

3rd RBM Harmonization Working Group Meeting Summary and Conclusions Geneva, Switzerland 10-11 September 2007

Meeting Objectives

The objectives of this meeting are:

- to review the HWG Global Fund round 7 support process (final grant requests, consolidated gap, and next steps) and agree on methodology for evaluating the process;
- to review the HWG 2007 Workplan and budget, including linkages to other RBM WGs and inputs for 12-13 Sept RBM Meeting;
- to agree on comprehensive needs assessments methodologies, utilization of results, and next steps (including task team formation);
- to agree on strategy, next steps, and responsibilities to make Early Warning System and MIST operational;
- to define the role of the HWG in the role out of the ACT global subsidy; and
- to discuss the use of national and sub-national malaria accounts to track malaria expenditures.

Expected Outputs

- methodology for evaluating the HWG Global Fund round 7 support process;
- final HWG 2007-2008 workplan;
- consolidated inputs for the overall RBM 2007-2008 workplan;
- operating framework for the RBM HWG Early Warning System and MIST;
- agreement on needs assessment next steps (task team formed similar to GF R7 support process); and
- defined HWG role for the ACT subsidy role out.

Overview and review of 2007-2008 HWG workplan and budget

Summary

The 2007-2008 HWG workplan and budget were reviewed in plenary. There was broad agreement on the content of the workplan which had already been widely circulated. **Issues Raised**

Subcomponent 1

- There is a need to ensure a rational basis for the selection of countries targeted in subcomponents 1.1; 1.2; 1.3; and 1.5. The targets for these activities should be harmonized with the targets in harmonized RBM workplan.
- 1.3 The GF M&E tool will need to be filled in by each country that receives a GF grant, this will include phase 2 renewals. There is a need to develop a pool of consultants trained in the use of this tool to provide support to countries.

- 1.2 and 1.4 - These two items were related. There was some confusion about how these two items differed. 1.4 contains the concept of validating country plans while 1.2 is support to countries to develop quality plans. There may be a conflict of interest in supporting the development of a plan and the same team providing a stamp of approval on the plan. It was agreed that the 'validation' process should be linked to resources and that it should be done in a coordinated manner - especially with the Global Fund. Part of this process will be driven by how the Global Fund proposal based funding mechanism evolves and whether the role of the TRP also changes (goes from a technical review panel to a Programme Review Panel).
- 1.6 Many tools are needed to take various activities forward (e.g. for programme reviews, costing, tracking national malaria expenditures, progress tracking, needs assessment, etc.). MACEPA has some resources to take this forward.

Subcomponent 2

- WHO staff at country and regional levels are resources that should be tapped into in developing the MIST and Early Warning system. Financial resources are available (see draft USG MoU) to support countries in resolving bottlenecks. The US\$3 million/year from the US Government could be a useful resource for the MIST and SRNs to provide appropriate assistance to countries.
- A trained pool of consultants from the GF round 7 support process already exists and can be tapped into to provide assistance. There is a need to develop measurable indicators related to technical support/bottleneck resolution, country implementation performance, and early warning system functioning.
- The MIST needs to be elucidated de-mystifying through the development of a ToR that spells out its roles and responsibilities, how it will function, where it will be hosted and staffing requirements. The development of the MIST was discussed in subsequent sessions on day 2.

Recommendations/Next Steps

A MIST Task Team will be formed to oversee further development of the MIST, which should proceed rapidly.

Subcomponent 1

A comprehensive needs assessment (which will lead into refined country business plans) is planned for 31 countries. A Task team was formed to steer the needs assessment process. The team will consist of: James Banda (RBM Sect), Suprotik Basu (World Bank), Valentina Buj (WHO), Kate Campana (Malaria No More), Mark Grabowsky (Global Fund), Matt Lynch (VOICES Project), Larry Slutsker (CDC), Melanie Renshaw (UNICEF). The task team held a preliminary meeting on the 13 September. If others wish to join the task team they should send an email to James Banda, Protik Basu and Melanie Renshaw by 25th September 2007.

It was agreed that a concept paper should be drafted concerning the types of support envisioned for developing country annual action plans, the process for reviewing (validating) national plans, and how the plans would be linked to resources for financial and technical/implementation support. (James Banda, Melanie Renshaw, and Protik Basu would draft this paper by September 21). The concept note should clearly outline the roles and responsibilities of different partners/entities. (UPDATE: Deadline extended to Wednesday, Sept 26 at the request of James, Melanie, and Protik).

Rick Steketee and Sergio Spinaci agreed to revitalize the tools sub-working group to take the necessary work on tools forward, in accordance with the work plan.

RBM Partnership Consolidated Workplan

Summary

The RBM Partnership Consolidated Workplan was prepared to provide an overview of the Partnership Priorities and how the structures of the Partnership will interact to meet the RBM Partnership goals and targets. A meeting to review the consolidated workplan by representatives of all the Partnership Structures will be held the 12-13 September 2007 in Geneva. Part of the reason for holding the HWG meeting was to discuss and prepare HWG inputs to the consolidated workplan.

The goal of the partnership is to ensure that country SUFI needs are met collectively by all the structures of the partnership. This requires harmonization of all activities - especially at the country level.

Issues Raised

- There is a need to prioritize activities to ensure that the activities with the greatest impact take place first and get the first call on limited resources. More focus on key activities will help to improve the performance of the Partnership.
- Supporting countries to improve performance and ensure that the resources already on the table are effectively used should be one of the highest priorities.
- Regional organizations (e.g. SADC) may also need support to attract resources for their malaria control activities.
- Better communication within the Partnership is essential for optimizing performance.

Recommendations/Next Steps

Meeting participants reviewed the consolidated workplan to identify critical areas to ensure that there are no gaps and to prevent overlap by different partner structures. Melanie Renshaw will revise activities and send it back to RBM Secretariat following discussions during the RBM Workplan Harmonization.

RBM(Richard Carr) will take a first crack at trying to enter the budget into the template provided by the RBM Secretariat for the Harmonized Workplanning

Review of support to GF round 7 proposal development/ Evaluation of process

Summary

- A review of the process to support countries develop Global Fund round 7 malaria proposals was presented and discussed. It was agreed that this process should be reviewed rapidly after round 7 results are announced and improved as necessary to support countries in round 8.
- The process of selecting which countries to support in round 8 can start now by screening those countries that did not apply for round 7 and then adding countries that were not successful in round 7 to the final list after November. Letters to countries can already be sent out to ensure that countries start to consider their funding needs now. Selection criteria will be identified to ensure that countries ready and able to attract GFATM resources are selected
- The TRP was briefed by Rick Steketee (MACEPA) and Wilson Were (WHO). The briefing included a description of the support process and requested that the TRP provide clear proposal review comments so that we can adjust the support process as needed for round 8. A review of the TRP comments from

successful and unsuccessful proposals will be invaluable for fine-tuning the support process.

- Support to Global Fund proposal development should be considered as a normal process going forward and planned for accordingly.

Issues Raised

- Need to review the ToRs for the external and internal consultants.
- Need to review the screening process for the external consultants.
- Need to find a way to attract more French speaking experts.
- Need more even/consistent participation from Partners in the French speaking workshops.
- What is an appropriate rate of funding per capita for malaria programmes?
- Can support be extended to non-African countries for round 8 and beyond?

Recommendations/Next Steps

- A thank you note will be sent to the Global Fund Executive Director from Prof Coll-Seck for the good collaboration in the round 7 support process (UPDATE: the letter was drafted by Rick Steketee, reviewed by the HWG and sent out the week of 17 September 2007).
- A rapid evaluation of the support to Global Fund round 7 will be carried out as soon as the official results are announced in November (it can start earlier by compiling the necessary background information, developing a ToR for an external consultant and starting an analysis when information starts to leak out before the Global Fund Board meeting). Rick Steketee from MACEPA will lead the evaluation process.
- Based on the analysis of successful and unsuccessful GF proposals the HWG may need to adjust some of its support strategies, e.g. targeting the CCM for restructuring or strengthening.
- Support for proposal development should be better targeted at countries that have a good chance of obtaining the grants. Targeting countries that have a very low probability of getting a GF grants is a waste of resources, but these countries may be eligible for support from other donors if appropriate. The HWG (Rick/ Valentina/Melanie/Protik/Trent? GFATM?) should develop a checklist to help guide countries on whether or not to apply for GF round 8. The HWG will develop criteria, screen countries for support – and then publicise why these countries were selected.
- A guide on what makes a good proposal should be developed similar to the Aidspan guide (Rick Steketee, MACEPA to take the lead).
- Once the results of round 7 are announced a process to support countries to get grants signed quickly is needed - workshops similar to those convened by Stop TB might be considered.
- Specific recommendations on the GF proposal forms should be systematically captured and sent to the GF to improve the forms (Valentina to collect this information).

Advocacy, MAWG functions and link to HWG

Summary

The MAWG held its first meeting in January 2007.

The MAWG's primary objectives are to:

- Increase resources for malaria control globally (prevention, treatment, research)
- Support effective policies- advocate for effective implementation of evidence-based policies, including targeted advocacy for bottleneck mitigation

- Increase awareness of malaria as a global priority, role of the RBM partnership
- Promote effective use of interventions-BCC
- Specific areas where the MAWG and HWG should coordinate their efforts may include:
 - Country level bottleneck mitigation
 - Where country advocacy groups function
 - Assistance in targeting decision-makers, developing enabling environment for change
 - Global level communication
 - Channeling results back to funding decision-makers
 - Highlighting successes, key issues for resolution

Issues Raised

- how to link MAWG to the HWG esp concerning bottleneck identification and mitigation processes?
- the advocacy roles and responsibilities of the MAWG vs. the RBM Partnership Secretariat need clarification.
- how does the MAWG manage high expectations?
- Need for clarification/consensus on many key technical issues (e.g. community based treatment with ACTs; ACT Global Subsidy; promoting ITN utilization; IPTi)

The MAWG is facing the following challenges:

- Lots of work, few people available
- Role of RBM secretariat needs clarifying, secretariat needs additional staff
- Need for results to feed back to funders
- Over-simplification of technical issues in press leads to negative press when complex issues arise
- Coordination will be key challenge:
 - Country level
 - Global level

Recommendations/Next Steps

- The role of the MAWG and RBM Secretariat in advocacy activities needs to be clarified - MAWG should be given a lead role in global advocacy.
- MAWG should define several short to medium term priorities and focus on these Some MAWG Advocacy functions might be able to be outsourced (e.g. MNM working with the Endeavour group to take on some of these activities in the US - MAWG members can provide suggestions to MNM (Kate Campana) on how to take this forward).
- MAWG should work with the HWG to develop and convene a business case for controlling malaria and share this with all the partners (especially Malaria No More in the short term) (see workplan description)
- Constituencies/organizations should be represented on the MAWG - organizations should take responsibility for being adequately represented and attending meetings.
- HWG to work more closely with MAWG to define advocacy needs.

ACT Global Subsidy - Role for HWG?

Summary

The ACT Global Subsidy Task Force scheduled a meeting for 11 September 2007. The HWG requested that a task force member brief the HWG on developments concerning the global ACT subsidy. The HWG prepared some inputs to present at the task force meeting.

Issues Raised

- many issues concerning country eligibility and country readiness need to be resolved;
- A global ACT subsidy is expected to cost 1.9 billion over 5 years - where will this money come from?
- RBM Partner views have not been well represented during the discussion of the subsidy
- Initial start-up costs will be very high (ratio of start up costs to purchase of commodities will be around 3 to 1 initially and will be gradually reduced)
- intervention packages will need to be tailored to meet individual country needs.
- Countries need to own the process.

Recommendations/Next Steps

- A presentation to the task force meeting was made by Suprotik Basu the following issues were highlighted:
 - The HWG will continue to engage the task force on the creation of the subsidy through (a) nominated focal point(s). Sergio?
 - The Needs Assessments and refined Strategic/Action plans being supported by the HWG will provide information on aspects of implementation (including pharmaceutical management and public sector pharma penetration/policies in place/guidelines etc.)
 - The HWG recognizes that a substantial amount of implementation support will be required as the subsidy rolls out. We would like to reiterate the need to use existing RBM Partnership structures and resource channels in providing this implementation support.
 - We would like to draw attention to the agreement of the RBM Board and the current development by the HWG of a Malaria Implementation Support Team, that will use partnership mechanisms to provide real-time (on-demand and proactive) implementation support to countries as they scale-up their malaria control efforts.

Needs Assessment and Comprehensive Planning – discussion of methodology Summary

Thirty one countries have been identified for comprehensive needs assessments, which will lead to refined business plans. This process will take place in three phases with country groupings. Malaria No More has agreed to financially support this process. A concept note describing this process was developed by Protik Basu/Melanie Renshaw and circulated to the meeting participants. A task force (James Banda, Suprotik Basu, Valentina Buj, Kate Campana, Mark Grabowsky, Matt Lynch, Melanie Renshaw, Larry Slutsker, and Rick Steketee) was formed to take this process forward.

Issues Raised

- want good inputs/participation from RBM Partners
- difference between gaps and needs
- need good/credible data
- need some standard measures/guidance for what constitutes a good malaria control programme - especially for estimating costs; estimating human resource needs; and estimating gaps).

Recommendations/Next Steps

- The task team met briefly at noon on Wednesday 12 September to discuss next steps.

- A first step will be to collect information on good consultants that assisted countries to develop Global Fund round 7 proposals - these consultants can then be used to start supporting countries to conduct their needs analyses. Also those from initial screening but who were unable to participate in the round 7 process due to other commitments.
- Country needs assessments will be conducted according to the 3 phases indicated in the concept note. Concept Note will be converted into a TORs for the consultants to support to process.

WHO Technical Update from Dr Arata Kochi (Director, WHO Global Malaria Programme)

Summary

Countries have adjusted their malaria control policies and most are now sound. There is a need for countries to now focus on programme management and operations. Countries are not yet operating at scale and they do not have good information about how they are performing (M&E, disease surveillance, human resources, Case management, logistics). Supervision of programme implementation is weak. There are lessons to be learned from other successful programmes (immunization, polio, onchocerciasis, other tropical disease control programmes). Staff from these programmes may also be brought in to assist with malaria control.

WHO has a normative role and a role in supporting implementation. WHO has an obligation to perform its normative role in all member states and will continue to provide this function (guidelines, training staff, etc.).

WHO has limited resources and is looking to prioritize its implementation support to countries in the most cost-effective manner. WHO would like to select a small group of countries that are ready now to move forward (i.e. countries with high political commitment to malaria control, where resources are available, with access to technical assistance). Other countries will need support to strengthen their programmes before they are ready. Countries should be divided up into different categories. WHO would like to work together with partners to agree on which partner will support which countries. There can be different types and levels of support (e.g. technical assistance, intervention at the political level, etc). WHO is working to ensure that its staff (NPOs, WRs, ICTs) are effective and committed to supporting countries.

Issues Raised

- How do countries build good malaria control operations?
- Many African countries do not have adequate numbers of staff working in their malaria control programmes.
- SADC has the responsibility to support all of its member countries and cannot select among them who will receive support.
- CARN - OCEAC also provides a forum for interacting directly with Central African Heads of States
- What happens to orphan countries that are not prioritized? - danger of the creation of a two-tier system.
- Even in countries that are not considered to be ready some activities can be taken forward (e.g. LLIN mass distribution campaigns, training of community health workers in diagnosis and treatment of malaria).
- A simple set of interventions that can be implemented anywhere should be defined and the appropriate guidance developed. Countries could self-select the defined interventions and partners could step forward to help them implement them.

- Big countries may interact better with a UN umbrella group than any one individual partner.
- Need to be realistic in expectations.

Recommendations/Next Steps

- Partners should communicate with WHO about which countries they think are ready to be supported by WHO. The HWG will share its country classification with Dr Kochi.
- WHO to share with the HWG which countries it would like to take the lead in. Opportunity exists with needs assessment/planning process.
- HWG/RBM should work to identify lead partners for each country based on their comparative advantages - a strategy to support these countries on an individual basis then needs to be developed. Strategies to support countries should outline short-term and long-term country support needs.
- Partners should communicate with WHO about ineffective WHO staff.

Operationalizing the MIST

Summary

There was agreement that a Malaria Implementation Support Team to help countries identify and resolve bottlenecks was needed. MIST functions would be both proactive and reactive and should cover the whole spectrum of programme activities from gap analysis to resource mobilization to implementation.

The MIST will support countries to become good performers. The MIST will need to collect information and make it available to partners; identify country bottlenecks early enough to effectively address them; identify which partner (the partner with the capacity to help) can support the country to overcome the identified bottlenecks; monitor progress in resolving the bottlenecks; and maintain the integrity/credibility of the MIST.

To be effective MIST support should be country-driven, non-bureaucratic and non-threatening. The MIST will coordinate technical, managerial and political support to countries based on their needs.

It was agreed that a task force (James Banda, Suprotik Basu, Valentina Buj, Louis Da Gama, Matt Lynch, Halima Mwenesi, Melanie Renshaw, Kevin Starace, Rick Steketee, Juliana Yartey, and Larry Slutsker) would be set up to draft a MIST concept note that includes ToR for the MIST (staffing needs and hosting arrangements, membership, governance, etc.). The ToR will need to spell out how roles and responsibilities of RBM mechanisms. It was also agreed that the MIST Coordinator would be brought on board in the RBM Secretariat to lead the MIST development process.

Issues Raised

- How to identify and respond to country needs early enough to resolve issues and keep resources flowing?
- Development of a concrete budget
- Hosting arrangements
- Staffing needs (Coordinator, co-coordinator, funding for positions)
- Financing and financial flows (will depend on how/where MIST is hosted)
- Institutional commitment
- Define bottlenecks
- Need to define specific activities MIST will be engaged in vs HWG vs RBM

- What types of support will MIST offer (short-term ‘fire brigade’ vs long-term capacity development, staff placement)
- Countries need assistance now

Recommendations/Next Steps

- Steering committee will meet Wednesday 12 September 2007 to develop time frame and responsibilities for drafting a concept note.
- HWG members will identify the 8 countries currently having severe difficulties with their Global Fund malaria grants and develop a strategy to support them. PMI and the World Bank will also be contacted to see if any of their countries are facing severe bottlenecks. Additional countries will be included for support in the immediate term country support strategy.
- It was agreed by the steering committee that Valentina Buj would serve as an interim MIST coordinator until the MIST concept is further developed and an official full-time coordinator can be hired and put in place.
- Partners that wish to have support for MIST staff to be put into their organizations should draft a 1-2 page request and submit this to the co-chairs of the HWG for their consideration and inclusion in the full proposal to the RBM Board.
- A one-page note would be circulated to the MIST Core Team that outlines the roles/responsibilities of additional staff required to support MIST. (UPDATE: Note circulated on September 19, 2007 – comments requested by Wed, Sept 26).
- The HWG needs to lobby the Global Fund to make sure that key reports (e.g. LFA) are made available on a limited basis to the HWG so that a response to meet country challenges can be developed.

Tracking of malaria expenditures through national accounts/sub-accounts

Summary

National malaria sub-accounts are a very useful mechanism for tracking both public and private expenditures on malaria in specific countries. Several countries including Rwanda, Kenya, Malawi, and Ethiopia have established these. Many other countries are establishing national health accounts – it would be good to encourage them also to establish malaria sub-accounts at the same time. This might require some timely lobbying from the HWG/MERG/MAWG.

Issues Raised

- How is data for the sub-accounts validated?
- What is the appropriate level of per capita expenditure for malaria?
- How much does it cost to set up a malaria sub-account?

Recommendations/Next Steps

- Tessa Tan Torres will send information to the HWG on which countries are setting up National Health Accounts and thus could be influenced to also develop malaria sub-accounts at the same time. This information will be sent to the MERG for their consideration and possible action.
- Rick Steketee will follow-up with Tessa on some of the tool development issues (e.g. costing, etc.).
- The MAWG will follow-up with Tessa and the MERG on any advocacy issues that might arise for pushing for countries to establish national malaria sub-accounts.

Any other business

Measles Malaria Partnership

The Malaria/Measles Partnership functions as a coordination mechanism for partners interested in supporting LLIN scale-up. The principal coordination mechanism is a weekly conference call with a rotating chair. The coordination process identifies needs and opportunities for support and partners may respond to those needs. All operational activities are initiated, funded and owned by specific partners.

The Chair of the Malaria Measles Partnership (Mark Grabowsky, The Global Fund) requested that the HWG adopt the malaria measles partnership to give it an institutional home and formalize its standing.

The HWG agreed to host the M&M Partnership. Under this new arrangement, it is anticipated that the operations of the Partnership would proceed in its usual fashion, retaining Mark as the Chair. The M&M Partnership, through a designated person or partner, would report its activities to the RBM HWG at its semi-annual meetings.

Next HWG meeting

An informal HWG meeting was proposed for 27 November in Addis Ababa to coincide with the next RBM Board meeting (28-29 November also in Addis Ababa). This would allow some discussion of the results from the Global Fund Board meeting concerning the approval of round 7 grants.

Annex 1 List of Participants

Suprotik Basu (World Bank) Co-Chair
Melanie Renshaw (UNICEF) Co-Chair

Johanna Austin Benjamin (WAHO, WARN Representative)
 James Banda (RBM)
 Henk den Besten (IDA Solutions, PSM Working Group)
 Valentina Buj (WHO, GMP)
 Kate Campana (Malaria No More)
 Richard Carr (RBM)
 John-Paul Clark (World Bank)
 Louis Da Gama (Global Health Advocates)
 Mark Grabowsky (Global Fund)
 Arata Kochi (WHO, GMP)
 Lebogang Lebese (SADC, SARN Representative)
 Sandii Lwin (UNDP)
 Matt Lynch (VOICES)
 Ricki Orford (PSI)
 Halima Mwenesi (AED/NETMARK)
 Bernard Nahlen (PMI)
 Marlyse Peyrou Ndi (OCEAC, CARN Representative)
 Mabingue Ngom (Global Fund)
 Claude Emile Rwagacondo (RBM, WARN)
 Lawrence Slutsker (US CDC)
 Sergio Spinaci (WHO, GMP)
 Kevin Starace (UNF)
 Rick Steketee (PATH-MACEPA)
 Tessa Tan Torres (WHO, HSS)
 John Thomas (BASF)
 Boi-Betty Udom (RBM)
 Mikkel Vestergaard-Frandsen (Vestergaard-Frandsen)
 Juliana Yartey (WHO, FCH)

N.B. Drs George Ki-Zerbo and Soce Fall from WHO AFRO were invited and planned to attend. They were unable to do so because of visa complications.

Annex 2 Meeting Agenda

Agenda

Time	Session Topic	Presenter
Monday 10 September		
9:00 - 9:15	Opening, review of meeting objectives, expected outputs, agenda, welcoming new members	Melanie Renshaw (UNICEF) and Suprotik Basu (World Bank)
9:15 - 10:45	Overview and review of workplan and budget, discussion of overall RBM Partnership workplan, inputs for consolidation meeting and linkages with other WGs	Melanie/Protik
10:45 - 11:00	Coffee/Tea	
11:00 - 12:30	Overview and review of workplan and budget, discussion of overall RBM Partnership workplan, inputs for consolidation meeting and linkages with other WGs (continued)	James Banda (RBM PS) and Rick Steketee (MACEPA)
12:30 - 13:30	Lunch	
13:30 - 14:30	Review of Round 7 support process Summary of process: (Richard) Country requests (Valentina/Melanie) Draft evaluation methodology/scheme for discussion (Rick)	Richard Carr (RBM PS) Valentina Buj (WHO)/ Melanie Renshaw, Rick Steketee (MACEPA),
14:30 - 15:30	Advocacy and the HWG: Linkages with the MAWG, roles, responsibilities and opportunities (GF Replenishment, WB Replenishment, UNITAID Anniversary)	Matt Lynch (VOICES)
15:30 - 15:45	Coffee/Tea	
15:45 - 17:30	Needs assessment discussion (including country absorptive capacity issues, also relating to UNITAID) Concept for discussion	Melanie/Protik/James
17:30 - 18:00	Day 1 wrap-up and overview day 2	Chairs
18:00 - 20:00	Reception	Group

Tuesday 11 September		
9:00 - 9:15	Opening, review of day 1, and review of day 2 agenda	Co-chairs of the HWG
9:15 - 9:45	WHO Technical Update	Dr Arata Kochi
9:45 - 10:45	Operationalization of the MIST and Early Warning System (formalizing the support request and response process) <ul style="list-style-type: none"> • Experience of the GIST • Expectations of the GFATM <p>Concept for discussion</p>	Sandii Lwin (UNDP)_ Mabingue Ngom (GFATM) Melanie Renshaw (?)
10:45 - 11:00	Coffee/Tea	
11:00 - 11:45	Operationalization of the MIST (cont)	Mabingue Ngom (GFATM) Melanie Renshaw
11:45 - 12:30	Update on ACT global subsidy roll out - possible role for the HWG?	TBD
12:30 - 13:30	Lunch	
13:30 - 14:00	Tracking of malaria expenditures through national malaria accounts and sub-accounts	Tessa Tan Torres
14:00 - 14:30	Any other business (endemic country representation on the HWG, other issues?)	
14:30 - 15:00	Wrap-up, next steps, meeting closure	Chairs
15:00 - 15:30	Coffee/Tea	
16:30 - 18:00	Consolidation of inputs for 12-13 September RBM meeting	