



RBM Board Meeting

MINUTES

RBM/BOM/2010/MIN.1

29 MAY 2010

Official document

General distribution

English, French

Minutes of the 18th RBM Partnership Board Information Day

Crowne Plaza Hotel, Geneva, Switzerland

13 May 2010

Call to order

Day One – Board Information Day

The RBM Partnership Board Chair, the Honourable Minister of Health for Zambia, called the Information Day of the 18th Roll Back Malaria (RBM) Partnership Board meeting to order, and welcomed RBM Partnership Board Members, Alternates and Delegates.

Purpose of the information day sessions

A key finding of the 2009 External Evaluation and Board retreat had been the need for greater engagement between the Board and its Mechanisms i.e. Working Groups (WG) and Sub-Regional Networks (SRN) in order to: keep the Board better informed as background to strategic discussions and decision-making; ensure that the Board and wider Partnership can better support the work of the SRN and WG; to ensure that the Mechanisms are properly accountable for the resources and deliverables Members have taken responsibility for in the Partnership Work Plan (PWP); and to allow the Board better to monitor if Partners are having problems delivering on their commitments to the Partnership and the PWP. During the Information Day, WG and SRN would, therefore, each present an overview of the main challenges they are facing and their requests for Board action. In addition, next steps and requests for Board action on a number of key issues for the Partnership, namely health systems strengthening, insecticide resistance, and the new Global Fund grant architecture, would be presented. Finally, Task Forces 1 and 3 would present their recommendations to the Board. During follow on discussions, the aim would be to create clarity and consensus around each of the requests for Board action ahead of the Board business meeting.

Harmonization Working Group report

Presentation summary

The main issues highlighted by the Harmonization Working Group (HWG) were as follows:

- The absence of a clear definition of case management universal coverage and lack of a clear scale-up strategy. Almost all road maps and Global Fund applications quantify this differently and without a clear way forward to increase coverage;
- While the one net for every two people standard remains, operational experience suggests that this ratio, when applied to the household level, is resulting in a shortfall;
- The perceived and/or actual disconnect between Global Fund Technical Review Panel (TRP) and WHO guidance which has put countries in a difficult position. An in-person briefing is planned for Round 10 to assist with this, and discussions with the TRP leadership are underway;
- While the spirit of monthly WG reporting proposed by Task Force 2 is understood, the HWG would encourage any process to be light;
- Executive Committee (EC) approval for WG management modalities (e.g. work stream opening/closing) could become micromanagement;
- The operational implications for sustained control/elimination post the universal coverage/2010 focus;
- The HWG is working on a number of issues where guidance from other WG is required prior to operationalization. It is hoped that the availability of timely guidance will improve with better functioning of revitalized WG.

The HWG had no current requests for Board action, but would request Board action if/when it is required in consultation with the RBM Executive Director.

Discussion summary

- The single most important issue facing the HWG was the performance of other Mechanisms; the HWG depends heavily on 'upstream' WG performance and 'downstream' SRN performance.
- A monthly teleconference between the HWG and the SRN to flag issues was proposed.
- The HWG was actively supporting countries on grant renewal. There was a need to map grant utilization to ensure that countries stay on track and renew successfully. This tracking, together with sorting out bottlenecks, should be undertaken by the SRN with issues that cannot be solved by the SRN being referred up to the HWG.

- The additional funds from Abu Dhabi would allow a Round 10 support process, the Alliance for Malaria Prevention (AMP) net distribution trainings and support to country strategic planning. The HWG will need formally to update its targets in the 2010 – 2011 PWP.
- The HWG hopes to have better net quantification for Global Fund Round 9.
- All but one (Gabon) of the 14 countries prioritized for Round 10 proposal development support by the HWG, meet the new Global Fund priority criteria.
- Support for Round 10 community systems strengthening (CSS) submissions would be integrated into Round 10 proposal development support, and a number of consultants would participate in an upcoming training of trainers.

Procurement & Supply Chain Management Working Group report

Presentation summary

The Procurement & Supply Chain Management Working Group (PSMWG) presented four requests for Board discussion and action:

- Acceptance of the PSMWG revisions to its TOR as submitted to Task Force 2;
- Confirmation of the PSMWG's mandate as an implementation WG that responds to SRN notifications;
- Confirmation that the PSMWG is in charge of all PSM issues across Mechanisms. It was noted that PSM issues are mentioned in many WG, work stream and Task Force TORs and that the PSM should be the Mechanism to ensure no duplication of, and proper coordination, of PSM issues. For example, PSM activities are an important part of the Affordable Medicines Facility – Malaria (AMFm) and AMP work streams which are not linked strongly enough to the PSMWG. In practice, PSMWG Co-Chairs are copied in on PSM-related issues being discussed but the work streams don't have to seek the advice of the PSMWG;
- Mobilization of additional funding for urgent PSMWG activities identified in the PWP. The many PSM-related activities had been prioritized and costed by the WG from the beginning and only high priority activities were included in the PWP. The status of the prioritized budget needs to be resolved. The majority of the PSMWG work plan remains unfunded and this constitutes a clear bottleneck to implementation and achievement of the Partnership's targets. The PSMWG is considering a new work stream on cell-phone based initiatives. Is there a mechanism to include new activities in the PWP?

Discussion summary

- The Task Force 2 Chair confirmed that the revised PSMWG TOR to be presented to the 18th Board for approval did resolve issues around the mandate of the PSMWG and its work with other WG.
- What the PSMWG will do with regard to RDT scale up is not yet clearly defined in the work plan, but was discussed at the last PSMWG meeting and considered essential. The RDT guidance is very new and the PSMWG are still considering exactly what issues will need to be addressed and what capacities will be needed e.g. specific consultants. A publication on RDT procurement is one idea being considered.
- On 2010 deliverables, the biggest challenge was ensuring product availability without having enough data (or data analysis) from National Malaria Control Programmes (NMCP) on country-specific bottlenecks. Data on what has been achieved is available, but data on the gap is often not available and this is what is needed to understand the root causes for lack of product availability and to prepare focused action plans.
- PSMWG needs focus. One suggestion was that it focuses on getting countries and partners to operationalize PSM-related guidelines i.e. focus on the knowledge management aspects of getting products out.
- The PSMWG should be more active in informing countries what they do and what support they can provide.
- More detailed information on the activities for which the PSMWG urgently requires funding should be prepared for the Board.

Monitoring & Evaluation Reference Group report

Presentation summary

It was noted that most of the activities implemented by the Monitoring & Evaluation Reference Group (MERG) were funded by Partners. However, there was still a need for support from the Board as follows:

- Continued support of the RBM Partnership Secretariat in terms of staff time and support for the travel of endemic country nationals to MERG meetings;

- Ongoing support from the RBM Partnership for continued involvement in Coverage 2010 and for completing additional relevant reports as part of the RBM Progress & Impact Series. A modest annual budget (around USD 100 – 150,000) would be used to support a consultant or Partner in the writing and production of: a document on 'M&E guidance over the first decade of the RBM Partnership' which would be made available on the website and in a RBM Progress & Impact series document; a guide to strengthening of M&E at country level; country stories for inclusion in the RBM Progress & Impact Series.

A series of next steps and challenges were presented. The MERG will:

- Work with Partners on 2010 reporting;
- Work to support country collection and assembly of information and address data needs/gaps;
- Address the challenge of limited M&E capacity in the field e.g. MERG members have worked closely with the University of Ghana to design a workshop on the 'Fundamentals of Malaria M&E' which will be implemented in June 2010;
- Hold the 15th RBM MERG meeting in June 2010;
- Work on MERG Mortality Task Force actions;
- Hold a MERG Survey Task Force meeting in June 2010;
- Support countries/Partners to report. There has been a great deal of success and this means there is a lot of information that must be captured;
- Help countries to collect additional levels of data as malaria control gets closer to the community and household.

Attention was drawn to the need to finalize the MERG TOR and clarify relationships between key Partners such as WHO. MERG Members believe that MERG should be providing both normative and operational guidance. It was noted that the MERG currently has no private sector investment. While the MERG is largely a technical group and it is, therefore, important to maintain the WG's independence, it could benefit from more engagement with the private sector. It was noted that MERG Members do not think that the EC should need to approve the setting up or closure of WG work streams.

Discussion summary

- UNICEF asked for confirmation that USD 150,000 would cover all the MERG consultancy needs for the year. The MERG Chair responded that this was a largely notional figure. However, such support would be very useful as it was an increasing problem to continue to call on the same people – all with demanding jobs – to implement MERG activities. Member 'fatigue' was starting to impede efforts to get documents out in a timely fashion.
- Kenya wanted to know how to get Partners to work together at country level to decrease the level of reports. Could the RBM Partnership explore possibilities, perhaps jointly with the International Health Partnership (IHP)? The MERG would be pleased to look into this if it had the resources.
- The Executive Director noted that countries often ask why RBM always uses the same countries in its 'success' stories. She requested other countries to pull together their success stories.
- On the issue of the MERG's normative role, it was noted that the MERG has had both normative and operational roles from its inception, but that the Task Force 2 report had suggested a need to realign the MERG TOR to take account of the normative role of WHO. WHO noted that the malaria M&E community was small and that there was a need to use the available human resources wisely which could entail such a re-alignment of roles.
- Are countries putting enough funding for M&E into Global Fund proposals? Global Fund has encouraged countries to request M&E funding, countries have applied, but limited human resources at country level has led to these funds not being used as effectively as they could be.
- Now that the AMFm is launched, what is the MERG's role in M&E of the process? MERG was involved in setting up the M&E process for the AMFm, but is now only looking in from the sidelines as the pilot has its own M&E process.
- In addition to actually producing the reports, what are the biggest issues the MERG faces in getting the required reporting done for 2010? There has been lots of preparatory work. Thirty-five of 42 Sub-Saharan African (SSA) countries are due to survey in 2009/10 and provide information for the 2010 report, but there are some slippages that the Board may be called upon to respond to. There are issues around getting the balance right between disease specific and broader data e.g. multi-indicator survey (MICS) and demographic and health survey (DHS). There is a need to link up with WHO on routine reporting system data.

- Two other issues, not covered by the current MERG work plan, were flagged to the Board. First, it was noted that routine reporting will have to change as and when the use of RDT is scaled up. This transition and making it understandable in terms of the shift in data it will lead to will take up a lot of time. Second, as prevalence levels drop what happens to routine surveillance? There will be a need to move from monitoring mortality and morbidity to monitoring transmission which will mean a major change to M&E and surveillance systems and reporting.

Session summary

The Chair noted three common issues raised by the WG in their presentations:

- The autonomy of WG in deciding how they conduct their business;
- The need for additional resources for WG;
- The need to increase interactions between the WG.

Central Africa Sub-Regional Network report

A summary of the Central Africa Sub-Regional Network (CARN) achievements for November 2009 through to May 2010 was presented together with challenges faced and opportunities that have arisen. The main CARN-specific issue raised for the Board was that the parameters of the CARN hosting relationship were not adequately flexible to allow satisfactory accomplishment of the SRN mandate. The Board was requested to review and reconsider the current operationalization of the CARN hosting relationship and clarify the parameters required for CARN to fulfil its mandate. The 17th Board report notes the type and nature of the generic SRN relationship. However, problems persist that require urgent action in order to ensure the effectiveness of the CARN Focal Point. Other issues for the Board to address were common across the SRNs and would be presented in a consolidated form to the Board.

East African Sub-Regional Network report

A summary of the East Africa Sub-Regional Network (EARN) achievements for November 2009 through to May 2010 was presented together with the challenges faced, opportunities and recommendations for EARN action. Issues for the Board to address were in common with the other SRNs and would be presented in a consolidated form to the Board.

Southern Africa Sub-Regional Network report

A summary of the Southern Africa Sub-Regional Network (SARN) achievements for November 2009 through to May 2010 was presented together with the challenges faced, opportunities and recommendations for EARN action. Issues for the Board to address were in common with the other SRNs and would be presented in a consolidated form to the Board.

Western Africa Sub-Regional Network report

A summary of the Western Africa Sub-Regional Network (WARN) achievements for November 2009 through to May 2010 was presented together with the challenges faced, opportunities and recommendations for EARN action. Issues for the Board to address were in common with the other SRNs and would be presented in a consolidated form to the Board.

SRN consolidated proposed amendments to the 2010 RBM work plan

Three issues common to all SRNs which would be addressed through amendments to the 2010 RBM Partnership Work Plan (PWP) were presented for the Board's consideration.

First (under PWP Target E), it was noted that the ability to show progress towards targeted results is critical to ensure continued mobilization of fund, but that Malaria Programme Review (MPR) and National Strategic Plan (NSP) activities are costly for some countries and both RBM and national budgets are underestimated with respect to these activities. Therefore, the recommendation to countries to carry out these activities systematically is unrealistic without additional funding and technical support. The SRN requested the Board to identify additional resources to support these processes and make a recommendation to countries to include MPR/NSP processes in their Global Fund Round 10 proposals. It was proposed to replace '45 countries supported to conduct MPR/NSP (from 1st to 4th quarter 2010)' with '45 countries supported to mobilize resources and plan MPR/NSP activities to be carried out in 2010 – 2011'. Cost estimates related to the change

would range from USD 150,000 to USD 400,000+ per country. SRN would support in-country and external resource mobilization efforts.

Second (under Target H), the need to strengthen inter-SRN coordination and exchange was identified. Information sharing, coordination of SRN responses and harmonization of SRN country support is required, which would result in improved mobilization of technical resources to the benefit of countries. The Board was requested to approve the organization of an annual, inter-SRN Coordination Committee meeting. It was proposed to add 'organize annual, inter-SRN Coordination Committee meeting' as a new activity in the PWP 2010 – 2011 with an associated partnership deliverable 'improved, appropriate and harmonized SRN responses to country needs'.

Third (under Target H), the problem of insufficient human resources to support SRN mandate needed to be addressed. Co-chairs of the Coordination Committee are limited in the support they can provide outside of their regular employment. Therefore there is a need to strengthen capacity of SRN Focal Points to support country programmes. The Board was requested to identify human resource (HR) needs, mobilize funds and approve position openings adequate to fully-support SRN mandate. It was proposed to add 'conduct HR needs review leading to HR plan of action' as a new activity in the PWP 2010 – 2011 with an associated partnership deliverable 'adequate facilitation of support provided to all RBM countries in Africa'. It was noted that HR needs may differ by region.

Discussion summary

- Disbursement delays were mentioned as a difficulty. EARN clarified that the delay was mainly as a result of back and forth between countries and the Global Fund Secretariat. The Board was asked to advocate that the Global Fund set clear timeframes for this question/answer process. Global Fund assured all that the delays were being addressed at the highest level and that the Global Fund was now focusing on a country by country approach to problem solving.
- The request for further meetings was queried. Could SRN think about using new technology options to cut down on meetings and get information flowing more efficiently? The SRN do use teleconferences and e-mail and try to 'piggy back' their meetings onto e.g. WHO meetings. However, it was felt that while new Partners were coming on board there was a need for face-to-face meetings to allow initial in-depth discussion of problems and solutions.
- SARN mentioned the role SADEC was playing in setting regional standards and harmonizing Partner and Member State funding. Minimum standards were being put in place so that all countries in the region could move forward together under common political leadership.
- The CARN hosting relationship was still causing problems.
- WARN was asked to clarify what they required the additional USD 800,000 requested in their pre-read for.
- SRN should not be proposing additional activities and/or human resources without stating budget implications.
- The Board noted that SRN Focal Points had a role to play in resource mobilization and building partner relationships e.g. in support of survey activities.

Malaria Advocacy Working Group report

Presentation summary

The Malaria Advocacy Working Group (MAWG) requested the following Board actions:

- To approve the additional budget of the Africa Advocacy Task Team (AATT) in SAF of USD 144,000 (c.f. AATT proposal). Target B - USD 9,000. Target C - USD 53,000. Target D, USD 82, 000. Strengthening country level advocacy had not been addressed in the PWP which only mentioned high-level advocacy with donors and Heads of State. The AATT proposal would promote solidarity between networks and organisations;
- To advise the Secretariat to revise the TOR of the MAWG Focal Point to ensure a fully-functioning WG and a dedicated Focal Point;
- To advise the Secretariat to ensure better coordination between the WG and the SRN by organizing a one-day strategic meeting every year to enable WG Co-Chairs and SRN to share and align their work plans, identify synergies and avoid duplication;
- To advise the Secretariat to take steps to ensure information sharing between the WG and the SRN. This could be one of the responsibilities of the WG Focal Points.

Discussion summary

- On the Global Fund replenishment, how does the MAWG add value to the efforts of individual Partners? The MAWG aims to identify common positions among all civil society constituencies on global issues.
- 2010 deliverables was identified as the biggest, single, advocacy issue. MAWG will aim to strengthen country-level advocacy on bottlenecks through AATT. This is a key initiative aimed at strengthening southern malaria community voices.
- WHO clarified that the costs associated with universal diagnostics have been factored in to the GMAP and should overall lead to cost savings.
- The MAWG currently has 14 work streams. Is there a need for the MAWG to prioritize and focus on high impact interventions? Also related to the large number of work streams, are there any overlaps with the TOR of other WG? The work streams are many, but are based on Partners' ongoing activities to ensure leadership and information sharing.
- The MAWG should clarify their additional funding requests and prioritize.

Case Management Working Group report

Presentation summary

The Case Management Working Group (CMWG) has recently been reactivated due to the emergence of critical issues, including the scaling up of diagnostics, the push to strengthen implementation to increase access, and the identification of artemisinin resistance. Key amendments to the 2010 – 2011 PWP, which the CMWG considered to be essential deliverables to achieve GMAP 2010 targets, were presented. Priority issues and proposed activities were reported for each of the WG work streams (access to treatment, diagnosis, drug resistance, M&E). In summary, the CMWG requested the following Board actions:

- Consider requests for additional funds – as per original approved budget;
- For the resistance work stream, advocate for support for sub-regional therapeutic efficacy monitoring networks;
- For the diagnostics work stream, Board Members through their constituencies to promote the new WHO recommendation on parasitological diagnosis and support countries in its uptake (implementation support).

Discussion summary

- Board Members asked for timelines on the drug resistance deliverables proposed by the CMWG. A power point summary of the RBM Partnership strategy on anti-malarial resistance was imminent and would be circulated to RBM Mechanisms for dissemination at fora such as SRN meetings. The compilation of all evidence on activities undertaken to contain chloroquine and sulphadoxine-pyrimethamine (SP) resistance would be ready in two months time, and CMWG Members' engagement in activities and advocacy on removal of oral, artemisinin-based monotherapies would be ongoing and would target MOH, Heads of State and regulatory authorities. The Ministerial session of the 18th Board meeting would be a major step forward in building commitment to address oral, artemisinin-based monotherapies and the document on resistance prepared for the Round 10 Board has been organized by constituency to facilitate Partners finding and implementing their role in this campaign.
- CMWG will link with the HWG and provide support to Round 10 proposal development. CMWG will focus on Round 10 tools such as guidance on integrated management of fever and work with MERG to develop case management indicators. The CMWG will communicate with the Global Fund TRP to reach an agreement on what is acceptable for inclusion in Round 10 proposals.
- It was clarified that the CMWG was required to focus on Asia as well as Africa, particularly because of the issue of resistance management.
- The CMWG link with SRN was through the production of quality tools for dissemination and Members were also available to support SRN. The CMWG was urged to follow up on the use of the various tools produced. There should be planning of how the tools will be used, and, if they are not being used as planned, steps should be taken to find out why.
- Board Members wondered if some of the work of the CMWG was normative and how the WG linked with WHO. The CMWG membership is clear that WHO sets the policy advice and norms. However, getting from a policy to widespread implementation of that policy takes a whole set of interventions and this was where the CMWG see their role.

Malaria in Pregnancy Working Group report

Presentation summary

The Malaria in Pregnancy Working group (MIPWG) presented priority areas and main deliverables for 2010 – 2011 as follows:

- Strengthening linkages for MIP interventions within existing maternal and neonatal health (MNH)/reproductive health (RH) programmes and services in the context of health systems strengthening (HSS) for achieving MDG 4, 5 and 6;
- Operations research for enhanced knowledge and guidance on addressing MIP in low-malaria transmission settings;
- Compilation of best practice and available data and dissemination of information for assisting countries in policy development;
- Strengthening collaboration and resource mobilization.

The Board was requested to include the proposed MIPWG activities/budget in the Supplemental Activity Framework (SAF).

A call was made for additional MIPWG Members.

Discussion summary

- Board Members questioned why MIP had not been very visible to the Board in the last couple of years. The operationalization of links between MNH/RH and malaria had been difficult and MIP experience at country level had been lacking. Now there is an incentive to build capacity and relationships as the new Global Fund tools put MIP in a central position that will help countries integrate across MNH/RH.
- The External Evaluation had questioned the continuation of the MIPWG. However, Members do not believe that the current low level of capacity to work on MIP at Partnership and country levels should be accepted as a reason for the MIPWG to be terminated; rather that capacity should be built. Technical representatives from other relevant constituencies such as MNH/RH have been recruited into the WG and the aim is to ensure that MIP is included cross-sectorally in all relevant policies, strategies and documents.
- The MIP intervention (as well as malaria case management) is part of any cross-cutting service delivery platform at health facilities. This should be highlighted in higher forums e.g. in discussions around the HSS Joint Platform?

Vector Control Working Group report

Presentation summary

The Vector Control Working Group (VCWG), formerly WIN, noted that 64% of 2010 global spending on malaria control and elimination was spent on vector control. The VCWG was reconstituted 7-8 February 2010 in Basel, Switzerland. New Co-Chairs have been elected and TOR submitted. The WG specific objectives are: facilitate consensus; synthesize evidence and share best practice; identify challenges; promote public-private partnerships; and maintain effective linkages. VCWG work streams have been reformulated and now include: insecticide resistance; data-gaps for durability; routine distribution of long-lasting insecticidal nets (LLIN); optimal choice of vector control methods (e.g. LLINs/indoor residual spraying (IRS), durable wall linings); capacity-building (e.g. in entomological monitoring and IRS); and vector control for forest malaria e.g. Mekong 'containment programme'.

The main issues identified by the VCMG include: the presence of a large and diverse vector control community ready to address urgent challenges addressed by the work stream; the small window of opportunity before pyrethroid and artemisinin resistance become widely distributed; and the relatively small investment required by the Board into VCWG activities to optimize the impact of the very large global investment for vector control. The VCWG presented an outline budget (see below).

Work stream	Costs in USD
WG Annual Meeting	75,000
Insecticide resistance	75,000
Durability of LLINs	40,000
Guidelines for routine LLIN distribution	100,000

Optimizing vector control	80,000
Capacity building	195,000
Forest malaria	100,000
Total	665,000

Discussion summary

- The amount of money requested by the VCWG was not small and Board Members wanted to know what the biggest priority of the VCWG was. The work stream on insecticide resistance was vital.
- Endemic Country Board Members queried the high reliance of the current, global vector-control strategy on LLIN. The cost of repeated, three-yearly distributions was considered unsustainable. Could the VCWG look at alternative sustainable control and elimination options? While taking on board these concerns, the VCWG still considered LLIN the best strategy. Spraying with DDT, for example, required countries to spray every house, every year and have the logistical capacity to do this as well as the financial resources. Nets have the advantage of needing delivery to every community every three years, which is still a huge task but the more manageable option for most countries. Options for making longer-lasting nets were being explored.
- WHO concurred; LLINs are a life-saving tool and relatively cheap. The bottom line is that there is a moral imperative to continue with the net strategy, attacking MDG 4 and 6, until there is a better alternative.
- However, Endemic Country Board Members did not know of any country that had eliminated malaria without the widespread use of spraying. WHO recommends universal coverage with nets or indoor residual spraying (IRS) as both are effective methods for malaria control. Different countries will have a different balance of the two interventions. However, it was re-iterated that few countries would have the resources to spray every house, every year. If countries are depending on a large IRS malaria control component, they will need to rotate the use of dichlorodiphenyltrichloroethane (DDT) with other available insecticides. 59 million people were covered with IRS as of the end of 2008 which is significant. Many countries are in the process of re-building the capacities needed to deliver IRS.
- Questioned about what to do with ITN/LLIN that have reached the end of their effective life, the advice was that there was no evidence that such nets would damage the environment or impede the uptake and use of new nets, and so countries do not need to take any action on them.

Finance & Economics Working Group report

Presentation summary

Since October 2009, the TOR of the Finance & Economics Working Group (FEWG), formerly the Resources Working Group (RWG), have been revised to take into account the successful completion of the two main tasks initially undertaken by the WG i.e. the development and costing of the Global Malaria Action Plan (GMAP) and the launch of the AMFm. The FEWG has a complementary but overlapping mandate and TORs with the proposed Resource Mobilization Working Group (RMWG). The FEWG would focus on long-term, analytical work on financing and documentation whereas the RMWG would be actively fund raising. Sustained control may be needed for decades until adequate controls/tools for elimination become available. Therefore, financing may be needed for this 20 – 30 year period and hence the need for information on which to build long-term, value-for-money financing plans. The FEWG membership had suffered some attrition once the work on the AMFm was completed and new Members were needed. The FEWG requested the Board to:

- Approve the draft TOR as submitted;
- Approve the renaming of the working group to the Finance & Economics Working Group (FEWG);
- Extend the mandate and status of the RWG/FEWG as an independent working group with associated benefits (staff support and budget) for one year to carry forward work in progress;
- Invite the Co-Chair of the RWG/FEWG to participate in the establishment of the RMWG and elaboration of its work plan.

Discussion summary

- Board Members discussed whether the FEWG could become a work stream of the RMWG in order to keep the number of WG in check. The FEWG Chair considered this an option and the FEWG could work towards that. However, there were urgent, ongoing pieces of the work being implemented by the FEWG which it had been proposed that the FEWG continues as it is for the moment until the RMWG is operational.

Health systems strengthening

Presentation summary

Following the 17th RBM Partnership Board decision to include a presentation and discussion on HSS during the 18th Board Information Day, a team at the Institute of Tropical Medicine, Antwerp, were commissioned to provide an analysis of the malaria/HSS relationship. The resulting draft: 'concept note for engaging in the global debates on HSS and disease control' was presented to the Board.

The study was: focused on Sub-Saharan Africa; took a country perspective; used a very inclusive definition of health systems; and acknowledged the pluralistic nature of health systems and hence the need to think through implications beyond the 'backbone public system'. The study team's analysis of health systems and service delivery were presented. Service delivery was central to the analysis. In summary, health systems were described as:

- Context-specific and a product of the society in which they are embedded;
- Path-dependent and a product of 'history';
- Complex adaptive systems.

Therefore, HSS must be tailored and follow a country-specific strategy.

The study team had developed what they called the Anna Karenina principle: 'happy families are all alike; every unhappy family is unhappy in its own way' to describe health systems as follows: 'dysfunctional health systems can be dysfunctional in many different ways'. Further, a failure in any essential health system element can doom a health system, even if it has all the other ingredients needed for success. To date, the team believed, HSS proposals have suffered from a tendency to seek easy, single-factor explanations, leading to simple proposals to fix complex dysfunctional health systems. In fact a harmonious mix of HSS strategies would include:

- 'Balance'. Ten health systems elements at three levels (community, first line and hospital – not only a backbone public system, but increasingly also private for profit, and civil society and faith-based facilities) working towards universal coverage for all priority interventions, using a variety of delivery platforms;
- A three-pronged time perspective (short-, mid- and long-term);
- Pragmatic approaches, starting from reality;
- A mix of simple, technocratic proposals and complex (difficult) strategies
 - Changing focus from a central MOH
 - Toward a workforce motivated to focus on priority interventions.

Possible disease control programme (DCP) contributions to health systems goals and HSS would include:

- Unburdening the health system by decreasing the caseload for the general health services;
- Avoiding to unnecessarily burden certain delivery platforms in the health system i.e. simple guidelines and not too many priority interventions;
- Knowledge transfer from DCP to the rest of the health system;
- Strengthening or building multipurpose platforms and support systems; or
- Strengthen cross-cutting core functions and the overall health system.

Five concepts for progressively broadening the scope of DCP contributions to HSS were identified: adopting a HSS mindset, sharing resources, negotiating and agreeing, overcoming cultural differences, sharing understanding, and arriving at common oversight and coordination.

A number of strategic options for national DCP managers were identified:

- To focus exclusively on DCP goals;
- To focus on DCP goals with a health systems perspective (e.g. introduce incentives for staff providing malaria services);
- To focus on results as an inspiration for others within the health system; (e.g. results compacts);
- To participate in joint delivery platforms/joint support systems (e.g. comprehensive incentives for health personnel, strengthen community health services);
- To join forces to contribute to overall general health services (e.g. develop a HSS platform).

Based on country experiences, some key lessons had been learned:

- 2010 health systems are pluralistic;
- Overlaps are needed to avoid gaps;
- Typical typologies are no longer adequate i.e. the dichotomy DCP/HSS decreasingly useful;

- DCP have made major contributions to HSS by focusing on results and innovation in service delivery; form has followed function.

DCP are evolving and new issues have emerged:

- Low hanging fruits have been picked and more investment will be needed in order to progress further;
- Resources may be growing, but they will always be finite;
- Technology is rapidly changing and service delivery platforms have to adjust.

The way forward

Adjusting to pluralistic and evolving health systems

While supporting the scale-up of malaria control interventions, the RBM Partnership should also identify the most binding health systems constraints to improved malaria outcomes and support HSS actions to remove these constraints at country level.

Contributing to the shift of the public health paradigm

HSS should not be conceptualized as competitive or alternative to DCP, but as synergistic. Neither health systems OR disease control, nor health systems AND control, but health systems FOR disease control. The operationalization of this shift should be tested in three to five countries over the coming year.

Health systems for DCP

The RBM Secretariat could organize a consultation with other disease control partnerships (such as the Global Fund, Stop TB, UNAIDS and others) to develop a joint strategic framework of HSS for DCP.

Better synergy between HSS and DCP partnerships

As part of the global dialogue taking place on HSS, RBM could be an active partner in the IHP and the Harmonization for Health in Africa (HHA) mechanisms including the emerging HSS platform. The RBM Secretariat could take the necessary steps to ensure adequate representation of the Partnership in these various mechanisms.

Discussion summary

- It was noted that the presentation included the idea that overlaps are needed to avoid gaps. However, overlaps potentially lead to duplications which in times of limited resources must be avoided. The example of childhood vaccinations, however, illustrates the value of certain overlaps. If you want every child vaccinated, you need several strategies e.g. routine distribution, mass campaigns and catch up campaigns. With supply systems, it used to be thought that only one supply system was needed. However, it may be that having a small number of well-managed supply systems works more effectively.
- Board Members wanted to know how this work (e.g. the HSS options and efforts to integrate work on MDG 4, 5 and 6) could be operationalized and made to work within the Global Fund framework for Round 10. The National Strategy Applications process would be more conducive to this type of thinking and there is a lot of work through the Joint HSS Platform and the IHP (including on the joint assessment of national strategies approach) on how to take this forward into another round. At the same time, it will be extremely useful to take tracers from disease programmes in Round 10 applications e.g. malaria in pregnancy, LLINs and look at the systems constraints that affect these key interventions. There are systems approaches, such as Ethiopia's health-extension-worker platform and Rwanda's use of performance-based incentives for health workers, to build on.
- If malaria is to be the tracer of a health systems for disease control approach, who will drive this process?
- Case studies on the integration of TB and HIV work are already ongoing. RBM should contribute cross-cutting malaria case studies.
- Board members found the presentation inspiring but conceptual. Recommendations would need to be considered in the light of their potential to address major bottle necks at the sub-national level in countries.
- Global Fund proposed taking the report forward with a workshop.
- Would it be a useful exercise to ask SRN to work through the report recommendations with countries and report back their comments and ideas for implementation to the Board through the HWG?
- A focus on pre-service training may be needed to change mind-sets around integrated approaches.
- The take home message is one of 'strategic incrementalism'. Contexts are very different and countries have to start from where they are; and they are often in complex and unsatisfactory situations. Perhaps a first step would be an assessment with all partners – public, private, civil society, faith-based – involved.

- Board Members requested a copy of the literature review on which the report was based. The literature review would be included in the final version of the concept note which would be available around the end of June 2010. Input from the Board meeting would be included in the final version.
- World Bank noted that the work was done on behalf of the RBM Partnership and should not be referred to as a World Bank report.
- It was noted that the recommendations presented had changed from those included in the pre-read which made it difficult for constituencies to input meaningfully into these discussions. The Board should, therefore, 'acknowledge' rather than 'adopt' the findings of the report.

The new Global Fund grant architecture

Presentation summary

Global Fund funding to the Gambia malaria programme was used as a case study to show how countries' funding would be structured under the new Global Fund grant architecture. Key features would include:

- Consolidation of existing grants (in Gambia's case of Round 6, Round 3 Rolling Continuation Channel (RCC) and Round 9) into National Malarial Control Programme (NMCP) Single Stream Funding (SSF) through Round 9/RCC grant signing (May 2010);
- One SSF grant per Principal Recipient (PR), with one budget, work plan, performance framework. In Gambia, the PRs are the NMCP and Catholic Relief Services (CRS);
- Reporting significantly reduced and more programme-based;
- More holistic periodic review with aligned timing across PRs;
- Financial commitments aligned to the in-country fiscal cycle.

Consolidated proposals will be the future means for maintaining SSF. Grant consolidation will be voluntary in Round 10 and required in Round 11.

The new architecture is expected to:

- Encourage more holistic, programme-based, in-country resource planning;
- Facilitate rethinking of the programme and implementation arrangements;
- Enable Country Coordinating Mechanisms (CCM) to coordinate the development of proposals based on the larger programmatic picture, and to provide better oversight;
- Provide the TRP with the broader programmatic picture and better alignment with national plans.

Areas for potential RBM collaboration on Global Fund new grant architecture implementation in the short term include:

- Communications and outreach on new grant architecture for countries;
- Support for the grant consolidation process (primarily through Round 9 grant signings);
- Use of the new grant architecture as an entry point for improved alignment and harmonization;
- Targeted assistance for some countries on 'consolidated disease application' in Round 10, although such an application would only be appropriate for a country with an updated, costed national strategy in place.

In the medium to long term:

- Round 11 and beyond (synching with national plan development);
- Input for design and implementation of 'periodic reviews'.

Two sites for further information are the architecture webpage: www.theglobalfund.org/en/grantarchitecture and the architecture inbox: ARCinbox@theglobalfund.org.

Discussion summary

- It was confirmed that the proposed grant consolidation arrangements for the Gambia would take into account the country's fiscal cycle.
- Fund Portfolio Managers (FPM) would be expected to engage fully in the implementation of the new architecture. Essentially, they will have no choice but to move on it as it will be obligatory for Round 11.
- Board Members questioned whether the Global Fund rounds-based application system was the most appropriate to support implementation of the new grant architecture. In response, it was noted that earlier Global Fund Board decisions had required the announcement of funding rounds two-years ahead of time and that there should be two rounds per year. Compliance with these decisions would enable countries to plan their applications more efficiently and align them with their funding cycles rather than rush for each round.

Developing a global strategy for the prevention and management of insecticide resistance

Presentation summary

Vector control accounts for 60% of the 2010 GMAP budget. Due to the issue of insecticide resistance, vector control will get more expensive or more useless in the near future. Pyrethroids must be protected as they are: the best insecticide class we have ever had; are the only class currently used on ITN/LLIN; and are cheaper (2 to 3 fold) and longer-lasting than the alternatives for IRS.

So far resistance has been found mainly in Africa. There have been some reports from India, but the situation has not yet been well characterised there. The main focus is resistance to pyrethroids, but resistance to organophosphate (OP), carbamates and DDT are also present. While areas known to have resistance issues could be mapped out, it was important to know that in most other places there was not enough information available to know whether they were affected or not. The impact of resistance was overviewed. In most cases, it had not been followed by immediate and obvious control failure.

Tactics to delay resistance include: judicious use; use of rotations and mosaics; and use of combinations and mixtures. However, these strategies have not been used widely enough. Any suspicion of resistance should be acted upon; it is vital not to simply carry on until control failure is undeniable. Doing so guarantees that the insecticide will become completely and irreversibly useless which is what happened with chloroquine.

WHO is currently embarked on an insecticide resistance policy development process. A review paper has been produced, but with lots of gaps in the information available. An expert consultation has taken place (4 – 6 May 2010) focusing on what needs to be done to maximize the effective life of pyrethroids and other insecticides. Recommendations will be used as a basis for the Global Malaria Programme (GMP) strategy (taking cost and practical constraints into consideration). These recommendations, covering the urgency of the situation, IRS, ITN/LLIN, use of insecticide combinations, new products, the enabling environment and monitoring, were overviewed. They should be rolled-out via the VCWG and have implications for all Partners.

One problem worth highlighting was that chemical manufacturers have the incentive to make new insecticides for IRS (and some impressive long-lasting IRS formulations of non-pyrethroids will soon be available), but much less incentive to work on alternatives for nets because, while the global spend on nets is greater, the insecticide accounts for only 5% of this spend.

Next steps will be: to finalize the expert consultation meeting report; to develop the GMP policy; and to turn the policy into technical and then implementation guidance. All this must be done as soon as possible.

The Board was requested to take action on the following:

- GMAP underestimates the importance of insecticide resistance along with the magnitude and cost of the necessary response;
- Investment in the region of USD 200 million will be needed for a new product;
- Managing insecticide resistance will increase the costs of vector control – just when costs are becoming limited. But by how much?
- Estimates are needed for the cost of Universal vector control coverage for 500 million people at risk in Africa 2010 to 2030. The elements are clear. This is a specifiable task – more predictable than most elements of the GMAP. The steps of the GMAP should be reviewed and this cost estimated.

Discussion summary

- The Private Sector urged the Board to scale up the efforts in place to address this issue. The 17th RBM Board had requested that the insecticide-resistance strategy be in place by this Board meeting, but it was still far from ready. Meanwhile, countries urgently require guidance.
- In terms of incentives, if manufacturers are constantly asked to reduce prices and initiatives such as Voluntary Pooled Procurement (VPP) are being introduced in order to squeeze margins, there was a real risk that manufacturers would be less motivated to innovate.
- Perhaps if, as per the recommendation, an estimate is made of the total cost of implementing universal vector control in Africa over a period of 20+ years and taking into account resistance issues, this would provide the necessary big picture to incentivize manufacturers.

- A proposal was made to find a way to subsidize insecticide R&D with the payback being the opportunity to get a final product more cheaply.

The ‘Surround Sound’ initiative

Presentation summary

To make sure that mosquito nets and medicines are used to their maximum effect – to save lives – families across Africa must be empowered and inspired to protect themselves. To help make this happen, Malaria No More is partnering with the Ministry of Health of Senegal and Youssou N’Dour, one of Africa’s most famous musicians, on a campaign called ‘Xeex Sibbiru’ (Surround Sound) which will urge people to sleep under a mosquito net and to seek appropriate treatment for malaria. The campaign will activate key sectors of Senegalese society – including entertainment, sport, faith, local business and government – to deliver the messages across the country. It is expected that the approach will be both effective and sustainable, and will result in more public understanding and involvement.

The approach builds on an understanding that demand creation relies on understanding the target audience and communicating effectively with that audience. It therefore draws on the marketing expertise that Youssou N’Dour and his brother and manager Boubacar N’Dour have established during their long and remarkable careers in the entertainment industry.

Boubacar N’Dour addressed the meeting and underlined the potential benefits that linking up the traditional malaria control community with people of influence from all areas of society can bring. Such campaigns can create a sense of urgency about the issue of malaria among ordinary people. The types of marketeers and entrepreneurs involved in Surround Sound can ‘translate’ public health technical guidance so that it is accessible and acceptable to the public. Such campaigners can, in summary, find ways to change the mindset of the people encouraging them to take up the responsibility of protecting themselves and their families.

Malaria No More thanked the RBM Partnership for the opportunity to highlight the model. It was an example of the emergence of leaders in the South willing and capable of taking on personal responsibility for getting messages related to the achievement of the MDGs across to their people.

Discussion summary

- Board members applauded the initiative and encouraged Malaria No More and organizations working with similar approaches to document and disseminate lessons learnt and best practices.

Task Force 1 report

Presentation summary

The 17th Board redefined the scope of work of the three Task Forces. Task Force 1 (TF1) was tasked with creating a new Resource Mobilization Working Group (RMWG) to address GMAP requirements and with expanding the donor representation on the RBM Board.

Since the last Board, TF1 had looked into the status of the RWG (or FEWG as it had been renamed). The RWG had primarily worked on the AMFm and had then decided to continue its work to look at long-term financing issues. New RMWG TOR had been developed. The RWG’s proposed work has already been taken into account in the development of the RMWG TOR, and is proposed as one of the work streams of the RMWG.

The RMWG TOR describes the following key RMWG functions:

- Engage academia and/or other institutions and organizations to carry out an economic analysis on the return of investments for malaria control, prevention and elimination;
- Review and update the projections for resource needs and funding gaps;
- Develop a comprehensive resource mobilization strategy that includes innovative approaches;
- Develop an advocacy strategy to implement the resource mobilization strategy;
- Coordinate partner efforts to track resources spent for GMAP implementation;
- Monitor and evaluate resource mobilization efforts and performance on a yearly basis with support from RBM Partners.

Four next steps and challenges ahead for the RMWG were highlighted by TF1:

- The main function of the RMWG is to develop a strategy to secure sustainable financing for malaria interventions. Hence, new potential donors such as Development Banks and collaboration with partnerships focused on financing such as IHP will be considered in the strategy.
- Membership and Co-Chairs nomination for the RMWG is still being worked on, suggestions welcome.
- The large gap to implement the full scope of the GMAP requires a synergistic, continuous effort of the Partnership to define an appropriate strategy and then to mobilize funds.
- The expansion of donor representation on the RBM Board hinges on the outcomes of the strategy developed by the RMWG.

Discussion summary

- It was noted that this was a preliminary discussion regarding the TF1 Board decision points prior to their formal presentation to the Board on Day Two.
- TF1 recommended that the FEWG be incorporated as a work stream of the RMWG, but there could be other options e.g. continue with two separate WG. It was proposed and accepted that a small group, comprising the FEWG Co-Chair, the Board Vice-Chair and the representative of the Office of the Special Envoy, should meet that evening to devise a clear set of options for the future status of the FEWG for the Board to debate.

Task Force 3 report

Presentation summary

At the 17th Board, Task Force 3 (TF3) was tasked with outlining the bedrocks for a knowledge management (KM) strategy that would foster a better collaboration between all Mechanisms within the RBM Partnership and the creation of communities of practice among other initiatives’.

The KM definition used by TF3 was as follows: ‘KM is the practice of getting the right knowledge to the right people at the right time so they can work more efficiently and effectively, including among a widely dispersed workforce’.

TF3 had finalised the TOR for a KM consultant and put a selection process for the consultant into action. The request for proposals was posted on the RBM website on 1 April 2010 and the deadline for submissions was 10 May 2010. Three budgeted proposals had been received. Prices for the work ranged from USD 50,000 to USD 125,000. The three proposals are currently under examination and the best will be selected.

Discussion summary

- The TF3 Chair announced his intention to stand down and requested that the Board look to appoint a new Chair. In addition, the membership of TF3 should be adjusted to ensure that it reflects the new KM focus rather than the original TF3 focus. Existing Members could stay, if they wished, but new members should be recruited.