

Malaria Control : SDC's current and future engagement



SDCs current engagement in malaria control

- **Country programme support** : Multi-stakeholder approaches (SWAp) and health system support. Scaling-up of insecticide treated mosquito nets (ITNs) in Tanzania (KINET, NETCELL), Mozambique and East and West African region
- **Research capacity building**: WHO/UNICEF/UNDP/WB co-funded Special Programme for Research and Training in Tropical Disease (TDR), SDC-SNF co-funded research programmes (i. for developing countries, ii. NCCR) fostering North-South exchange
- **Networking malaria researchers** : supporting the world largest Malaria conference, exchange and publications of the Multilateral Initiative for Malaria (MIM)
- **Support global programmes** geared toward malaria control: The 'Global Fund' (GFATM, 60/20/20% of its funds to Aids /Tb / Malaria), WHO.
- **Clinical research and drug development** : SDC focuses on long-term institutional support in these domains (not in individual projects). E.g. long-term institutional support to Ifakara Health Research Centre (conducting frontline malaria research incl. health systems research linking traditional and western systems in malaria control), or to the public-private partnership approach of Medicines for Malaria Venture (MMV).
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SDC abstains from :

- **Vaccine development** : There is hardly a potential candidate for a malaria vaccine. For the few existing ones sufficient donor support exists (Gates/Grand Challenges, GAVI)
- **Project-based approaches** : supporting partners to develop coordinated programme and sector approaches promoting ownership.



Potentials for SDC's effective engagement in malaria control

On Global Level:

- **Engage in coordination**
Multiplicity of new initiatives most aiming at "quick wins" can be a threat to well established sustainable malaria control
==> Investment in coordination and technical backstopping: Supporting **the Roll Back Malaria Partnership** taking the lead in coordination of global malaria control (World Bank Booster Programme for Malaria, US Presidential Malaria Initiative, GFATM, Gates, GFATM).
- **Involving public and commercial sector** in malaria control
 - a. The business approach where national generic demand creation, product development and supply go hand in hand with civil engagement (e.g. NGOs) has succeeded in Tanzania.
 - b. Multi-stakeholder approaches (Research - Development - Application)
- **Support the application of existing and effective malaria control approaches**
 - a. E.g. ITNs, intermittent preventive treatment (IPT) or Artemisinin-based combination therapy (ACT).
 - b. We know enough but not enough on how to do it more effective (the "Know-Do-Gap"!): Hence the need for implementation or operational research

On National Level:

- **Strengthen national capacities :**
 - a. in formulating national policies, strategic guidelines (e.g. REACH Policy Initiative)
 - b. in providing national capacities to deal with the multiplicity of new (vertical) programmes and initiatives (US Presidential Malaria Initiative, GFATM, World Bank Booster Programme for Malaria, Gates)
 - c. in implementing existing effective interventions using a systemic approach. Assessing and inserting new interventions in existing health care infrastructure
- **Support research capacity building in the South :**
for health system research, priority setting, and operational research
- **Assure long-term commitment beyond "Quick Wins":**
 - a. Long-term bilateral commitment can make a difference (e.g. TZ, Moz)
 - b. Consider adding a malaria component or programme in all priority countries
 - c. Planning for scaling-up: explore the options. e.g. KINET /Netcell programmes in Tanzania