizations.

VI. Administration and Financial Management

1. Management Structure and Co-Financing Arrangements

The BTB initiative will be lead by Dr. Awash Teklehaimanot in his capacity as head of the UN Millennium Project's Malaria team. Dr. Teklehaimanot is currently co-coordinator of the UN Millennium Project's working group on malaria, which will complete its work in September 2005. In the next phase of the Millennium Project's work, Dr. Teklehaimanot will continue to serve as a senior scientific advisor. To maximize the efficiency of its work, the BTB initiative will build upon the existing infrastructure of the Malaria Program of the Earth Institute at Columbia University, concurrently lead by Dr. Teklehaimanot, which is engaged in extensive country advising, teaching, and research on malaria. The initiative will operate in close coordination with the RBM Partnership and other international and national stakeholders.

2. Reporting

Dr. Awash Teklehaimanot will be responsible for reporting to the funding foundations and organizations on behalf of the UN Millennium Project.

Bi-annual financial utilization reports, annual progress reports, annual certified or audited financial statements, and final program reports and audited financial statements will be provided in accordance with existing memorandum of understanding (MOU) or basic implementation agreement (BIA) as applicable with the funding foundations and organizations.

VII. Legal Requirements

Charitable Clause

This program can be deemed an exclusively charitable program because, as described in the program objectives, it provides for relief of the poor and distressed.