

# **Resource Mobilization for TB: Lessons Learned from Malaria**

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# Overview

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External funding commitments for malaria:  
US\$4.6 billion between 2003–2009

Annual external commitments recently stabilized for the 2008–2010 period at approximately \$1.6 billion per year.

Key moments:

- Declaration by UNSG of Universal Coverage target (April 2008)
- Presentation by UN Special Envoy, RBM Executive Director, and Ethiopia Minister to Global Fund Board, and subsequent decision point (May 2008)
- Country planning to achieve target and GF Proposal Support (May-August 2008)
- Funding commitment to fill gaps with GF, WB, US, UK (September 25, 2008)

# Overview

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## RBM Analysis (September 2009)

- a. Approximately 85% of external financing goes to the Africa region, which accounts for nearly 90% of global deaths from malaria.
- b. The funding supports a reasonable balance of actions in the areas of prevention, treatment, systems strengthening and program support.
- c. Countries are able to spend external financing for malaria control effectively and relatively quickly— on average more than 80% of funds are spent within the year that they become available.

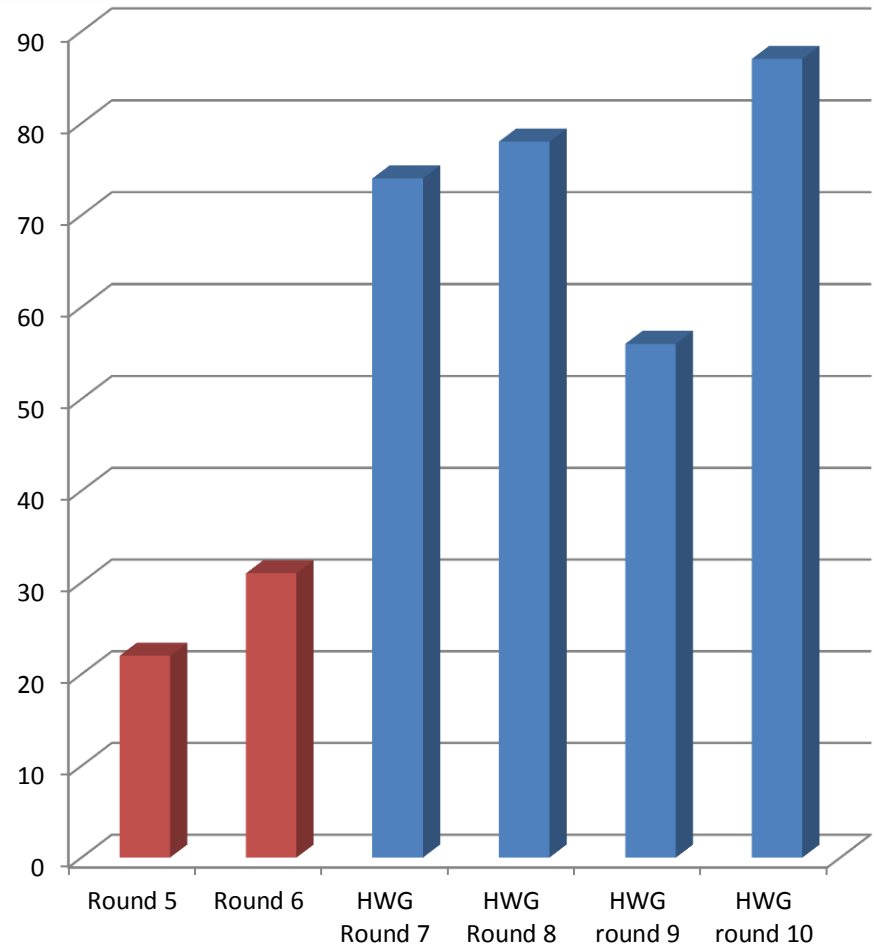
# Global Fund Proposal Support

- Multipartner process led by RBM Harmonization Working Group (1 of 3 country-facing RBM bodies). Critical WHO role, and no parallel partner processes
- Key steps:
  - Pre-select countries to be supported per round (recent funding, epi need, grant performance, etc)
  - Consultant orientation
  - Pair each country with one external one internal consultant
  - Joint guidelines/recommendations:
    - Technical guidelines written by WHO; Operational areas of focus written by RBM – issued together
  - “Mock TRP” – with peer review. Every country invited to participate with NMCP manager, WHO NPO, and CCM member.
  - Emergency support missions, and virtual “24 hour” reviews
  - Joint TRP briefing with WHO

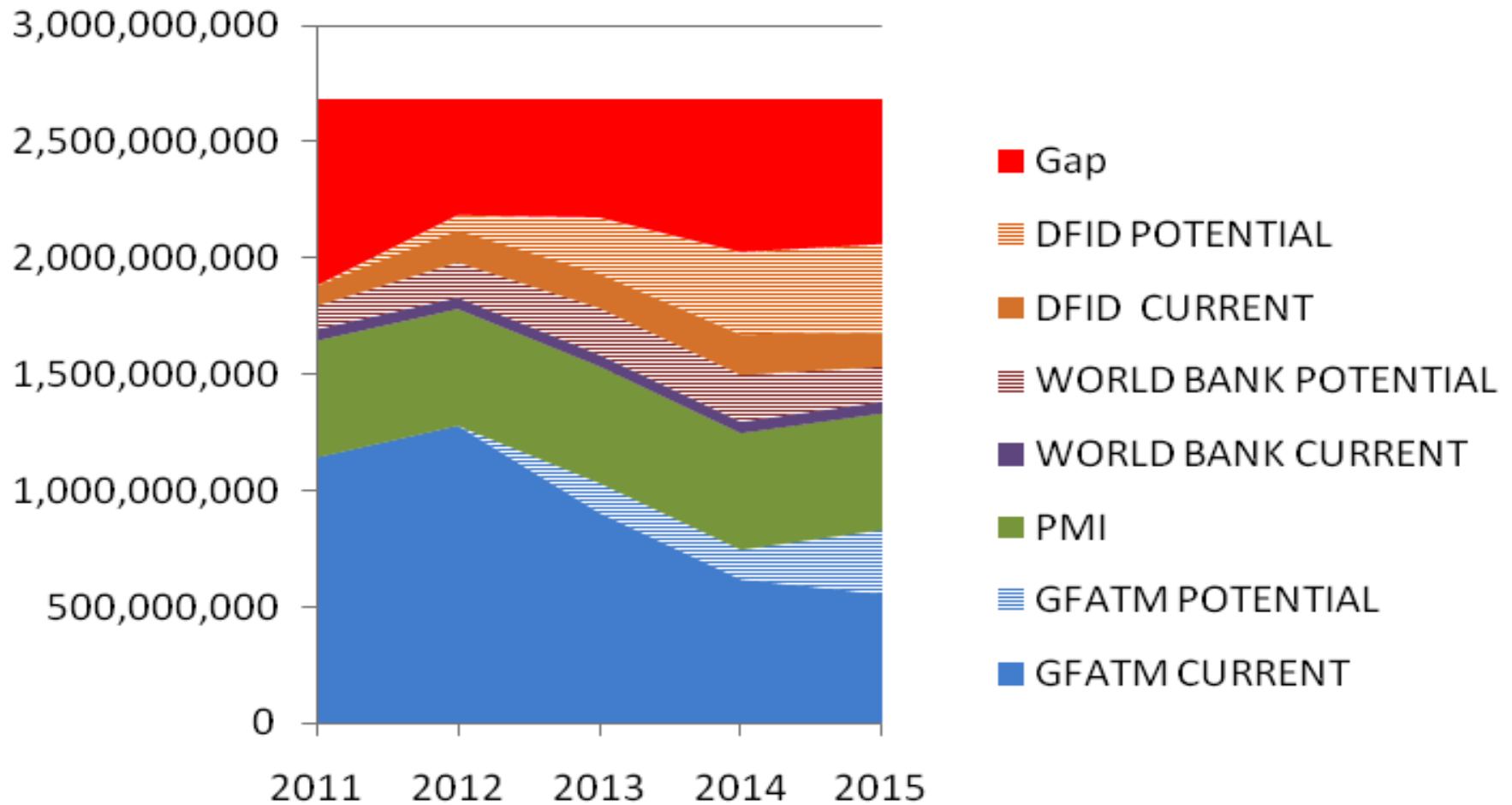
# Results

- Target: 70% success
- HWG support in round 7 and 8 led to 74% - 78% success rates
- “Hands off” decentralised support to Rd 9 resulted in a 56% success rate
- Round 10 – overall success rate is 89%
- Average cost/round = US\$850,000

Partly passed through externally at times



# Looking Forward



# 2012-2015 funding gap for commodities for Africa and proposed fundraising targets - **ILLUSTRATIVE**

**Estimated gap: US\$2.9 billion**

**Potential impact of fundraising action: US\$2.4b**

**Impact needed from cost efficiencies to fill gap: \$0.5 billion**

	2012	2013	2014	2015	Total 2012-2015
<b>Funding gap commodities for Africa (HWG, Dec 2011)</b>	<b>631,370,176</b>	<b>519,998,038</b>	<b>895,827,799</b>	<b>819,674,646</b>	<b>2,866,870,659</b>
<b>Proposed additional financing to fill the funding gap</b>					
Domestic funding/frontloading	400,000,000	300,000,000	300,000,000	300,000,000	<b>1,300,000,000</b>
China	25,000,000	75,000,000	100,000,000	100,000,000	<b>300,000,000</b>
Brazil/India			100,000,000	100,000,000	<b>200,000,000</b>
PMI additional potential		100,000,000	100,000,000	100,000,000	<b>300,000,000</b>
DFID additional potential			100,000,000	100,000,000	<b>200,000,000</b>
Malaria Bond		50,000,000			<b>50,000,000</b>
<b>Sub-total</b>	<b>425,000,000</b>	<b>525,000,000</b>	<b>700,000,000</b>	<b>700,000,000</b>	<b>2,350,000,000</b>
Required impact of cost efficiencies to fill funding gap	206,370,176		195,827,799	119,674,646	516,870,659

# 5 Lessons from Malaria Funding

- Set a clear and bold target that is “marketable” to create “political inevitability”, have other aspects follow in its wake. Brand and market that target.
- Ensure country ownership of the target (not only a “global campaign”), and country demand, ideally from the Ministry of Health and Ministry of Finance
- Don’t forget about the World Bank/IDA. US\$50 billion IDA16 replenishment. Single largest source of development financing worldwide.
- Support countries to develop clear operational plans to achieve target. Quarter by quarter “roadmaps”. Performance is linked to a successful brand. “Advocacy” only got us so far, as did feeling neglected
- Real-time monitoring. A problem for malaria we’re trying to fix.



# Immediate reflections from an outsider

- “Zero” or “near zero” a compelling political target. Very important to define it, though, so that failure is not guaranteed
- TB/HIV (including TB in Mining) represent “big switches”. Linkage with HIV community critical. Anything greater than 3-5 years is too long from a political lifespan perspective.
- Must follow-up after creating lots of noise – real risk of credibility loss
- Major opportunity now is GF reprogramming: Calendar of grants, work jointly with GF to reprogram. “Package” this as a success. Engage strongly with Strategy and Investment Committee.
- Play-up domestic/co-financing role given donor austerity
- Not every opportunity is equal. Resource mobilization from high net worth/etc is useful mainly for political support/awareness, it’s not the big money. Awareness is very important for political cover (malaria also not a disease of the “north”) – necessary but not sufficient