

## 4<sup>th</sup> RBM Harmonization Working Group Meeting Summary and Conclusions Geneva, Switzerland 18-19 February, 2008

### Meeting Objectives:

- To discuss the 2008 HWG workplan and agree on activities and outputs
- To share information on developments within the RBM Partnership
- To improve coordination across HWG workstreams and activities in support of one workplan

### Expected Outputs:

- Consensus on 2008 HWG workplan
- HWG Operational Framework

For each agenda item a summary, issues raised and decisions/next steps will be presented.

### HWG after 1 year, review of progress and looking forward

#### Summary

A presentation was given outlining the RBM Board Approved ToR, Board decisions, Membership, activities that had taken place against each of the six ToR action areas in 2007, agreed deliverables for 2008 and a summary of the different workstreams. The full presentation will be available as a separate annex.

The HWG ToR and some highlights are presented below.

1. Secure additional resources from the Global Fund, PMI, World Bank and others in support of country scale-up.
  - **Highlights for 2007 - 75% success rate in countries supported in GF round 7; first coordinated effort by the Partnership to support Global Fund malaria proposal development.**
2. Assist countries to identify support needs for scaling-up through comprehensive needs assessments.
  - **Highlights planned for 2008 - support 21 national programmes to develop comprehensive needs assessments and business plans to be presented to donors in first half of 2008.**
3. Coordinate a process to support the development of and adherence to the “3-ones” concept at country level.
  - **Highlights for 2008 - 21 country owned business plans to be developed through intensive consultative process.**
4. Harmonize partner efforts to fill country-identified gaps.
  - **Highlights for 2008 - country identified needs will be presented to donors to fill the gaps.**

5. Facilitate the development of a “rapid-response” mechanism to support countries to overcome implementation bottlenecks (reactively and proactively).

- **Highlights for 2007 - targeted support to a number of countries including Angola, Guinea, Liberia and Burundi were successful resulting in continued access to existing resources and access to new resources through UNITAID and GF round 7.**

6. Track and Facilitate resource flows from partners to countries.

#### **HWG Deliverables for 2008:**

The RBM HWG/MIST will provide timely quality planning, technical and implementation support to 45 priority malaria endemic countries in sub-Saharan Africa

##### **Planning**

- 21 comprehensive needs assessments completed by July 2008 identifying implementation bottlenecks, technical and implementation assistance, financing and commodity requirements to support SUFI
- 21 technically sound, operationally feasible, country and partner owned SUFI business plans completed by September 2008, building on existing business plans developed by countries and partners (e.g. PMI operational plans, World Bank annual plans, etc)

##### **Financing and Implementation Support**

- 21 Countries have adequate and sustained funds for each of their SUFI business plans through:
  - 70% of SSA countries with successful round 7 proposals will have signed grants by April 2008 (including support to finalize PSM and M & E plans)
  - >70% of SSA countries applying for funding in Round 8 (GFATM) are successful
  - At least 95% of countries currently getting funding should maintain this funding.
  - At least 80% of countries with existing Global Fund assistance should perform at "A" or "B1" ranking over the life of the existing grants

##### **Technical and implementation support**

- Increase access to and utilization of high quality technical and implementation support with 80% of support needs being successfully addressed within 30 days of request/as planned.
- Development, launch, and implementation of the Implementation Assistance Hotline and Early Warning System (EWS) by January 2008.

#### **Workstreams**

- Needs assessment and business planning (active workstream).
- Accelerating resource flows e.g. GF round 7 appeals and grant signing (active workstream).
- Attracting new resources e.g. GF round 8/RCC proposal development (active workstream).
- DRC and Nigeria (active workstream).
- LLIN Integration (active workstream).
- Bottleneck Identification and Resolution System (active workstream).
- Cross-border (need for this workstream will be re-assessed).
- Out of Africa (separate workstream will not exist, WHO will provide estimate of support needs for other regions).
- AMFM (workstream closed).
- Financing (folded into RBM Resources Working Group).
- Global Business Plan (no workstream).

#### **Harmonized Workplan and Budget for RBM Priorities**

For the first time the RBM Partnership has a harmonized workplan which shows which RBM structures is responsible for achieving what. To achieve the targets listed under the six Harmonized Workplan Priorities (see annex 3) it will be necessary to use the full capacity of the partnership - HWG, SRNs, RBM PS, all partners and countries working together in a coordinated fashion. Resources are available and shouldn't be seen as a rate-limiting step - what is not currently available can be raised as needed.

The development of tools for Needs Assessment, Business Planning and training of consultants to facilitate these processes are key steps that need to be completed as soon as possible if targets are to be met.

### Issues Raised

- What resources are available and how do they flow?
- What is the process for financing gaps? A strategy and timeline for fund raising is needed. The EC and Executive Director of RBM are fund-raising to meet gaps. High level support from the Board is needed to secure additional resources for the Harmonized workplan.
- Scope of work in the harmonized workplan - some of the targets (e.g. MIS surveys) seem to reflect pet projects and not programme support. Targets should focus on broader issues.
- The HWG will be judged by its results, more structure is needed - mechanisms for coordinating activities, working rules, commitments/accountability of different working groups/workstreams.
- Technical assistance is a key service and shouldn't be deprived of resources.
- HWG deliverables focus heavily on support to GF, what about other donors?

### Discussions of Individual Workstreams

#### Global Fund round 8 and RCC

##### Summary

A presentation on GF round 8 support was presented and will be included in an annex with all presentations. The presentation highlighted the workstream membership, ToR, Deliverables, action items, Progress, outlined available resources and resource needs and provided next steps.

Estimated Resources Needed: US\$1.5 million (depends on number of countries supported)

Resource commitments:

US PMI - US\$350,000; Exxon Mobil US\$ 200,000; Vestergaard-Frandsen US\$ 250,000;

UNICEF US\$200,000; RBM US\$ 300,000 - 400,000.

Estimated Gap: US\$200,000.

GF Orientation/training workshop will be held 17-19 March, 2008 in Johannesburg, South Africa. Venue: To be confirmed.

### Issues Raised

- Ideas for additional fund raising?
- Need coordination of all external consultants going to countries - need to ensure that consultants with the right skill mix are sent to each country - i.e. ensure complementarity of skills and not duplication.
- Need to communicate clearly with countries and in-country partners.
- Need to ensure that link to Needs Assessment process is well integrated into proposal development process and well-understood by countries.
- Needs assessment may reduce time and effort needed to develop proposals - eliminating need for comprehensive gap analysis.
- TRP has done well but remains a difficult thankless job.
- WHO needs to ensure that TRP will consider proposals that address elimination in handful of countries that might be ready for this step.
- Need to bring more budget experts into the process/workshops, etc.
- Scheduling of mock TRP needs to balance adequate time to prepare a good initial draft of the proposal to be reviewed and enough time to revise the proposal after the workshop.

### Decisions/Next Steps

- Countries will be prioritized for support based on need (i.e. did not receive round 7 or round 6) and realistic ability to obtain additional GF grant (adequate past performance)

on existing grants). The following countries will be targeted: Burundi\*, Cameroon, CAR, Comoros, Congo, DRC, Equatorial Guinea\*, Ethiopia, Gabon, Ghana, Kenya, Mozambique, Nigeria, Rwanda, Zanzibar, Zimbabwe and Trans-Zambezi cross-border initiative.

- Benin will need support to develop a RCC proposal due by the end of March, an external consultant will be mobilized for this purpose.
- Several additional countries are intending on applying for GF round 8 and will ask for support (Burkina Faso, Côte d'Ivoire, Mali, Tanzania, Togo, Uganda). It was agreed that Needs Assessments would be prioritized for phase 1 in most of these countries (but not Uganda) and a decision to support the country or not would be taken after the Needs Assessments results were available.
- Countries outside of Africa will be discussed separately under the Out of Africa workstream.
- Non-targeted countries will not be able to participate in workshops.
- HWG will draft official letter to GF to outline support needs through the different processes (GF rd 8 proposal development; GF rd 7 grant signing) where their input/support is needed.

### **Global Fund round 7 appeals and grant signing**

#### **Summary**

Countries that were successful in Global Fund round 7 will need to do the following before they can be assessed by the LFA and negotiate and sign their grants: develop a detailed workplan and budget for year 1; develop a PSM plan; convene a M&E Systems Strengthening Tool Workshop; develop a M&E plan and complete attachment A.

Countries are at various stages of this process and will need different levels and types of support to complete these actions.

#### **Issues Raised**

- Need to ensure coordination between all processes so that individual components (workplan and budget; PSM plan; M&E plan) are fully aligned (this will pose a challenge if different components are completed by different entities).
- Why are GF grants so much more intensive than other grants? (GF is a financing agency and was designed to rely on partners to provide technical support).
- Need to develop local capacity to support countries with these activities - in-country partners may also have capacity which should be tapped into.
- Countries should be encouraged to ask for financial resources to pay for TA and then should be encouraged to use this money.

#### **Decisions/Next Steps**

- Countries and Global Fund Portfolio Managers will be contacted through the HWG including SRNs and ISTs to assess the types of support they need and to determine whether in-country partners/capacity exists to provide support for the various components.
- External consultants will be mobilized only if in-country capacity does not exist.
- The need for a workshop will be assessed after information from countries is received.
- USG OGAC funds could be used to fund some of these activities.

### **AMFM Workstream**

#### **Summary**

The HWG was asked to prepare country readiness criteria for the roll-out of the AMFM at country level. Through a thorough consultative process, a document was prepared and submitted to the RBM Board Executive Committee for their approval prior to being submitted

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\* Will not apply for Global Fund round 8, confirmation received after meeting.

to the GF Board. The document contained recommendations for actions to be taken in 14 specific areas. It also laid out an AMFM roll-out plan outlining steps that countries would need to take to qualify for the AMFM. The document was not initially approved by the EC, but following revision was approved by the EC chair.

#### **Issues Raised**

- Lack of country consultation.
- Overly tight deadlines.
- Need evidence of effectiveness - perhaps gained through pilot study in selected countries.
- Concern from PMI that RBM working groups will need to support process but that their roles and responsibilities have not been clearly laid out.

#### **Decisions/Next Steps**

- The HWG's role in this process is completed. Decisions will need to be taken at a higher level. This workstream is closed.

#### **LLIN Integration**

##### **Summary**

Sixteen (with Benin) LLIN mass distribution campaigns delivering over 16 million LLINs took place in 2007. Fifteen campaigns for the delivery of over 33 million LLINs are being planned for 2008. Campaigns are not being integrated as much as before with Measles campaigns - due to the emphasis on reaching all sleeping spaces and the ability to implement measles campaigns relatively quickly in comparison to LLIN campaigns. Other types of integration are still taking place (e.g. vitamin A, de-worming, etc). In 2008 replacement campaigns (e.g. Togo) will now be rolled out for the first time.

#### **Issues Raised**

- SRNS will have a roll to play in country planning.

#### **Decisions/Next Steps**

- This workstream will have its annual meeting 21-22 February 2008 in Geneva. Decisions and next steps will be taken at this meeting and circulated to HWG members when they are available.

#### **Needs Assessment/Business Planning**

##### **Summary**

Up to 45 countries will be targeted for needs assessment/development of business plans in 2008. Resources for up to 21 countries have been mobilized by the HWG. The priority countries for phase 1 will be those being targeted for GF round 8 support + five additional countries (Burkina Faso, Côte d'Ivoire, Mali, Tanzania, Togo) who may still have significant unmet financial needs + Guinea Bissau a country having implementation problems (B2 rating on GF grant). A gap analysis is already being planned for the Trans-Zambezi cross-border initiative.

A draft of the needs assessment tool has been completed and is being field tested in Ethiopia (scheduled to finish by the end of February). A needs assessment orientation/training workshop will be held in Kampala, Uganda in the first week of March. The tool will be shared with countries through the SRN focal points prior to their upcoming meetings. The final tool will be translated into French.

SRNs will look at the possibility of financially supporting key remaining countries to conduct needs assessments and will support the development of business plans in all countries.

Preliminary results from the test of the tools in Ethiopia have highlighted the following issues:

- no HWG partners need to play a key role in the needs assessment process
- significant advance communication with the country MoH is needed to make the process as successful as possible;

- the tool is working well; and
- the field test is particularly useful and provides a good reality check.

#### **Issues Raised**

- Template for business plan? Guidance on how to develop business plans? It was agreed the business plan template will be developed from the needs assessment template once it is finalised.
- Communication at all levels with key players - countries, SRNS, global/in-country partners
- Coordination of NA process.
- Need to incorporate HSS assessment elements (WB willing to play a role in reviewing these components in the tools).
- An adequate pool of consultants should be trained to conduct NAs in all 45 countries.

#### **Decisions/Next Steps**

- Needs assessment tools will be made available by Friday 22 February so that CARN and SARN can present information on the tools and process at their upcoming annual meetings.
- The HWG will develop a concrete timeline for all upcoming Needs Assessments and communicate this with all key stakeholders including the countries.
- HWG, SRNs, ISTs and others will work together to create a joint workplan to better coordinate needs assessments, business planning and all other relevant activities.

### **Bottleneck Identification and Response System**

#### **Summary**

An overview presentation of the BIRS was presented the full presentation is in the annex of presentations. The BIRS will try to help ensure that 90% of GF malaria grants are performing at the A or B1 level with equivalent markers from PMI and World Bank Booster and that 95% of GF grants proceed to phase 2. Key elements of the BIRS includes: follow-up with key partners, standardized monthly reporting, an email inbox/web portal to be reviewed on a daily basis by the BIRS workstream leader and telephone hotline for ad-hoc warnings/status updates. The BIRS coordinator will inform partners when problems arise and will coordinate the mobilization of the necessary support to countries from all levels.

#### **Issues Raised**

- Identification of bottlenecks would be facilitated by the sharing of LFA reports at an early stage with RBM and the BIRS coordinator. RBM-GF should develop a new MOU that permits this (UNAIDS-GF MoU may serve as a model).
- Need to coordinate with the in-country partnership.
- Problems should be solved at the lowest level possible -national, regional and then global if there is no other option.
- Strengthen current structures rather than creating new one. SRNs, WHO ISTS, should be key partners, generally what is needed is better coordination and communication of identified problems.
- Need periodic reviews of country implementation - proactive system, e.g. twice yearly programme implementation (SWOT analyses) reviews to keep countries on track - participation by global partners in these reviews.
- Need to monitor the quality and timeliness of the support mobilized to address bottlenecks.
- Should reach out to other programmes (WB Booster and PMI).

#### **Decisions/Next Steps**

- Agreed to change of name from Early Warning System to BIRS.

### **Out of Africa**

#### **Summary**

Most other regions are well supported by WHO Regional offices. Some priority countries that may require additional support were identified - Bangladesh, Brazil, Haiti, and India.

#### Issues Raised

- Brazil is not a poor country.
- Adopt a vector control approach that is wider than just malaria e.g. India.
- Potential for elimination 'low hanging fruit' is higher outside of Africa and could yield some quick wins.
- Tools and guidelines are Afro-centric and may not be applicable in other regions.
- Regional proposals should be supported by a group.
- RBM has constituents in other regions that need to be kept informed of and provide input to global level issues.
- SEARO needs support, WHO does not have adequate staff.

#### Decisions/Next Steps

- HWG will make tools available to any countries that wish to use them.
- WHO will map out its staffing needs in other regions to provide adequate support to non-African countries and submit this to the HWG to try to identify potential resources.
- Workstream to be discontinued.

#### Cross-Border Initiatives

##### Summary

Facilitating the development of cross-border initiatives will be a major focus of World Bank Booster phase 2. The World Bank would like to add partners to this effort so that it is not seen only as a World Bank activity. Establishing effective malaria control will be essential for driving the elimination agenda forward. Trans-border areas are often neglected and population migration constantly introduces new parasite reservoirs. The WB is assessing the performance of other cross-border initiatives and has developed a proposal to support the Trans-Zambezi cross-border initiative.

#### Issues Raised

- Capacity/legitimacy of regional bodies to manage cross-border initiatives.
- SARN is taking the Trans-Zambezi project forward - a RMCC meeting was held in January 2008 -now a Regional CCM needs to be constituted. SARN has plans for developing a project related gap analysis in conjunction with the Zambezi River of Life Expedition starting in March.
- Previous experiences with other cross-border initiatives show that they can achieve good economies of scale, that work can be effectively devolved to NGOs -however, donor requirements make them hard to manage.
- TRP comments on other multi-country cross border proposals should be reviewed to see why they failed (or succeeded).

#### Decisions/Next Steps

- This workstream will remain on hold for the time-being.
- The World Bank will liaise with SARN to discuss support to the Trans-Zambezi initiative.

#### DRC and Nigeria

##### Summary

DRC and Nigeria have both a high malaria burden and a high need for additional resources given their enormous populations at risk of malaria and complex political/geographical situations. These countries will be prioritized for Needs Assessment and Global Fund round 8 support. A comprehensive HSS should also be conducted in both countries. The World Bank will try to bring additional donors to the table to provide support to these two countries.

### Issues Raised

- Malaria control in Africa will not succeed without effective control in these two countries.
- DFID just committed US\$100 million to support malaria control in Nigeria.
- Huge resource implications to support both countries.
- DRC especially needs large amounts of TA.
- Political will needs to be strengthened - so that these two countries put more resources towards their own malaria control programmes.
- World Bank has access/influence at the highest levels of these governments.
- PMI is trying to increase resources going to Nigeria and DRC.

### Decisions/Next Steps

- HWG to prioritize DRC and Nigeria for phase 1 needs assessments and support for GF round 8.
- WB booster position paper alongside needs assessments will guide further activities and priorities of this workstream.

### Updates from SRNs (issues raised and decisions/next steps will be presented in a consolidated section after the summaries)

#### WARN

##### Summary

A presentation on WARN partners and membership; WARN accomplishments in 2007 and WARN priorities for 2008 was presented. The presentation is included in the annex of presentations.

WARN accomplishments in 2007 included:

- Joint work planning (annual meeting ,Quarterly meeting)
- Supported Niger and Benin for round 7
- Organized joint missions to support PMI and Malaria booster program countries (Benin, Burkina and OMVS countries: Senegal, Mauritania, Guinea, Mali)
- Provided technical support through joint missions in Mali, Senegal, Guinea Conakry, Sierra Leone, Liberia, Togo and Nigeria.

WARN priorities for 2008 are:

- Support need assessments for 16 countries in WA (between March and June 2008)
- Malaria business plan for 16 countries
- Support countries for round 8 (who didn't benefit support from HWG)
- Support 6 countries for grant negotiations for round 7
- Diagnostic bottlenecks through early warning systems
- Support operations and malaria control programme implementation
- Facilitate Malaria Indicator Surveys (MIS)

#### EARN

##### Summary

EARN summarized its activities according to the six RBM priorities. The activities are: Priority 1.

- Enable peer-to-peer (and other forms of) knowledge sharing
- Build capacity of cross-boarder / sub-regional networks
- Support strengthening of countries' M&E activities through linkages to MERG training.
- Support HWG needs assessment process at regional and country level
- Support countries develop business plans based on needs assessments
- EARN Annual Partners Meeting to be linked with SARN and WHO ESAR meeting.
- Countries exposed to best practice through a variety of mechanisms

- EARN resource center
- Visits to technical fora facilitated
- Build capacity of regional coalitions MIPESA to provide technical support for monitoring and evaluation of progress in MIP implementation through ad hoc orientation sessions and workshops
- Total of 8 countries received support to improve M&E by 4th quarter 2008
- Harmonised reporting systems for 8 countries

Priority 2.

- Facilitate HWG managed support to proposal development
- Support countries with successful grant applications in grant negotiations

Priority 3.

- Feed into HWG / MIST Early Warning and Response System (EWRS) for bottlenecks
- Strengthen functioning of Partnership structures (CCMs, PRs, SRs, NMCPs), facilitate organizational and systems diagnostic assessment.
- Mobilize/coordinate external Technical Assistance including promotion of contracting out services
- Support countries to conduct bi-annual programme review analyses
- Phase 2 review report from eligible countries twice yearly
- Develop a database of consultants / partners in the region
- EARN countries aware of options and requesting TA through established mechanisms
- Provide TA support in line with documented process
- Generate partners profile of available resources based on comparative partner strengths:

Priority 4.

- Coordinate support from the MERG to ensure quality MIS (type) surveys for each country where needed
- Collect, compile and disseminate country data on progress against international goals and targets
- Support planning and implementation of the MIS, and packaging findings for the network
- Progress Tracking Framework
- Progress tracking report (annual update) Nov 2008

Priority 5.

- Support countries to meet country preparedness criteria for AmFm
- Provide EARN input into development and launch of AmFM
- At least 50% EARN countries meeting country preparedness criteria for AmFm
- AmFM launched

Priority 6.

- Support the IGAD endemic constituency board member to consult with constituency members

**CARN**

**Summary**

CARN priorities for 2008 are:

- Organize meetings every quarter (including the annual meeting)
- Collect and disseminate data
- Organize information sharing forum
- Organize training workshops for capacity training
- Implement MIP network, RACPAG, and rehabilitate RACTAP
- Hire consultants (French, Spanish, Portuguese)

**SARN**

**Summary**

SARN was approved by the SADC Ministers of Health in March 2007. The network was officially launched in November 2007. SARN is governed by a steering committee and

developed a 2007-2008 workplan and budget based on RBM priorities. SARN has been coordinating the development of the Trans-Zambezi cross border initiative and will facilitate the development of a GF rd 8 proposal for the initiative. A Trans-Zambezi steering meeting was convened in January 2008. SARN participated in a SWOT analysis in Mozambique in November 2007. SARN teams have been designated to participate in the Needs Assessments and business planning missions in 10 countries in the first quarter. Programme Managers from SARN countries will be participating in a study tour of a country that has successfully eliminated malaria in the African region. The SARN annual meeting is scheduled for 3-7 March 2008.

#### Issues Raised

- Weak partnerships at country level
- TA mobilization (consultants, resources..)
- Tools for NA and BP
- Improving country implementation performance
- Budget for activities – what percent do SRNs have?
- Regular updates from Secretariat and other SRNs on developments.
- Lack of Focal Points
- Need for additional staff
- Communication at all levels
- Lack of materials in French
- Coordination of activities with HWG, ISTs, other partners
- Need to hire short-term acting Focal Points until WHO administrative problems are resolved.

#### Decisions/Next Steps

- SRNs without full-time Focal Points should identify candidates that can be given short-term contracts to carry out the functions.
- SRNs will work with the HWG, ISTs, RBM PS to develop a consolidated workplan to improve coordination of support activities to countries.
- Inform MOH/partners in country about USAID resources for TA (access thru CCM)
- Facilitate the set up of country level partnerships
  - Share success stories on country partnerships
  - Identify bottlenecks and solutions
  - Hire FP to promote country partnerships
- Facilitate information sharing among SRNs and with secretariat
  - Share SRN workplans and tools/communications (visitors at mtgs)
  - Recommend additional consultants for NA training
  - Facilitate NA and BP tool dissemination
- Contribute to and share consultant lists

### Global Business Plan Update

#### Summary

A presentation on the Global Malaria Business Plan was given. The GMBP will detail strategy for the RBM Partnership to achieve its short (limited control, SUFI), medium (Sustained control) and long term goals (elimination, eradication). HWG inputs were requested for the Global Strategy issues (SUFI, Sustained control, Elimination/Eradication) and State of the world: baseline of malaria (current status in countries; overview of international activities). The objective of the presentation was to show how the information gathered from the needs assessments and country business plans would fit into the GMBP.

#### Issues Raised

- The GMBP will be more than just the sum of country business plans and involves the development of a long-term perspective on Malaria control.
- BCG working on behalf of Partnership to facilitate development of business plan.

- Need to emphasize SUFI and Sustained control for the near-term, discussion of elimination/eradication is dangerous, misleading and irresponsible.
- Process for GMBP is taking up much time and is of dubious benefit.

#### Decisions/Next Steps

- BCG will continue to solicit feedback on the GMBP.

### WHO AFRO Update

#### Summary

AFRO WHO presented information on the WHO and AFRO planning process and described the capacity of the Regional Office and Inter-country Support Teams (ISTs) (Eastern and Southern Africa; Central Africa and West Africa) to provide technical assistance to countries in order to meet the MDGs. The Regional Office has the following types of expertise:

- strategic planning; case management; surveillance and M&E; data management; capacity building; PSM; partnerships; CBIs; related programmes (VBC, MPS, Child Health).

The ISTs (ESA - Harare; Central Africa - Libreville; West Africa - Ouagadougou) have the following types of expertise:

- strategic planning; case management; surveillance and M&E; data management; epidemiologic preparation response; vector biology and CTRL; IST-ESA 80 missions 2007; countries NPOs/IPOs (34) + DPC; related programmes/networks.

In general, AFRO would like to improve support to countries through better coordination of activities with RBM and the HWG; specifically:

Improved country and TA planning with clear definition of roles & Responsibilities

- Avoid duplications, confusion and improve synergy and efficiency
- Review and Planning Meetings IST-SRNs with NMCPs and country level partners
- Comprehensive joint Program reviews
  - *National Coordination, plan and M&E*
  - *Advocacy and Resource mobilization*
  - *NMCP Health systems Capacity (Management, PSM, Lab, M&E, CBIs, PPP...)*
  - *Drug and insecticide resistance monitoring*

Improved IST/SRN partners capacity for TA

- Human resource capacity (number & technical capacity)
- Technical networks (treatment, MIP, ANVR, RECS Research & training networks...)
- Improved Communications for prevention and early detection of implementation bottlenecks and appropriate response
- Staff and TA costs to be supported (DFID-ESAMC evaluation and renewal/extension)

Country level partnership harmonization

- Improved consultations and dialogue between partners and with NMCP for consensus building on policy issues
- Strengthening capacity for partnership facilitation in partner institutions

#### Issues Raised

- MOU signed between AFRO and RBM.
- Partnership strengthening is a priority for AFRO.
- Resource mobilization including GF rd 8 is a key area for AFRO and support has been mobilized.
- RD has offered to host SRN Focal Points in AFRO offices - Focal Point hosting process should be transparent.
- Need to send information on NAs and business planning to countries.
- Need support to mobilize funds for staff in AFRO.
- AFRO support during GF rd 7 was very important.

- Need for enhanced communication/coordination.
- IST and SRN meetings should be jointly planned.
- Partnership Facilitators need to have broad acceptance by the country partnership and a clear mandate to convene partners at all levels. Hiring PFs should be a country-driven process.
- Relationship between WHO and SRNs needs strengthening.

### **Decisions/Next Steps**

WHO ISTs, SRNS and HWG will develop a joint workplan including centralized budget tracking for supporting African countries to better communicate/coordinate activities. HWG will share the first draft of this consolidated workplan by beginning of March for further inputs.

## **Malaria Elimination**

### **Summary**

WHO presented six conclusions from an Informal WHO Consultation on Global malaria control and elimination that took place in Geneva, 17-18 January 2008. The six conclusions were:

1. With rapid scale up and sustained efforts, a major impact can be made on malaria morbidity and mortality in all epidemiological situations within a relatively short period of time. Malaria transmission can be interrupted in low transmission settings and highly reduced in many areas of high transmission. However, global eradication cannot be expected with existing tools.
2. Failure to sustain malaria control and the resulting resurgence of malaria, as has happened in the past, must be avoided at all costs. Therefore, public and government interest in intensified malaria control and elimination must be sustained, even when the malaria burden has been greatly reduced.
3. Countries in low, unstable transmission areas should be encouraged to proceed to malaria elimination. However, before making this decision, the malaria situation in neighbouring countries should be taken into consideration. Malaria elimination may require regional initiatives and support, and strong political commitment.
4. In high and stable transmission areas which have achieved a marked reduction in malaria transmission, a new, "consolidation period" should be introduced, in which i) the control achievements are sustained even in the face of limited disease, ii) health services adapt to the new clinical and epidemiological situation, and iii) surveillance systems are strengthened to be able to respond rapidly to new cases. This transformation phase precedes a decision to proceed with programme re-orientation towards elimination.
5. Complete interruption of malaria elimination is likely to require additional novel tools especially in high transmission situations. As countries achieve a marked reduction in the levels of transmission, malaria control strategies need to be reviewed.
6. Because malaria control today relies heavily on a limited number of tools, in particular artemisinins and pyrethroids, which could be lost to resistance at any time, the development of new tools for vector control and other preventive measures, diagnosis, treatment and surveillance must be a priority.

### **Issues Raised**

- Existing tools do not yet exist to enable global malaria eradication.
- Zanzibar serves as a lesson for how countries need to change their approach when they are getting close to elimination - e.g. more focus on case detection and reporting
- Challenges remain in how to sustain malaria control interventions.

## HWG Resource Envelope and Financial Flows

### Summary

A presentation given to the RBM Board at its November 2007 meeting on available resources and resource needs was presented to the HWG. The RBM Partnership Secretariat had a budget of US\$8.3 million in 2007. The estimated budget for the RBM PS in 2008 is US\$10.2 million (5.5 million for staff costs; 4.7 million for activities) (there is an estimated gap of US\$1.9 million for 2008).

In 2007 SRNs received US\$4.2 million (3 million from USG OGAC; 1.2 million for SARN from B&MGF). The estimated budget for SRNs in 2008 is US\$5.4 million (4.2 million for activities and 1.2 million for staff costs) (there is an estimated gap of US\$1.2 for 2008).

The HWG received US\$1.3 million in 2007 (for GF round 7 support) and has an estimated budget of US\$10.9 million for 2008 (estimated US\$1.3 million will be available based on 2007; with an estimated gap of US\$9.6 million). The other working groups received less than US\$ 500,000 in 2007 and have an estimated budget need of US\$6.2 million in 2008 (resulting in a gap of >US\$5.7 million for 2008).

A discussion of resource gaps for various activities is presented below.

For specific activities the breakdown is as follows:

GF round 8 support:

Estimated needs: US\$ 1,500,000

Available US\$ 1,300,000 (Gap 200,000)

Needs Assessments

Estimated needs (21 countries): US\$ 2.1 million

Available US\$ 2.1 million

Gap remains for other 24 countries = \$2.4 m

GF round 7 grant negotiation and signing

Estimated needs: US\$ 400,000

Available US\$ 400,000 (if OGAC can be accessed) (Gap - 0) to be confirmed by workstream

BIRS

Estimated needs: US\$ 300,000

Available - ? (some money might be available through SRN budgets) (Gap?)

MIST

Estimated needs: US\$ 1.8 million

Available - US\$ 1 million (Gap US\$ 800,000)

A summary of the use and availability of OGAC funds was also presented. The USG has made US\$ 3 million available to RBM SRNs to identify and resolve bottlenecks. MoU signed in May 2007, money arrived in RBM in October 2007.

OGAC Funds can be used to:

- Raise country performance to deliver on contracts
- Facilitate identification and resolution of implementation bottlenecks
- Facilitate scaling-up best practices
- Development of strategic and business plans
- Facilitate information management and peer-to-peer learning

OGAC funds can not be used to develop GF grant proposals and support has to be for less than 40 days. Requests for OGAC support need to come from the CCM or the PR and support should be coordinated with the in-country USG staff, the Global Fund Portfolio Manager and any relevant partners. Support requests should come through the SRN. Efforts should be made to identify technical expertise within the region.

### Issues Raised

- Countries not always willing to ask for help or do not know what type of help they need.
- Need to engage the local partnership to make requests/support CCM or PR to ask for assistance.
- OGAC funds will not cover routine activities or attendance at recurring meetings.
- OGAC funds can be used to cover travel costs for technical assistance missions (e.g. WHO IST staff).
- Funds can not be used to support UN agency PRs (but non UN Agency SRs - OK)
- Funds could be used for NAs for targeted GF round 8 countries - clarity on whether OGAC funds could be used for components of needs assessments in non-GF round 8 countries is needed.
- Problems should be solved in the following order: country-level; subregional level; global level.
- How to work with non-CCM organizations/partners who may need support? Can funds be used to assess capacity of potential civil society PRs?
- Need also a pool of money that can be proactively mobilized to support countries rather than waiting for country requests.
- Countries can plan for TA in GF proposals.
- Additional resources are needed - should reach out to new donors (BASF; JICA; ACT manufacturers, etc).
- Money is not all sitting in RBM, arrives at different times of the year - no money at the moment.

#### **Decisions/Next Steps**

- SRNs will collaborate on the development of a standardized form for requesting OGAC support.
- The HWG will follow-up with other potential donors about potential resources.

#### **Resource Mobilization for HWG**

##### **Summary**

This session was not presented. The HWG will continue to look for additional resources. The HWG has developed a strategy for raising additional resources and will share this with any member that wishes to review it outside of the meeting.

#### **Priority Discussions for Consolidated Workplan**

##### **Summary**

Phase 1 Needs Assessments will take place in countries that are being targeted for GF rd 8 support: Cameroon, CAR, Comoros, Congo, DRC, Ethiopia, Gabon, Ghana, Kenya, Mozambique, Nigeria, Rwanda, Zanzibar, Zimbabwe and Trans-Zambezi cross-border + countries that may request support for GF rd 8; Burkina Faso; Côte d'Ivoire; Mali; Tanzania and Togo + Guinea Bissau (B2 category rating).

Malaria Consortium has been contracted by the HWG to support 12 countries. The costs of external consultants will be covered by the HWG. Earth Institute/Millennium Promise and Clinton Foundation have also offered to cover the costs of external consultants in some countries.

UNICEF is proposing to fund the in-country costs in Comoros; Congo; DRC; Ethiopia; Ghana; Kenya; Nigeria; Zanzibar and Zimbabwe.

SARN will cover the in-country costs for Mozambique and the gap analysis for the Trans-Zambezi.

Countries where their in-country costs have not been covered include: Cameroon, CAR, Gabon (Burkina Faso; Côte d'Ivoire; Guinea Bissau; Mali; Tanzania and Togo?).

Global Fund round 8 support - outstanding issues include:

workshop facilitators; workshop agenda; final list of consultants; follow-up with additional countries; support to Benin for RCC; technical briefing materials; dual-track financing and civil society participation at the workshop and invitation of Trans-Zambezi team to workshop.

### Issues Raised

- Poor performing countries (B2 ratings) should also be targeted for NA
- Quality assurance of NA - need validation of tool; standardization/comparability of data; QA of process.
- Validation of tools will come from field trials, tools/guidelines will be periodically updated based on new findings.
- Role of external and internal country partners during Needs Assessment process?
- Flexibility of MNM money - could some of it be replaced by OGAC resources?
- Need for second training workshop later in 2008 for remaining countries/consultants.
- Need a communication strategy around the Needs Assessment process and tools.
- National Programme Managers should have inputs into the tool/NA process.

### Decisions/Next Steps

- SRNs will discuss the possibility of covering in-country costs for some of the countries at their up-coming meetings.
- SRNs will decide how to support countries belonging to multiple constituencies (Angola, Burundi, DRC, Rwanda, Tanzania, Zanzibar).
- The HWG will fund Needs Assessments in the agreed targeted phase 1 countries.
- Needs Assessment tool and guidelines will be circulated widely for comments.
- The World Bank will review the tools for HSS elements.
- SRNs will discuss the tools/guidelines/NA process at upcoming meetings (CARN, SARN).
- The tools and guidelines will be translated into French when finalized.
- SRNs will follow-up with rd 8 countries to try to identify good candidates for civil society PRs and nominations of civil society representatives to attend workshops.
- A team from the Trans-Zambezi cross-border initiative will be invited to participate in the workshop.
- The HWG, SRNs and WHO ISTS will develop a joint workplan to better coordinate activities, an initial consolidation will be prepared by the co-chairs and circulated to the group by the week of 25 February. This includes tracking of resources in all levels of the workplan.

### MIST Communications

#### Summary

McKinsey discussed how HWG communication could be improved through technology.

HWG communication challenges:

- **HWG is virtual, non-hierarchical and voluntary**
  - HWG must coordinate staff who sit in many organizations to support many different countries
  - Key players sit around the world (e.g., countries, sub-regions, regions, Geneva, New York, DC)
  - Formal accountability mechanisms are relatively weak
- **Overall work-plan is complex**
  - Seven interlinked work-streams with diverse, wide-ranging objectives across many countries
  - Work-streams require good feedback mechanisms to ensure efficacy (e.g., ensure operationally feasible country plans) and coordination

McKinsey proposed the development of an internal portal as an option for improving HWG communication. The portal could have the following functional elements: master plan (publication of master plan - Website page with deliverables, assigned resources; dashboard -

Cascade of website pages (e.g., by country and by workstream) to track progress);  
Communication features (individual workstream pages and web-based and interactive tools);  
Knowledge sharing platform (Rolodex and data repository).

### Issues Raised

- Simpler is better
- Document sharing is a key function
- Access from the field a key issue
- Email alerts when new/updated items are added to a website/document sharing system
- Repository for final documents
- Need to develop culture of posting documents to a shared site
- Site could be used to track progress, hold HWG members accountable for promised actions - schedule joint-missions
- Individual workstreams update their own websites or central data manager?
- Searchable consultant database

### Non-technological communication issues

- advance warning for meetings/conference calls
- schedule regular conference calls
- teleconference system which works
- calls only when needed
- give meeting participants advanced warning of what they are supposed to present
- cross-fertilization of groups HWG, SRNs, etc
- coordination of meetings.
- sheer volume of workstreams/calls/meetings.

### Decisions/Next Steps

- Consult with workstream leaders to determine process and outcome metrics for tracking progress
- Finalize key web portal functionality
- Develop prototype intranet and solicit HWG feedback
- Initiate discussions with web vendor

### MIST Update and Next Steps

#### Summary

A presentation on the MIST was given. The MIST was endorsed at the May and November RBM Board meetings. The concept was launched at the WEF meeting in Davos. The focus of MIST is a 36 month race to achieve the 2010 RBM targets.

- MIST will be a combination of:
  - strengthened capacity of partner organizations (e.g. embedding full-time staff within partners, if needed, to exploit comparative advantages) and;
  - a core-team (many of whom will work full time) focusing on achieving the 80% RBM 2010 targets coverage within next the next 36 months
  - Management structures are now being defined at the request of the RBM EC
- The core capacity development on which MIST will focus will be at sub-regional and country level
- Seven workstreams have been formed to achieve priority deliverables. Approved by RBM EC on February 13
- Workstream leaders will be hosted by key partner organizations.
- Leaders should be provided additional staff support, if required, to achieve deliverables.

#### MIST deliverables for 2008:

- 21 comprehensive needs assessments completed by June 2008 and up to 45 by December 2008, that identify: implementation bottlenecks; technical and implementation assistance; financing and commodity requirements to support Scaling Up For Impact (SUFII).

- 21 technically sound, operationally feasible, country and partner owned SUFI business plans completed by September 2008 and up to 45 by December 2008, that build on existing business plans developed by countries and partners (e.g. PMI operational plans, World Bank annual plans, second generation malaria strategic plans, etc).
- 45 countries have adequate and sustained funds for each of their 2010 target business plans through:
- 80% of SSA countries with successful Round 7 proposals will have signed grants by May 2008 (including support to finalize PSM and M &E plans).
- >70% of SSA countries applying for funding in Round 8 (GFATM) are successful with 100% success in Nigeria and DR Congo.
- ≥95% of countries currently getting funding should maintain this funding.
- Provide inputs to the Global Fund Board for a process that will lead to direct financing of country malaria control strategies and business plans.
- Secure additional resources (from existing donors and new donors) with at least 50% of country needs filled by July 2008.

**MIST continuing challenges:**

- Due to continued discussions around MIST architecture and management, workload is still falling on relatively few active partners given existing partner workload
- Communications and coordination across workstreams remains challenging given workstream leaders' concentration on delivering existing plans. MIST could make better use of virtual platforms to ease coordination and communication - - including communication to the "outside world" on all of the excellent work that RBM is supporting through the HWG/MIST
- Budget - Existing budget shortfall, especially for Global Fund Round 8 support process and for partner capacity strengthening (UNICEF and WHO have requested additional support, for instance)

**Issues Raised**

- Matt Lynch is shepherding the MIST discussions through the RBM Board Executive Committee (including discussions about seconding staff to the MIST from different organizations).
- Tradeoff of sustainability (cultivating Africa-based consultants) vs. Rapid response.
- Proposal to second staff to partners at SRN level - need joint discussion between SRN and HWG.
- The MIST was originally proposing to raise resources to put a total of seven additional staff in the SRN partners and WHO ISTs
- Need to increase support to co-chairs, SRNs and RBM PS.
- Need to improve internal and external communication.

**Decisions/Next Steps**

- Any person wishing to join a workstream should contact the team leaders and have their name added to the list.
- HWG needs to update its ToR and list of members and post this on the website.
- HWG should develop an operational framework for e.g. taking group decisions (MIST/HWG, workstreams); workstream dissemination of products; communication and reporting, etc.

## Annex 1 List of HWG Participants

**Suprotik Basu (World Bank) Co-Chair**

**Melanie Renshaw (UNICEF) Co-Chair**

James Banda (RBM)  
 Henk den Besten (IDA Solutions, PSM Working Group)  
 Bill Brieger (JHUCCP)  
 Valentina Buj (WHO, GMP)  
 Richard Carr (RBM)  
 John-Paul Clark (World Bank)  
 Anne-Marie Deans (BCG)  
 Naina Dhingra (McKinsey)  
 Eric-Marie Dupuy (Independent Consultant)  
 Julian Fleet (RBM)  
 Louis Da Gama (Global Health Advocates)  
 Mark Grabowsky (Global Fund)  
 Loren Griffith (McKinsey)  
 Katya Halil (RBM)  
 Aboubacar Kampo (UNICEF)  
 George Ki-Zerbo (WHO, AFRO)  
 Nadia Lasri (RBM)  
 Ricki Orford (PSI)  
 Klaus Østergaard (Vestergaard-Frandsen)  
 Peter Mbabazi Kwehangana (EARN Focal Point)  
 Chilandu Mukaka (SARN representative)  
 Caroline Ndiaye (RBM)  
 Mac Otten (WHO)  
 Marlyse Peyou Ndi (OCEAC, CARN Representative)  
 Jessica Rockwood (Development Finance International)  
 Trent Ruebush (PMI)  
 Claude Emile Rwagacondo (RBM, WARN)  
 Borianna Savova (RBM)  
 Michel Smitall (RBM)  
 Angus Spiers (UNICEF)  
 Sergio Spinaci (WHO, GMP)  
 Rick Steketee (PATH-MACEPA)  
 Philippe Sousson (BCG)  
 Boi-Betty Udom (RBM)  
 Claudia Vondrasek (JHUCCP)  
 Marian Warsame (WHO)  
 Juliana Yartey (WHO, FCH)  
 Yemane Ye-ebiyo Yihdego (Earth Institute/Millennium Impact)

### Annex 2 Meeting Agenda

<b>Monday 18 February 2008</b>		
Time	Session Topic	Presenter
9:00 - 9:15	Opening, review of meeting objectives, expected outputs, agenda	Co-chairs of the HWG
9:15-09.45	HWG after 1 year Review of progress and looking forward	Co-chairs of the HWG + RBM

09:45 - 10:15	Coffee/Tea	
-		
	<b>Discussion of individual workstreams:</b>	
10.15 - 13:00	GF round 8 and RCC; GF round 7 grant signing; Needs Assessment/business planning	Melanie Renshaw Rick Stekete Protik Basu
13:00 - 14:00	Lunch	
14:00 - 15:30	AMFM; LLIN Integration DRC and Nigeria	Ricki Orford/Rima Shretta Mark Grabowsky John-Paul Clark/Valentina Buj
15:30 - 16:00	Coffee/Tea	
16:00 - 17:00	Early Warning System Out of Africa Cross-border	Valentina Buj Sergio Spinaci and Protik Basu John-Paul Clark
17:00	Update from sub-regional networks	SRNs
<b>Tuesday 19 February 2008</b>		
9:00 – 09.30	Global Business Plan Update	BCG
09:30 – 10:30	Resource Mobilization for HWG	Melanie Renshaw
10:30 – 11:00	Coffee/Tea	
11:00 – 11:30	MIST update and next steps	Co-chairs
11:30 - 12:30	Enhancing electronic communication and coordination across workstreams	Naina Dhingra/Mckinsey
12.30-13.30	Lunch	
13.30-14.30	HWG Financial Resources (global, sub-regional, and country)	RBM Secretariat
14:30 – 16.00	One HWG workplan (consolidation of all HWG activities into coherent whole)	Co-chairs and Soce Fall
16.00 16.15	Wrap-up and next steps	Co-chairs
16.15 - 18:30	Meetings of Individual Workstreams (if needed)	Workstream Leaders