



REPORT

RBM/WG/2009/REP.10

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RBM Meeting – Nairobi 29-30 Oct 2009

RBM HARMONIZATION WORKING GROUP 7th MEETING Nairobi, Kenya Hilton Hotel October 29-30, 2009

MEETING SUMMARY

Summary and Conclusions

With 428 days to go until the 31 December 2010 target for Universal Coverage, one of the key priorities for the HWG is to support countries to achieve that goal. In addition to being a forum for information sharing across the Working Group, additional objectives will focus on: operationalizing and learning from the results of the Round 8 Signature Support Assessment; agreement on coordination mechanisms to provide support to countries to implement their 2010 roadmaps; and agreeing on our workplan and priorities for the coming year. While this is our 7th meeting, we are still learning and therefore in order to ensure the HWG approach appropriately meets country priorities, a special session with program managers from Ghana, Kenya, and Nigeria has also been included in this agenda to jointly determine the HWG's 2010-2011 priorities and ensure these are appropriately tailored to helping countries meet their malaria control objectives.

1. Meeting Objectives and Expected Outcomes:

- Review findings from the Round 8 Signature Support Assessment and determine the best application of recommendations
- Agree on roles and responsibilities for supporting Roadmap implementation, including specific areas of focus around LLIN and ACT scale-up
- Agree on country support process for the development of RBM 2010-2015 Strategic and Operational Plans
- Agree on HWG workplan activities for next 24 months for submission to the RBM Board
- Election of HWG co-chair

For each agenda item a summary and decisions/next steps (when discussed) will be presented.

2. Opening Session

The meeting was opened by Professor Awa Marie Coll-Seck who acknowledged the accomplishments of the HWG over the last year. Success in Global Fund proposal writing has not only benefitted individual countries but has helped the entire partnership to use this success as an advocacy tool. Nigeria is now being considered as a success story.

The HWG has been involved in many activities including support to Global Fund proposal development (round 9; NSAs; AMFM); support to countries for Global Fund round 8 grant signing; support to countries to identify and resolve bottlenecks and support to countries to develop 2010 Universal Coverage Roadmaps.

Much work remains over the next year to support countries to achieve the Universal Coverage targets. Additionally countries will need support to sign Global Fund round 9 grants (some countries will still require support for rd 8 grant signing) and launch the AMFM. The Global Fund is currently restructuring its architecture. Going forward this will present a challenge for how the HWG can best support countries to access and maintain Global Fund resources.

3. Round 9, NSA, AMFm, TRP Recommendations

3.1 Summary

- HWG supported rd 9 (Cameroon, Eritrea, Guinea, Guinea-Bissau, Kenya, Mali, Mozambique, Sierra Leone, Togo, Uganda, The Gambia, India) and NSA proposals (Madagascar) had a success rate of 62% (8/13).
- 10/12 (83%) AMFm proposals were successful. HWG supported 11 countries. Total budget of US\$126,682,068 of which US\$17,548,414 is new money.
- Rd 9 successful proposals; phase 1 US\$294.1 million; Total (five year funding) US\$605.3 million. NSA - Madagascar US\$81 million phase 1; US\$127 million (five year total).
- Support package to countries included; external consultants; funds to countries for in-country support/consultation; Mock TRP and remote expert review.

3.2 Decisions/Next Steps

- develop additional guidance on the pre-elimination concept and appropriate strategies in different contexts;
- evaluate why specific countries have repeated grant failures;
- compile evidence on the dual use of IRS and LLINs (work with WIN to disseminate evidence), review which grants were docked for including the simultaneous use of LLINs and IRS and put pressure on the TRP to revise their decisions;
- target Kenya and Uganda for special support in filling Universal Coverage Gaps - need to develop a support strategy in liaison with the Office of the UN Special Envoy, Global Fund, etc);
- request the GF Board to review the TRP structure and function;
- identify good candidates to be on the TRP; and
- participate in meeting with the TRP - 15 December 2009 (date to be confirmed) in Geneva.

4. Presentation of Round 8 Signature Support Assessment

4.1 Summary

Despite HWG support to all sub-Saharan African countries that had successful Global Fund round 8 malaria proposals to rapidly sign and negotiate their grants - no grants were signed before June 2009. Naina Dhingra, an independent consultant, was hired to conduct an analysis of why increased support did not result in faster signing times.

The objectives of the analysis were to:

- Determine the key bottlenecks leading to grant signature delays;
- document and assess HWG support provided to countries; and
- provide recommendations for improving the process.

The assessment methodology included interviews with various stakeholders; review of key RBM and Global Fund documents; and data analysis.

The assessment identified 7 major round 8 signing bottlenecks: 10% efficiency gain; change of PRs; New PRs; division of budget and workplan between government and non-governmental PRs; LLIN challenges; M&E plans/misaligned performance frameworks and simultaneous Global Fund processes.

The assessment presented the following recommendations: For the HWG and GF: Expand the partner country team approach; For the HWG: Better define country support needs; leverage the existing RBM Partnership (in-country and regional); improve management of consultants; identify lead country support partner; share technical guidance with the GF; For the GF: improve communication and accountability on signature timeline; develop and disseminate better guidelines for the grant negotiation and budget revision process; develop consistent approach for seeking efficiencies in grant budgets; and clarify the scope and mandate of the LFA versus support teams.

4.2 Decisions/Next Steps

- Volunteers were asked to describe activities in order to implement the assessment recommendations. Volunteers should contact Naina and the RBM Secretariat to propose activities.
- Apply assessment recommendations to round 9 support model.
- Consider convening PR/SR training workshops for new PRs.
- Raise assessment findings with the GF at the HWG-GF meeting scheduled for 30 November 2009 in Geneva.
- Identify partners as Focal Points for each country (self-selection at country level, must have institutional support/backing).
- SRNs and workstream to develop a country by country support plan.
- Send comments on the assessment to Naina by mid-November 2009.

5.0 Global Fund Partnership Strategy and MoU with RBM

5.1 Summary

The Global Fund Partnerships Unit is part of the External Relations and Partnerships Cluster. The Partnerships Unit has four components: Civil Society and Private Sector Partnerships Team; Regional Organizations and Southern Constitutencies Team; Bilateral and Multilateral Partnerships Team; and Board Relations Team. The Partnerships Unit works with various partners to agree on plans of work through Letters of Agreement; MoU; and Collaboration Agreements. RBM is in the process of renegotiating a MoU with the Global Fund. The MoU should be agreed and in place after the GF and RBM Board meetings. The Global Fund relies on partners to provide technical support to countries. A Partnership Strategy has been developed and will be approved at the GF Board meeting in November 2009. The Partnership Strategy identifies strategic direction for 6 thematic areas: governance and oversight; technical assistance; harmonization and alignment; resource mobilization; policy and advocacy; and communication and information sharing. The Global Fund is in the process of creating a Partnership Performance Framework for holding partners accountable for providing the agreed support. The Partnership Performance Framework sets out indicators grouped by service delivery areas which will provide an objective method for measuring how partnerships have performed to support countries.

5.2 Decisions/Next Steps

- RBM should develop an operational plan to support implementation of the RBM-GF MoU.
- RBM and the Global Fund should engage in joint-advocacy efforts to fund the operational plan and especially to provide technical assistance to countries.
- HWG and Global Fund should explore the possibility of convening joint - training workshops for new PRs/SRs to help improve implementation.
- Discussion on how HWG can best work together to support countries based on new GF architecture should continue on 30 Nov. 2009.

6.0 On-going Round 8 Implementation Needs

6.1 Summary

Round 8 countries still have substantial support needs. Many of the countries must meet Conditions Precedent (CP) in order to trigger first or subsequent disbursements. A summary of key issues for each SSA round 8 country is provided in the presentation available on the following website: <http://www.rollbackmalaria.org/mechanisms/hwg.html>.

6.2 Decisions/Next Steps

- SRNs will develop a country by country support plan and submit this to the HWG prior to 30 November 2009.
- AMP will convene a M&E training workshop in March/April 2010. David Gittleman will be asked to provide more information on this to the group.

7.0 Rd 8 Implementation Support Needs and Implications for RBM/HWG Approach to Global Fund TA.

7.1 Summary

Fourteen successful rd 8 grants in SSA. Core TA areas were identified as: programme management; budgeting; linkage of performance framework to implementation plans M&E plans, Strategic Plans, SRs, PSM; CPs; and Governance.

7.2 Decisions/Next Steps

- Organize TA needs by category (technical, management/financial, process, or political) and classify as short, medium or long term support.
- Get agreement on country support needs from PRs/CCMs.
- Coordination among partners to provide support.
- Resource mapping to identify who can support what and where are the gaps.
- Develop a clear follow-up plan with clear roles, responsibilities and timelines laid out.

8.0 HWG and SRN Coordination for Implementation Support

8.1 Summary

The Bottleneck Identification and Response System will: track implementation progress through country roadmaps; preemptively identify implementation bottlenecks and target TA; harmonize communications to and from countries; work through existing RBM structures leveraging the comparative advantage of partners.; and be country driven. BIRS will work in the following method: country Focal Points will use the country roadmap to track implementation and develop a TA plan. SRNs will consolidate the roadmaps and TA plans on a monthly basis. TA will be provided by in-country sources when possible. The BIRS Coordinator/SRN Focal Point will mobilize external support when necessary. RBM will update and maintain a list of TA providers. LLIN TA support and implementation tracking will be provided by AMP. Support for AMFm will also need to be coordinated. In order for BIRS to be successful there is a need for flexible funding and resources at country and SRN levels. SRNs may need additional staff to support these activities. OGAC funds should be sufficient for most TA requests. AMP and AMFm also have some resources that can be leveraged. Countries should be encouraged to use GF funds for TA.

8.2 Decisions/Next Steps

- SRNs will develop country support strategies based on the roadmaps and submit these to the co-Chairs before 30 November 2009.
- Numbers in the roadmaps need to be confirmed.
- Need to link to other groups also providing technical support (e.g. Grant Management Solutions - GMS) to complement HWG activities.
- Need to consult with PRs and NMCP Managers to see how they can best be supported.
- Overall impact of support to countries should be evaluated.
- The BIRS concept was generally agreed by the HWG.

9.0 Reporting on 2010 Targets

9.1 Summary

In Sept 2011, a high-level reporting event on the Universal Coverage targets will be convened at the UN General Assembly. The RBM Board set up an oversight sub-Committee to take this forward. The HWG co-Chairs sit on this committee. As part of the overall reporting progress a series of reports will be commissioned entitled "Progress and Impacts Report" Series. Each report will be packaged using a standardized format. Five types of reports will be developed: Global reporting on 2010 targets coverage; Regular Roadmaps tracking for High-Level Discussion; Reports on specific malaria topics including guidance documents; scientific updates and individual reports on relevant topics. The number of reports and the timeline for their production is still being discussed.

9.2 Decisions/Next Steps

- Need common understanding/consensus on indicators.
- 2010 reporting will focus mostly on coverage data, but impact data should also be highlighted where data is available.
- MERG, HWG and MAWG will need to work closely together to develop the reports and convene the high-level reporting event.

10.0 AMP LLIN Implementation Support Towards 2010

10.1 Summary

AMP will work through all appropriate mechanisms to coordinate LLIN support to countries. AMP provides the following types of support to countries: strategic; technical; logistics; M&E; and BCC/communication. AMP is working closely with each SRN to map out the types of support needed by country and develop a time frame and costing plan for providing the support. When the SRN receives a request for support it will work closely with AMP to coordinate the response. In 2010-2011 AMP will focus on: deploying implementation support to countries; providing implementation training support; and campaign tracking. AMP has created two staff positions (Implementation Support Manager; Administrative Coordinator) to implement AMP activities. The positions have recently been advertised and will be filled in the next few months. AMP has weekly teleconferences which reviews LLIN related distribution activities where mass distribution campaigns are being planned/implemented. Anyone is welcome to join the calls. AMP has 7 active workstreams, for updates on progress since the last HWG meeting in May 2009, see AMP presentation on the RBM HWG website.

Technical support missions are being planned by February 2010 to; Guinea, Uganda, Burkina Faso; Cote d'Ivoire, and Sierra Leone. The LLIN toolkit will be revised in Jan 2010. A LLIN M&E training workshop is being planned for April 2010. The next AMP meeting will be held 10-12 Feb 2010 in Geneva.

10.2 Decisions/Next Steps

- AMP will map out country support needs with SRN Focal Points by 27 Nov 2009.
- AMP will participate in monthly SRN calls.
- Need to consolidate LLIN data from various sources.

- Push WIN to provide guidance on key issues: LLINs + IRS; Buffer stocks; Quantification of LLINs (routine distribution vs campaigns); and LLIN expected lifespans.

11.0 Results from GF LLIN PSM Workshop

11.1 Summary

A LLIN PSM Workshop was co-convened by the Global Fund and the RBM PSM WG 13-15 October 2009 in Geneva. The meeting had 80 participants from 25 malaria endemic countries. The objectives of the meeting were to support country participants to: understand and avoid potential bottlenecks in LLIN procurement and supply; understand the WHOPES evaluation scheme; transparently conduct the tendering process; and appropriately plan for purchase and delivery of LLINs (including forecasting). A summary of the LLIN Workshop presentation on the RBM HWG webpage.

11.2 Decisions/Next Steps

- Investigate the development of a LLIN PSM toolkit based on the workshop materials;
- The PSM WG and WIN should explore the joint production of a LLIN PSM toolkit.

12.0 ACT Scale-up Strategy AMFm Countries (three presentations)

12.1 Summary

AMFm aims at increasing access to ACTs through all possible channels. AMFm negotiates with manufacturers to reduce prices; provides a co-payment to reduce the first line buyer's price to US\$0.05; funds supporting interventions. Twelve eligible programmes were invited to submit AMFm proposals for phase 1. The TRP sends its funding recommendations to the GF Board in Nov 2009 (10/12 AMFm proposals were accepted for funding). Countries will be notified directly after the Board decision. Category 2 Country clarifications begin immediately after the Board. The first subsidized ACTs are scheduled to arrive in countries after 1 June 2010. Host grant agreements will need to be amended to incorporate AMFm supporting interventions. This will need to be aligned with ongoing grant processes - including round 9 grant signing activities. The goal is to complete all grant amendments within 4 months. In some cases supporting interventions can begin prior to grant amendment when certain conditions are met (see AMFm presentation on RBM HWG website).

AMFm as a flexible tool to achieve Universal Coverage for treatment access goals (see ACT scale-up through AMFm presentation on the RBM HWG website). Low endemicity and high endemicity countries will need to take different approaches. Low endemicity countries will want to subsidize both diagnosis and ACTs and make ACTs available by prescription only. High endemicity countries will want to make ACTs available over the counter with broad distribution through the private sector. ACTs will be made available to both public and private sector buyers. Supporting interventions will aim to ensure rational use of the drugs. Supporting interventions include: regulatory and national policy environment; provider training, supervision and support; public awareness and education interventions; pharmacovigilance and national drug monitoring; and interventions to expand ACT access to the poor and vulnerable. Successful AMFm implementation will require activities at various stages in the process including: procurement, distribution, dispensing, usage and overall M&E. Countries are likely to face specific challenges concerning implementation management; procurement; distribution, dispensing, usage and M&E. Some challenges are specific to AMFm others are universal to ACT scale-up. HWG should use rd 8 grant signing assessment recommendations to avoid AMFm grant bottlenecks, including: provide consistent support to countries through in-country and out-of country resources, integrate AMFm support into on-going support processes; provide additional support to low-capacity countries (assess which countries are likely to require more support in advance); support PR assessment; identify country Focal Points to track and report on progress. The GF should: provide clear guidance on AMFm processes, timelines, requirements; help countries to manage multiple GF processes at the same time; and

facilitate the LFA assessment by standardizing the process and training LFAs. Partner support to AMFm countries should build on three elements; coordinate support in the context of overall ACT scale-up; use lessons learnt from the rd 8 grant signing assessment; and provide specific support for the unique AMFm requirements. The AMFm workstream will develop a country by country specific workplan to support each country. During Nov/Dec the workstream will support in-country consultations and help countries to respond to TRP requested clarifications.

ACT Scale-up Data-Driven Analysis (see ACT scale-up RC presentation on the RBM HWG webpage). The PSM WG is developing an ACT tracking system to compile information on resources flowing for ACT procurement and actual and planned ACT procurements. This information will also help to identify and quantify ACT gaps in countries. Data must be regularly updated in this system. Current information suggests that most countries have sufficient funding to meet their ACT needs. Issues concerning PSM may pose a greater challenge than funding in terms of increasing access to ACTs. However, countries remain vulnerable to funding gaps if they fail in on GF round. The PSM WG recommends to conduct quarterly monitoring of ACT consumption data; develop a list of core indicators; track data from many sources; review quantification in a changing environment. The WG will convene a meeting in January 2010 to take these issues forward.

12.2 Decisions/Next Steps

- There is a need to coordinate the roll-out/scale-up of diagnostics (especially RDTs) and ACTs at the same time.
- There are many issues concerning the use of RDTs in the private sector; ACTs as over the counter drugs, etc that will need attention if AMFm will be successful.
- The one year time frame for evaluating the phase 1 roll-out is inadequate and will only allow a limited review. The evaluation should take place after two years of implementation.
- There is a need to ensure that support to countries for AMFm roll-out is well coordinated between the various RBM mechanisms.
- The LFA assessment of PRs with many years of successful grant management should be streamlined as much as possible.

13.0 Non-AMFm Country ACT scale-up

13.1 Summary

Countries face many challenges in scaling-up their ACTs to meet Universal Coverage targets (see ACT scaling up approach non-AMFm presentation on the RBM HWG webpage), including: inadequate resources; weak delivery systems; inadequate information on actual needs and utilization; cost; inadequate country level funding to meet gaps; weak supporting interventions including communication; haphazard scale-up strategy and a doing business as usual approach. Countries can meet these challenges by: internalizing broader concepts of universal coverage; strengthening country level funding; strengthening supporting interventions through leveraging other programmes and health systems; addressing the issue of high costs and resulting poor practices; defining a coordinated communication system at all levels; and increasing district level ownership. Implications for non-AMFm countries include: ACT scale-up determined by available resources; review ACT plan and coverage targets for various channels; define partner matrix to support financing over and above available resources; strengthening diagnosis; developing a country TA plan; developing a road map for implementation; taking treatment as close as possible to the home; strengthening of drug management including logistics and reporting; strengthening monitoring for scale-up using activities of synergy within and outside the NMCP; and advocating to join the AMFm. ACT sale-up strategies for both AMFm and non-AMFm countries are basically the same. For all countries, ACT Scale-up is a programme priority but with huge system implications.

13.2 Decisions/Next Steps

- Agreement to create HWG ACT scale-up workstream with members from AMFm workstream and PSM and Case Management Working Groups; this workstream will need to review issues/recommendations related to: ACT quantification; impact of scaled-up diagnosis (mainly through RDTs) on ACT quantification; impact of universal coverage on ACT demand; etc.;
- Support to countries on various ACT related issues needs to be closely coordinated; and
- ACT data from countries needs to be consolidated and reviewed for accuracy.

14.0 Kenya Country Programme Review

14.1 Summary

Kenya conducted a malaria programme review in the first half of 2009 (see RBM HWG webpage for presentation). The purpose of the review was to look at how malaria transmission was changing in Kenya; what and where interventions should be used; and evaluate progress against the Universal Coverage Targets. The results from the review will be used to develop the new National Malaria Strategic Plan. The results of the review included an updated map of actual malaria transmission in the country; a completed programme review document; costed National Malaria Strategy and M&E plans and highlighted coverage progress and impact trends. Kenya has seen all-cause U5 child mortality drop from 115 in 2003 to 74 in 2008. Evidence has also been collected on the combined use of LLINs and IRS in highly endemic settings resulting in a 50% decrease in slide positivity rates and additional benefits to the surrounding epidemic prone districts. The next steps will be to implement the new malaria control strategy; increase resource mobilization and strengthen M&E capacities at all levels.

14.2 Decisions/Next Steps

- Need to compile the evidence on the dual use of IRS + LLINs and use this to advocate for allowing the GF to provide funding to countries for both interventions simultaneously in the same places.

15.0 Programme Managers Discussion on TA Needs

15.1 Summary

Countries indicated that they have strong country partners. If they need support normally they will ask among their partners - especially the WHO NPOs. Sometimes they don't know who to ask or what they can ask for. They appreciate when partners proactively suggest support opportunities e.g. grant signing support; support for proposal development; support for review and updating strategic plans; support for programme reviews; etc. Countries sometimes don't know that they have problems until they are discussed with partners. They would like the HWG to develop a "menu" of potential support options that they could choose from. They would also like to see longer-term more continuous support especially for TRP clarifications after proposal submission and grant signing negotiations and especially for developing and negotiating the performance framework. Countries would like support to document success stories. Countries need more clarity and better communication from the Global Fund and often do not see the flexibility of the Global Fund. GF needs to streamline processes and should try to speed up grant signing - phase 2 negotiations should not take 18 months! GF forms e.g. the performance framework should be made more user friendly (e.g. drop down menu for standard indicators for process and inputs). More GF negotiations/discussions should take place in the country so that all issues can be resolved during one short period of time rather than going back and forth endlessly.

15.2 Decisions/Next Steps

- HWG will develop a menu of country support options that can be supplied.
- HWG will look at its support processes and see how to be more flexible with longer term more continuous support for proposal development and grant signing.

- HWG will review how to best support countries to develop and negotiate grant performance frameworks.
- HWG will help to broker discussions with the GF about the performance framework and other issues that may arise.
- HWG will explore options to help countries document success stories.
- HWG will help to develop ToRs for support and monitor whether the support provided has fulfilled the ToR.

16.0 Country Roadmaps

16.1 Summary

Country roadmaps were requested at the 16th Board. The roadmaps highlight milestones needed to achieve the Universal Coverage targets by 2010. They also indicate gaps that need to be filled and technical support which is needed to achieve the targets. Each roadmap was developed using a standardized framework which highlights the summary of available resources; LLIN and ACT PSM schedules; IRS milestones; additional core interventions that need to be delivered; rate-limiting factors; and technical assistance needs. Currently 47 roadmaps are on the RBM website. The roadmaps were developed during the SRN annual review and planning meetings held in July/August 2009. AMP is also tracking LLIN distribution data. Next steps include providing requested TA; tracking milestones and resource mobilization to fill remaining gaps.

16.2 Decisions/Next Steps

- Need to consolidate and validate commodity data from various sources;
- SRNs will convene periodic teleconferences to monitor progress against roadmaps and identify additional support needs;
- SRNs will make summaries of teleconferences available on RBM website;
- Need to coordinate support to countries;
- HWG to convene monthly teleconference with SRNs + Working Group Chairs;
- SRNs should develop a support plan for each country;
- Need to manage expectations and perform some triage on support requests.

17.0 Country Strategic Plan Development

17.1 Summary

Many country strategic plans are expiring in 2010. Countries will need support to review progress against the expiring strategic plans and to develop the next generation strategic plans. This could require a lot of support efforts in 2010.

17.2 Decisions/Next Steps

- HWG members should send the RBM Secretariat any ideas on how to best support countries in 2010.
- HWG members should send the co-Chairs a list of countries that will need support in 2010.

18.0 Community Systems Strengthening and Civil Society PR Support

18.1 Summary

Dual track financing and community systems strengthening are important to achieve Universal Access. Services will need to be delivered at the community level. Non governmental PRs have a good track record of managing GF grants. Forty eight percent of PRs were from civil-society organizations after rd 8. However, some potential PRs lack grant management capacity. GF grants can be used for a variety of activities that build CSS capacity including: physical infrastructure (office space); organizational systems development; strengthening M&E capacity; strengthening technical capacities; strengthening human resources; improving coordination; planning; and ensuring sustainability. Seventy percent of rd 9 malaria proposals contained CSS components. CSS organizations have limited voices on CCMs. CSS organizations are often not aware that resources might be available through GF grants. There is a need to document good CSS practices and disseminate this information more broadly. CSS organizations rarely ask for

TA either for proposal development or for implementation support. CSS organizations need support to develop budgets. There is a need to ensure that funds set aside in grants for CSS actually reach the CSS organizations. CSS funding, especially for capacity building has been frequently reduced in recent GF grants as part of the 'efficiency gains'. There is a need to advocate to the GF that these activities are important and should not be the first activities to be cut out when the GF is looking to reduce grant sizes.

18.2 Decisions/Next Steps

- Need to develop a strategy to better support Civil Society organizations to build management, technical, M&E and other types of capacity.
- HWG should work to ensure that CSS activities are adequately incorporated into GF proposals.

19.0 HWG 2010-2011 Workplan Priorities and Budget

19.1 Summary

The RBM Board will review the proposed 2010-2011 RBM workplan at the Board meeting in December. The draft workplan needs to be circulated to the Board for review two weeks before the meeting.

19.2 Decisions/Next Steps

- Each HWG workstream needs to develop a plan with activities and budget for the two year period. This should be sent to the co-Chairs by Saturday 31 October 2009 for discussion during the workplanning session.

20.0 Election of New HWG co-Chair

20.1 Summary

Melanie Renshaw the former HWG co-Chair stepped down in mid-2009. Renee Van de Weerd acted as co-Chair until an election could be held. HWG voting members were asked to submit candidate nominations to the election officer during the meeting. Candidates had to be official voting members of the HWG; be willing to serve as HWG co-Chairs and have institutional backing/support for their candidacy. One candidate meeting these criteria was nominated for the position.

20.2 Decisions/Next Steps

Peter Olumese (WHO, Geneva) was elected as the new HWG co-Chair. The new co-Chair will serve a two-year term and can stand for re-election if desired.

Annex 1 List of Participants

Robert Agyarko, UNICEF
James Banda, RBM Secretariat
Constance Bart-Plange, Ghana NMCP
Ian Boulton, TropMed Pharma Consulting
Suprotik Basu, UN OSE
Rune Bosselmann, IIC
Natalie Brain, CHAI
David Brandling Bennett, Gates Foundation
Bill Brieger, JHU
Werner Buehler, Global Fund
Valentina Buj, UNICEF
Richard Carr, RBM Secretariat
Noel Chisaka, World Bank
Renia Coghlan, MMV
Louis Da Gama, Global Health Advocates
Naina Dhingra, Consultant
Duncan Earle, MACEPA
Josiane Etang, CARN Network
Socé Fall, WHO
Andrew Freeman, Global Fund
Elodie Genest, MACEPA
Megumi Gordon, CHAI
Ananda Grant, MNM
Penny Grewal Daumerie, MMV
Elizabeth Juma, Kenya NMCP
Mary Kante, PSI
Marcel Lama, Global Fund
Luca Li Bassi, Global Fund
Jo Lines, WHO
Sandii Lwin, Global Fund
Mark Maire, World Vision
Ntombekhaya Matsha, Global Fund
Peter Mbabazi, EARN
Anna McCartney-Melstad, VOICES
Sylvia Meek, Malaria Consortium
Bruno Moonen, CHAI
Edward Mwangi, KeNAAM
Michael O'Connor, Global Fund
Klaus Oestergaard, Vestergaard-Frandsen
Peter Olumese, WHO
Charles Paluku, WHO, AFRO
Jason Peat, IFRC
Leonel Pontes, CARN
Jessica Rockwood, Development Finance International
Trent Ruebush, PMI
Claude Emile Rwagacondo, WARN
Oliver Sabot, CHAI
Celina Schocken, PSI
John Simon, UN OSE
Angus Spiers, UNICEF
T. O. Sofola, NMCP Nigeria
Renee Van de Weerdt, UNICEF
Bernabe Yameogo, Plan International

Annex 2 Final Agenda

Thursday, October 29		
9:00 - 9:30	Welcome, Introductions and Review of Objectives/Agenda	Prof Awa Marie Coll-Seck (Executive Director, RBM Partnership) Suprotik Basu (Office of the Special Envoy); Renee van de Weerd (UNICEF)
9:30 – 10.15	Round 9, NSA, AMFm TRP recommendations	Presenter: Suprotik Basu
10:15 – 11:00	Presentation of Round 8 Signature Support Assessment (draft report to be circulated prior to HWG meeting)	Presenter: Naina Dhingra Discussion Chair: Soce Fall
11:00 – 11:15	Coffee/Tea	
11:15 – 12:15	Plenary discussion of lessons learned for Round 9 signature and agreement on adjusted approach	Discussion Chair: Soce Fall
12:15 – 13:15	Lunch	
13:15 – 14:00	GF Partnership Strategy and MOU with RBM	Presenter: Sandii Lwin (Global Fund)
14:00 – 14:45	Global Fund Perspective - - Ongoing Round 8 implementation needs	TBD
14:45 - 16:00	R8 implementation support needs and implications for RBM/HWG approach to Global Fund TA	Discussion Chair: Robert Agyarko (UNICEF)
16:00 – 16:15	Coffee/Tea	
16:15 – 17:15	HWG and SRN coordination for implementation support: proposal from SRNs (draft proposal to be circulated prior to HWG meeting)	Presenter: Angus Spiers (UNICEF, EARN Co-Chair) and Claude Rwagacondo (WARN Focal Point, RBM Secretariat)
17:15 – 17:30	Reporting on 2010 targets	Presenter: Elodie Genest (MACEPA)
18:00 – 19:00	Reception/Cocktail Party	Location to be confirmed
Friday, October 30		
9:00 – 9:15	Summary of day 1; review of agenda	HWG Co-Chairs
9:15 – 10:30	LLIN scale-up: Current coverage against 2010, critical gaps to achieving 2010, and distribution tracking Results from LLIN-GF Workshop	Jason Peat (IFRC – AMP Workstream Leader) and Mary Kante (PSI) Renia Coghlan (MMV, representing PSM WG)

Friday, October 30		
10:30 – 10:45	Coffee/Tea	
10:45 – 11:45	ACT scale-up strategy, budget, and next steps – AMFm countries Non-AMFm country ACT scale-up approach	Oliver Sabot (Clinton Foundation) and Peter Olumese (WHO)-AMFm workstream co-chairs, with Andrew Freeman (Global Fund); Noel Chisaka (World Bank) and Renia Coghlan
11:45 – 12:15	Kenya Country Program Review - - current implementation progress and future direction	Elizabeth Juma (NMCP Manager, Kenya)
12:15 – 1:15	Feedback from and discussion with NMCP managers and Global Fund on TA coordination system	Constance Bart-Plange (NMCP Manager, Ghana); Elizabeth Juma (NMCP Manager, Kenya), T.O. Sofola, NMCP Manager, Nigeria)
13:15 – 14:15	Lunch	
14:15 – 15:15	2010 Country Roadmaps: Development process, current status, and next steps – including tracking	James Banda, and Claude Rwagacondo (WARN Focal Point, RBM Secretariat)
15:15 – 16:00	2010 – 2015 Country Strategic Plan Development: Agreement on process, budget, responsibilities	SRN Chairs and James Banda (RBM Secretariat)
16:00	Coffee/Tea	
16:00 – 17:00	Community Systems Strengthening and Civil Society PR support	Louis da Gama (Global Health Advocates) and Khaya Ntombekhaya (Global Fund)
17:00 – 17:30	Agreement on HWG 2010 and 2011 Workplan Priorities and budget (draft to be circulated prior to HWG meeting)	Protik Basu and Renee Van de Weerd
17:30	Election of HWG Co-Chair	Louis da Gama
17:30	AOB	
17:30	Meeting Summary and Next Steps	Rapporteur and HWG Co-Chairs