

2nd Harmonization Working Group Meeting 15-16 January, 2007 Geneva, Switzerland

Background:

The 10th RBM Partnership Board endorsed the concept of Harmonization of partner efforts to help countries scale-up for impact (SUFI) by mobilizing resources; overcoming bottlenecks; and establishing the 'three ones' at country level. The Board endorsed the revitalization of the Harmonization Working Group to facilitate these actions.

The 11th RBM Partnership Board (10-11 November, Geneva) approved the convening of the HWG's first meeting for 13-14 November 2006. At the first meeting, countries were categorized by the type of support they needed from the partnership. Sub-working groups were formed to develop strategies to support countries in different categories and to perform other important tasks such as identify/develop validation/ gap analysis tools; plan for a country showcase meeting/partner's discussion; and work towards an early warning system to facilitate support to countries facing implementation difficulties.

The second Harmonization Working Group meeting will focus on developing a 2007 workplan, planning upcoming country validation missions, developing strategies to support countries in different categories (including support to countries for the development of Global Fund round 7 proposals), planning the country showcase/partner's discussion meeting and detailed work on validation, gap analysis and programme support tools. The specific objectives and expected outcomes of the meeting are presented below.

Meeting Objectives:

1. Update HWG members on
 - HWG progress and developments - category 1 country activities; category 3 & 4 country activities; Early warning system;
 - MAWG activities;
 - UNITAID;
 - ACTs as life-saving drugs;
 - Global Fund Round 7 guidelines, timing
2. Finalize preparations for validation missions
 - Discuss timeline for upcoming country validation missions;
 - Draft ToRs for individual country validation missions;
 - Reach consensus on validation/gap analysis tools to be used during missions
 - Reach consensus on in-country process for validation mission to Mozambique
 - Reach consensus on linking the country validation process to Global Fund Round 7 proposal development support activities
3. Finalize plan for country showcase/partners discussion;
4. Develop strategy for enhancing implementation support to category 3 and 4 countries
 - Establishment of GIST style mechanism

- Discuss tools that can be used for longer term support for programme implementation;
- 5. Develop HWG 2007 Workplan and budget

Expected Meeting Outcomes:

- Agreed plan for country validation missions;
 - Agreement on package of validation/gap analysis tools for country missions;
 - Agreement on modifications to tools to make them more useful for malaria control programme support.
 - Programme/agenda/participants for Mozambique mission
- Plan for country showcase/partners discussion meeting;
- Country support strategy for Global Fund Round 7 proposals;
- HWG 2007 Workplan and Budget

Annexes

Annex 1 HWG ToR

Annex 2 Country classification scheme

Annex 3 Members of sub-working groups

Annex 4 Category 1 country update

Annex 5 Country mission ToR

Annex 6 Draft Guideline for Validation of National Strategic and Operational/Business Plans

Annex 7 Country mission dates

Annex 8 Mozambique mission programme (**to be distributed at the meeting**)

Annex 9 Summary of tools discussion

Annex 10 Category 3 and 4 country meeting summary

Annex 11 Proposed framework for support to countries for developing Global Fund Round 7 proposals

Annex 12 Quick Reference Table for Prioritizing Support to Countries for GF round 7

Draft Agenda 2nd HWG Meeting

Time	Subject	Presenter	Expected Outcomes	Outcome Achieved?
Monday 15 January				
10:00 - 10:30	Opening Introduction, Meeting Objectives, Overview of Agenda	Executive Director RBM HWG Chair	Agreement on meeting agenda	
10:30	Coffee/tea			
10:30 - 12:00	HWG Quick Updates -Early Warning System -Category 1 Countries -Malaria Advocacy Working Group	Duncan Earle (GF) Country Focal Points /RBM Secretariat Matt Lynch	Approval of relevant sub-working group ToRs, Reclassification of countries where necessary. Consensus on next steps for category 1 countries Consensus on way forward for early warning system	
12:00 - 13:00	Validation Missions - experiences from partners -PMI -World Bank -REAPING	Trent Ruebush Suprotik Basu James Banda	Understanding of country mission approaches by different partners	
13:00 - 14:00	Lunch			
14:00 - 15:30	Validation Missions	Sergio Spinaci Valentina Buj Robert Agyarko	Approval of validation ToR Mission timeline ToRs for individual missions (Mozambique and Zambia) ToRs for consultants	
15:30	Coffee/Tea			
15:30 - 16:30	Country Showcase/Partner's discussion meeting	Matt Lynch	Approval of meeting ToR Dates and location of meeting	
16:30 - 17:00	Update on Global Fund Round 7	Karmen Bennett (GF)	Timeline for release of GF round 7 guidelines Understanding of GF round 7 process and differences from round 6	
20:00	Group Dinner		Happy, well-fed, harmonized meeting participants	

Time	Subject	Presenter	Expected Outcomes	Outcome Achieved?
Tuesday 16 January				
9:30 - 10:00	ACTs designation as life-saving drugs	Maryse Dugué (WHO, GMP)	Understanding of process to have ACTs declared as life-saving drugs by GF	
10:00 - 10:30	UNITAID	Philippe Duneton (UNITAID)	Procedures for which countries can access UNITAID and how to apply for UNITAID	
10:30 - 10:45	Coffee			
10:45 - 12:45	Country Support Strategy for GF round 7 proposal development	Robert Agyarko John Chimumbwa Claude Rwagacondo	Country support strategy for Global Fund Round 7 proposals	
12:45 - 13:45	Lunch			
13:45 - 14:45	Validation/Gap Analysis Tools - package of tools for validation missions	Robert Agyarko	Package of tools and data requirements for country missions	
14:45 - 15:00	Coffee/Tea			
15:00 - 16:00	Tools developed by WHO	Tessa Tan Torres (WHO, EIP) Valerie Crowell (WHO, GMP)	Strategy for testing existing WHO tools in Mozambique	
16:00 - 16:30	Programme Support Tools	Rick Steketee	Identification of appropriate tools for programme implementation support	
16:30 - 17:00	HWG 2007 Workplan and Budget	Suprotik Basu Melanie Renshaw	2007 Workplan and Budget Agreement on HWG membership	
17:00 - 17:30	Wrap up and next steps	Suprotik Basu Melanie Renshaw	Agreed next steps	
17:30	Closing	James Banda		
Wednesday 17 January				
9:30 - 12:30	Special Session on Tools (as needed)	Robert Agyarko Rick Steketee	Appropriate tools identified/modified for specific uses	
13:30 - 17:30	Special Session on Tools (as needed)	Robert Agyarko Rick Steketee	Appropriate tools identified/modified for specific uses	

List of Participants

Robert Agyarko (WHO, AFRO)
Laurent Amiel (McKinsey & Co)
Maru Aregawi Weldedawit (WHO, GMP)
James Banda (RBM)
Suprotik Basu (WB)
Karmen Bennett (Global Fund)
Valentina Buj (WHO, GMP)
Richard Carr (RBM)
Kabir Cham (WHO, WIN)
John Chimumbwa (EARN)
John-Paul Clark (WB)
Awa Coll-Seck (RBM)
Valerie Crowell (WHO, GMP)
Maryse Dugue (WHO, GMP)
Philippe Duneton (UNITAID)
Stéphanie Durivage (RBM)
Duncan Earle (Global Fund)
Marina Gavrioushkina (RBM)
Deepa Gupta (McKinsey & Co)
Elizabeth Hoff (UNITAID)
Nadia Lasri (RBM)
Sandii Lwin (UNDP)
Matt Lynch (JHU)
Renata Mandike (Tanzania NMCP)
Sylvia Meek (Malaria Consortium)
Bernard Nahlen (Global Fund)
Melanie Renshaw (UNICEF)
Trenton Ruebush (USAID/PMI)
Claude Rwagacondo (WARN)
Prudence Smith (RBM)
Sergio Spinaci (WHO, GMP)
Rick Steketee (PATH-MACEPA)
Tessa Tan Torres (WHO, EIP)
Thomas Teuscher (RBM)
John Thomas (BASF)
Jan Van Erps (RBM)
Mikkel Vestergaard Frandsen (Vestergaard Frandsen S.A.)
Wilson Were (WHO, GMP)
Juliana Yartey (WHO, MIP)

Annex 1

TERMS OF REFERENCE RBM HARMONIZATION WORKING GROUP

Purpose

To develop a formal partnership mechanism to facilitate and harmonize partners' timely support in response to countries identified needs.

To support the establishment of the 'three ones' (one coordinating mechanism; one plan and one M&E system) at country level.

Background

In the last few years significant additional resources (GFATM, World Bank Booster, PMI) have been dedicated to the fight against malaria. The next three years (2007-2010) is a critical period in the fight against malaria, resources will need to be used as effectively and efficiently as possible to scale up interventions for impact and achieve 2010 global targets. This period represents a rare window of opportunity that will close rapidly without demonstrated impact at the country level. It is critical to achieve impact to sustain donor interest and continued investment.

Endemic countries and partner agencies investing in the fight against malaria recognize that significant additional efforts are needed at all levels to increase effectiveness, efficiency and impact. Countries face multiple challenges in their efforts to scale up their malaria control programmes. Many currently lack a comprehensive analysis of the various technical and financial gaps which inhibit cohesive scaling up of activities. It is generally accepted that the following obstacles are shared by many countries: weak managerial and planning capacities; procurement and logistics challenges, sub-optimal monitoring of performance, and poor management and coordination of available technical assistance to support the countries.

A comparison of current baseline level implementation of malaria control operations and what future operations will be required in order to achieve country-wide impact is important to determine country needs. A process to identify coverage gaps and facilitate support to "orphan countries" or countries in emergency situations is needed to ensure that all countries can achieve impact - not just a few countries in the spotlight. All countries will be required to demonstrate good performance to attract additional resources, and thus many will need short, medium and long-term implementation support.

Recent RBM Partnership meetings highlight that many activities are being performed by a variety of partners (RBM Working Groups, Sub-regional networks, funding agencies,), but there is a lack of cohesiveness. Major initiatives such as PMI, GFATM and WB Booster each have been operating almost independently; without the broader support of the partnership. A process to effectively bring together the resources and inputs of various RBM partners is urgently required. Harmonization of partner efforts at the country-level will be facilitated by the development of the 'three ones' at country level; where all partners buy into one coordination mechanism; one strategic plan and one M&E system.

There is agreement among RBM Partners that meeting the challenge of Scaling Up For Impact (SUFI) requires a rapid effort to define what should be done better and differently, how it will be done and by whom. The true test is in the effective translation of efforts at the country level through concrete interventions that improve and sustain malaria outcomes on a large scale.

Countries and partners have identified resource mobilization and implementation support as two major areas where many countries require assistance.

There is a consensus that resources currently available, although at a higher level than ever before, are still not adequate to meet the needs of endemic countries in controlling malaria. Recent experiences also show that existing resources are used sub-optimally, a situation that further affects the potential for future resource mobilization vital to drastically reverse the effects of malaria. Donors need to be reassured that the resources they have already committed or will commit will be used effectively. Therefore, a process for validating country strategies and ensuring that programmes have capacity/ability to effectively implement and achieve impact is needed.

Terms Of Reference

1. **Co-ordinate** proactively a process to support the development of and adherence to the three ones concept at the country level, taking advantage of the on-going country level development of second generation strategic plans, 3 year operational plans and business plans.
2. **Assist** countries to identify support needs for scaling up through the development of a transparent and comprehensive validation/gap analysis process (including the identification and development of appropriate gap analysis/validation tools for use by partners and countries)
3. **Track** resource flows from partners to countries, track country progress and disseminate information
4. **Harmonize** partner support to fill country-identified gaps
5. **Facilitate** the development of a rapid response mechanism to support countries to overcome implementation bottlenecks whether reactive or pro-actively, to ensure high level success rates of the GFATM and other major funding initiatives.

Scope of work

In order to provide countries with appropriate and timely support, the HWG will focus on the following types of activities:

1. Emergency support
 - mobilize partners to provide timely support to countries in dire need of assistance
2. Resource mobilization –
 - develop a process to facilitate country gap analysis - including the identification and development of appropriate gap analysis tools;
 - validate country plans and assess whether countries can effectively absorb more resources;
 - develop a formal process to facilitate support to countries for matching donor resources to country-identified gaps, including the development of Global Fund proposals (Rounds 7 and 8);
3. Implementation Support –
 - facilitate the provision of harmonized support to countries to identify and resolve implementation bottlenecks/issues so that countries perform at a high level (A1 or B1 with Global Fund Grants);
 - facilitate the development of a global early warning system to identify countries with grant implementation problems at an early enough stage so that the HWG can

facilitate the provision of effective and timely support to help countries resolve bottlenecks and receive phase two or other conditional funding;

4. Information collection and dissemination -

- Harmonize information collection, track country progress and resource flows from partners to countries, disseminate information;
- Liaise with RBM working groups to disseminate their products and support country needs assessment and implementation; and
- Work with global advocacy task force to raise awareness of country situations and mobilize partners to provide support.

Outputs

- Timely and effective support to countries in with urgent unmet needs;
- Set of validation/gap analysis tools for use by countries
- Process for validating country programmes
- Set of countries with validated strategic and operational plans
- High-level country support meeting to showcase country successes and identify country needs
- Facilitated process of harmonizing Partners' resources to meet country-identified needs
- High proportion of countries receiving new resources through the global fund and other key partners.
- High percentage of countries performing at a high level, ensuring continued funding
- Global early warning system that provides timely information on programme implementation allowing partners to effectively intervene when problems arise
- Effective use of RBM working group products and expertise
- RBM database for tracking country data, resource flows and progress, to be developed by JHU and hosted and managed by the RBM Partnership Secretariat.

Management Arrangements

The HWG will be supported by the RBM Partnership Secretariat in Geneva. Partial funding for HWG activities will be provided by the Secretariat. Additional resources, when needed, will be sought from partners.

The HWG will work through task oriented sub-working groups on specific TORs. The HWG will meet officially twice a year, but sub-working groups may meet more frequently as needed. Two co-chairs will be elected to serve on a yearly basis. The HWG will report to the RBM Partnership Board on a yearly basis and present a plan of work for each subsequent year. The RBM Partnership Secretariat will be responsible for internal and external communications between working group members and the broader partnership.

Membership of the Working Group

The HWG will consist of representatives from: four African endemic countries (currently Cameroon, Tanzania, Zambia and one additional West African country to be identified by the WARN Focal Point); the World Bank; PMI/USAID; the Global Fund for AIDS, Tuberculosis and Malaria (GFATM); WHO (HQ and AFRO); UNICEF; UNDP; Foundations (currently represented by UN Foundation); Millennium Quick Impact Project; PATH-MACEPA, MSH, JSI, JHU, SRN Focal Points; Private Sector (WEF or as designated by the Executive Subcommittee of the RBM Board); NGO (represented by Global Health Advocates); RBM Working Groups; and the RBM Partnership Secretariat. Members of the working group will be

asked to serve in their own individual capacities (with agreement from their organizations) to ensure continuity. The Executive Subcommittee of the RBM Board will need to approve any modifications to the membership of the Working Group.

Annex 2 Summary of Country Categorization

The HWG recognized that many malaria endemic countries need various types of support. In order to provide countries with the types of support needed in a timely fashion, the HWG developed a categorization scheme for African endemic malaria countries

1. Emergency – urgent action required
 - Burundi, CAR, CHAD, Congo (Brazzaville), DRC, Liberia, Nigeria, Sierra Leone, Sudan (South)
2. Validation – countries generally performing well but constrained by available finances
 - Eritrea, Ethiopia, Ghana, Madagascar, Malawi, Rwanda, Senegal, Tanzania, Zambia (Sao Tomé, The Gambia, Zanzibar)
3. Implementation – countries with adequate financial resources but unable to fully utilize them
 - Cameroon, Gabon, Guinea, Guinea-Bissau, Kenya, Mali, Mozambique, Niger, Togo, Uganda
4. Funding and Implementation – countries with both financial and implementation constraints
 - Angola, Benin, Burkina Faso, Comoros, Cote D'Ivoire, Sudan (North)
5. No action required – countries without short and medium term assistance needs or where the partnership cannot intervene due to instability
 - Botswana, Djibouti, Equatorial Guinea, Mauritania, Namibia, Somalia, South Africa, Swaziland, Zimbabwe
6. Insufficient information – countries where there is a lack of information to classify them
 - Cape Verde

Annex 3 Composition of Sub-working groups

Sub-working group	Team Leader	Members/Country Focal Points
Emergency	Country Focal Points	John Chimumbwa (Burundi, South Sudan); Claude Rwagacondo (Liberia; Nigeria, Sierra Leone); Robert Agyarko (Comoros, Congo, DRC, Nigeria); Melanie Renshaw (Angola, CAR, DRC); Matt Lynch (DRC); Suprotik Basu (DRC); Valentina Buj (Chad);
Validation	Valentina Buj (Malawi)	Robert Agyarko, Suprotik Basu (Madagascar); Melanie Renshaw, Matt Lynch (Tanzania); John Chimumbwa (Eritrea, Rwanda); Louis Da Gama (Ethiopia); Juliana Yartey (Ghana); Rick Steketee (Zambia)
Country Showcase/Partner's Discussion Meeting	Kevin Starace	Suprotik Basu, Louis Da Gama, Matt Lynch
Category 3&4 countries	Rick Steketee	Juliana Yartey, Claude Rwagacondo, James Banda, Claudia Vondrasek
Validation tools	Robert Agyarko	PMI (Paul Ehmer), Bernard Nahlen, Rick Steketee, John Chimumbwa, Naawa Sipilanyambe
Early warning system	Valentina Buj	James Banda, Suprotik Basu, Robert Agyarko, Matt Lynch, Nosa Orobaton

Annex 4 Category 1 Country Update

- Angola – Phase 1 of the GF grant has been extended until September 2007; UNICEF mission to Angola scheduled for February 2007, assess next steps after mission
- Burundi – have submitted to GFATM for an exceptional Extension of funding, UNITAID through UNICEF/WHO likely to be able to fill ACT gap with USD 714,997 from March 2007. ACTs will only run out in November 2007. Appeal drafted and circulated
- CAR – may require RBM partner support mission January/February, Discuss in CARN meeting (19 January); World Bank in negotiations to potentially purchase LLINs
- Chad – WHO following up - no new information
- Comoros – submitted plan to GF (01/12/06) to improve programme, waiting for GF response
- Congo – WHO to conduct a mission mid January 2007 to assist with 2nd Generation Strategic Plan
- DRC – No update
- Liberia – Appeal drafted and circulated, RBM Partnership to launch direct appeal to multiple donors, develop an advocacy plan and press release. UNITAID agreed to provide funding for 2007 ACT requirements (608,400 treatments), money will be received in the country by 1/3/2007
- Nigeria – Developed revised phase 2 proposal (with funding requests reduced to reflect implementation capacity), submitted to GF, waiting GF response; World Bank Booster announced US\$180 million no-interest loan for malaria programme.
- Sierra Leone – completed measles/malaria campaign, next steps to be discussed at WARN meeting (end of January/February)
- Sudan (South) – Joint World Bank, WHO and UNICEF mission being planned for February 2007.

Annex 5 Harmonization Working Group: TOR for Technical Assistance Missions

Background

The Harmonization Working Group (HWG) of the Roll Back Malaria Partnership was revitalized during the 10th Board Meeting of the RBM Partnership (July 2006). The HWG's first meeting was held during 13-14 November 2006, with a membership that includes, but is not limited to WHO, UNICEF, World Bank, UNDP, GFATM, UNF, PMI, representatives of the NGO constituency, MACEPA and 3 malaria-endemic country representatives. The objectives of the group are to help harmonize partner efforts to help countries "Scale-Up for Impact" (SUFU), and to help countries in implementing the "The Three Ones"¹ principles.

Many countries are in the process of developing second generation strategic and operational plans, wherein targets, objectives and goals of these plans should be measurable and aimed at achieving SUFI. One of the main tenets of the HWG is to coordinate partners to help countries in ensuring that plans are technically sound, of sufficient scope to achieve SUFI, and feasible. Tools are currently under development to assist in the above-mentioned "validation" process which will be adapted and modified to each country as their situation requires.

The validation process is aimed at identifying programmatic gaps - including financial, operational, and human resources - in order to consolidate the information for use by both country and interested donors. It is also foreseen that the RBM Harmonization Working Group and Malaria Advocacy Working Groups will then take responsibility for actively promoting these opportunities identified to a full range of donors, and facilitating communication between the donors and the NMCPs, with the aim of eliciting and directing funding to assist countries in improving or maintaining good performance.

The group was mandated by the first meeting to set out clear terms of reference for validation missions to be undertaken before March 2007, particularly as preparation for GFATM Round 7 begins, in a selected number of countries. In order to reduce duplication, missions are to take place taking into account ongoing opportunities and missions being undertaken by agencies such as the World Bank, UNICEF, US-PMI evaluation missions and WHO.

Objectives:

- To brief national authorities and partners at country level (e.g. SWAP groups, GFATM and other donor coordinating mechanisms) of the mandate by RBM for this mission and proposed next steps;
- To review the national technical and operational malaria plans, in the context of the country Poverty Reduction Strategy Accounts, health sector strategies and SWAPS (when applicable):
 - To apply gap analysis tool as developed by the RBM Partnership to national plans and operational plans;
 - To ensure that national plans include elements necessary to achieve desired targets and impact (i.e. SUFI and Three Ones);
 - To support and work with national authorities to develop plans of action as a follow up on specific next steps identified;
- To facilitate the application of donor resources to identified gaps, including reprogramming of already existing resources for greater efficiency and impact.

¹ One strategic plan, One implementation coordination system and One Monitoring and Evaluation plan

Expected Outcomes:

- A detailed report written under the responsibility of the mission leader, discussed with national experts and partners and submitted to the national authorities by the conclusion of the mission;
- The report will outline the mission findings and recommendations regarding the technical, operational and financial aspects of the plan, specifically identifying and highlighting opportunities for applying donor funds to achieve high impact in specific countries;
- National Authorities commit to consider the mission recommendations and report to the RBM secretariat the revised national plan, not later than one month after the completion of the mission;

Composition:

- A mission leader as agreed by consensus of the national authorities and the RBM HG. The leader will be a staff of one multilateral organization which has a representation at country level and the mission must explicitly include someone in the National Malaria Control Programme;
- At least one expert in each of the three components of any malaria national programme (case management, prevention, monitoring and evaluation);
- One financial and costing expert.

Mission organization

- The mission is to be organized by the RBM secretariat and supported by UNICEF/WHO /WB as appropriate. The HWG is to agree to the mission timing, composition and leadership and to keeping RBM partners at regional/country level informed. A preliminary desk review of existing literature is to be undertaken by a consultant highly familiar with the country, preferably someone in country;
- The proposed plan and date of the mission should be communicated to the national authorities at least one month before its start; without confirmation of the acceptance the mission by national authorities the Mission will not be finalized;
- Mission TOR (adapted to the country's specific needs), participants' CVs, and timing are to be communicated from planning inception;
- The mission should last from 5 to 10 days as decided by the Mission leader;
- The Mission should be coordinated with other missions from participating agencies and be as inclusive as possible of other components of the health field.

Annex 6

Draft Guideline for Validation of National
Strategic and Operational/Business Plans

RBM Harmonisation Group

January 2007

Introduction

RBM HARMONIZATION WORKING GROUP

This draft guideline was developed by the sub-working group for Gap Analysis and Validation. It aims to provide a common platform and understanding for validation of country strategic and operational/implementation/business plans. The task of validating a national strategic plan for malaria control entails looking at the comprehensive package of interventions and support strategies that a country has adopted to tackle its disease burden.

This guide therefore provides some key questions that need to be addressed during the validation process, and highlights the following areas:

- Technical soundness of the Strategic Plan (scope, strategies, interventions)
- Implementation/Operational/business plans
- Management and oversight of programme implementation
- Monitoring and evaluation systems
- Partnerships, resource mobilization and scale up plans
- Advocacy and Community Mobilisation

Key Questions to consider in the validation exercise

1. Review of the technical soundness of national strategic plan

- Analysis of the epidemiology of malaria in the country (i.e total burden, incidence, seasonal variations, geographic distribution, population groups at risk).
- Lessons and critical implementation gaps from previous plans
-
- Outline and comprehensiveness of scientific- based strategies (e.g. Case management including HBM, LLITN, IRS).
- Policy and logistical supply arrangements for commodities (Drugs, LLITN)

2. Review of Implementation/Business plan

- Scope of planned activities
- Activity and time allocations for implementation
- Focal agency or person for the activity
- Review of budget based on activities and resource mobilisation strategies
- Budget and Gap analysis
- Resource Mobilisation strategy
- Human resource implications
-

3. Overall Management system/strengths and weaknesses

- Programme Management structure, National, district and sub district levels
- Coordination arrangements at national and regional levels
- Staffing, actual, projected and estimated needs
- Linkages between National, regions, districts and other levels
- Commodity and drug management system
- Linkages with other programmes

4. Monitoring and Evaluation system

- Monitoring system, staff, mechanism for data collection, analysis and reporting
- Routine data collection mechanisms and databases
- Sentinel sites, number, distribution and functionality

- Evaluations, types, frequency, data collection cycles
- The linkages between data, programme implementation and management

5. Partnership component

- Partners. Partnership structure
- Activities, areas of partner interest and coverage
- Mechanisms for coordinating Partners and Partners' inputs
- Structures and approaches for ensuring 3 ones, harmonisation and adherence to national strategy
- Partner funding and implications for meeting of targets

6. Advocacy and Community Mobilisation strategies

- Advocacy strategies and channels
- Planned Advocacy activities
- Community Mobilisation strategies
- Linkages to programme implementation

Conclusions

Annex 7 Country Mission Dates (Please complete)

Date	Country	Lead Partner
22 January - 2 February	Mozambique	World Bank
29 January - 11 February	Ghana	PMI
5-9 February	Zambia	RBM/WHO
5-18 March	Zambia	PMI
12-25 March	Ethiopia	PMI
19 March - 1 April	Madagascar	PMI

Annex 8 Discussion Draft Mozambique Mission Programme

22 January Monday,

open day, used to make courtesy calls at Ministry of Health, WHO, UNICEF, etc.

23-24 January Tuesday -Wednesday -

Joint review of malaria control programme, planning, resources, implementation (invite all technical partners to participate in meeting with travelling mission) - may need to hire venue to accommodate large meeting.

25 January Thursday -

morning - small team from National Malaria Control Programme to meet with visiting mission, to capture mission recommendations, and develop joint plan of action based on recommendations

Afternoon - recommendations and joint plan of action sent to senior staff and key partners for review

26 January Friday -

morning - meeting of high-level officials from key partners, chaired by the Minister of Health, present mission findings and recommendations

Afternoon - Small team to work with visiting mission on mission report.

27-29 January Saturday - Monday

Finalization of mission report

30 January Tuesday

Final de-briefing with Minister of Health, presentation of mission report

Press conference?

Annex 9 Summary of Tools Discussion

There are two separate but closely related tools. 1) a set of tools or kit to support country planning particularly in the light of SUFI. 2) A frame work or checklist and methodology to facilitate a validation mission.

Process for Identifying tools:

Step one: A review of the most **current technical and policy guidance** from WHO.

Step Two: A review of **strategic implications for SUFI** (including levels of coverage required and best practice for deployment).

Step Three: **Programming and management** (Including contracting, sub contracting, resource harmonization etc).

Step Four: **M&E planning** (Based on the scheme developed by the MERGE

Step Five: **Costing and Budgeting** (RBM costing tools, MBB etc)

Step six: **Packaging and presentation of the plans** (Five strategic plan, three year operational/business plan, one year implementation plan, one page gap analysis or business case).

The **global fund tools** are particularly useful with a bit of tweaking for step six.

The main challenges in Dakar and other venues were Costing, and Assessment of implementation capacity.

Questions: how to assess "capacity to implement"?. Sponsor a systematic analysis of the track record on the implementation of existing GFATM, PMI, Booster resources through a desk analysis prior to validation missions instead of developing a tool?

Suggestions of available tools to be reviewed/modified

Planning tools

1. National Strategic Plan -- typically 5 yrs

Have sample plans from Zambia, Nigeria, can build a standard format from these

2. Operational/Business Plan -- typically multiyear 2-3

Have sample plans from Zambia, Kenya, Nigeria,..... can build a standard format

3. Annual Plan -- once each year and midterm review of annual plan

Have sample plan from Zambia, can build a standard format

4. District Plans

Have examples from TEHIP?, Zambia, other countries

Activity-specific or Geographic-specific Planning Tools

1. District micro-planning down to communities: have some samples for ITN distribution planning from Zambia

2. Procurement and supply chain management tools: ?MSH or others

3. IEC/BCC Planning for malaria control: have Zambia draft – not completed

4. Specific tools:

e.g., Calendar of activities for each intervention strategy

Human Resource Assessment and Tracking Tools

1. Draft HR assessment: have draft from Zambia (can be improved for program manager usability)

Costing and Financing Tools

1. Costing tools

RBM Costing Tool: still complicated to use and has some bugs

MBB Tool: even more complicated and changing

Need a simplified costing tool for program manager use; need financial management and

accounting package to coalesce all of the government, donor, partner support

Monitoring and Evaluation Tools

1. RBM MERG Guidance (see MERG web site and meeting notes)
2. AFRO M&E Guidelines (being finalized)
3. GFATM Round 6 Attachment A
4. Other relevant tools
 - a. Malaria Indicator Survey
 - b. Malaria module for DHS and MICS

Gap Analysis Tools

1. GFATM Round 6 tools
2. RBM Gap analysis tool (not formalized but has been used with countries)

Validation Tool(s)

1. Sample-Guidelines for conducting a review of a national TB Programme
2. REAPING experiences
3. Annual Planning process in Zambia
4. Build a Gap Analysis checklist
5. Gold Standards against which the plan can be validated:
 - a. Technical review of plan
 - b. SUFI review of plan
 - c. M&E review
 - d. Costing and Financing Harmonization review
 - e. Implementation capacity review
 - i. Mapping in-country RBM partnership capacity
 - f. Accessing "energy of activation" among partners
6. Suggestions on use of a validation template

As we discussed in the teleconference, validation implies having an existing "gold standard" and comparing what the country has with this gold standard. The gold standard may actually be bronze or tin or wood or plastic. So, one set of comparisons is

"does the plan or tool exist in country?" Y/N
"has the plan/tool been used this past year?" Y/N
"if yes, was it used by the program or from the outside? in the program//outside"

Then, next thoughts would be:

"would the program manager want and use any of the tools that are or could be available?" Y/N
if yes, which ones are priorities?

Tools	Tool or Similar document available in country ? Y/N	Used this past 12 months? Y/N	Technically consistent with global or regional guidance? Y/N	Consistent with SUFI principles and implementable? Y/N	Is this tool or similar such tool be useful for the program? Y/N	If yes, prioritize: 1=high 2=medium 3=low	Comments
National Strategic Plan – 5 year							
National Implementation/Business Plan - 3-5 yr							
Annual Plan and mid-term review							
District Plan with malaria component							
District micro-planning for interventions							
Procurement and supply chain management plan							
IEC/BCC for malaria plan							
Calendar of Action Plan							
Human Resource assessment tool							
Costing of National Strategic Plan							
Assessment of Financial Flows from MOH and donors							
M&E Plan							
M&E Guidelines							
Malaria Indicator Survey							
Global Fund Indicator Tool							
Gap Analysis Tool							

Annex 10 Category 3 and 4 Country Meeting Summary
Harmonization Working Group
Category 3 & 4 Plan of action
Dec 4th, 2006

Participating

Rick Steketee

Richard Carr

James Banda

Unable to reach: Juliana Yartey, Mabingue Ngom, Claudia Vondrasek, Claude Rwagacondo

Sick: Valentina Buj

Original Agenda:

Arranging multi-partner missions

Organizing medium-long term on-site implementation support

Organizing frequent follow-up missions if needed

Organizing country information sharing forums

Providing support to countries in developing Round 7 and 8 GFATM Proposals

Any other business

Next steps

Background:

Initial categorization from the HWG meeting in November:

Category 3 – in need of implementation support

Cameroon, Gabon, Guinea, Guinea-Bissau, Kenya, Mali, Mozambique, Niger, Togo, Uganda

Category 4 – in need of additional funding and implementation support

Angola, Benin, Burkina Faso, Comoros, Cote D'Ivoire, Sudan (North)

Among these 16 countries, 9 are francophone, 4 are anglophone, and 3 are lusophone; they are geographically dispersed.

At the recent EARN meeting, it was apparent from discussion that all the EARN participating countries wanted to see themselves as in Category 2 – requiring and benefiting from validation and the resource mobilization that might be associated with this. Thus, it is important to review the HWG categorization and establish clear differences (if they exist) between the categories and clarity on what is needed.

Also, per the recent note sent to the HWG from Richard Carr and noting the new Global Fund approach of “rolling continuations” whereby good-performing countries are not required to submit fully new proposals in the current Round of funding approach, two key responsibilities for country support exist. *The first* is to help countries get a fully robust

SUFI² proposal submitted and funded. *The second* is to help countries perform well on their funded grant so that they can ultimately move into the 10+ year cycle of rolling continuations.

Discussion and somewhat revised Agenda

In light of the background information above, we focused the discussion agenda on several points listed below – a modest variation from the original agenda order:

1. To further map the countries and needs so that HWG categorization was understood and the financial resource base is documented.
 - a. To be done with a map and table format (of note, the WB has done some of this collating of information; and the GFATM web site has all of their relevant information)
 - b. RBM-PS and PATH will continue to work on this with partners
2. To assist in Round 7 GF applications
 - a. Clearly all Category 4 countries need a good Round 7 application; and some/many of the Category 3 countries similarly need a good Round 7 application.
 - b. HWG and RBM-PS should liaise with the GF immediately to prepare in advance of the Round 7 announcement to think strategically about appropriate and consistent support to countries for Round 7.
 - i. Tasks include:
 1. review current performance on malaria grants
 2. review round 6 TRP comments on malaria proposals
 3. review phase II renewals for performance
 4. initiate discussions with countries about format for support
 - a. joint meetings by language group and geographic for preparation (March, April & May) and then joint meetings for “mock-TRP review” prior to submission (June)
3. To assist countries in Implementation gaps/needs
 - a. Help countries review current performance (per review above) and gaps
 - i. Planning (at each relevant level in the system)
 - ii. Implementation (for each of the interventions and for each of the systems required to support the application of interventions at high coverage)
 - iii. Monitoring and Evaluation (assuring standardization where possible)
 - iv. Mapping of the in-country partnership for financial and human resources to achieve the work...to develop a Country Implementation Support Team
 - b. Establish a framework for understanding Implementation with countries so that they can assure that they have covered all of the work needs

² A SUFI proposal would address national-level scale up to high coverage of the existing relevant package of malaria control interventions with all the necessary documentation of gaps and needs.

- c. Work closely with the GFATM and other donors to identify implementation problems while there is still time to change course (e.g. six months before phase 2 renewal discussions occur).
 - i. proactive system to prioritize missions to countries with implementation problems prior to phase 2 renewal negotiations
 - ii. reactive system to facilitate support to countries when implementation problems are encountered or when countries request specific assistance

Next Steps

- Organize meeting with GFATM to discuss support to countries for Round 7 (teleconference including EARN and WARN focal points?).
- Develop a strategy for facilitating partner support to priority countries for round 7.
- Coordinate activities with other HWG sub-working groups and GF Early warning system.
- Facilitate partner harmonization on upcoming missions to category 3 and 4 countries.
- Develop a framework for understanding implementation.
- Second conference call to be scheduled Friday 8 December 2006 or Monday 11 December 2006.

Annex 11 Country Support for Global Fund Round 7 - Possible Plan of Action

- January-February - Work with partners to identify countries that will need assistance and consultants to work with each country
- March - First quarterly meetings in each SRN (EARN, CARN , SARN, and WARN) to correspond to the announcement of Round 7.
At the quarterly meeting we will bring in the Programme Managers from each country and match them with a consultant, there will be a round 7 orientation to familiarize both the Programme Managers and consultants with the round 7 proposal application.
- April-May - The consultants will visit each country and spend two weeks working with the National Programme to develop a draft proposal.
- June - 2nd quarterly SRN meetings, we will invite the Programme Managers and consultants to each SRN meeting and host a mock TRP review with technical experts and peers from other countries.
- June-July - the consultants will return to each country for one week and work with the country to prepare the final proposal

Annex 12 Quick Reference Table for Prioritizing Support to Countries for GF round 7

Country	External Aid Source			
	Global Fund (rounds)	PMI	World Bank Booster	Other
1. Angola	3	X		
2. Benin	1, 3	X	X	
3. Botswana				
4. Burkina Faso	2		X	
5. Burundi	2			
6. Cameroon	3, 5			
7. Cape Verde				
8. CAR	4			
9. Chad				
10. Comoros	2			
11. Congo				
12. Côte D'Ivoire	6			
13. Djibouti	6			
14. DRC	3		X	
15. Equatorial Guinea	5			
16. Eritrea	2, 6		X	
17. Ethiopia	2, 5	X	X	
18. Gabon	4, 5			
19. Ghana	2, 4	X	X	
20. Guinea	2, 6			
21. Guinea Bissau	4, 6			
22. Kenya	2, 4	X	X	
23. Liberia	3	X		
24. Madagascar	1, 3, 4	X		
25. Malawi	2	X	X	
26. Mali	1, 6	X		
27. Mauritania	2, 6			
28. Mozambique	2, 6	X	X	
29. Namibia	2, 6			
30. Niger	3, 4, 5		X	
31. Nigeria	2, 4		X	
32. Rwanda	3, 5	X		
33. Sao Tomé	4			
34. Senegal	1, 4	X	X	
35. Sierra Leone	4			
36. Somalia	2, 6			
37. South Africa				
38. Sudan (North)	2			
39. Sudan (South)	2		X	
40. Swaziland	2			
41. Tanzania	1, 4	X		
42. The Gambia	3, 6			
43. Togo	3, 4, 6			
44. Uganda	2, 4	X		
45. Zambia	1, 4	X	X	PATH-MACEPA
46. Zanzibar	1, 4	X		
47. Zimbabwe	1, 5			

Red X - Planned but not yet negotiated