AFRICAN DEVELOPMENT BANK
AFRICAN DEVELOPMENT FUND

BANK GROUP MALARIA CONTROL STRATEGY

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ABBREVIATIONS

ADB	African Development Bank
ADF	African Development Fund
AIDS	Acquired Immune Deficiency Syndrome
CSPs	Country Strategy Papers
DDT	Dichlorodiphenyltrichloroethane
ESIA	Environmental and Social Impact Assessment
ESMP	Environment and Social Management Plan
EU	European Union
FAO	Food and Agriculture Organization
HIPC	Highly Indebted Poor Countries
HIV	Human Immune-Deficiency Virus
IEC	Information, Education and Communication
IMF	International Monetary Fund
ITMs	Insecticide Treated Materials Including Mosquito Nets
NGOs	Non-governmental Organizations
NTF	Nigeria Trust Fund
OCOD	Central Operations Department
PLWA	People Living with AIDS
PRSPs	Poverty Reduction Strategy Papers
RBM	Roll Back Malaria
RMCs	Regional Member Countries
UA	Unit of Account
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Education Scientific and Cultural Organization
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
USD	United States Dollars
WB	World Bank
WHO	World Health Organization

EXECUTIVE SUMMARY

1. Malaria remains a serious impediment to socio-economic development in Africa. Out of the annual clinical cases of malaria in the world, estimated at 300-500 million, approximately 90% occur in Africa. More than 1 million people die of malaria annually, the majority of whom are in the African region. The poor are most at risk from malaria deaths as 58% of all deaths in the world occur among the poorest 20% of the world's population. Employed persons and principal child carers can loose up to 10 productive days for each time when they themselves or their children contract malaria. Direct costs borne by individuals, households and governments include the costs of treatment and prevention. Studies on the macro-economic impact of malaria indicate that countries with a substantial high burden of malaria grew at 1.3% per year less, and that a 10% reduction in malaria was associated with a yearly 0.3 % increase in Gross Domestic Product.

2. The high burden of this disease in Africa is due to the fact that malaria endemicity affects a significant number of countries where the transmission is stable. Moreover, the situation is worsening due to limited investments in malaria control, development of malaria parasites resistance to drugs and mosquito resistance to insecticides as well as weak health systems. Realizing that malaria impedes socio-economic development and poverty reduction, the African Development Bank's Health Sector Policy, adopted in 1996, recognizes malaria as one of the major diseases in Africa requiring priority investment. Meanwhile, the resurgence of malaria has necessitated that the Bank re-examine its malaria control activities to date, and re-assess further actions it can support to combat this disease. The Bank, therefore, is proposing a multi-sectoral Malaria Control Strategy for its operations to complement Roll Back Malaria (RBM) activities in the Regional Member Countries (RMCs).

3. This document presents a strategy that is formulated on the basis of the epidemiological situation, and the social and economic impact of malaria in the Bank's RMCs. The Malaria Control Strategy reflects the measures presently being promoted in international malaria control initiatives, and describes the Bank's past investments and lessons learnt in malaria control. It also defines the goal, objectives, guiding principles, priority areas and specifies the Bank's multi-sectoral approach.

4. The goal of the Bank's Strategy is to complement actions being taken to promote accelerated economic growth with equity and poverty reduction as central goals in Africa. Its objective is to contribute to the reduction of the social and economic burden of malaria in Africa by:

   (i) Increasing the Bank's support to RMCs to enhance the formulation and implementation of appropriate and evidence-based malaria control interventions in various sectors and in emergency assistance;

   (ii) Ensuring that Bank-financed projects, particularly those in non-health sectors (agriculture/rural development and infrastructure, education, private etc), integrate effective and appropriate environment and social management plans to mitigate against the potential impact of malaria transmission; and

(iii) Exploiting opportunities to reinforce knowledge, attitude, practices and behaviour change to build awareness of malaria control strategies as part of human resources development.

5. The Bank endorses the elements and principles laid down by the RBM initiative that has the overall objective of reducing the global burden of malaria by 50% by 2010. The initiative launched by WHO, UNDP, World Bank and UNICEF is now supported by other development partners including the African Development Bank. In addition, the Bank will be guided by the following principles:

(i) Selectivity and focus: Promoting a wide-range of interventions in malaria control that are proven to be efficacious in averting mortality and disability, and also cost-effective, given the complex interaction between malaria parasites, vector mosquitoes and human populations;

(ii) Feasibility of approaches and affordability: Supporting the integration of malaria control measures across sectors of RMCs to maximize the use of available resources including co-financing mechanisms;

(iii) Empowerment: Assisting individuals, families, communities, governments, institutions, private sector and media among others to contribute towards national efforts in malaria control, and at a sustainable level of effort; and

(iv) Participatory approaches and strategic partnerships: Involving beneficiary communities and the sub-groups within them, and working through strategic partnerships with specialized lead agencies in implementing best practices to assist multi-sectoral malaria control actions in RMCs.

6. The main priority areas for malaria control which the Bank will support in partnerships with RMCs include:

(i) Formulation and implementation of malaria interventions in various sectors in RMCs targeting vulnerable groups particularly those in rural areas as well as communities and workers at increased risk of malaria infections due to environmental and occupational factors, as part of poverty reduction actions;

(ii) Development of appropriate frameworks, at country level, that promote good environmental and social assessment, and management of conditions favorable to reducing malaria transmission;

(iii) Improvement of existing public services and infrastructure to strengthen the implementation of the malaria control interventions, and related cost-recovery mechanisms where issues of equity will not marginalize poor and vulnerable groups;

(iv) Promotion of macroeconomic policies that can enhance malaria control programmes through such actions as the reduction or exemption of taxes and tariffs on anti-malarial products including local production of these products, on both large scale and micro-enterprise basis, within the context of appropriate fiscal and regulatory frameworks;

(v) Advocacy for public-private sector partnerships that encourage participation of Africa-based companies in national malaria control programmes; and

(vi) Advancement of operations research, at country and regional levels, aimed at increasing the availability of new anti-malarial drugs including vaccines, and tools for mosquito vector control as well as exploring new opportunities such as the integration of known safe and effective African traditional medicines into the health systems of RMCs.

7. The Bank will employ the strategies that will complement and support country programmes as outlined in the Country Strategy Papers (CSPs), and prevailing sector operational policies, underlining the following:

(i) Policy dialogue and technical assistance to enhance malaria control concerns and support RMCs to create favourable macroeconomic policies and frameworks;

(ii) Multi-sectoral strategies and targeted approaches to mainstream malaria control measures in Bank-financed operations including malaria risk assessment with a view to developing mitigation against increased transmission associated with development projects;

(iii) Reinforcement of knowledge, attitude, practice and behaviour change through malaria information and sensitization activities; and

(iv) Development and sustainability of effective partnerships to mobilize domestic and external resources to address malaria control as well as ensure that communities receive an appropriate mix of synergistic multi-sectoral interventions.

8. The Bank's Malaria Control Strategy builds on the Global Malaria Control Strategy adopted by Regional Member Countries and lead specialized agencies. It optimizes the Bank’s comparative advantage of capacity and capability for multi-sectoral support to RMCs. This document is complemented by specific measures and actions recommended for Bank investment that constitute the multi-sectoral Malaria Control Operational Guidelines.

1. INTRODUCTION

1.1 Background

1.1.1 The resurgence of malaria in Africa has necessitated that the Bank re-examines and re-assesses its malaria control activities to date. Extensive policy dialogue and consultations, led by the World Health Organization (WHO), have evolved a global malaria control strategy based on the application of new and effective tools for malaria control. The understanding of national programme requirements has also been significantly enhanced following concerted malaria control research and programme evaluation efforts. Investments to strengthen national health systems in Regional Member Countries (RMCs) have, however, proven insufficient in the absence of targeted technical and financial assistance for institutional capacity development in accordance with the global strategy. Malaria control is increasingly recognised as a development rather than a purely health sector issue. Control strategies have been, as a consequence, progressively transformed into multi-sectoral ones placing emphasis on investments in the application of evidence-based interventions that are known to be affordable, acceptable, available and above all sustainable.

1.1.2 Measures herein proposed as the Malaria Control Strategy for operations of the African Development Bank are founded on the global malaria control strategy arising from a series of participatory meetings organized by WHO as the lead specialized agency in this area. RMCs where malaria is endemic have been at the forefront of these meetings that began with interregional conferences held in Brazzaville and elsewhere in 1991, leading to the adoption of the Global Strategy for Malaria Control in 1992 (see Box 1 below). This overall strategy has been reaffirmed with the launching of the Roll Back Malaria (RBM) partnership in 1998 which is endorsed by African Heads of States and Governments as a direct consequence of consensus building regional and country consultations[1].

Box 1: A Global Strategy for Malaria Control

"The Global Strategy calls for rational use of existing and future tools to control malaria. It recognizes that malaria problems vary enormously from epidermiology, ecological, social and operational viewpoints, and that sustainable, cost-effective control must therefore be based on local analysis. Based on decades of lessons from practice, the Strategy is firmly rooted in the primary health care approach, and calls for the strengthening of local and national capabilities for disease control, for community partnership and the decentralization of decision-making, for the integration of malaria control activities with related disease programmes, and for the involvement of other sectors, especially those concerned with education, agriculture, social development and the environment. It emphasizes the vital importance of continuing malaria research, locally and internationally, and of international teamwork in both control and research."

Source: A Global Strategy for Malaria Control, World Health Organization, 1993.

1.1.3 The principles of the Global Strategy for Malaria Control are interrelated with, and underscore the relevance of development areas within, the mandate of the Bank. Consequently, a specific Bank strategy for malaria control is deemed necessary in order to underpin opportunities available through its development operations that could, by design, contribute to concrete actions being taken by countries to combat malaria. The efforts of the Bank, in this regard, will facilitate its response to the international appeal to development

[1] Roll Back Malaria (RBM) is a global partnership founded by the WHO, UNDP, UNICEF, the World Bank and others including the Governments of malaria-affected countries. Its objective is to halve the global burden of malaria by the year 2010.

partners to allocate adequate resources for malaria and other communicable diseases mainly HIV/AIDS and tuberculosis.

1.2 Rationale

1.2.1 The African Development Bank's Health Sector Policy, adopted in 1996, recognizes malaria as one of the major diseases in Africa requiring priority investment. In terms of relative disease burden in Africa[2], malaria (accounting for 10.6% of burden) ranks second only to HIV/AIDS (16.6% of burden), and accounts for a higher proportion of burden than diarrhoeal diseases (7.5%), acute respiratory infections (7.7%), measles (5.3%) or tuberculosis (1.7%). Given that the impact of malaria on development in most RMCs goes beyond the health sector, the Bank has adopted a multi-sectoral approach to the potential malaria control interventions it can finance. This approach is also reflected in its approved operational policies. The Bank, therefore, is proposing a multi-sectoral Malaria Control Strategy that is supported by Operational Guidelines to ensure complementarity of its development assistance with the ongoing RBM activities in the RMCs.

1.2.2 Current high levels of malaria prevalence in Africa are related to diminishing investments in control interventions and related research over the past 20 years. Consequently, increasing populations in most RMCs are at risk in all productive sectors due to a resurgence of the disease. The resurgence of malaria is aggravated by increasing resistance of the malaria parasites to drugs and mosquito vectors to insecticides as well as climatic changes. This situation in the region, contrasts with the global trend of widespread progress achieved in malaria control, which has resulted in areas once mosquito-free being re-infested, and increased occurrence of malaria epidemics in Africa. The predominance of efficient malaria vectors such as the *Anopheles gambiae*, and the adaptability of parasites such as *Plasmodium falciparum* has contributed to the resistance to the most commonly used and affordable control measures[3].

1.2.3 The endemicity of malaria in Africa, more than elsewhere in the world, presents challenges to all aspects of the development process as the high intensity of malaria transmission, known as stable endemic malaria, places over 75% of the population on the continent at risk. Furthermore, the environmental aspects of malaria transmission pre-dispose all members of society in affected countries irrespective of age, gender or socio-economic status to the risks of malaria morbidity and mortality. Notably, malaria tends to flourish in situations where there are weak health systems, and generally inadequate basic infrastructure, especially in the water resources and sanitation sectors. These situations characterise the living conditions of most poor populations in Africa. Malaria, human development and poverty are thus closely related. The poor are the most vulnerable groups to the disease, among whom it is causing widespread hardship and premature deaths. Thus, malaria contributes to retarding economic growth and hampers poverty reduction efforts.

1.2.4 The Malaria Control Strategy outlined in this document has been developed taking into consideration existing initiatives aimed at improving the capacity and efficiency of efforts to reduce the burden of this disease in Africa. Policy dialogue at the global and regional levels that have led to new appreciation of the challenges in malaria control are

[2] The World Health Report: Making a Difference, Geneva, World Health Organization. 1-122 (1999).

[3] There are four types of human malaria parasites (falciparum, vivax, ovale, malariae), of this falciparum is the only one commonly associated with severe malaria disease and is a major cause of mortality, sometimes within 48 hours following the onset of symptoms.

presented in Section 2 in terms of the epidemiological situation, socio-economic impact and operational concerns. The past experience of the Bank in malaria control and lessons learnt are outlined in Section 3 with the specific strategy proposed for the Bank stated in Section 4. Recognition is given in Section 5 to the need to link malaria control with efforts to reduce the burden of other major communicable diseases such as HIV/AIDS and tuberculosis by building the capacity of appropriate Bank assistance. Specific Operational Guidelines for use by the Staff of the Bank during country dialogue, and the development of sector programmes or projects are provided in a separate document.

2. THE MALARIA PROBLEM IN AFRICA

2.1 Epidemiological Situation

The situation of malaria in Africa is not homogenous. The epidemiological profile is determined by various factors such as the ecosystem, climate, and species of mosquitoes and parasites. These factors have a large influence on the distribution, intensity of transmission and its duration. The past decade has been characterized by a change in the epidemiological situation in the African region. Malaria has become endemic in many more countries. RMCs have also become more cognisant of the inter-relationship between malaria epidemics and development activities that create favourable conditions for malaria. These activities include irrigated agriculture, the damming of rivers, wastewater treatment facilities, intra-rural as well as rural-urban population movements, and population displacements as a result of civil conflict or natural disasters. In addition, there is increased development of serious epidemics accompanied by high morbidity and mortality rates that affect all age groups. The epidemics are an increasing occurrence in the highland areas of East and Southern Africa.

2.2 The Socio-economic Impact of Malaria

2.2.1 Malaria remains a serious public health problem, especially in sub-Saharan Africa as many North African countries have been able to sustain malaria control and surveillance measures. Annual clinical cases of malaria in the world are estimated at 300-500 million of which approximately 90% occur in Africa. More than 1 million persons die of malaria annually, the majority of whom are in RMCs. Vulnerable groups are children below five years, pregnant women and adults who have never been exposed to malaria infection (non-immune), and the growing number of people living with AIDS (PLWA) among others. The case fatality rate among untreated children and non-immune adults considerably exceeds 10% directly due to malaria, and an estimated 25% due indirectly to it.

2.2.2 Malaria negatively impacts on the quality of life of individuals, families and communities. A malaria attack can cause a loss of up to 10 productive days in an adult or child, and an individual can have several attacks per year. Hospital and funeral expenses are a burden to families and communities, with long mourning periods associated with suspension of economic activities. Malaria also seriously affects learning due to school absenteeism and human development through anemia, epileptic convulsions and other conditions associated with this disease. Even when not fatal, malaria increases the vulnerability to other infections and retards child development. These result in poor performance in learning tasks among pre-school children and educational achievement among the school-age group with consequences on productivity and earnings of individuals in the long-term.

2.2.3 In economic terms, the disease has both direct and indirect costs: (i) direct costs borne by individuals, households and government include the costs of treatment, which may rise up to as much as USD 25 monthly, and those of prevention, which can also go up to USD 15 per month[4]. Also, 20% - 40% of outpatients' care, costing approximately USD 1 per consultation, and 10% - 15% of hospital admissions at USD 35 per admission in hospitals, is due to malaria. In a situation where at least 300 million Africans live below the poverty line of USD 1 per day, the costs associated with malaria are enormous. The indirect costs of malaria include not only negative economic impacts due to mortality and morbidity in terms of working days lost in agriculture and industry, but is also related to absenteeism in the education system, further contributing to losses in productivity. Macroeconomic impacts of malaria (calculated by including malaria related factors in economic growth models), suggest that countries with a substantial amount of malaria grew at 1.3% per year less (controlling for other influences on growth), and that a 10% reduction in malaria was associated with 0.3% higher growth rate per year.

2.2.4 The RBM is a global partnership committed to making a difference by halving the malaria burden worldwide by the year 2010. This partnership has galvanised action by concerned governments of RMCs, development agencies, civil society, private sector, professional associations, research groups and the media. An important follow-up to the launching of RBM has involved the process of consensus building on an agreed malaria control strategy (see Box 2 below) among African countries. RMCs, particularly those where malaria is endemic, have reaffirmed political commitment in accordance with the Harare Declaration on Malaria Prevention and Control in the Context of African Economic Recovery and Development in 1997, and the Abuja Declaration of the African Summit on Roll Back Malaria in 2000.

Box 2: Six Elements to Roll Back Malaria

- Evidence-based decisions using surveillance, appropriate responses and building community awareness;
- Rapid Diagnosis and Treatment;
- Better multi-pronged protection using insecticide-treated mosquito nets, environmental management to control malaria vectors;
- Focused research to develop new medicines, vaccines and insecticides, as well as to enhance epidemiological and entomological operational research activities;
- Coordinated actions for strengthening existing health services, policies and providing technical support; and
- Harmonized actions to build a dynamic global movement through partnerships.

Source: World Health Organization, 1998.

2.2.5 Strategic partnerships for malaria control and identified multi-sectoral linkages to advance the implementation of the RBM agenda are being revitalized. International mechanisms to monitor RBM achievements and support related resource mobilization efforts will be undertaken through the complementary efforts of the Global Fund to Fight AIDS, Tuberculosis and Malaria[5]. The fact that malaria can be controlled using existing knowledge and tools is the basis of a resolution adopted by the United Nations General Assembly which declared the period 2001-2010 "the Decade to Roll Back Malaria in Developing Countries,

[4] The Global Partnership to Roll Back Malaria: Proposed Strategy and Work plan for the Roll Back Malaria Cabinet Project (1998-2001). World Health Organization, June 1999.

[5] The Global Fund to Fight AIDS, Tuberculosis and Malaria, previously known as the Global AIDS and Health Fund, is a public-private partnership established by the United Nations and launched during the G8 Summit in Genoa in 2001.

Particularly in Africa". At the regional level, the New Partnership for Africa's Development (NEPAD) has given additional impetus by prioritizing malaria among other health concerns.

2.2.6 In the light of scarce and competing financial resources, malaria control continues to suffer from under-funding - an estimated USD 1 billion is required per year to control malaria in Africa, according to malaria experts. RMCs are, therefore, refocusing attention on malaria, and seeking adequate levels of domestic and external resources through programmes of development cooperation. The Bank perceives malaria control as an important and integral aspect of its overarching objective of poverty reduction, and a contributing factor to the achievement of the Millennium Development Goals among which are those specific to fight against major communicable diseases such as malaria. Effective malaria control in RMCs will no doubt contribute to the achievement of these targets. Several factors underline the Bank's approach in the assistance given to RMCs in malaria control. These include the need to be effective, selective and collaborate with other development partners given the enormity of the burden of malaria in RMCs.

2.3 Operational Issues in Malaria Control

2.3.1 The current global strategy adopted by RMCs, is no longer malaria eradication, but malaria control through basic and targeted interventions that can be implemented at country level. Past failures in control programmes represent operational issues that must be addressed through concerted development actions. Included among these failures were: limited capacity to ensure prompt live-saving treatments; unsustained preventive measures including vector control; ineffective response to epidemics; non-reliance on applied research to facilitate regular assessment of a country's malaria situation; and high cost of anti-malarial commodities for the average household. The agreed global strategy gives attention to the ecological, social and economic determinants of the disease, as well as acknowledging the importance of focused research to develop new technologies and delivery strategies. The process of establishing an enabling environment for malaria control warrants significant investments in human resource development to effectively implement malaria control strategies.

2.3.2 Access to appropriate services and knowledge for effective management of malaria is increasingly viewed as a global public good. As such, rapid diagnosis and treatment of malaria should be a fundamental right of all populations affected by malaria; this is, however, not the case in most RMCs. There is need to expand access to essential health care beyond the public health systems while reinforcing health services infrastructure; improve access to diagnosis of malaria in the context of illnesses common in the community; make drugs available as close to the home as possible; and continually monitor the efficacy of available anti-malarial drugs and change to more effective drugs, when indicated. Drug resistance to commonly used and affordable anti-malarial drugs is widespread, and alternative drugs are expensive for families and governments alike.

2.3.3 Several malaria prevention measures, known to be efficient and cost-effective, are being made available to communities in RMCs. These measures include those that focus on personal protection such as the use of insecticide sprays, insect repellents, reduction of mosquito breeding sites using recurrent application of larvicides and draining or filling places where water accumulates. Among the new and effective tools against malaria are insecticide-treated materials (ITMs), especially the insecticide-treated mosquito nets as the main

preventive measure because it has been shown to be cost-effective and acceptable[6]. Other measures involve national vector control programmes and are working to improve environmental management. Among the most cost-effective malaria intervention is indoor spraying of houses with residual insecticides, which has raised environmental concerns on the use of persistent organic pollutants such as DDT leading to its being banned globally. A WHO-led campaign to reinstate the use of this insecticide recognizes these concerns, but acknowledges the effectiveness and affordability of this insecticide in RMCs where it was used extensively prior to the global ban. The recommended use of DDT for malaria vector control emphasizes its use on a time-limited basis for malaria control and specifically for indoor residual spraying for prevention or containment of epidemics. Most RMCs have endorsed this WHO proposal as alternatives to this insecticide, such as pyrethroids, are relatively expensive[7].

3. BANK EXPERIENCE AND LESSONS LEARNT

3.1 Past investments in malaria control

3.1.1 Bank assistance that directly benefits national malaria control programmes in RMCs is led by lending provided through the health sector since 1975 and that amounted to UA 965 million as at end December 2000 in both concessionary and non-concessionary resources. Such assistance has engaged the Bank in over 30 RMCs. As at the end of 2000, there were over 50 ongoing health-related operations to reinforce and strengthen basic health systems in line with the Health Sector Policy[8]. Specific assistance for the control of a number of diseases including malaria is called for in this Policy as a priority area of investment[9]. The Bank, however, has not financed any stand-alone malaria control interventions (with the exception of emergency operations) but rather, specific interventions that are integrated into health sector projects. Such interventions have generally been in the context of essential drugs or disease control (including vector control) components of health projects. Overall past Bank investments in malaria control in RMCs over the period 1990 to 2000 are shown in Annex 1.

3.1.2 One of the earliest malaria control interventions financed by the Bank was a health project in Uganda approved in 1990. It was designed to strengthen vector control operations of the Ministry of Health and improve knowledge of the mosquito vector behaviour through operations research. Interventions of this nature that prioritized malaria have been a common project design factor supported by the Bank in other country operations, and which benefit primarily from the Bank's concessionary loan resources. Attention has also been given to facilitating dialogue on disease control concerns beyond country projects. During the early 1990s, resources amounting to approximately US$ 2 million from the Bank's Net Income and support for research institutions co-financed the Special Programme for Research and

[6] As many as 6 deaths per 1000 children per year can be averted through this preventive measure alone against the annual estimated 116 child deaths per 1000 in Africa. Malaria experts agree that there is a need to make mosquito nets available and accessible to populations at risk for malaria in RMCs, particularly children as well as other vulnerable groups including pregnant women through public and private sector programmes. The RBM target to increase the coverage of ITMs in malaria endemic countries is 60% by 2005.

[7] The Bank has acknowledged the position taken by WHO and RMCs on the use of DDT, and supports the emphasis on limited use for epidemic containment, and also in focal high endemic areas on condition that such use is subject to close environmental monitoring.

[8] Overall investments in health are being supplemented by other social sector contributions targeting aspects of poverty reduction, gender and population concerns that amount to about 20% of the Bank's total investments.

[9] The other priority diseases for Bank assistance are AIDS, tuberculosis, onchocerciasis, schistosomiasis, poliomyelitis, leprosy, yellow fever, neonatal tetanus, and malnutrition.

Training in Tropical Diseases (TDR). This programme was jointly established by UNDP, the World Bank and WHO in 1975 to focus on eight major tropical diseases, one of which is malaria. Among the achievements of the TDR is the strengthened global capability in scientific research designed to develop new methods of prevention, diagnosis, treatment and control of the targeted diseases.

3.1.3 In line with its policy to extend emergency assistance to RMCs, the Bank has used both its ordinary concessionary resources and resources from its Special Relief Fund to support emergency operations with malaria control as an important component. Such operations also principally targeted displaced populations. Examples include the Sudan Flood Reconstruction project, approved in 1990, and support of malaria control and epidemic prevention activities approved for Sudan in 1999, and in 2000 for Mozambique and Zimbabwe. The assistance provided by the Bank has been effective as it draws on the commitment to co-financing development operations, and working through existing strategic partnerships with development partners with appropriate in-country administrative arrangements to support RMCs emergency responses.

3.1.4 An under-lying factor in the Bank's operations is the mitigation of adverse development impacts. As such the Bank only finances development projects for which satisfactory environmental and social assessments (e.g. ESIA/ESMP) are conducted, and where the costs of mitigation measures have been incorporated into the overall project costs, including specific actions to guard against communicable diseases, such as malaria[10]. The Bank has systematically included standard measures in project design to minimise some of these impacts in Bank financed projects in RMCs through integration of good design practices and measures to significantly minimize the effects of introducing malaria. For example, where feasible, the provision of irrigated agriculture has also been done within an integrated approach. Thus, in addition to the provision of irrigation water, such infrastructure projects also provided or supplemented the existing social infrastructure in the rural areas including schools and clinics/health centres where malaria could be treated.

3.1.5 With the increased adoption of participatory approaches, Bank assistance is placing more emphasis on training and information, education and communication (IEC) activities as processes of empowerment of populations at high risk to malaria and other communicable diseases including HIV/AIDS. This process is enhancing inter-ministerial working relationships at country level by bringing together Ministries of Health, Agriculture, Environment, Water Resources, Sanitation, Public Works and Tourism among others to address prevailing malaria control problems, thus ensuring more sustainable results. Sustainability of malaria control efforts is critical given the fact that affected populations, are poor and often not accessible through a single public service.

3.2 Lessons from experience

3.2.1 Several lessons have been derived from the Bank’s experience in supporting malaria control programmes and have been integrated into the proposed Malaria Control Strategy. The key lessons are:

(i) Possible malaria control interventions vary, and must be matched by a knowledge of the specifics of the local situation in a given RMC;

[10] Ref. AfDB Environment and Social Assessment Procedures for the Public and Private Sectors adopted in June 2001 and May 2000, respectively.

(ii) Several opportunities exist for malaria control outside the health sector, indicating that malaria control activities can be mainstreamed into a wide range of multi-sectoral poverty reducing activities including income-generation through production of ITMs at community level;

(iii) There are areas for new investments including research and production of traditional African medicines increasingly used to treat malaria as well as other diseases such as HIV/AIDS and childhood illnesses that are common in RMCs;

(iv) The affected populations in malaria endemic areas must be associated from the onset of control programmes, and be involved in the design and supervision of malaria control activities in a participatory manner with the aim of ensuring sustainability;

(v) Malaria control interventions implemented by countries must be matched by appropriate operations research work, which aims at improving the knowledge-base of epidemiological, entomological and ecological factors that hamper the efficiency of interventions, in addition to intensifying the search for a vaccine and building local capacities in human resource development; and

(vi) Effective use of national budgets for malaria control and mobilization of external funding, particularly for the majority of RMCs where this disease is endemic, requires that related disease prevention and control priorities be clearly outlined in macroeconomic frameworks such as the Enhanced Heavily Indebted Poor Countries Initiative (HIPC) and Poverty Reduction Strategy Papers (PRSPs).

3.3 Implications for the Bank

In terms of development effectiveness of projects and programmes supported by the Bank, most of the malaria control operations involving the Bank require multiple sources of development assistance available through existing strategic partnerships. An essential lesson learned is the need for the Bank's assistance to be linked with appropriately defined national programmes of action, irrespective of the sector of intervention. The Bank recognizes that it can be more effective working through the operational framework outlined by the RBM partnership as well as other broader coalitions committed to reducing the malaria burden. As such a specific Bank strategy to support country actions is necessary in order to underscore areas of its comparative advantage and additionality. Based on its experience, the role of the Bank should be supportive, and build upon national malaria control plans of action being developed by RMCs with assistance from the lead specialized agencies[11].

4. THE BANK'S MALARIA CONTROL STRATEGY

4.1 Goal

The goal of the Malaria Control Strategy is to contribute to implementing the Bank's overarching objective, which effectively promotes accelerated, sustainable economic growth with equity and poverty reduction in RMCs.

[11] Initially, national malaria control plans of actions are being developed for the period 2001-2005 in line with mid-decade goals set during the African Summit to Roll Back Malaria in 2000 in order to facilitate strategy and modification.

4.2 Objectives

More specifically, the Bank aims to contribute to the reduction of the social and economic burden of malaria by 50% by 2010 through:

(i) Increasing the Bank's support to RMCs to enhance the formulation and implementation of appropriate and evidence-based malaria control interventions in various sectors and in emergency assistance;

(ii) Ensuring that Bank-financed projects, particularly those in non-health sectors (agriculture/rural development and infrastructure, education, private etc), integrate effective and appropriate environment and social management plans to mitigate against the potential impact of malaria transmission; and

(iii) Exploiting opportunities to reinforce knowledge, attitude, practices and behaviour change to build awareness of malaria control strategies as part of human resources development.

4.3 Guiding Principles

In addition to endorsing the elements and principles adopted in the context of the RBM initiative, the Bank will be guided by the following principles:

(i) Selectivity and focus: Promoting a wide-range of interventions in malaria control that are proven to be efficacious in averting mortality and disability, and also cost-effective, given the complex interaction between malaria parasites, vector mosquitoes and human populations;

(ii) Feasibility of approaches and affordability: Supporting the integration of malaria control measures across sectors of RMCs to maximize the use of available resources including co-financing mechanisms;

(iii) Empowerment: Assisting individuals, families, communities, governments, institutions, private sector and media among others to contribute towards national efforts in malaria control, and at a sustainable level of effort; and

(iv) Participatory approaches and strategic partnerships: Involving beneficiary communities and the sub-groups within them, and working through strategic partnerships with specialized lead agencies in implementing best practices to assist multi-sectoral malaria control actions in RMCs.

4.4 Priority Areas

In applying the above-noted guiding principles, attention will be given to areas where the Bank's assistance can be provided in a supportive capacity and within the framework of initiatives and activities defined by the specialized lead agencies such as WHO. As such, the Bank would not intervene where its technical and financial resources are inadequate without exploring co-financing opportunities. The main priority areas for malaria control in which the Bank will work in partnership with RMCs and other development partners are the following:

(i) Formulation and implementation of malaria interventions in various sectors in RMCs targeting vulnerable groups particularly those in rural areas as well as

communities and workers at increased risk of malaria infections due to environmental and occupational factors, as part of poverty reduction actions;

(ii) Development of appropriate frameworks, at country level, that promote good environmental and social assessment, and management of conditions favorable to reducing malaria transmission;

(iii) Improvement of existing public services and infrastructure to strengthen the implementation of the malaria control interventions, and related cost-recovery mechanisms where issues of equity will not marginalize the poor and vulnerable groups;

(iv) Promotion of macroeconomic policies that can enhance malaria control programmes through such actions as the reduction or exemption of taxes and tariffs on anti-malarial products including local production of these products, on both large-scale and micro-enterprise basis, within the context of appropriate fiscal and regulatory frameworks;

(v) Advocacy for public-private sector partnerships that encourage participation of Africa-based companies in national malaria control programmes; and

(vi) Advancement of operations research, at country and regional levels, aimed at increasing the availability of new anti-malarial drugs including vaccines, and tools for mosquito vector control as well as exploring new opportunities such as the integration of known safe and effective African traditional medicines into the health systems of RMCs.

4.5 Strategies

4.5.1 Policy Dialogue and Technical Assistance

The Bank will advocate and support malaria control efforts that build capacity and implement national programmes in accordance with internationally agreed strategies. Specifically, the Bank will assist RMCs to develop malaria control policies which are consistent with their overall development goals and which contribute to poverty reduction. The Bank assistance will be focussed on effectively contributing to the concerted efforts of development partners. In this connection, participation in the network of global and regional strategic partnerships established to promote policy dialogue and monitor progress toward the attainment of key goals will be an important means through which to ensure the Bank's appropriate interventions.

4.5.2 Multi-sectoral Strategies with Targeted Approaches

4.5.2.1 The Bank's approach in providing assistance for malaria control will consist of a combination of multi-sectoral and targeted interventions. Among these interventions are activities that raise awareness on malaria prevention and early treatment as well as impact assessment of development operations to reduce the risks of increased malaria transmission as a result of the Bank's assistance. The process of mainstreaming malaria control into Bank-financed operations across different sectors is guided by considerations given to this disease

that are incorporated into the Bank's sectoral policies[12]. The specific operations that can be targeted by the Bank to reduce the prevalence of malaria are summarized in Box 3, and the broad-range of feasible interventions are summarized below, but outlined in detail in the Malaria Control Operational Guidelines.

Box 3: Potential Areas for Bank Assistance in the Fight Against Malaria

Sector	Operations
All sectors	• Human resource development • Information, education and communication • Environmental and social impact assessment
Agriculture and rural development	• Irrigation schemes • Dam construction • Rural roads • Watershed management • Agro-processing industries, including waste management • Deforestation • Cattle rearing • Fisheries
Education	• School health programmes • Non-formal education
Health	*Direct assistance* • Essential drugs • Communicable diseases and vector control • Blood transfusion services • Institutional capacity building for national malaria control programmes *Indirect assistance* • Health sector reforms and investment • Strengthening health systems (facility-based and community-based)
Infrastructure	• Urban/rural surface and underground water systems • Hydro-electric power plants • Sewage and drainage systems • Public facilities construction • Road and communication systems construction • Mining
Private sector	• Production of anti-malarial drugs and insecticides • Production of insecticide-treated materials • Tourism and trade
Research	• National/regional research in malaria control (epidemiological, entomological and ecological factors to enhance evidence-based interventions) • Sector studies to incorporate malaria control • Drug efficacy studies of anti-malarial products (vaccines, drugs and insecticides)

4.5.3 Environment and Social Impact Assessment

Environmental and social changes associated with development projects (such as dam construction, irrigation and others) are known to increase the breeding of malaria carrying mosquito vectors. As part of the Bank's systematic environmental and social assessment of

[12] Recently approved policies and guidelines are: (i)) Agriculture and Rural Development Sector Policy, approved March 2000, recognizes vector borne (malaria and water related diseases) and viral diseases (HIV/AIDS); (ii) the Policy for Integrated Water Resources management approved March 2000, promotes reduction of malaria and water related diseases; (iii) Education Sector Policy Paper, approved March 2000, highlights importance of HIV/AIDS, malaria and schistosomiasis among school-going population; (iv) Population Policy approved January 2000 recognizes HIV/AIDS and malaria in particular; and (v) Economic Cooperation and Regional Integration Policy, approved March 2000: and Environmental and Social Assessments Procedures adopted May 2001 for the Private Sector and June 2001 for the Public Sector.

projects, malaria risk assessment will be undertaken to identify the populations at risk (desegregated by age, gender or social status), expected impact on each sub-group of the at risk population and mitigation measures. Where possible, the cost of projects would include cost of measures for malaria control, including provision of essential health services. The Bank will not only undertake impact assessment of these projects, but take advantage to promote awareness raising for malaria prevention, appropriate actions (e.g. seek prompt treatment for suspected malaria illness in children, pregnant women, PLWA and other vulnerable groups such as non-immune migrant workers), effective environmental management measures, and active participation of communities in programme or project areas in sustaining control activities.

4.5.4 Developing and Sustaining Effective Partnerships

The Bank is aware that the challenge of malaria control is immense and related assistance to RMCs will require inter-agency cooperation and co-financing mechanisms. Being cognizant of the shortfall in funding in malaria activities in RMCs, the Bank, in collaboration with other development partners (UN agencies such as WHO, UNICEF, UNESCO, UNHCR, and FAO, the World Bank, the EU, bilateral agencies, and private including non-governmental organizations etc.), will act to mobilize complementary external resources to address malaria control issues. In addition, the Bank will partner with other institutions to ensure that the wide-range of RMC requirements receive the appropriate mix of synergistic multi-sectoral development assistance. To ensure that available resources for malaria control are effectively utilized without duplication of efforts, the Bank will work within the context of the partnerships of governments and development agencies established to rolling back malaria at both the global and country level. Aid coordination will be an important feature of these partnerships.

4.5.5 Maximizing Available Resources and Seizing Opportunities

4.5.5.1 The recent resurgence of malaria in Africa has been associated with reduced resources. In the face of such a situation, the Bank will:

(i) Emphasize efficient use of financial resources in line with country macroeconomic frameworks, and sector reforms under implementation; and

(ii) Advocate for the channeling of savings from debt relief under the HIPC initiative towards malaria and other disease control programmes.

4.5.5.2 If seized, the following opportunities will enhance the Bank’s activities in malaria control:

(i) Ongoing health sector reforms, streamlining of public expenditures and developing a more efficient health system, without which malaria control cannot be effective;

(ii) Renewed emphasis on community participation, which translates into greater ownership of national development programmes and facilities;

(iii) Widening partnership with all development partners especially non-governmental organizations (NGOs) who have greater experience and ability in reaching the most vulnerable population groups; and

(iv) Emphasis on decentralization and the empowerment of lower levels of the health system, in order to improve decision making and implementation.

4.5.6 Social Strategies

4.5.6.1 Gender considerations: Compared to men, women have a higher incidence of poverty, its degree of severity exacerbated by lack of access and control over resources; lack of access to education and support services; lack of opportunity to exert power over economic structures; migration and changes in family structures; inequality in income, consumption and access to appropriate health services. The Bank will, therefore, mainstream gender into malaria control efforts by requiring integration of gender equality concerns into the analyses and formulation of policies, programmes and projects, with the objective of ensuring that these have positive impact on women and men in order to reduce gender disparities. Particular attention will be given to strategies that involve and enable women to participate in decision-making in development operations that include disease control issues for malaria and other major diseases.

4.5.6.2 Participatory approaches: In order to make the malaria control efforts articulated in this strategy acceptable and owned by the intended beneficiaries at community level and enhance effectiveness, the Bank will promote the involvement of a wide-range of stakeholders (e.g. Governments, civil society, private entrepreneurs, communities in malaria endemic areas) in the design, implementation and appraisal of malaria interventions by providing, *inter alia*, capacity enhancing assistance in participatory approaches where required.

4.5.6.3 Paying attention to cultural issues: The persistence of malaria is very often linked to cultural factors. The community's perception of malaria risk and understanding of the disease determine whether or not its members seek prompt treatment or adopt preventive measures. A community's life style, including construction and use of dwellings will influence the utilization and effectiveness of environment and vector control measures. Efforts to raise awareness of the economic costs of malaria on productivity at household and community levels are essential. Visiting sick relatives in hospitals and funerals interrupt farming, business, learning and other socio-economic activities for a significant number of days. The Bank will support advocacy for IEC messages that underscore the importance of these factors in aggravating the effects of malaria on socio-economic development of communities in RMCs.

5. CONCLUSION

5.1 Linkages with other Development Concerns

In line with existing policies, the Bank is proposing a specific strategy to support RMCs in their efforts to Roll Back Malaria. The Bank's assistance in this area is driven by its conviction that malaria is one of the major communicable diseases with a high toll on human life and capital development and poverty reduction in Africa. The other "diseases of poverty"

of priority concern include HIV/AIDS and tuberculosis. Thus, in the interest of maximizing limited available resources the Bank's concerted actions will be led by the basic principles mentioned above, notable among them being effective partnerships, efficient health systems and mainstreaming of actions which span all relevant development sectors. The Bank will also make use of several opportunities (e.g. the wide-range of anti-malarial products including drugs and ITMs) now available to enhance the implementation of national malaria control plans of action. These opportunities allow the development of new activities and modes of operation, which the Bank is ready to facilitate. However, the most important interventions will be enhancing human and institutional capacity to combat malaria.

5.2 Implementation of the Bank's Strategy

The Bank has prepared specific Operational Guidelines to guide the process through which to implement the proposed Malaria Control Strategy[13]. These Guidelines will facilitate the selection of appropriate areas for Bank intervention, and monitoring of activities financed. In particularly, the Guidelines include information for consideration by Task Managers at each stage of the project cycle, and serves as a check list of actions, on how to assess malaria risk and impact, recommended actions in accordance with the malaria strategy, relevant indicators, and goods and services that can be financed. Actions and interventions are outlined for country dialogue and project preparation and appraisal operations financed by the Bank in development sectors such as agriculture and rural development, infrastructure, education, health and private as well as emergency assistance. An implementation plan of action on how the Bank will operationalize its Malaria Control Strategy is presented in Annex 3.

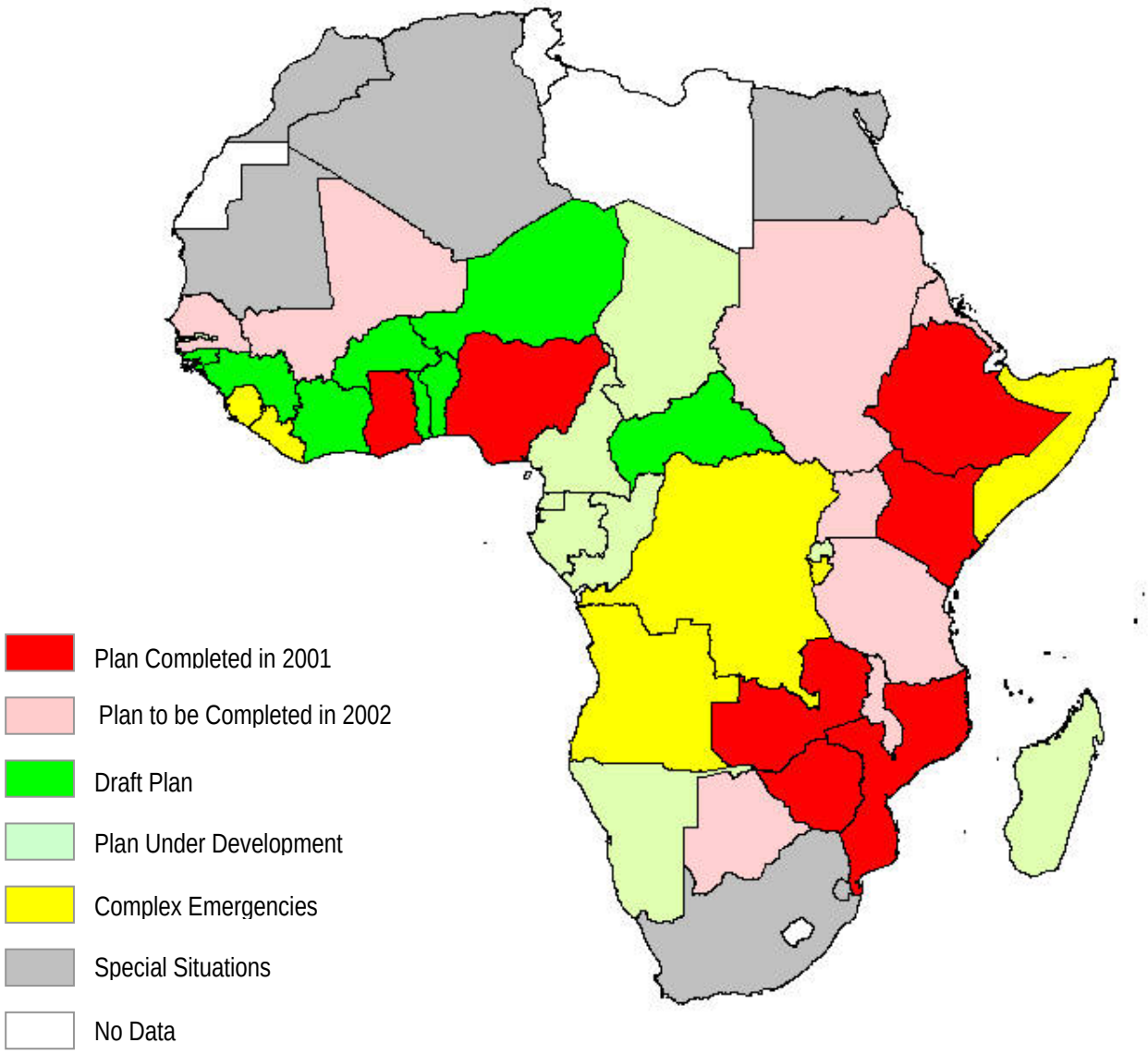
[13] The Bank's proposed Malaria Control Operational Guidelines exist as a separate document.

Past Bank Investments Related to Malaria Control, 1990-2000

Country	Project	Approval Date	Total Loan Amount and Malaria Activities
Health Sector Development Operations			
Uganda	Health Services Rehabilitation Project	1990	ADF/NTF UA 30.3 million of which UA 1.2 million for vector-borne disease control.
Uganda	Second Health Services Rehabilitation	1993	ADF UA 6.0 million of which UA 0.27 million for training covering disease control.
Mauritania	Project de Renforcement des Soins de Santé Primaire	1994	ADF UA 9.2 million with major component for essential drugs
Tanzania	First Health Services Rehabilitation	1997	ADF UA 15.0 million of which UA 5.5 million for endemic disease control in Zanzibar
Mozambique	Beira Corridor Health	1997	ADF UA 7.7 million with major component for essential drugs
Senegal	Health Rehabilitation I	1997	ADF UA 10.0 million
Kenya	Rural Health II	1998	ADF UA 8.00 million of which UA 1.4 of 3.2 million for CBHC specifically for malaria
Ethiopia	Primary Health Care Services	1998	ADF UA 29.67 million part of SWAP covering disease control
Tanzania	Three Regions Health Study	1999	ADF UA 1.75 million to include malaria control assessments
Zambia	Health Sector Support	1999	ADF 8.92 million includes disease control–HIV/AIDS and malaria.
Non-Health Sector Development Operations			
Sudan	Flood Reconstruction Project	1990	ADF UA 26.1 million
Sao Tome et Principe	Programme for Drinking Water Supply, Sanitation and Control of Water-Borne Diseases	1999	ADF UA 4.2 million includes malaria control capacity building and promotion of ITNs.
Mali	Rural Development support for Daye, Hamadja, Koioume Plains	2000	ADF UA 7.84 million includes UA 0.14 million for HIV/AIDS and Water-borne disease awareness
Mozambique	Integrated Water and Sanitation	2000	ADF/TAF 16.97 million of which UA 0.28 million for HIV/AIDS and malaria activities.
Nigeria	Community-Based Poverty Reduction	2000	ADF 20.0 million co-financing with WB of which UA 1.5 million to integrate HIV/AIDS and malaria concerns.
Zambia	Small Scale Irrigation	2000	ADF 30.0 million with allocation for HIV/AIDS and malaria awareness campaigns
Emergency Assistance – Special Relief Fund			
Sudan	Emergency Assistance	1999	UA 0.36 million for malaria
Mozambique	Emergency Assistance	2000	UA 0.36 million for malaria
Zimbabwe	Emergency Assistance	2000	UA 0.36 million for malaria and cholera
Research			
Multi-national under WHO	Special Programme on Tropical Disease Research and Training (TDR)	1986 to 1992	USD 2.0 million

Note: 1 Unit of Account (UA) is equivalent to approximately USD 1.30.

Map Showing Status of National Malaria Control Plans of Action in RMCs
(as at December 2001)



Source: World Health Organization, 2001

MALARIA CONTROL STRATEGY FOR THE BANK GROUP
Strategy Implementation Plan of Action

Actions Planned	Milestones	Time Frame		Indicators	Responsibility
		Start Date	End Date		
1. Sensitization on the Bank Group's multi-sectoral approach, and information sharing on new improved tools/intervention for malaria control .	1.1 Reproduction and distribution of the Bank Group's Malaria Control Operational Guidelines.	Apr. 02	Jun. 02	1.1 Number of operational guidelines produced and distributed.	1.1 POPR/SEGL
	1.2 Dissemination of information on recommend Strategy through sector specific briefings to economic sector departments[14].	May 02	Dec. 02	1.2 Number of departmental briefings.	1.2 POPR
	1.3 Assessment of technical Staff information and training needs on malaria control.	Jul. 02	Dec. 02	1.3 Report on information and training needs and recommend follow-up actions.	1.3 POPR/ Operations Depts.
2. Co-financing of national and regional malaria control programmes directly or as part of an integrated approach for communicable disease control.	2.1 Appraisal of components or projects/programmes on the basis of country strategic plans or other vetted interventions.	Jul. 02	2005	2.1 Number of malaria control components or projects/programmes financed through ADB/ADF/NTF	2.1 Operations Depts.
	2.2. Inclusion of malaria related development concerns in economic and sector work (ESW).	Jul. 02	2005	2.2 Number of PPFs and ESW studies including assessment of malaria control requirements.	2.2 Operations Depts.

[14] Note Africa Malaria Day is 25 April of each year.

3. Review country malaria morbidity and mortality data and WHO technical guidelines to advise on where Bank Group assistance will have effective impact.	3.1 Targeted malaria control assistance based on country malaria endemicity, recommend technical interventions and financing gaps in national and regional programmes.	Jul 02	2005	3.1 Percent reductions of malaria cases in countries where Bank Group is co-financing national efforts.	3.1 POPR
4. Working through strategic partnerships to ensure complementarity of Bank Group assistance for malaria control.	4.1 Continued participation at international meetings on malaria such as RBM Global Partnership among others.	2002	2005	4.1 Number of relevant meetings attended.	4.1 POPR
	4.2 Periodic participation at regional meetings of national malaria control programme managers.	2002	2005	4.2 Number and quality of proposals submitted to the Bank for consideration.	4.2 Operations Depts.
	4.3 Follow-up on recommendations on malaria control actions in non-health sector fora (e.g. EFA, CGIAR etc.)	2002	2005	4.3 Number of BTOR from meetings attended in which specific action for malaria are cited.	4.3. POPR/ Operations Depts
5. Support for regional operational research to enhance malaria control efforts and capacity.	5.1 Dialogue with, and appraisal of programmes of assistance to malaria research institutions.	2002	2005	5.1 Number of malaria research institutions collaborating in Bank Group operations.	5.1 POPR/ Operations Depts.
6. Support promote public-private sector participation for enhanced anti-malarial actions.	6.1 Appraisal of operations that incorporate public-private sector participation to enhance national or regional malaria control efforts.	2002	2005	6.1 Number of operations that involve public-private participation for malaria control.	6.2 OPSD/ Operations Depts.

7. Timely response to national emergencies with implications for malaria epidemic outbreaks through use of the Special Relief Fund.	7.1 Appraisal of malaria control requirements during emergency situations in malaria endemic countries.	2002	2005	7.1 Number of country emergencies assisted.	7.1 Operations Dept.
8. Monitoring and reporting on Bank Group assistance for malaria control	8.1 Updates through in-house documents e.g. supervision reports, APPR, Annual Reports etc.	2002	2005	8.1 Proportion of Bank Group reports citing assistance given for and achievements in malaria control.	8.1 POPR/PDRE
	8.2 Periodic reports on the Bank Group's contribution to malaria control as part of the fight against communicable diseases[15].	2002	2005	8.2 Proportion of Bank Group resources mobilized for malaria control related interventions by 2005 and 2010.	8.2 POPR/PDRE
	8.3 Mid-term review of the effectiveness of RMCs' malaria control programmes in collaboration with other development partners.	2005	-----		

[15] There are international and regional fora that will monitor the contributions of development partners such as the Global Fund to Fight AIDS, Malaria and Tuberculosis (GFAMT) in accordance with the G7 agreements, Roll Back Malaria Global Partnership, and the African Union Heads of State and Governments.

CONFIDENTIAL

AFRICAN DEVELOPMENT BANK
ADB/BD/WP/2002/25/Add.1

AFRICAN DEVELOPMENT FUND
ADF/BD/WP/2002/21/Add.1
22 March 2002
Prepared by: POPR
Original: English

Probable Date of Board Presentation:
TO BE DETERMINED

FOR CONSIDERATION

MEMORANDUM

TO : **THE BOARDS OF DIRECTORS**

FROM : **Philibert AFRIKA**
Secretary General

SUBJECT : **BANK GROUP MALARIA CONTROL STRATEGY**

ADDENDUM -ENGLISH VERSION ONLY*

Please find attached hereto **as addendum** to the above-mentioned document, the Map showing Status of National Control Plans of action. in RMC's (Annex 2).

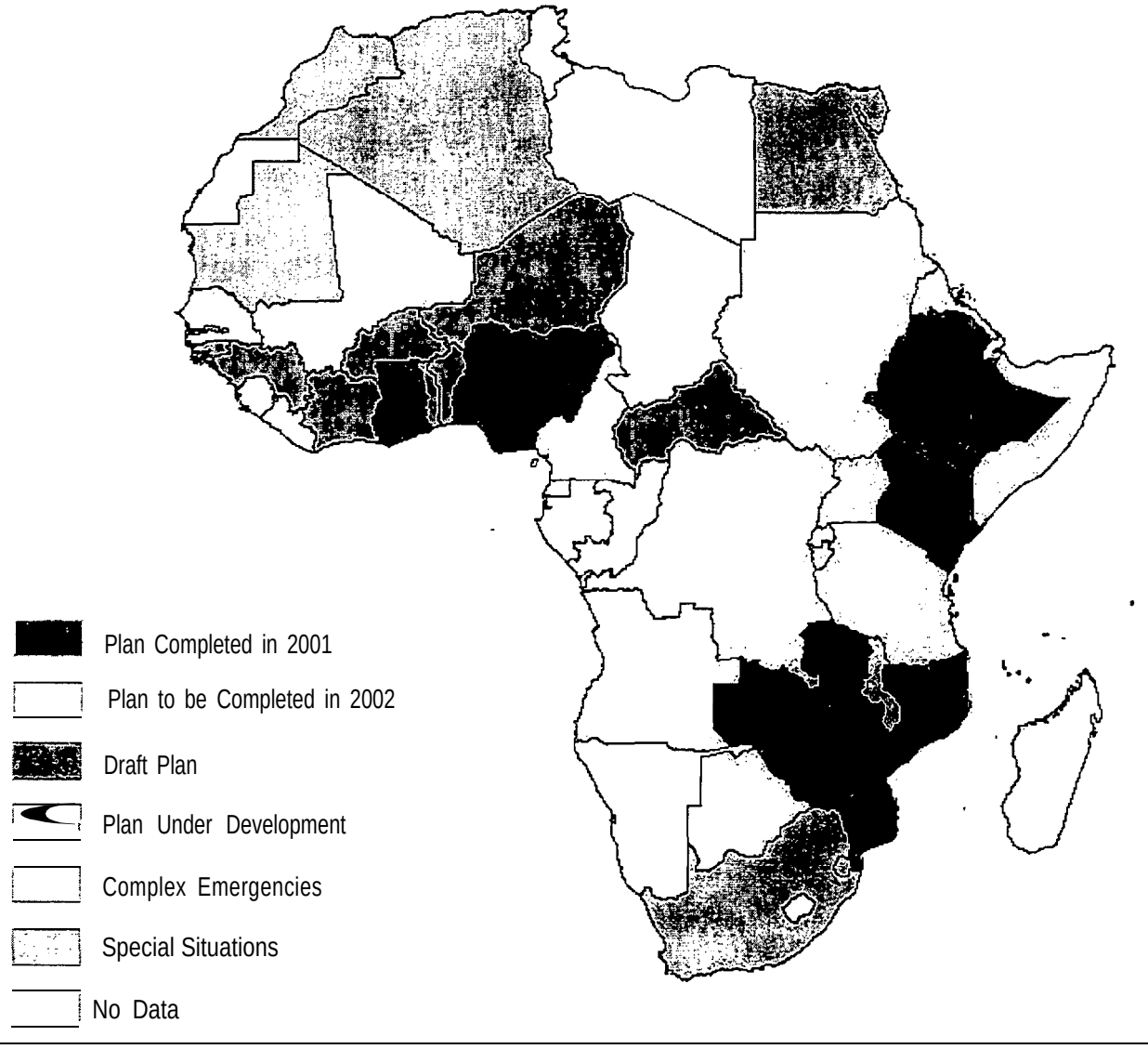
Attach:

cc: The President

*Questions on this document should be referred to :			
Mr. B. OGUNJOBI	Director	POPR	Ext. 4040
Mrs. Z. EL BAKRI	Ag. Director	OCSD	Ext. 4101
Mr. J. LITSE	Division Manager	POPR.2	Ext. 4127
Ms. P. KURUNERI	Social Sector Specialist	POPR.2	Ext. 4569

SCCD.C.H.

Map Showing Status of National Malaria Control Plans of Action in RMCs
(as at December 2001)



Source: World Health Organization, 2001

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AFRICAN DEVELOPMENT BANK
ADB/BD/WP/2002/25/Add.2

AFRICAN DEVELOPMENT FUND
ADF/BD/WP/2002/21/Add.2
17 April 2002
Prepared by: POPR
Original: English

Probable Date of Board Presentation:
8 May 2002

1

FOR CONSIDERATION

MEMORANDUM

TO : THE BOARDS OF DIRECTORS

FROM : Philibert **AFRIKA**
Secretary General

SUBJECT : BANK GROUP MALARIA CONTROL STRATEGY

ADDENDUM – ENGLISH VERSION ONLY*

Please find attached hereto as addendum, Annex 1 which is missing in the above-mentioned document dated 13 March 2002.

Attach:

cc: The President

*Questions on this document should be referred to :			
Mr.A.D. BEILEH	**Ag. Director**	**POPR**	**Ext. 4150**
Mrs. Z. EL BAKRI	**Ag. Director**	**OCSD**	**Ext. 4101**
Mr. J. LITSE	**Division Manager**	**POPR.2**	**Ext. 4127**
Ms. P. KURUNERI	**Social Sector Specialist**	**POPR.2**	**Ext. 4569**

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BANK GROUP MALARIA CONTROL STRATEGY

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