

MINUTES

of The First Meeting of Malaria Advocacy Working Group (MAWG) of The Roll Back Malaria Partnership

London, January 10-11, 2007

Wednesday, January 10th 2007

9:00: Welcome (*Richard South, GSK*)

Introductions – (for a list of participants, please see attached document, MAWG participant list)

Discussion of election: election was intended to be representative, but due to short time frame before the holidays, there was not enough time to carry it out satisfactorily. RBM and interim secretariat agreed to discard the online election and elect chairs during the MAWG ; voting options were discussed. Group decided that two co-chairs would be enough and that a steering committee was not necessary. JHU had offered to serve as interim secretariat for setting up the first meeting, and group agreed that RBM Partnership Secretariat would work with Chairs to manage that process following the London meeting.

9:30: What's a Working Group, and what's a MAWG? (*Kevin Starace UNF , Pru Smith RBM Sec*)

The definition of a working group is to generate alignment for scaling up, by providing best practices and coordination of partner organizations. Their responsibilities are to create work plans, share progress with Board, and to create outputs for endorsement. The work plan does not include all partner activities, but rather the activities that partners undertake together for malaria advocacy. Partners can use the MAWG work plan as guidance for their own activities on the ground. The RBM Board has tasked the MAWG with addressing the high failure rate of malaria proposals in Round 6. The MAWG should advise the RBM Board on advocacy priorities in general, and specific goals for 2007. It should also serve to coordinate partners and facilitate collaboration on joint activities, so as to fill in gaps where action is not being taken. The two co-chairs will pass along MAWG recommendations to the Board. The goal of the MAWG is to see where the partners can contribute different kinds of resources to accomplish the advocacy goals, as laid out in the Global Advocacy Framework.

Group decided to make changes to the terms of reference (TOR) at the end of Day 2. There was a call for good faith, and good communication to facilitate the working process.

10:00: MAWG processes and procedures:

Election of Co-chairs: Chairs' responsibility is to run the meetings, set agendas, communicate with the RBM Board, and to be in contact with partners and push MAWG activities along in between meetings. Chairs will also manage debate during and in between meetings.

Each person present was invited to nominate either themselves or someone else. Those nominated were free to decline. Nominees were:

- Louis Da Gama, Global Health Advocates
- Nicole Bates, Global Health Council
- Wilfred Mbacham, Cameroon Coalition
- Peter McOdida, International Medical Corps, Kenya
- Sunil Mehra, Malaria Consortium

Each nominee gave a brief presentation ; this was followed by a secret ballot with counting by two people. Nicole Bates (Global Health Council) and Wilfred Mbacham (Cameroon Coalition) were elected co-chairs to serve a one-year term, to coincide with the yearly work-plan.

Work plan Development

Priorities to be addressed:

- Funding – GF operational issues, esp R6 failures. Debate around GFATM operations needs to be done in the context of acknowledging the overall benefit of the Global Fund and then discussing adjustments. This prevents technical discussions damaging the credibility and funding prospects for the Global Fund. Several country programs are in jeopardy from R6 failures, and the MAWG needs to engage with the Harmonization WG to advocate for relief for these countries. PMI, funding in the US is threatened by Congressional budget maneuvers. Several partners are addressing this issue. Need to look at reaching out with advocacy to new donors, increasing funding from certain donors, especially Germany. Transparency and accountability are issues to be emphasized in 2007.
- Documenting and Disseminating Success – more best practices and success stories are needed
- Operational – we need to be watching the pending ACT subsidy; the IMF in Zambia is reported to be recommending re-instituting VATs for ITNs
- Research has an active advocacy group currently, we need to make stronger links with that group
- Leadership – changing leadership, conflict within malaria community are problems for effective advocacy – in particular, how to deal with questions from media that seek to divide the community
- Harmonization Working Group – its work (addressing systemic issues - Implementation support etc) needs to be communicated and supported by the MAWG.

Strategy

- Branding of RBM – MAWG has the opportunity to strengthen the RBM brand by acknowledging it generally and also reinforcing the brand in materials production and web
- Messaging – consensus on messages
- Using the same numbers for funding, burden, agreeing on evidence for messages
- Governance of MAWG – voting and chairs, support for country participants, code of conduct both at meetings as well as recommendations for RBM partners on how to work together positively. Roles and responsibilities of partners. How to cooperate/link with other working groups (HAWG, WIN)
- Linkages to HIV, EPI, child survival, RH
- Response mechanism – strategy to respond to misinformation, such as GF practices and procedures
- Activities/Opportunities – Online Calendar proposed to identify opportunities that correspond to MAWG advocacy priorities including Africa (World?) malaria day, G8, IMF, WHA meeting, etc

Recommendation was made that a task team be formed to look at new funding opportunities with countries like Japan, China, Russia, OPEC members, private sector, and other possible donors.

Africa Malaria Day: theme and logo brainstorming (*Pru Smith*)

Recommendation that small Task Team be formed to come up with slogan and theme for AMD. Noam Perski from GF will lead the group.

Thursday, January 11th, 2007

Welcome by Justine Frain, Vice-President, Global Community Partnerships, GSK

New Partner Updates

Marie-Christine Ashby, Redcross-EU

The EU Alliance Against Malaria is a network of NGOS and international organisations advocating to increase commitments and improve effectiveness of funding for malaria among EU institutions. Targets are European Parliament, European Commission, Regents. National focus for France Germany Spain and UK, with hope that other countries join up.

Coordination is done by Red Cross EU office.

Activities – information gathering and materials development. Training/capacity building, both internal and with core groups. Parliamentary hearings and conferences. Study tours – taking MEPs into field. Media study tours. Presence at key events.

Meg Deronghe – MACEPA

MACEPA is 2 years old, and Gates funded. They use the Scale up for impact (SUFU) model, based on HIV/AIDS model. One national malaria control plan, one coordinating mechanism, one M&E system. They are creating tools to assist other countries in SUFI/3 ones approach, and are soon to roll out in four-five countries bordering Zambia. This is called the Regional Learning Community. Their strategy is to build evidence based platform for advocacy work – success stories, etc, to promote malaria control as credible development investment. www.path.org/macepa/

Sunil Mehra, Malaria Consortium

Coalitions Against Malaria – UK, France, Belgium, Ethiopia, Cameroon, and soon Benin. Active in advocacy with national governments. They are conducting media trainings and advocacy trainings for members.

Seynabou Sy – Senegal Entertainment Generosity for Africa (SEGA)

Previously director of programs at MCM Africa, she is producing the Ebony music festival in Dakar, which began in 2004. Originally HIV-focused, they have moved to malaria, and have distributed 1000 nets in Senegal. (Casamance) in 2005 and in their 2nd year, 6000 nets. Their goal is to reach one million nets in 2015. Strategy is to get important people from sports, music, literature, tv, to participate in the 3 day festival, which includes a gala dinner, with performances, videos and success stories. Festival occurs during 26-28 april. MAWG can help by talking about it, publicizing it, engaging private sector sponsors.

Peter McOdida – Kenaam

The Kenya NGO Alliance Against Malaria was established in 2002. Has 44 partners, including private and NGO, drug companies, etc. They support SUFI, and are headed by Amref. Role is to improve communication and information sharing among members, via Fresh Air conferences, and to increase malaria advocacy, resource mobilization. GF TA etc. They are reaching out to 1,150 NGOs about the cost of malaria and its impact on them, encouraging them to incorporate malaria into what they do (poverty reduction, HIV, CBO/FBO), and identify malaria focal point persons within organizations. They are developing malaria champions and working with youth – Pfizer school outreach program, boy scouts, girl guides. Next week is an advocacy training for members.

Wilfred Mbacham - Cameroon Coalition Against Malaria (CCAM)

Program is supported by GSK. They will hold an advocacy workshop early this year. Create journalists assoc against malaria, to carry on work from last year. Bring researchers and implementers together. SWOT analysis for NMCP, to ID weaknesses. GF6 failure, investigation to succeed next year. Generate malaria report every year for Cameroon, basis for data collection, data/info clearinghouse. Extend to Chad, Gabon, Congo, central African region. Need help from French coalition, for example, French and English MEP could visit Cameroon.

HAWG – Valentina Buj

First meeting was in late September, next meeting is Jan 15-16 in Geneva. Focus is on Africa for now. Have prioritized countries needing assistance into 5 categories. The top two are emergency countries, such as Burundi and Liberia, who have ACT shortages. The second group are validation countries – who have started their gap analysis but need help on technical/strategic side, or countries that need evaluation to help them move faster. HAWG will take advantage of partner missions, i.e. the Mozambique World Bank visit. Evaluation will be done in a systematic way with a single tool that every mission will use following Mozambique. Will identify programmatic and strategic gaps, and create an aide-memoire for country. Role for MAWG – once these gaps are identified, and opportunities to fill them, MAWG can then assist in facilitating follow-up for advocacy with donors and implementing partners to ask for resources to address gaps quickly, new money for opportunities. This will include a public database of funding, committed and obligated, core malaria indicators for each country.

Work plan small groups

Breakout groups developed work plan outlines for Funding, Policy, and Raising the Profile, which were the priority points from Day 1. These results were presented and will be compiled by the secretariat and the Chairs, with assistance from Work plan Task Team .

- **Raise Profile /Awareness Group**
 - Pauline, Susan, Peter, Noam, Lisa, Malama, Mikkel, Sunil, Claire, Kim, Katie
- **Policy, System Change Group**
 - Areana, Seynabou, Delphine, Hannah Gibbs, Jessica, Jumana, Matt, Pru
- **Funding Group**
 - Martin, Kevin, Jamie, Allan, Jaya, Natasha ,Hannah K., Marie Christine, Louis

Funding priority actions for MAWG

1. Pressure on US Congress and others to assure funding for GF, PMI, GFATM etc
2. Linking EU Parliament and member states for more coordinated funding and programming
3. Support and facilitate the formation of NGO networks and coalitions to increase national funding at country level.

Policy Priorities

1. Quality/Availability of Implementation Assistance (TA)
 - *Promote implementation assistance*
2. Procurement and Supply Chain Management
 - *A- Advocating for SCM prioritization and funding at the government level (e.g. 15%)*
 - *B- Harmonization of donors procurement systems/approaches/guidelines*
 - *C- Quality of commodities (counterfeits/off[-spec products)*
3. Linking with other priority health areas such as HIV, Maternal Health, and child survival
 - *Exploring opportunities in other health areas to maximize impact of malaria control interventions*
4. Promote activity of M&E and need for resources/focus
5. Increasing malaria representation on key boards and delegation

Raising the Profile Priorities

1. Develop message platform- based around Africa/World Malaria Day
2. develop communication tools and system for information sharing, via
 - resources
 - champions
 - successes/gaps
 - media lists – keeping notes on journalists, expert database
3. Strategic Opportunities
 - AMD

- WHA
- G8
- Data releases – UNICEF, HAWG, DHS, Database, WHO 2006-2015 funding needs)
- GF Round 7

Discussion on information sharing and how to facilitate good communication between members .

Task Teams on Advocacy Priority Areas and Opportunities : Point person (underlined)convenes call and invites all MAWG members, those who want to participate can call in. Task teams will meet or hold calls to carry out work, with first call to take place before February 4.

- Africa Malaria Day: Noam, Pru, Lisa, Claire, Pauline, Peter, Seynabou, Delphine, Daniel
- Finding new donors: Matt , Natasha, Susan Lassen, Steven
- World Health Assembly Nicole, Valentina, Jessica, Katie
- MAWG representation/inclusion – who are we missing, changing name, how to bring more endemic participants Sunil, Wilfred, Katie) – each organisation could support one endemic country participant
- **Policy:** Jessica, Areana, Pru, Jumana, Seynabou, Delphine, Hannah Gibbs, Matt,
- **Funding:** Martin, Kevin, Jamie , Allan , Jaya, Natasha ,Hannah K., Marie Christine, Louis
- **Raising Profile:** Kim, Pauline, Susan, Peter, Noam, Lisa, Malama, Mikkel, Sunil, Claire, Katie

Task Teams for finalizing MAWG tools/documents

- DRAFT Work plan: Pru, Katie, Nicole, Wilfred, Kim
- Website task team: Pru, Lisa, Hannah, Kim, Claire
- Code of conduct/guiding principles / TORs – Pru, Jumana, Wilfred, Areana
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Immediate Action Items:

- Finalize and circulate Meeting Minutes, Participants List , Presentations
- Complete work plan (by end February)
- Revise TOR
- Create website and listserv
- Create calendar of activities
- Compile member profiles and activity mapping

Staying in touch:

Next meeting: mid/end July, possibly in Ghana, to facilitate participation of more endemic country members

Conference calls: at least 2 conference calls before next meeting.

Electronic communication: A listserv will be set up so that members can email each other (mawg@who.int). Please be specific in the subject line (i.e. “MAWG: AMD Task Team conference call”). RBM will provide webpage on Global Advocacy page, to include links to list of MAWG members and contact information, TOR, minutes, work plan, next meeting information, and resources, such as media lists. Some of this information will be password-protected.

Membership in MAWG: the attendees unanimously agreed on the following two conditions for active membership in MAWG: (1) to remain a member one must participate in at least one meeting and 3 conference calls per year. (2) adherence to Code of conduct or guiding principles which will be written in TOR to facilitate collaborative and constructive participation.

Deadlines:

Work plan by end of February – there will be an executive session to complete it.

Malaria Day call next week to decide on theme.

Profiles will be collected by end of January

Minutes to be sent out by next Friday (18th January)

Updated TOR – Jan 18

Website content – meeting Jan 16 in Geneva