

<b>Summary of Key Findings and Recommendations</b>	
<b>Findings in Phase I</b> Examples and Supportive Evidence	<b>Recommendations for Phase II</b> Specific Comments
<p><b>1. Major accomplishments in advocacy, resource mobilization, and consensus-building around priority interventions</b></p> <ul style="list-style-type: none"> <li>a. Global spending has doubled since 1998</li> <li>b. Increase in global awareness (e.g. Abuja Summit; Global Fund)</li> <li>c. Identification of four priority interventions</li> <li>d. Lack of good quality data on global trends limits advocacy efforts</li> </ul>	<p><b>1. Continued progress in each of these areas is essential, but advocacy is likely to benefit from more attention to linkages between malaria and poverty</b></p> <ul style="list-style-type: none"> <li>a. Could make better use of Highly Indebted Poor Countries (HIPC) initiative resources and other financial mechanisms</li> <li>b. Develop advocacy tools to influence consumer demand at country level</li> <li>c. Improve programmatic strategies to deliver priority interventions</li> <li>d. Focus monitoring and evaluation efforts on a small number of key indicators</li> </ul>
<p><b>2. ‘Loose’ governance structure has introduced inefficiencies in decision-making and has contributed toward lack of accountability within the Partnership</b></p> <ul style="list-style-type: none"> <li>a. Partners express high dissatisfaction with how the Secretariat is functioning</li> <li>b. No clear definition of ‘core’ partners or of specific roles and responsibilities</li> <li>c. Few good examples of coordination action on the ground, at country level</li> <li>d. Secretariat is seen to be more responsive to WHO than to other partners</li> </ul>	<p><b>2. Tighter coordination is needed to focus energies and improve accountability</b></p> <ul style="list-style-type: none"> <li>a. Need to focus and show results quickly</li> <li>b. Establish an independent governing body with fixed and rotating members</li> <li>c. Select focus countries and assign specific roles and responsibilities to partners</li> <li>d. De-link Secretariat from WHO Technical Team, and make the Secretariat accountable to the Board</li> </ul>
<p><b>3. At the country level, progress has been slow, and few systems are in place to ensure rapid progress in Phase II</b></p> <ul style="list-style-type: none"> <li>a. Weak National Malaria Control Programmes and National Programme Officers are unable to advocate at high levels</li> <li>b. Country Strategic Plans are rarely linked to broader health sector development and planning efforts</li> <li>c. Technical interventions are applied in piecemeal fashion linked to broader programmatic initiatives</li> <li>d. Inadequate attention given to human resources and capacity development</li> <li>e. Too little innovation and experimentation</li> </ul>	<p><b>3. Focus on a small number of countries for rapid progress</b></p> <ul style="list-style-type: none"> <li>a. Assign Country Champions to work proactively in the focus countries (should be relatively senior).</li> <li>b. Link malaria planning to health sector planning and budgetary cycles of countries</li> <li>c. Improve programmatic linkages to Integrated Management of Childhood Illnesses (IMCI), Expanded Programme on Immunization (EPI), etc.</li> <li>d. Strengthen programmatic linkages and focus on private sector delivery strategies</li> <li>e. Emphasize operations research</li> </ul>

<b>Summary of Key Findings and Recommendations</b> (contd.)	
<b>Findings in Phase I</b> Examples and Supportive Evidence	<b>Recommendations for Phase II</b> Specific Comments
<p><b>4. Countries receive inadequate and sometimes inconsistent technical advice</b></p> <p>a. Lack of clarity over technical roles of WHO versus Secretariat (and other partners)</p> <p>b. Lack of satisfactory mechanisms for achieving consensus around key ‘technical’ issues requiring multi-disciplinary solutions</p> <p>c. In the African region, roles of WHO headquarters and WHO AFRO are not well coordinated</p>	<p><b>4. The respective technical roles of WHO and the RBM Secretariat must be more clearly defined.</b></p> <p>a. Distinguish between types of technical assistance (e.g. scientific, clinical and non-clinical, programmatic, financial, etc.) and clarify roles</p> <p>b. Reconstitute and strengthen Technical Support Networks.</p> <p>c. This is an internal matter for WHO to resolve in a manner consistent with the ‘One WHO’ policy</p>
<p><b>5. Insufficient attention to multi-sectoral approaches to health sector development, especially as regards private sector role</b></p> <p>a. Current emphasis is on high profile relationships with private sector</p> <p>b. High out of pocket expenditures for malaria</p>	<p><b>5. Provide the basic rationale for a tighter relationship among partners with strong Secretariat at the hub</b></p> <p>a. On the supply side, strengthen private sector capacity in manufacturing and distribution of drugs and nets</p> <p>b. On the demand side, rely on existing community and other networks to improve quality and equity of access to health care</p>