



RBM Harmonization Working Group 8th Meeting 10-11 May 2010 Geneva, Switzerland

Meeting Summary and Recommendations

The 8th HWG meeting took place in Geneva 10-11 May 2010 and was hosted by the International Federation of the Red Cross and Red Crescent. The main focus of the meeting was to take stock of how well countries are implementing their roadmaps and whether or not they are on track to achieve the Universal Coverage targets. The HWG will then use the remaining 8 months in 2010 to mobilize support for countries that can still achieve the Universal Coverage targets with some additional strategic assistance. The 8th meeting also was an opportunity to review implementation progress against the 2010 HWG workplan. The final agenda of the meeting is included in annex 1, the list of participants is included in annex 2.

Meeting objectives:

- Review progress against the 2010 HWG workplan including workstream activities;
- Review country status in terms of achieving the Universal Coverage targets and technical and other support received;
- Review the new Global Fund architecture and its potential impact on HWG country support activities; and
- Finalize material for the RBM Board.

Expected outputs:

- Progress update on 2010 HWG Workplan;
- Revised score card on country progress towards Universal Coverage targets; and
- Final HWG presentation to RBM Board.

Summary

Meeting opening

Prof Awa Marie Coll-Seck opened the meeting, congratulated the HWG on its achievements to date and thanked the co-Chairs for their hardwork and dedication. The HWG serves as an important forum for bringing together all of the different actors that provide support to countries. They have also played an important role representing the RBM Partnership on the Global Fund Policy and Implementation Committee (PIC).



Supporting countries to achieve the 2015 RBM and MDG targets will be the next phase for the RBM Partnership. The HWG is well positioned to provide this support. Some of the key areas that will need attention in this next phase are:

- Strategic plans - will need good strategies in place to make the transition from scale-up of interventions to sustained control to pre-elimination and elimination.
- RBM mechanisms will need to be accountable for the outputs they promise;
- MDG 4 & 5 - the Global Development Community is putting priority on supporting countries to achieve MDGs 4 and 5 (Reduce child mortality and Improve maternal health respectively) - the fight against malaria figures prominently into achieving MDGs 4 and 5 and should be prioritized - RBM needs to advocate for this strongly.
- Health Systems Strengthening - this will be a key issue going forward. RBM will need to show how fighting malaria does help to build health systems.
- Orphan countries - countries in various stages of malaria control need different types of support. Some wealthier countries also need support as they don't have many partners at the national level.

The co-Chairs also welcomed the participants and highlighted that the next six months were crucial for supporting countries to achieve the Universal Coverage targets. Quite a bit of progress has been made in filling the remaining LLIN gaps - 325 million LLINs of the 350 million needed to achieve Universal Coverage have been mobilized. However, more work needs to be done to ensure that the LLINs are getting out and that people are able to access ACTs when they are needed.

RBM Board Decisions

Dr James Banda presented information on decisions taken at the 17th RBM Board in Brazil in December 2009. The main issues relevant to the HWG discussed at this Board were the results of the independent evaluation and the accountability framework (task forces 1, 2 and 3). The independent evaluation reviewed the function of different mechanisms. Working groups were rated as performing moderately to well. The accountability framework developed ToRs for each of the working groups and other mechanisms. The proposed HWG ToR was discussed in a separate section on Tuesday 11 May.

RBM Partnership Workplan HWG Expected Deliverables

Dr James Banda presented the 2010 - 2011 RBM Partnership Workplan (PWP). The PWP presents activities by targets A-H including budgets (identified budgets and agreed budgets where resources have not yet been identified). Most people are unaware of the contents of the PWP and are not aware of what resources have been identified for which activities.

The HWG has specified activities for targets B, D and E. It has no specified activities (and thus no specific budget) for activities in the other target areas (i.e., A, C, F, G and H).



The HWG and all mechanisms will need to review the PWP to see which activities they are responsible for and what budgets are available. The RBM Board has the power to revise the PWP should there be a need to based on a request from a mechanism. The Board can also allocate new un earmarked funds to various activities based on requests from the different mechanisms. The HWG used this process to request funding for Global Fund round 10 proposal support activities, AMP and strategic planning. Requests for additional resources normally should reflect activities already contained in the PWP e.g. activities already in the PWP but with non-identified budgets.

Country Roadmaps - Achievement of Universal Coverage Targets and Country Support Needs

SRNs were asked to prepare a summary of country progress in each sub-region against their roadmaps and against the 2010 Universal Coverage (UC) targets. Countries may have fully implemented their roadmaps with the resources already available but will not achieve UC targets due to unfilled resource gaps. Tracking progress was difficult for several reasons:

- Definitions of Universal Coverage - for LLINs this is relatively straight forward 1 LLIN for every two people. For Case Management (treatment and diagnosis) and some other interventions (MIP, BCC) there is no real agreement on what Universal Coverage means. Thus country defined needs for ACTs, RDTs, are assumed to comply with UC. etc have been used to indicate whether they have or will achieve UC
- Logistics - countries may be able to get commodities into the country in time to meet the targets but may require operational support to ensure that the commodities actually reach the people in need.

Detailed descriptions of country progress and support needs were presented by each SRN. These documents are included as separate attachments. A summary of which countries will achieve LLIN and ACT (as defined by countries) Universal Coverage targets and some priority support needs are presented below. Updates were not provided for all African countries.

Table 1 Country Achievement of 2010 Universal Coverage Goals

Country	Universal Coverage targets on-track; not possible; with help		Support needs	Comments
	ACTs	LLINs/IRS		
WARN				
Benin	With help	With help	Support for rapid RCC signing	If RCC gets signed in time, resources could be available to meet UC for all interventions
Burkina Faso	With help	With help	Need financial resources for LLIN mass distribution	Distribution budget reallocated to other activities



			costs	
Cap Vert	On-track	With help	Need support to review strategic plan	Will need to mobilize resources
Côte d'Ivoire	With help	With help	Support to get rd 6 phase 2	Rd 6 phase 2 in danger; will not achieve UC without RCC
Gambia (The)	On-track	With help		Need rd 9 signed to achieve UC
Ghana	Not possible	Not possible		May submit a round 10 proposal
Guinea	With help	With help	Support to secure rd 6 phase 2; develop rd 10 proposal	Rd 6 phase 2 at risk
Guinea Bissau	With help	With help		Rd 9 grant signing on-track will help to achieve UC
Liberia	With help	With help	Need to negotiate with PMI to fill commodity gaps	Developing rd 10 proposal
Mali	With help	With help	Need support to complete rd 6 phase 2 request; support to fill commodity gaps	Rd 10 proposal
Mauritania	On-track	Not possible		Rd 10 proposal?; rd 6 phase 2 in dangers
Niger	Not possible	Not possible	Resource mobilization to fill substantial commodity gaps	Round 10 proposal
Nigeria	With help	With help	WARN joint mission to ensure LLIN distribution and other activities are on-track	Need resources to fill commodity gaps (population growth)
Senegal	On-track	With help	Support for MPR and Strat Plan	Round 10 proposal
Sierra Leone	With help	With help	Support for strengthening M&E	WB will help to fill LLIN gap
Togo	With help	With help	Advocacy for rapid rd 9 grant signing	Need rd 9 to reach UC targets
CARN				
Angola	With help	With help		Round 10 proposal
Cameroon	On-track	Not possible	Support on-going for rd 9 signature	Round 10 proposal? Relying on rd 9 to achieve UC
CAR	Not possible?	With help	Needs implementation support at all levels	
Chad	Not possible	Not possible	Needs support for rd 9 signing; strengthening M&E	Round 10 proposal



Congo	With help	With help	Need support to improve implementation of rd 8 grant	LLIN gap
DRC	With help	With help	PSM challenges	Rd 8 signed Feb 2010
Equatorial Guinea	No info	No info		
Gabon	With help	With help		Round 10?
STP	On-track	With help	Needs support for rd 4 RCC	
SARN				
Botswana	On-track	On-track		Strategic plan being revised
Madagascar	On-track	On-track		
Malawi	?	?		MIS being finalized, MPR starting
Mozambique	?	?		Strategic plan recently updated
Namibia	?	?	Requested support for MPR	MPR in progress
South Africa	?	?		
Swaziland				MIS and MPR scheduled
Tanzania	On-track	?	Request support to develop new LLIN keep-up strategy	
Zambia	?	?	Request support for MPR and update of Strategic Plan	
Zanzibar			Request support for MPR	
Zimbabwe				
EARN				
Burundi		With help		
Comoros		With help		
Djibouti		With help	Need PSM support	
Eritrea		With help		
Ethiopia				
Kenya				
Rwanda		With help	Need clarification on how long various IRS insecticides maintain residual	
Somalia			Need support to develop BCC strategy	
Sudan N				
Sudan S		With help		
Tanzania				
Uganda			Need support to develop BCC strategy	



Zanzibar		With help		
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Task Force 3 Update

RBM Board Task force 3 was asked to develop the ToRs for each mechanism. The task force developed a ToR framework for each of the mechanisms. Some parts of the framework are mandatory others are more flexible. The task force 3 ToR and recommendations can be found in the task force 3 presentation. The HWG ToR was reviewed by the group and discussed in a separate session on day 2.

AMP update and LLIN forecasting (NetWorks)

AMP has been working closely with SRNs to map country TA needs related to planning and implementing LLIN mass distribution campaigns. TA needs have proved difficult to map. Move of the TA has been mobilized by actively proposing support to countries rather than waiting for support requests from countries. AMP has provided mass distribution micro-planning support to Burkina Faso, Burundi, CAR, Côte d'Ivoire, DRC, Ghana, Mali, Nigeria and Uganda. AMP responds to country requests including logistics email exchange, country conference calls, remote review of plans, missions to countries, disseminating information. AMP has been able to mobilize funds for implementation support from IFRC and SRNs (through OGAC); for implementation training through RBM; and for campaign tracking through MNM and IFRC. AMP convenes a weekly teleconference which discusses country distribution campaigns. AMP has six active sub-groups working on Operations research; BCC; 2010 progress tracking; M&E, Training and toolkits; and net mapping. AMP has faced challenges in filling the technical manager and administrative support positions. It has been difficult to map TA needs leading to last minute support requests. AMP needs some technical clarification from WIN on LLIN quantification and replacement of existing nets.

AMP will continue to provide logistics planning support to countries (Congo, DRC, Ghana, Madagascar, Malawi, and Togo) as required. AMP will continue to work with the SRNs to map country TA needs. AMP is planning LLIN mass distribution campaign M&E workshops in May (Nairobi, English) and June (French).

Recent research looking at mass distribution campaigns indicates that there is systematic under-estimation of LLIN needs. This frequently results from households with odd numbers of members; poor census data and/or excess LLINs left behind in villages.

To deal with odd number household sizes countries can round up or round down. Alternatively, a specific number of nets may be given to a household regardless of how many people live in the household (e.g. 2 or 3 LLINs per household).



A correction factor of 1.78 people per LLIN should enable all household members to sleep under LLINs. An additional allocation factor which accounts for poor census data or losses in the distribution chain brings the ratio down to 1.6 people per LLIN.

- Using this correction factor has substantial cost implications. To justify the use of this correction factor the HWG will need a strong statement from the Vector Control Working Group.
- AMP will also need strong guidance from the Vector Control Working group on a strategy to replace LLINs when they are worn out (at what percentage coverage should LLINs be counted?, how long are different types of LLINs still effective?).

Round 9 Grant Signature

The HWG is prepared to support all African countries and Cambodia and India to negotiate and sign their Global Fund round 9 malaria grants. The support strategy was developed based on analysis of support provided to round 8 malaria Global Fund grant recipients. The Workstream has bi-weekly conference calls and has had direct negotiations with the Global Fund to prioritize signing for countries that rely on round 9 to meet their LLIN Universal Coverage targets. The Global Fund has agreed to accelerate signing deadlines for those priority countries. The Global Fund has also developed a signing schedule for the round 9 countries. This helps the workstream to understand which countries will need support when. For each country a HWG Focal Point has been assigned to follow the process in the country, identify and support needs and flag potential problems.

AMFM

The signing process for most of the AMFM grants is well underway. Cambodia and Madagascar have already signed their grants. Nigeria, Niger, Ghana and Kenya were expected to sign 14 May. The remaining countries (Tanzania, Uganda, and Zanzibar) are expected to sign their grants by the end of May (Uganda is still in negotiations). First line buyers - 6 countries have at least 1 first line buyer. Most countries have agreed on a maximum retail price of 0.50 USD (1LBs will pay approximately 0.04-0.06US\$ per treatment). The AMFM logo has been registered in Switzerland.

As grants are signed countries will need to launch their supporting interventions by 20 August. Partners should be on stand-by to support countries to provide additional clarification to the Global Fund, meet conditions precedent, develop marketing campaigns, track distribution and sales of ACTs in the private sector, etc. The HWG and the RBM Partnership should be especially prepared to help countries develop BCC strategies and develop Global-level advocacy messages.

Round 10 Proposal Support



The launch of round 10 occurred on 20 May 2010. Due to a lack of funds the Global Fund will use three criteria (TRP recommendation; Disease burden, poverty) to prioritize funding decisions. The proposal forms/guidelines have been revised since round 9, changes include: No programmatic gap analysis table (recommend countries use this for planning); section on value for money; optional grant consolidation section; requirement to develop costed TA plan; larger CSS component; additional financial gap analysis requirements to emphasize contributions from all partners including the private sector.

The HWG will target support to up to 15 SSA countries. The support includes: development of a briefing note; selection of experienced external candidates; organization of a mock TRP (29 June - 1 July, Dakar, Senegal, Hotel des Almadies); individual support missions to selected countries where required; remote expert review; and briefing of the TRP.

Targeted countries were selected on the following criteria: Immediate funding gaps; failure in round 9; no success in rd 8 or 9; adequate current performance on existing grants; and no support to regional proposals.

The current list of targeted countries is:
Angola, DRC, Guinea, Kenya, Liberia, Mali, Niger, Senegal, Sierra Leone, Somalia, Sudan (North), and Uganda.

Global Fund Developments; New Architecture

Global Fund Board highlighted the following changes for round 10: Prioritization of proposals based on three criteria (as above); US\$75 million set aside for most at risk populations for HIV/AIDS; funding cap based on donor commitments by 2011; MDG 4, 5, 6 should be emphasized in proposals within disease context; proposals will have to justify decisions based on value for money criteria; countries will be asked to develop and include costed TA plans in proposals; new round of NSA proposals will occur with round 11; additional US\$30 million will be set aside to top up high performing grants for phase 2 funding; and the need nominations for new TRP members. The Board will be considering the following issues between now and the next Board country eligibility; CCMs guidelines/performance; bridge-funding; LLIN duration and procurement; and VPP.

New Architecture - the Global Fund will be moving to a new grant architecture starting in round 11. All grants for the same disease and same PR will be consolidated into one single stream of funding. This should greatly simplify implementation and especially reporting. Grants will also be more closely linked to country planning cycles. This will allow countries to re-think/re-programme previous grants to ensure that they are in line with current programme priorities/needs.



For round 10 countries can opt to develop a consolidated proposal; indicate that they will consolidate during the grant negotiation stage or choose not to consolidate their grants at this time. The HWG can provide support to countries to consolidate their grants either at the proposal stage or the grant signing/negotiation stage.

Strategic Planning and Malaria Programme Reviews (MPR)

As countries develop their 3rd generation strategic plans and plan the transition from scaling-up interventions to sustained control to elimination, they need to plan to conduct malaria programme reviews to re-orient their programmes. MPRs can also be conducted as mid-term reviews (i.e. at the end of the three year business plan). MPRs have four phases- phase 1 planning; phase 2 desk review of different interventions; phase 3 field visits; and phase 4 report writing and follow-up. Products of an MPR can include: MPR summary report; aide-memoire; presentation; and a press release. The MPR can be used to develop updated malaria policies; updated/new strategic, operational, and/or annual workplans and journal articles. WHO has developed an MPR tool. The tool has been tested/refined based on experiences in Kenya, Botswana and South Africa.

The workstream has worked to achieve consensus on the tools and facilitates support to countries for conducting MPRs and developing/revising Strategic Plans. Countries should plan to do MPRs at transitional periods and should include funding requests for them in GF round 10 proposals.

Strategic Planning Technical Guidance

The process of developing third generation strategic plans is now underway. This is a critically important time - countries need tools to guide them to develop the highest quality Strategic Plans possible. The tools are also necessary to guide the development of a strategic plan that may well cover programming transitions from scaling-up to sustained control to elimination - these require different approaches. Good quality strategic plans also support resource mobilization efforts - especially with the Global Fund movement under the new architecture to single funding streams and the re-launch of NSAs in round 11. The process of developing the new strategic plan is also important - need political will and involvement and consensus from partners.

Developing new strategic plans is often a 7 phase process:

- Phase 1 Preparation - defining stakeholders; develop planning workplan and timeline;
- Phase 2 Situation analysis - Programme Review - review epidemiology; implementation; analyze and make recommendations to address challenges;
- Phase 3 Strategic framework development - define the scope of the strategic plan; conduct programmatic gap analysis;
- Phase 4 Action planning - develop implementation plan;
- Phase 5 Setting the performance framework - defining impact and outcome indicators;
- Phase 6 Finalization and adoption of the MSP - stakeholders buy-into document;



- Phase 7 Dissemination and resources mobilization - launch of plan; convene donors round table to mobilize resources and fill gaps.

The strategic planning process should lead to the development of the new National Strategic Plan; National Malaria Policy; M&E Plan and PSM Plan. The Strategic Planning tool proposes an outline for developing the strategic plan (see National Malaria Strategic Planning Guidance presentation on the RBM website).

A comprehensive Strategic Planning Tool will require technical inputs from various working groups. Summaries of inputs or key issues to be addressed by various working groups are presented below. **Inputs for the Strategic Planning Tool should be finalized by the second quarter of 2010.**

Vector Control

- Quantification of LLINs to achieve UC (1 LLIN per two people) based on operational realities - Rounding up odd-numbered households requires 1 LLIN per 1.8 people;
- BCC to improve LLIN use (follow-up campaigns);
- Durability of LLINs including country-level monitoring and operational research;
- Routine coverage - filling gaps between mass distribution campaigns;
- Vector control intervention - choosing the right interventions, when to use combinations;
- Insecticide resistance - how to manage this;
- Capacity to monitor vector control interventions;
- Vector control stratification strategy - how do they evolve over time?; and
- Replacement LLINs - how to plan and implement replacement strategies.

Malaria in Pregnancy

- Strengthening linkages between RMNCH and Malaria programs. E.g. National MIP working groups to plan together.
- Increase early utilization of ANC and comprehensive uptake of IPT and ITN use through community empowerment,
- Integrating MIP interventions in all national Malaria plans and in GF applications for strengthening national HSs
- Positioning MIP in the global agenda for achieving MDG 4 and 5.
- Including operational research in national Malaria plans e.g. pregnancy register for pharmacovigilance;
- Systematic dissemination and utilization of the MIP implementation guide, developed as a complement to the WHO AFRO strategic framework to guide a step by step process for scaling up MIP interventions (this tool will be added to the RBM Tool box on the RBM website); and
- MIP indicators are not routinely collected by malaria programmes this will need to be made more systematic.



Malaria in Emergencies Network

- Need to include populations of humanitarian concern (refugees, IDPs, victims displaced by natural disasters, etc) in National Strategies;
- Need to map populations of humanitarian concern and ensure that all malaria control interventions reach these populations;
- Need to plan for emergencies and how to provide access to malaria control services when they do occur; and
- Need to include targeting of populations of humanitarian concern in GF proposals where possible.

PSM Working Group

- Forecasting - logistics tracking system used for forecasting plus monitoring/tracking of service delivery.
- QA of supply chain;
- Tools; and
- Best practices.

MAWG

- Advocacy and communications expertise to provide Strategic Planning guidance;
- How to measure impact of advocacy activities?

Case Management Working Group

- Scaling-up malaria diagnosis;
- Strengthen implementation - how to increase access?;
- Definition of Universal coverage;
- How to improve quality of services?;
- Surveillance - case reporting;
- Quality and safety of medicines/diagnostics
- Case management indicators - need to coordinate with MERG.

Revised ToRs - Implications for HWG

The RBM Board developed task force 2 to review working group ToRs and revise them to make them consistent and to ensure that there were no overlapping mandates. The task force produced recommendations for a standard ToR for the Working Groups. They have also recommended that working groups submit a monthly report on their activities and that the creation of all working group workstreams (task forces, etc) need to be approved by the RBM Board Executive Committee.

Members of the working group agreed with the need to share more information with all RBM mechanisms but rejected the monthly reporting requirement. Instead they proposed that teleconference and other meeting summaries can be shared with the EC. The working



group agreed to alert the ECC and Board to any key issues as they arise. The group also rejected the need to obtain ECC approval to create new workstreams.

Preparations for RBM Board

The HWG prepared a presentation for the 18th RBM Board. The HWG agreed to review the identified funds available in the workplan before they requested additional funds from the Board. Otherwise the HWG had no specific decision points for the Board.

HWG Beyond 2010

A summary of some of the key issues that were discussed during this session are presented below:

Case Management -

- Definition of Universal Coverage for case management;
- Need better case management guidance for countries;
- Need a strong Case Management Working Group;
- Treatment algorithms for non-malaria cases;
- Drug resistance;
- Pharmacovigilance;
- Use of ACTs and improving treatment adherence;
- Community case management; and
- Home-based management of malaria.

Support countries to roll out AMFm once all grants are signed.

Consolidate planning practices - Strategic plans; Operational plans; and 1 year workplans.

- Develop tools to support all stages of the planning process; develop strategies to support countries;
- Consolidate information and programme reorientation.

Vector Control

- Need research on what sustainable vector control will look like over the coming decades;
- Need consensus statements on good practices for LLINs + IRS; LLIN scale-up and routine delivery;
- Need to consolidate feedback on country scale-up experiences;
- Need better information on how to account for human behaviour; and
- Need to develop country level capacity.

Other Functions/Issues

- Liaison/facilitation with Global Fund; help to shape Global Fund processes;
- Country support with SRNs - proposal development/resource mobilization; grant signing; and implementation support;
- Mobilize partners to support countries (e.g. Nigeria);



- Retain focus on Africa + 5 countries outside;
- Need harmonized guidance training kit for all interventions;
- Focus on CSS - engage NGOs to work with communities;
- HSS strengthening through good malaria management;
- Need to strengthen malaria links to socioeconomics; development; MDGs 4, 5 and 6;
- Support countries to achieve elimination;
- Support only time-limited activities - Work on roadmaps to achieve 2015 targets - rolling road maps (2 yr timeframe) - work on what is needed to achieve 2015 MDG/RBM targets and work backwards;
- Difficult to directly support PMI and the World Bank - can help WB to identify appropriate consultants - esp. with PSM experience.

Any other Business

The mock TRP will be held 29 June - 1 July at the Hôtel des Almadies in Dakar, Senegal. SRNs are crucial members of the HWG - their participation in HWG teleconferences is inconsistent. Need better participation by SRNs in the HWG.



Annex 1 Final Agenda

Monday, May 10		
9:00 - 9:30	Welcome, Introductions and Review of Objectives/Agenda	Prof Awa Marie Coll-Seck Executive Director, RBM Partnership Suprotik Basu, UNOSE; Peter Olumese, WHO
9:30 - 9:45	RBM Board Decisions	James Banda, RBM PS
9:45 - 10:30	RBM Partnership Workplan HWG expected deliverables	James Banda, RBM PS
10:30 - 10:45	Coffee/Tea	
10:45 - 13:00	Country roadmaps; Achievement of Universal coverage targets: 1. Countries that have no chance of achieving UC for any of the targets; 2. Countries that can still achieve UC for any of the interventions with additional support; 3. Countries that will achieve UC for all interventions without any additional support	Panel Discussion SRN Chairs and SRN Focal Points
13:00 - 14:00	Lunch	
14:00 - 14:30	Country roadmaps and country support needs (cont)	TBC
14:30 - 15:00	Task Force 3 update	Mikkel Vestergaard-Frandsen
15:00 - 15:30	Reports from Workstreams: AMP LLIN Forecasting	Jason Peat, IFRC Matt Lynch, VOICES
15:30 - 15:45	Coffee/Tea	
15:45 - 16:15	Reports from Workstreams: Round 9 grant signature	Valentina Buj, UNICEF
16:15 - 17:00	Reports from Workstreams: AMFM	Oliver Sabot, CHAI
17:00 - 17:30	Reports from Workstreams: Round 10	Melanie Renshaw, UNOSE
17:30 - 18:30	Global Fund developments; new architecture	Suprotik Basu, UNOSE David Kim, Global Fund
18:30 - 19:30	Reception/Cocktail Party	Location to be confirmed
Tuesday, May 11		
9:00 - 9:15	Summary of day 1; review of agenda	HWG Co-Chairs
9:15 - 10:30	Strategic Planning Malaria Programme Reviews	Socé Fall, WHO Duncan Earle, MACEPA James Banda, RBM PS Suprotik Basu, UNOSE
10:30 - 10:45	Coffee/Tea	
10:45 - 12:45	Strategic Planning Guidance	Socé Fall CMWG Chair MIP Chair WIN Chair Humanitarian emergency Chair
12:45 - 13:30	Lunch	
13:30 - 14:30	Revised TORs - Implications for HWG	HWG co-Chairs



14:30 – 15:00	Preparations for RBM Board	HWG Co-Chairs
15:00 - 15:15	Coffee/Tea	
15:15 – 16:15	HWG beyond 2010	Discussion
16:15 - 16:30	Meeting Summary and Next Steps	Rapporteur and HWG Co-Chairs



Annex 2 List of Participants

Kwame Agyarko (UNICEF)
James Banda (RBM PS)
Clémence Baré (Global Fund)
Suprotik Basu (UNOSE)
Kathryn Bertram (Voices)
Henk den Besten (I Plus Solutions; PSM WG co-Chair)
Hana Bilak (MACEPA)
Valentina Buj (UNICEF)
Barnabas Bwambok (EARN co-Chair)
Richard Carr (RBM PS)
John-Paul Clark (World Bank)
Awa Marie Coll-Seck (RBM PS)
Penny Grewal Daumerie (MMV)
Mamadou Diallo (Global Fund)
Eric-Marie Dupuy (Consultant)
Duncan Earle (MACEPA)
Martin Edlund (MNM)
Marcy Erskine (IFRC)
Josiane Etang (CARN Chair)
Socé Fall (WHO AFRO)
Andrew Freeman (Global Fund)
Eleonore Gaillard (RBM PS)
Aude Galli (Redcross)
Louis da Gama (Global Health Advocates)
Heiko Hering (UNHCR)
David Kim (Global Fund)
Georges Ki-Zerbo (WHO AFRO)
Lebogang Lebeso (SARN Focal Point)
Paul Libiszowski (MACEPA)
Jo Lines (WHO)
Matt Lynch (Voices)
Mark Maire (World Vision)
Viviana Mangiaterra (WHO)
Peter Mbabazi (EARN Focal Point)
Eric Mouzin (RBM PS)
Yuniwo Nfor (Global Fund)
José Nkuni (WHO)
Peter Olumese (WHO)
Leonel Pontes (CARN Focal Point)
Melanie Renshaw (UNOSE)
Jessica Rockwood (Development Finance International)
Claude Rwagacondo (WARN Focal Point)
Christine Sow (UNICEF, Mali)
Sergio Spinaci (WHO)
Petrina Uusiku (SARN Chair)
Philippe Verstraete (RBM PS)
Mikkel Vestergaard-Frandsen (Vestergaard-Frandsen)
Claudia Vondrasek (WARN)
Tina Wolfe (Voices)