



The World Bank

October 3, 2006

PAUL WOLFOWITZ
President

The Honorable Tom Coburn, MD
Chairman
Subcommittee on Federal Financial Management,
Government Information and International Security
Committee on Homeland Security and Governmental Affairs
United States Senate
172 Russell Senate Office Building
Washington, DC 20510-6250


Dear Senator Coburn,

Thank you for your three letters sent in August on the subject of malaria control. I had tried to reach you by phone prior to my departure for our Annual Meetings in Singapore to address some of the issues raised in your two letters of August 10, but, regrettably, we were unable to connect. I look forward to a chance to discuss these issues when we meet this week. I also understand that U.S. Treasury staff have briefed staff from the Senate Homeland Security and Governmental Affairs Subcommittee on Federal Financial Management, Government Information and International Security on World Bank operations related to the malaria program.

Control of malaria, particularly in sub-Saharan Africa, is a clear priority of the World Bank Group. Around this time last year, I noted that we were prepared to substantially increase our efforts against malaria through what we are calling the Booster Program for Malaria Control, with a special focus on Africa. As you know, about 90% of the world's malaria deaths occur in sub-Saharan Africa, where the disease has been deeply entrenched for centuries, making it a fact of life for most Africans. While fighting malaria anywhere in the world is rarely easy, fighting malaria in Africa is even more difficult, as sub-Saharan Africa provides the malaria parasite and mosquito with almost perfect conditions for survival.

I am aware of the criticisms of the Bank's previous malaria control efforts. Clearly, between 1998 and 2004, actions fell short of what was needed to combat the malaria crisis in Africa. In 2004, at a conference in Maputo, African countries themselves called for substantially stronger World Bank support to malaria control, and underscored their disappointment in our previous efforts. We have learned from the past and have begun to deliver on our renewed commitment.

Over the past year in the Africa Region, we have delivered nine projects to the Board of Executive Directors of the World Bank, and have committed US\$172 million of the US\$500 million target set for the Booster Program's first three-year phase. More projects are on the way in Africa along with a major operation in India (US\$200 million), putting us on track to meet our renewed commitment.

Success will be measured beyond financial inputs and be defined in terms of results and accountability. While project design is flexible in the Booster Program, our commitment to achieve concrete outcomes is not. From Angola to Zambia, we have constructed a results monitoring matrix (a scorecard) to tell a complete story from dollar investments (from countries, the Bank, and other partners) to real results on the ground. We are keeping track of specific interventions such as the use of insecticide-treated bed nets, access to anti-malarial treatment of children, intermittent preventive treatment for pregnant women and indoor residual spraying. The matrix will help identify areas where results are lagging, providing an opportunity to take action and accelerate progress. The matrix is not ours alone. Other partners (both donors and countries) have signed onto the concept at the recent Dakar conference as a way to promote collective accountability for results, rather than on input or single partner attributions. This is a clear sign that the World Bank and the donor community are doing business differently. I have attached a copy for your review.

The Booster Program has benefited from strong collaboration with the World Health Organization, our lead technical partner. On issues related to drug choice, use of DDT, and other technical matters, let me assure you that our project teams under the Booster Program follow WHO guidelines, in the context of country-specific realities. For instance, the use of DDT for indoor-residual house-spraying is clearly effective in many cases (such as in Ethiopia and Mozambique), and we will continue our support for it in line with WHO-recommendations, and country policies. The Bank was present at the conference on DDT and indoor residual spraying organized by WHO in June 2006 in Brazzaville and has endorsed the joint statement issued at the end of this conference.

Most compelling, perhaps, was a letter I received in May from Professor Eytayo Lambo, the Honorable Minister of Health in Nigeria, a country with Africa's single largest malaria burden and in which around 25% of all worldwide malaria deaths occur. Writing on behalf of malaria endemic countries in Africa, as well as for the NGOs, private sector, multilateral, bilateral, and academic partners in the Roll Back Malaria Partnership (RBM), he noted, "RBM Partners would like...to extend our support and appreciation of the significant additional resources, both human and financial, which the World Bank has committed to develop a substantive country support program which is both transparent and for which it can be held accountable."

I am committed to ensuring that the turnaround over the past year is sustained over the long-term. We are applying the lessons learned to the hard work of assisting countries to translate financing into results. I regularly meet personally with the team in Africa responsible for our efforts, and receive a country-by-country update on progress and challenges.

You can be assured that we will strive to live up to the expectations of all Africans. As you note, the lives of countless African children depend on our collective efforts.

Sincerely,



Paul Wolfowitz

Attachment: Malaria Matrix

cc: Ms. Jennifer Lynn Dorn, Alternate Executive Director for the United States, The World Bank

BOOSTER PROGRAM RESULTS MONITORING MATRIX/ MALARIA INDICATOR TEMPLATE (Data as of September 1, 2006)

NB: This work in progress will be adjusted as we move forward with harmonization and more recent information becomes available.

Booster Country	Committed Finances for 2005-2010 ¹ (US\$ millions)												Progress to Date on Abuja Targets ^{7,8,9} : Percentages								Impact Indicators					
	Country Funds for Malaria ²		WBG ³			Global Fund ⁴		US Initiative ⁵		Other external partners ⁶		Total		60% ITN use by children under five		60% of children under five with fever access effective anti-malarial within 24 hours		60% of pregnant women receive IPT (2 doses)		% of Eligible Units Up-to-date for Spraying		Halve Malaria Mortality by 2010 ¹¹		Reduce All-cause Child Mortality ¹²		
	Commit.	% Disb.	Commit.	% Disb.	IDA Disb. / Total Disb.	Commit.	% Disb.	Commit.	% Disb.	Commit.	% Disb.	Commit.	% Disb.	Baseline	Most Recent Data	Baseline ¹⁰	Most Recent Data	Baseline	Most Recent Data	Baseline	Most Recent Data	per 100,000		per 1,000 live births		
																						2000	Most Recent Data	2000	2003	
Angola			TBD			38.4	59.2%	112.6	9%	2.3		153.3		2.3%		63.0%	20.0%					354		260	260	
Benin			<i>31.0</i>	<i>0%</i>		2.2	63.8%			6.4		39.6		5.0%	7.4%	60.4%	18.5%					177		160	154	
Burkina Faso			<i>12.0</i>	<i>0%</i>		4.6	91.7%					16.6		6.5%		49.6%	44.9%					292		207	207	
DR Congo	0.1		<i>30.0</i>	<i>0%</i>		52.5	40.6%			5.0		87.6		0.7%		45.4%						224		205	205	
Eritrea	2.5		<i>2.0</i>	<i>2%</i>		5.3	29.0%			0.3		10.1		4.2%	37.3%	3.6%	7.2%	7.5%	NR		96.2%	94.5%	74		97	85
Ethiopia			<i>20.0</i>	<i>0%</i>		196.7	45.8%			22.4		239.1		2.0%		3.0%	0.7%		NR			198		176	169	
Ghana			10.0			44.8	50.5%			2.3		57.1		4.5%		62.8%	44.2%	0.8%				70		100	95	
Kenya			20.0			209.2	23.9%			102.4		331.6		2.9%	4.6%	26.5%	10.8%		3.9%			63		120	123	
Liberia						9.3	91.1%			0.8		10.1										201		235	235	
Malawi			<i>5.0</i>	<i>0%</i>		37.6	16.9%	102.6		41.1		186.3		2.5%	14.8%	27.0%	22.7%		29.3%	46.5%		275		188	178	
Mali			TBD			1.6	85.9%			4.2		5.8		8.4%		37.6%						454		224	220	
Mozambique			10.0			21.0	0.0%	102.6		18.6		152.2		3.5%								232		178	147	
Niger			<i>10.0</i>	<i>0%</i>		23.8	57.7%					33.8		5.8%		48.1%						469		270	262	
Nigeria			180.0			121.6	12.7%			90.8		392.4		1.2%		33.9%	24.9%		1.1%			141		205	198	
Rwanda			TBD			49.9	41.2%	102.6		2.0		154.5		5.0%		12.6%						200		203	203	
Senegal			5.0			36.1	32.7%	102.6		13.7		157.4		1.7%	7.1%	36.2%	12.2%		10.1%			72		139	137	
Sudan			30.5			56.2	24.0%			4.5		91.2		1.9%		50.2%						70		262	147	
Tanzania			TBD			114.7	26.6%	112.6	9%	3.0		230.3		2.1%	16.0%	53.4%	48.3%		21.7%			130		165	165	
Uganda			TBD			186.7	23.7%	112.6	9%	6.0		305.3		0.2%			7.3%		33.0%			152		145	140	
Zambia	7.0		<i>20.0</i>	<i>2%</i>		66.0	18.8%			46.4		139.4		1.1%	6.5%	51.9%	50.0%					141		182	182	
TOTAL	9.6		385.5			1278.2		748.2		372.2		2793.7														

Notes

- ¹ Figures represent funds committed to date.
- ² Country funds for malaria will be reported for FY06 when they become available.
- ³ Italicized values refer to projects which are Board approved. Other amounts are indicative.
- ⁴ Most recent figures for signed grant agreements from the Global Fund website (Progress Report - Grants and Disbursements in Detail, accessed 08/31/06).
- ⁵ Participation of additional countries TBD. Figures are rough estimates based on information provided at www.fightingmalaria.gov/funding/index.html. These rough estimations will be updated once actual figures (adjusted for population size, severity of malaria and complementarity of funding) become available.
- ⁶ Data from USAID are available for WB FY06 and WB FY07 and are included; other donor data are incomplete.
- ⁷ Values in italics refer to findings from sub-national surveys.
- ⁸ Sources for these data are found in the Program Supplement.
- ⁹ The World Bank is working with countries and partners to ensure that high quality baseline data will be available for relevant indicators for each country.
- ¹⁰ Treatment with any anti-malarial (Tx); time until treatment accessed not specified.
- ¹¹ Source: United Nations Statistics Division (WHO estimates). http://unstats.un.org/unsd/cdb/cdb_series_xrxx.asp?series_code=30001 accessed 08/31/06.
- ¹² Source: United Nations Statistics Division (UNICEF estimates). http://unstats.un.org/unsd/cdb/cdb_series_xrxx.asp?series_code=1220 accessed 08/31/06.

Legend

IDA: International Development Association.
 IPT: Intermittent Preventive Treatment.
 ITN: Insecticide-treated bed net.
 NR: Not relevant, i.e. not government policy.
 TBD: To be determined.
 Tx: Treatment with anti-malarial.
 WBG: World Bank Group.

BOOSTER PROGRAM SUPPLEMENT: PROGRAM DATA
(Data as of September 1, 2006)

Booster Country	Progress to Date on Abuja Targets ¹ : Percentage and Information Source																					
	Percentage of households owning at least one ITN ²				Percentage of under fives sleeping under ITN				Percentage of under fives with fever accessing effective anti-malarial within 24 hours						Percentage of pregnant women receiving IPT (2 or more doses)				Percentage and number of eligible units up-to-date for spraying			
	Baseline		Most Recent Data		Baseline		Most Recent Data		Baseline Any Tx ³		Baseline		Most Recent Data		Baseline		Most Recent Data		Baseline		Most Recent Data	
Angola					2.3%	MICS 2001			63.0%	MICS 2001	<i>20.0%</i>	<i>MoH 2001</i>										
Benin					5.0%	MICS 1999	7.4%	DHS 2001	60.4%	DHS 2001	<i>18.5%</i>	<i>MoH 2001</i>										
Burkina Faso	4.6%	DHS 2003			6.5%	DHS 2003			49.6%	DHS 2003	44.9%	DHS 2003										
DR Congo					0.7%	MICS 2001			45.4%	MICS 2001												
Eritrea	56.9%	MoH 2005†			4.2%	DHS 2002	37.3%	MoH 2005†	3.6%	DHS 2002	<i>7.2%</i>	<i>MoH 2001</i>	7.5%	MoH 2005†	NR				<i>96.2%</i>	<i>MoH 1999</i>	<i>94.5%</i>	<i>MoH 2005</i>
Ethiopia	0.2%	DHS 2000			2.0%	DHS 2005			3.0%	DHS 2000	0.7%	DHS 2005			NR							
Ghana	3.2%	DHS 2003			4.5%	DHS 2003			62.8%	DHS 2003	44.2%	DHS 2003			0.8%	DHS 2003						
Kenya	5.9%	DHS 2003			2.9%	MICS 2000	4.6%	DHS 2003	26.5%	DHS 2003	10.8%	DHS 2003			3.9%	DHS 2003						
Liberia																						
Malawi	4.9%	DHS 2000	27.4%	DHS 2004	2.5%	DHS 2000	14.8%	DHS 2004	27.0%	DHS 2000	22.7%	DHS 2004			29.3%	DHS 2000	46.5%	DHS 2004				
Mali					<i>8.4%</i>	<i>MoH 2003</i>			<i>37.6%</i>	<i>MoH 2003</i>												
Mozambique					<i>3.5%</i>	<i>NM 2000</i>																
Niger					5.8%	MICS 2000			48.1%	MICS 2000												
Nigeria	2.2%	DHS 2003			1.2%	DHS 2003			33.9%	DHS 2003	24.9%	DHS 2003			1.1%	DHS 2003						
Rwanda					5.0%	MICS 2000			12.6%	MICS 2000												
Senegal	20.2%	DHS 2005			1.7%	MICS 2000	7.1%	DHS 2005	36.2%	MICS 2000	12.2%	DHS 2005			10.1%	DHS 2005						
Sudan					<i>1.9%</i>	<i>MICS 2000</i>			<i>50.2%</i>	<i>MICS 2000</i>												
Tanzania	1.3%	DHS 1999	22.6%	DHS 2004	2.1%	DHS 1999	16.0%	DHS 2004	53.4%	DHS 1999	48.3%	DHS 2004			21.7%	DHS 2004						
Uganda					0.2%	DHS 2000-01					<i>7.3%</i>	<i>MoH 2001</i>			<i>33.0%</i>	<i>MoH 2001</i>						
Zambia	13.6%	DHS 2001-02			1.1%	MICS 1999	6.5%	DHS 2001-02	51.9%	DHS 2001-02	<i>50.0%</i>	<i>MoH 2001</i>										

Notes

¹ Values in italics refer to findings from sub-national surveys.

² The future indicator recorded by RBM is likely to be: % of households with at least **two** ITNs (Target = 80%).

³ Treatment with any anti-malarial (Tx); time until treatment accessed not specified.

† National estimate obtained by pooling weighted results from surveys conducted in six zones using the LQAS approach, with technical assistance from the World Bank.

Legend

DHS: Demographic and Health Survey (ORC MACRO).

IPT: Intermittent Preventive Treatment.

ITN: Insecticide-treated bed net.

LQAS: Lot Quality Assurance Sampling.

MICS: Multiple Indicator Cluster Survey (UNICEF).

MoH: Ministry of Health.

NA: Data not available.

NM: NetMark.

NR: Not relevant, i.e. not government policy.

Tx: Treatment with anti-malarial.

BOOSTER PROGRAM SUPPLEMENT: BACKGROUND INFORMATION
(Data as of September 1, 2006)

Booster Country	Economic Information		Demographic and Other Information											
	GDP ¹ USD millions (2002)	Total expenditure on health as % of GDP ² (2002)	Number of Households ³		Total Population ⁴		Under Five Population ⁴		Under Five Population with Fever ⁵		Pregnant Women Population ⁵		Number of Units Eligible for Spraying	
			Baseline (2000)	Most Recent Data (2006)	Baseline (2000)	Most Recent Data (2006)	Baseline (2000)	Most Recent Data (2006)	Baseline (2000)	Most Recent Data (2006)	Baseline (2000)	Most Recent Data (2006)	Baseline (2000)	Most Recent Data (2006)
Angola	10,834.7	5.0%	2,088,562	2,398,561	10,442,812	11,992,807	1,831,176	2,038,212	457,794	509,553	502,404	539,077		
Benin	2,695.2	4.7%	1,274,608	1,512,105	6,627,964	7,862,944	1,175,501	1,325,461	481,955	543,439	281,026	305,475		
Burkina Faso	3,203.3	4.3%	1,739,777	2,138,919	11,308,552	13,902,972	2,182,597	2,584,380	801,013	948,467	543,263	634,254		
DR Congo	5,547.1	4.1%	8,128,411	9,790,711	52,021,832	62,660,551	9,893,109	11,558,434	4,066,068	4,750,516	2,386,762	2,737,639		
Eritrea	630.8	5.1%	907,621	997,290	4,356,581	4,786,994	750,615	751,080	223,683	223,822	166,596	164,338		
Ethiopia	6,059.2	5.7%	13,477,094	15,578,746	64,690,052	74,777,981	11,312,404	12,241,924	3,212,723	3,476,706	2,708,572	2,840,068		
Ghana	6,159.2	5.6%	4,914,430	5,619,665	19,657,719	22,478,658	2,884,542	3,168,218	614,407	674,830	658,140	684,925		
Kenya	12,224.7	4.9%	6,973,451	8,346,662	29,985,839	35,890,645	4,613,484	6,213,502	1,919,209	2,584,817	1,121,470	1,426,653		
Liberia	561.8	2.1%	538,756	608,401	2,693,780	3,042,004	475,056	532,136	NA	NA	127,443	136,191		
Malawi	1,863.8	9.8%	2,558,673	3,019,035	11,258,163	13,283,755	2,077,132	2,359,061	864,087	875,212	510,220	563,231		
Mali	3,342.8	4.5%	1,900,428	2,203,895	10,072,267	11,680,646	1,984,577	2,306,720	531,867	618,201	514,491	582,397		
Mozambique	3,598.6	5.8%	3,626,216	4,189,801	17,768,457	20,530,023	2,985,749	3,405,432	NA	NA	711,982	800,055		
Niger	2,170.5	4.0%	1,782,392	2,122,897	10,516,111	12,525,094	2,042,198	2,436,120	849,554	1,013,426	545,576	635,398		
Nigeria	46,710.8	4.7%	22,861,340	26,371,946	114,306,700	131,859,731	19,106,684	21,786,485	6,037,712	6,884,529	4,750,586	5,331,089		
Rwanda	1,732.0	5.5%	1,631,969	2,095,254	7,507,056	9,638,170	1,258,993	1,608,930	411,691	526,120	308,240	388,418		
Senegal	5,036.7	5.1%	1,147,128	1,401,282	10,324,150	12,191,150	1,665,622	2,031,419	341,453	605,363	376,831	466,677		
Sudan	15,375.8	4.9%	6,048,244	7,109,720	35,079,814	41,236,378	5,964,588	6,428,515	1,234,670	1,330,703	1,353,379	1,423,892		
Tanzania	9,772.5	4.9%	6,613,028	7,641,917	33,065,142	37,445,392	5,658,061	6,070,496	1,985,979	1,481,201	1,342,775	1,412,066		
Uganda	5,861.4	7.4%	4,843,449	6,084,688	23,248,553	29,206,503	4,677,500	5,863,605	2,053,423	2,574,123	1,114,768	1,404,541		
Zambia	3,696.7	5.8%	1,945,501	2,170,818	10,116,606	11,288,253	1,843,918	1,953,429	798,416	345,714	439,162	463,157		
AVERAGE	7,353.9	5.2%												

Notes

¹ Source: World Bank Group WDI 2005.

² Source: WHO World Health Report 2005.

³ Calculation by World Bank staff: [total population estimate for 2000/2006 (Source: U.S. Census Bureau)] divided by [the average household size (Source: most recent DHS)].

NB: The source for average household size for Angola, DRC and Sudan was the most recent MICS.

⁴ Source: U.S. Census Bureau, International Data Base (last revised April 26, 2005).

⁵ The number of births is used as an estimate of the population of pregnant women; calculation by World Bank staff: [births per 1,000 population (2000/2006)] times [the total population (expressed in 1,000s) (2000/2006)] (Source: U.S. Census Bureau).

Legend

DHS: Demographic and Health Survey (ORC MACRO).

GDP: Gross Domestic Product.

MICS: Multiple Indicator Cluster Survey (UNICEF).

WDI: World Development Indicators.

WHO: World Health Organization.