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Multisectoral Action Framework for Malaria

ROLL BACK MALARIA PARTNERSHIP/ UNDP

Multisectoral Action Framework for Malaria

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Foreword

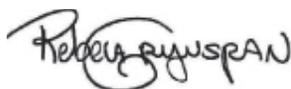
Malaria is an obstacle to both human and economic development. Although it is entirely preventable, malaria continues to cause devastation in families and communities around the world, with 219 million cases and 660,000 deaths reported each year. In Africa, it is estimated to cost more than US\$12 billion annually in lost productivity alone. Malaria impedes progress on nearly all Millennium Development Goals (MDGs) and has multiple negative impacts, with a particularly acute toll on women and children. While 90 per cent of deaths occur in Africa, malaria constitutes a significant public health problem in more than 50 countries in other regions. Around the world, malaria is associated with poor socio-economic development, marginalization and exploitation. These factors have dimensions that extend well beyond the health sector, calling for a multisectoral response.

Bed nets and better medicine are essential for countering malaria, but alone they are not enough. Europe, North America, and more recently countries such as Iran and Sri Lanka, eliminated or are eliminating endemic malaria by acting on broader socio-economic determinants. Such action includes improving living conditions, promoting smarter agricultural practices, and addressing barriers to accessing health services. Advancing gender equality, improving education, and protecting the environment are also important. Malaria has the greatest burden among poor women and children, and studies show that households where women are educated and earn an income are more likely to use bed nets to prevent malaria. Environmental factors can complicate malaria control and elimination. For example, climate change affects the geographical distribution of the malaria parasite, and population movements increase vulnerability where people with low immunity move to high transmission areas.

This *Multisectoral Action Framework for Malaria* makes a clear case for re-structuring the way countries address malaria. It presents a menu of concrete, implementable processes and actions to transform malaria responses—from being a concern of the health sector only, towards a coordinated multi-pronged effort that harnesses expertise across a range of sectors and institutions. It is a guide for policymakers and practitioners and a stimulus for innovation.

Although there has been encouraging progress over the past decade, addressing malaria must continue to have a prominent place in the global development agenda if we are to eliminate this deadly disease, prevent the risk of resurgence, and ultimately help communities to thrive and markets to reach their full potential. We must build on the results and momentum achieved through the MDGs by ensuring due attention to malaria in the post 2015 development agenda. At the same time, recognizing that malaria is a disease inextricably linked with poverty, a complementary emphasis on the social determinants of health and universal health coverage can help increase attention to a comprehensive approach.

We are pleased to present this Framework, which is the result of a collaboration between the Roll Back Malaria Partnership and the United Nations Development Programme, guided by a Steering Committee composed of the United Nations Environment Programme, the United Nations Human Settlements Programme, the United Nations Children's Fund, the World Health Organization and the World Bank – with inputs from governments at the frontline of the malaria response, development banks, the private sector and academia. It is our expectation that this Framework will contribute to realizing the vision of a world free of malaria. The response to malaria demands nothing less than our collective and sustained vigilance..



Rebeca Grynspar
Under-Secretary-General/Associate Administrator
United Nations Development Programme



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Process and Acknowledgements

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The original idea of developing a Multisectoral Action Framework for Malaria was conceived by Ms Rebeca Grynspan (UNDP Under-Secretary-General and Associate Administrator) and Dr Fatoumata Nafo-Traoré (Executive Director, Roll Back Malaria Partnership) in 2012. The idea was based on the realization of mounting evidence suggesting that sustainable malaria control and elimination would require expanding the strategy to include socio-economic development in addition to the strategies already pursued, and that this would mean expanding the breadth and depth of multisectoral participation.

The process of developing the Framework was overseen by a dedicated steering committee, chaired by Dr Douglas Webb (UNDP, New York) and comprising: Dr Graham Alabaster (UN Habitat, Geneva); Ms Valentina Buj (UNICEF, New York); Dr Silvia Ferazzi (Roll Back Malaria Partnership, Geneva); Dr Rüdiger Krech (Ethics and Social Determinants of Health, WHO, Geneva); Dr Davison Munodawafa (WHO Regional Office for Africa, Brazzaville); Ms Anne Maryse Pierre-Louis (World Bank, Washington DC); Dr David Piper (UNEP, Geneva); Dr Pierre Quiblier (UNDP, Geneva); Dr Kumanan Rasanathan (UNICEF, New York); Ms Deena Patel (UNDP, New York) and Dr Thomas Teuscher (Roll Back Malaria Partnership, Geneva).

The process itself was participatory. First, the general outline was developed with the Steering Committee. Then, an early draft was prepared with a focus on analyzing the social and environmental determinants of malaria and providing open tools for translating the analysis into implementable actions. This early draft was discussed at a consultation held in Geneva on 1–3 July 2013. During the consultation, experience was shared, including through presentation and analysis of specific country cases. Three working groups—‘Concrete action,’ ‘Coordination and management’ and ‘Current and future financing synergies’—dived further into the analysis and evidence to propose amendments to the Framework. The participants further committed to subsequently provide examples, reviews and references. After the consultation and after having received the input from the participants, an updated version of the document was reviewed by all the participants and further input provided. As consensus was building, an updated penultimate draft of the document was then prepared and reviewed by the Steering Committee before the final version of the Framework was completed.

In addition to the Steering Committee members, the participants in the consultation and the subsequent input and review process were: Professor Kwadwo Asenso-Okyere (International Food Policy Research Institute, Accra); Mr Håkan Björkman (Global Fund to Fight AIDS, Tuberculosis and Malaria, UNDP, Geneva); Ms Mavzuna Burkhanova (UNDP, Dushambe); Dr Noel Chisaka (World Bank, Washington DC); Dr Scott Filler (Global Fund to Fight AIDS, Tuberculosis and Malaria, Geneva); Dr Etienne Fondjo (Ministry of Health, Yaounde); Ms Lisa Goldman—van Norstrand (Sumitomo Chemicals, New York); Dr Deyer Gopinath (WHO, Vientiane); Ms Susanna Hausmann (Swiss Agency for Development Cooperation, Bern); Dr Gerhard Hesse (Bayer S.A.S., Lyon); Dr Eleanor Hutchinson (London School of Hygiene and Tropical Medicine, Geneva); Mr Andrew Jack (Financial Times, London); Dr Jean Claude Kazadi (Southern African Development Community, Gaborone); Ms Caroline Kende-Robb (Africa Progress Panel, Geneva); Mr Oscar Mesones Lapouble (Ministry of Health, Brasilia); Mr Paul Libiszowski (Consultant, Ferney-Voltaire); Dr Jo Lines (London School of Hygiene and Tropical Medicine, London); Mr Michael MacDonald (Vector Control and Prevention, WHO, Geneva); Ms Marina Maiero (Environmental Health Issues, WHO, Geneva); Dr Daouda Malle (Islamic Development Bank, Jeddah); Mr Kwehangana Richard Mbabazi (Roll Back Malaria Partnership, Geneva); Dr Abraham Peter Mnzava (Global Malaria Programme, WHO, Geneva); Ms Marianne Monclair (NORAD, Oslo);

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