Resource Mobilization for TB: Lessons Learned from Malaria

Suprotik Basu
Managing Director
Office of the UN Secretary General’s MDG Advocate and Special Envoy for Malaria
Overview

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

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
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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>631,370,176</td>
<td>519,998,038</td>
<td>895,827,799</td>
<td>819,674,646</td>
<td>2,866,870,659</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed additional financing to fill the funding gap</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Total 2012-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic funding/frontloading</td>
<td>400,000,000</td>
<td>300,000,000</td>
<td>300,000,000</td>
<td>300,000,000</td>
<td>1,300,000,000</td>
</tr>
<tr>
<td>China</td>
<td>25,000,000</td>
<td>75,000,000</td>
<td>100,000,000</td>
<td>100,000,000</td>
<td>300,000,000</td>
</tr>
<tr>
<td>Brazil/India</td>
<td>100,000,000</td>
<td>100,000,000</td>
<td>100,000,000</td>
<td>200,000,000</td>
<td></td>
</tr>
<tr>
<td>PMI additional potential</td>
<td>100,000,000</td>
<td>100,000,000</td>
<td>100,000,000</td>
<td>300,000,000</td>
<td></td>
</tr>
<tr>
<td>DFID additional potential</td>
<td>100,000,000</td>
<td>100,000,000</td>
<td>100,000,000</td>
<td>200,000,000</td>
<td></td>
</tr>
<tr>
<td>Malaria Bond</td>
<td>50,000,000</td>
<td></td>
<td></td>
<td></td>
<td>50,000,000</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>425,000,000</td>
<td>525,000,000</td>
<td>700,000,000</td>
<td>700,000,000</td>
<td>2,350,000,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Required impact of cost efficiencies to fill funding gap</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Total 2012-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>206,370,176</td>
<td>195,827,799</td>
<td>119,674,646</td>
<td></td>
<td>516,870,659</td>
<td></td>
</tr>
</tbody>
</table>
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.