

# MID TERM REVIEW OF THE UK MALARIA FRAMEWORK

## FOR RESULTS: SUMMARY OF FINDINGS

In December 2010, the UK government published a Framework for Results setting out its commitment to the goal of contributing to at least halving deaths from malaria in at least ten high-burden countries by 2015 and to sustain and expand gains into the future, through: (1) improving the quality of services to address malaria; (2) increasing access and building demand for these services; (3) supporting innovation and the supply of global public goods; and (4) focusing on impact and results. The Frameworks are innovative as statements of DFID strategy in combining a thorough process of evidence review and consultation with the setting of outcome targets directly related to DFID's activities.

The Mid Term Review (MTR) has taken stock of progress in the implementation of the Framework to assess if DFID is on track to achieve the results intended. This note summarises the headline findings and recommendations from the MTR.

### Headline MTR findings for the Malaria Framework

**The past decade has seen an increased global commitment to malaria control and transmission reduction, with an emphasis on increasing access to malaria services, though donor funding has fallen from its peak.** Global goals were most recently revised in the Global Malaria Action Plan (GMAP) in 2011. There have also been international initiatives since 2010 to develop global plans to address resistance to artemisinin and insecticides. The main routes for aid funding for malaria services have been through the Global Fund and the US President's Malaria Initiative (PMI). Aggregate donor funding has though fallen from its peak in 2010, while global funding for malaria research has increased.

**The Malaria Framework has provided important strategic guidance to help achieve government objectives and has contributed to increasing DFID's profile and international influence.** It provided DFID's first comprehensive policy statement on malaria, closely aligned with the global agenda and using a sound evidence base. Within DFID's decentralised and country-led planning and resource allocation process, the Framework has provided guidance but has not determined activities undertaken at the country level. Specific programmes have been more directly shaped by the Bilateral and Multilateral Aid Reviews that DFID has undertaken.

**A significant increase in UK spending is taking place in line with commitments, but it is not yet possible to assess if the resources applied are sufficient to achieve the Malaria Framework objectives.** The UK's spend on malaria is expected to reach £500 million per year by 2014/15, in line with the commitment made to spend up to this level. This will be achieved through increased commitments to the Global Fund as well as increases in DFID's bilateral programmes. The bilateral programme has accounted for 83% of total spending, of which 64% was direct support to countries. Generally, the allocation of funding between countries under the bilateral programme was judged to be broadly appropriate, as is the allocation across multilaterals. However, there are no explicit criteria to determine the appropriate allocation between bilateral and core multilateral channels. It was not possible to assess whether outcome and impact targets will be achieved based on this level of spending.

**DFID has lacked appropriate organisational processes and mechanisms for delivery and monitoring of the Framework, though development of a Malaria Results Tracker**

**has been a positive contribution.** The Tracker collates information on country indicators and some key project outputs, such as bednets delivered. It has some limitations, particularly in not linking project codes and financial spend to outputs and outcomes. There was no consistent use of malaria indicators in Operational Plans (OPs). Indicators were reported in project documentation but there was no systematic way to collate this information for monitoring or evaluation purposes. Corporately, DFID systems for risk management are being strengthened. Actions have been taken by DFID to increase focus on value for money and cost-effectiveness in programmes, although conceptual and data quality issues remain in the use of related indicators.

**Activities under the Malaria Framework are resulting in substantial, measurable progress in the delivery of relevant outputs, both directly through DFID's bilateral programmes and through DFID's multilateral contributions and influencing.** Actions taken have included the delivery of commodities to high-burden countries, enhancing the availability of low-cost quality-assured treatment and diagnostics, and support to health systems. Between 2009/10 and 2012/13 DFID distributed over 33 million bednets, protected over 10.9 million people with indoor residual spraying (IRS), provided malaria prevention support to over 11.6 million pregnant women, and procured over 19.4 million artemisinin-based combination therapies (ACTs) and 14.4 million rapid diagnostic tests (RDTs). DFID has also made substantial investments in research to support new tools, in particular through product development partnerships, which are judged as representing good value for money.

**Trends in outcome indicators for malaria show substantial progress but it is too early to be certain that the Framework objectives will be met.** There have been substantial increases in the coverage of bednets, but so far only six of the seventeen high-burden countries in which DFID has programmes have achieved more than 90% coverage. Although the provision of treatment in the form of Artemisinin Combination Therapies (ACTs) to children with fever has significantly increased, the proportion reached remains variable between countries. Strengthened health systems, together with increased government efforts and commitment of resources, will be required to sustain the gains and accelerate progress in the high-burden countries.

**There is evidence that some high-burden countries are on course to achieve targets, though further empirical validation of modelling approaches is required.** Modelled estimates of overall trends in high-burden countries using WHO methodology suggest that five countries were by 2011 close to achieving a 50% reduction in malaria burden since 2005 and another four are on track to achieve this reduction by 2015. In addition, all-cause under-five mortality has dropped more than 30% in seven of the high-burden countries over a similar period. However further empirical validation of model parameters is required to enable measurement of the impact of DFID activities.

### **Summary of Main Recommendations**

The MTR recommended that DFID should undertake strategic reviews of the prospects of achieving Framework objectives in selected high-burden countries and an annual internal review of progress; assess and strengthen relevant national data systems; and strengthen technical support to country programmes. DFID should also strengthen the analysis and monitoring of value for money; improve reporting on influencing and multilateral engagement; and revise its coding and expenditure classification.

Specific actions on malaria included strengthening operational research; undertaking a regular review of the epidemiological situation and support provided by country; and strengthening of the Malaria Results Tracker.