



Roll Back Malaria Case Management Working Group (CMWG)

WHO, Geneva 6th – 7th July 2010

Meeting Report

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I. Acronyms

ACT	Artemisinin Combination Therapies
AL	Artemether Lumefantrine
AMFm	Access to Affordable Medicines for Malaria
ANC	Antenatal Care
ASAQ	Artesunate-Amodiaquine
CCM	Community Case Management
CMWG	Case Management Working Group
DRF	Drug Revolving Fund
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMAP	Global Malaria Action Plan
GMP	Global Malaria Programme
HMM	Home Based Management of Malaria
ICCM	Integrated Community Case Management
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
ITNs	Insecticide Treated Nets
LLINs	Long Lasting Insecticidal nets
MDG	Millennium Development Goals
MERG	Monitoring and Evaluation Reference Group
MoH	Ministry of Health
MTG	Malaria Treatment Guidelines
NGOs	Non-Governmental Organisations
PSM	Procurement and Supply Management
PSMWG	Procurement and Supply Chain Management Working Group
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Test
SAF	Supplementary Activity Funding
SP	Sulfadoxine-Pyrimethamine
SRN	Sub-Regional Network
TRP	Technical Review Panel
WBBP	World Bank Malaria Control Booster Project
WHO	World Health Organization

II. Background

In 2009, in recognition of the emerging challenges in case management the Roll Back Malaria (RBM) Case Management Working Group (CMWG) was revitalised after having been inactive since 2004.

The role of CMWG is to achieve consensus on strategies for scaling up implementation of policies for case management. It provides a valuable forum for experts to:

- Discuss and advise the RBM Partnership;
- Coordinate partners on consensus on strategies and identifying strategic priorities;
- Assist in developing the research agenda;
- Facilitate communication related to case management among partners and advocacy.

At the Third CMWG Meeting (8th to 9th July 2009), the following priorities were identified:

1. Scaling up malaria diagnosis, including in the context of changing transmission intensities;
2. Address how to strengthen implementation to increase access. Countries need more detailed operational plans;
3. Preventing and managing the spread of artemisinin resistance;
4. Improving access and delivery systems including quality of services;
5. Improved case reporting;
6. Quality and safety of drugs and diagnostics.

III. Objectives of the Meeting

The objectives of the fourth CMWG meeting were to:

1. Update members on CMWG Progress and key developments;
2. Review state of case management and access to antimalarial treatment in countries, identify bottlenecks and challenges;
3. Reach consensus on CMWG priority areas of engagement;
4. Review scope of working group and workstreams;
5. Further develop and finalise workplans up to end of 2011.

IV. Objective I: Update members on Case Management Working Group Progress and Key Developments

Case Management Working Group Progress

The following CMWG workstream updates were provided to members on progress since 2009, based on a series of teleconferences and presented at the 18th RBM board meeting, 12th to 14th May 2010:

Access to Treatment and Expanding Service Delivery

The Access to Treatment and Expanding Service Delivery workstream reached the brainstorming phase in the development of its workplan. Key issues identified were:

- Rolling out improved access to diagnosis;
- Home based management of malaria (HMM) evolving into integrated community case management (ICCM) of childhood fevers.

Ideas suggested for inclusion in the workplan were to:

- Support countries in developing a training manual on integrating community management of malaria within ICCM;
- Support buyers by developing an artemisinin combination therapies (ACT) guideline that would outline which drugs should be purchased as well as dosage instructions;
- Review country regulations of the types and qualities of drugs, encompassing the legal aspects;
- Collect and evaluate different community awareness strategies from different settings;
- Contribute to collecting, collating and disseminating dispersed information and evidence on improving access and create a central repository of information;
- Map non-governmental organisations (NGOs) support to country programmes to ensure training activities are coordinated and lessons learnt from best practices are adopted.

Diagnosis Workstream

The Diagnosis workstream had developed a provisional workplan and begun the following activities:

- Developing a position statement promoting adoption by countries of the revised World Health Organization (WHO) guidelines for diagnosis of malaria;
- Providing guidance to the Global Fund TRP on appropriate criteria for evaluating diagnostics components of applications for funding;
- Supporting the development, finalization, and dissemination of an inter-agency operational manual for program managers on key components of a malaria diagnostics program.

In addition, the following activities were proposed:

- Develop a rapid diagnostic test (RDT) implementation guide for National Programmes;
- Support for the development, finalization and dissemination of the inter-agency implementation guide;
- Support the development of an accompanying repository of tools;
- Enquire with the Procurement and Supply Chain Management Working Group (PSMWG) to determine the complimentary role of the Diagnosis workstream.

Drug Resistance Management Workstream

The Drug Resistance Management workstream had also developed a workplan and identified the following priority areas:

- Re-vitalisation of the sub-regional networks for monitoring antimalarial drug efficacy and resistance;
- Promotion of operational research under the umbrella of the Access to Affordable Medicines for Malaria (AMFm) initiative to address the contributing factors leading to the development of antimalarial resistance.

The following activities had been undertaken:

- Circulating a powerpoint summary of the RBM partnership strategy on antimalarial resistance to RBM mechanisms for key dissemination, such as at Sub-Regional Network (SRN) meetings;
- Developing an operational framework for implementing a partnership strategic plan to manage resistance.

In addition the following activities were proposed:

- Compilation of all evidence on activities undertaken to contain chloroquine and sulfadoxine-pyrimethamine (SP) resistance;
- Engagement in the activities and advocacy on removal of monotherapy targeting Ministries of Health (MoHs), Head of States and engaging regulatory authorities.

Monitoring and Evaluation Workstream

The Monitoring and Evaluation workstream reached the brainstorming phase in the development of its workplan. Key issues identified were:

- Establishing clear definitions of terminology surrounding case management;
- Monitoring and evaluation in the face of changing transmission rates;
- Recommendations for effective and efficient health information systems (including patient identifiers linking individuals from the clinical to the laboratory).

Proposed activities included to:

- Function as a focal point for the exchange of information between the Monitoring and Evaluation Reference Group (MERG) and other RBM partners on case management M&E;
- Review case management indicators, working with the Household Survey Task Force and the Routine System Task Force of MERG.

Key Developments

In addition to workstream updates, CMWG members were updated on key developments since 2009:

18th RBM Board Meeting Update

CMWG members were notified that two main concerns expressed by board members and country representatives at the 18th RBM Board Meeting, 12th to 14th May 2010 were:

- Risk of losing tools and interventions due to the emergence of drug resistance;
- Sustaining funding.

Other issues relevant to CMWG that were raised at the meeting are outlined below.

Essential Deliverables to Achieve GMAP 2010 Targets

Essential deliverables required to achieve the 2010 Global Malaria Action Plan (GMAP) targets were identified:

- Consensus guidelines on a package of what is needed for good diagnosis for use by the Technical Review Panel of the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM TRP), other donor countries and national proposal writing teams;
- Re-defined case management indicators and support development of tools to measure them (in collaboration with MERG) in response to weaknesses in current indicators;
- Tools to support countries to programme malaria interventions within antenatal care (ANC) and integrated management of childhood illnesses (IMCI) services and plans;
- Identify and resolve operational issues in scaling up parasitological diagnosis;
- Continued and communicated mapping of initiatives on community case management (CCM) - including research and experiential evidence;
- Wide sharing with partners of WHO guidance on drug resistance prevention and containment, and develop consensus around strategy. Develop an operational framework for implementing a partnership strategic plan to manage resistance.

Ministerial Consultation on the Containment of Oral Artemisinin Based Monotherapies in Support of Containing Emerging ACT Resistance

A call was made at the Ministerial session of the recent 18th RBM Partnership Board meeting on scaled-up efforts in support of the containment of artemisinin resistance. One such action was the full implementation of World Health Assembly resolution of 2007 calling for the progressive elimination of oral artemisinin containing monotherapies worldwide. Of 78 countries needing ACT, 50 do not authorise the marketing of oral artemisinin-based monotherapies. 28 national authorities have not yet withdrawn their marketing authorisations for oral artemisinin-based monotherapies (16 indicated that they intend to withdraw marketing authorisations but have not done so yet and 12 still allowing their full marketing). The Ministerial Commitment will be reviewed again in May 2011 with regard to effective implementation.

Local Manufacturing Capacity for Antimalarial Medicines

A board resolution was presented which called for strategies to strengthen local manufacturing capacity for antimalarial medicines. The aim of these strategies is for pharmaceutical companies in endemic countries to produce the greatest quantity of high quality antimalarial medicines possible. The existing challenge is how to support local industries to produce high quality drugs whilst successfully negotiating social, economic and political factors.

WHO Guidelines for the Treatment of Malaria

CMWG members were provided with a comprehensive summary of the updated WHO guidelines for the treatment of malaria¹ which include:

¹ 'Guidelines for the Treatment of Malaria (2nd Edition), WHO: March 2010, <http://www.who.int/malaria/docs/TreatmentGuidelines2010.pdf>

- Prompt parasitological confirmation by microscopy or alternatively by RDTs is recommended in all patients suspected of malaria before treatment is started;
- Treatment solely on the basis of clinical suspicion should only be considered when a parasitological diagnosis is not accessible.

The presentation containing the full summary can be found on the CMWG website².

Observations from Mock TRP

A Mock Technical Review Panel (TRP) workshop for Global Fund Round Ten happened in Dakar, Senegal, 29th June to 1st July 2010. Meeting objectives were:

- Conduct both expert and peer review of Global Fund Round Ten proposals from participating countries;
- Increase participant awareness of what constitutes a good proposal;
- Identify countries that will require additional support to develop a good proposal;
- Outline next steps needed to address comments and finalise each country's proposal;
- Develop a Harmonization Working Group (HWG) strategy (as needed) for providing additional urgent support to countries in the remaining six weeks prior to proposal submission.

The potential role that CMWG can play in ensuring that advice and support to countries is appropriate was identified. Clarification was given that CMWG should provide technical assistance via the Global Malaria Programme (GMP). In addition, issues that emerged during the mock TRP workshop relevant to CMWG were highlighted:

- How to define and quantify services (commodities) for universal coverage with diagnosis and treatment;
- Indicator for measuring access to treatment;
- Expanding access to ACTs through more service delivery points (such as CCM) will result in increased ACT requirement;
- Universal coverage with vector control interventions is anticipated to result in a reduced ACT requirement by an estimated 10% in first year and subsequently by an estimated 20% (it is recommended that countries collect data to refine forecasts in future years);
- Expanding access to malaria diagnostics will result in a reduction in ACT requirements (by what factor needs to be established);
- All suspected cases of malaria require confirmatory diagnosis. Therefore, attention must be given to:
 - Use of microscope based diagnosis and RDTs;
 - "Scope and rate" of scale –up of malaria diagnosis;
 - Effect of universal coverage upon malaria control interventions.

Other Key Developments

Presentations were given to update CMWG members on other key developments in:

- Expanding access to effective treatment;

² '3. Olumese- WHO's MTGs updates CMWG', <http://www.rollbackmalaria.org/mechanisms/mcmwg.html>

- Containment of drug resistance;
- Diagnosis;
- Monitoring and evaluation;

Other themes related to case management of malaria, including an update on AMFm, technology transfer and drug procurement, as well as training support.

A full list of presentations can be found in annex 3 and downloaded from the CMWG website: <http://www.rollbackmalaria.org/mechanisms/mcmwg.html>.

V. Objective 2: Review State of Case Management and Access to Antimalarial Treatment in Countries, Identify Bottlenecks and Challenges

Overview

Presentations on day one provided an overview of the state of case management and access to antimalarial treatment in countries. Key highlights are outlined below:

General Challenges

- Ensuring accessibility and quality of services at the different levels of healthcare;
- Providing universal access to case management based on parasitological diagnosis and related capacity building implications;
- Need for predictable sustained financing (an early warning system through forecasting);
- Poor quantification, procurement and supply chain management;
- Lack of quality control and quality assurance systems for diagnostics;
- Reaching mobile populations and measuring coverage.

Community Case Management (CCM)

Most countries have home based management of malaria (the predecessor to CCM) as part of their national malaria strategic plan and are at one of the following stages of implementation with ACTs:

- Country wide;
- District / sub-district level;
- Pilot phase.

Challenges to up-scaling CCM include:

- Have adequate supply of ACTs and RDTs to CHWs in remote areas;
- Full integration of CCM into the health system, e.g. in terms of supply commodities, supervision, monitoring and evaluation;
- Need to provide appropriate care for cases with a negative RDT;
- Availability and cost of establishing community structures;
- Funding sustainability;
- Community ownership and participation;
- Surveillance, monitoring and evaluation and integration within routine health information systems.

ACT and RDT Uptake

ACT and RDT usage in countries is increasing, but still low. The following barriers to uptake exist:

- High cost of ACTs;
- In the majority of countries ACT supply is still insufficient, and stock-outs are frequent in peripheral health facilities where they are most needed;
- Poor penetration of ACTs and continued use of monotherapies in the private sector;
- Constraints linked to the use of RDTs in field conditions (degradation, limited shelf life, sensitivity, management of negative results and establishment of feasible quality assurance systems for both microscopy and RDTs).

Case Studies

Three CMWG meeting participants representing National Malaria Control Programmes (NMCPs) in malaria endemic countries presented on case management and access to antimalarial treatment.

Zambia

Background

Malaria is no longer the leading cause of morbidity in Zambia, although there remain approximately 3 million cases and 3,000 deaths annually at Health Facilities, (HMIS 2008). Reducing the burden of malaria and achieving a malaria free Zambia was a key priority outlined in the Zambia National Health Strategic Plan 2006-2010.

In scaling-up for impact, the focus is on:

- Prevention;
- Improving diagnosis and care;
- Effective programme management;
- Empowering individuals and communities;
- Commitment to monitoring and evaluation.

Priority malaria interventions include:

- Case management with ACTs as first line treatment;
- Improvements in diagnostic services using microscopy and RDTs;
- Insecticide-treated mosquito nets - now exclusively long lasting insecticidal nets (LLINs);
- Indoor Residual Spraying (IRS) initially 15 districts mainly urban, expanding to 54 in 2010 spraying campaign;
- Prevention of malaria in pregnancy, including intermittent preventive treatment (IPT-SP) and LLINs.

Progress

Significant progress has been recorded due to intensified implementation of interventions and strong leadership:

- Malaria incidence reduced from 412/1000 in 2006 to 358/1000 in 2008;
- High level programme support received;
- Implementation of Sector Wide Approach and pooling of resources under the stewardship of GRZ;

- Shared vision and strategies of National Development Plan, national Health Strategic Plan and National Malaria Control Strategic Plan;
- Removal of taxes and tariffs on insecticide treated nets (ITNs) and all insecticides used in the prevention and control of malaria;
- Free ITNs and IRS;
- Free first line ACTs being rolled out nationwide;
- RDTs being rolled out nationwide;
- User fees have been removed in 56 of 72 rural health facilities;
- Diagnosis and treatment guidelines are in place;
- Quality control / assurance is in place;
- HMM has been initiated;
- Community Health Worker (CHW) training has been conducted in 21 districts with 600 trained;
- Jobs aids have been developed and translated into seven major languages;
- Implementation is being guided by operations research, information, education and communication (IEC) and monitoring and evaluation.

Challenges

The challenges outlined for Zambia were:

- An RDT annual requirement of 4 million RDTs, with a national gap of approximately 2.2million for 2010;
- Funding sustainability;
- High cost ACTs (especially in the private sector);
- Poor quantification, due to a lack of consumption data;

Conclusion

Significant progress has been made. However greater investment is required to meet information needs to guide action. It is also necessary to undergo a process of re-tooling of interventions in the light of a transitioning burden of malaria and to progress towards elimination.

Zanzibar

Background

Malaria prevalence in Zanzibar still remains below one percent as reported in the RBM Indicator Survey of 2007. Preliminary results from a cross-sectional survey carried out between May and June 2009 in two sentinel sites (Micheweni and North "A" districts) and the RBM Indicator Survey conducted in 2010 in all ten districts, show further reduction of malaria prevalence of 0.4% and 0.16% respectively. The Zanzibar Malaria Control Programme (ZMCP) is continuing to implement case management, integrated vector control using Indoor Residual Spraying (IRS) and universal coverage of long lasting insecticide nets, malaria in pregnancy, behavioural change communication, and surveillance including early epidemic detection system, as well as monitoring and evaluation.

Progress

Progress in Zanzibar has been made in the following areas:

- Revised Malaria treatment Guidelines (MTG) and IMCI guidelines in 2010:
 - Artesunate-amodiaquine (ASAQ) as first line treatment;
 - Artemether lumefantrine (AL) as second line treatment;

- Quinine for severe malaria;
- Emphasis on laboratory confirmed malaria diagnosis of fever cases.
- Development of guidelines and standard operating procedures for treatment and diagnosis;
- Monthly supervisions using supervision tools in both clinics and laboratories;
- Feedback and dialogue meetings;
- Regular refresher training;
- Working collaborations between MOH and private organisations;
- Technical external partnerships, such as with WHO and PMI;
- Financial external partnerships, such as with Global Fund Round Eight, AMFm and PMI;
- Operational research, in partnership with those such as WHO and KI.
- A study is about to begin on infectious disease aetiologies of uncomplicated febrile illness in children less than 5 years of age in rural Primary Health Care Units (PHCUs);
- A study is ongoing on effectiveness of mRDTs in fever patients attending PHCUs;
- Efficacy and safety of artesunate+amodiaquine monitoring for the treatment of uncomplicated *Plasmodium falciparum* malaria in PHCUs;
- AMFm aiming to improve ACT access to the private health facilities

Challenges

Challenges for outlined Zanzibar were:

- At present commodities quantification is based on morbidity data;
- Ensuring adherence to ACT usage in the private sector;
- Sustaining funds for regular supervision, surveillance and case response;
- Establishment of quality control on RDTs and ACTs at the country level;
- Low test rate among health facilities (where intention is for all fever cases to be tested);
- ACT efficacy monitoring;
- Fever management of patients with malaria negative results;
- Little collaboration from private health facilities.

Conclusion

Indigenous malaria transmission in Zanzibar is ongoing. However, it is suspected that importation of the malaria parasite is also present due to frequent travel between Zanzibar and Tanzania mainland as well as Mainland and Zanzibar. Case surveillance, case detection and responses to abnormalities need to be strengthened.

Nigeria

Background

Malaria is a key health problem in Nigeria and therefore the Federal Government has accelerated efforts to control malaria during the five year planning cycle, 2006-2010. Nigeria has also :

- An updated Strategic Plan (2009-2013) to scale up for impact;
- A Business and Road Map tool for 2009-2010.

Progress

To date, the following key milestones have been achieved:

- 2008, Global Found Round Eight approved for malaria;
- 2008, DFID project SuNMaP commenced;
- May 2007, World Bank Malaria Control Booster Project (WBBP) became effective;
- 2006, Millennium Development Goals (MDG) Drug Revolving Fund (DRF):
 - Deployment of ACTs to Public Health Facilities;
 - Deregulation of AL and ASAQ from prescription only to over the counter;
- 2005, WBBP and New Anti-Malaria Treatment Policy guidelines signed;
- 2004, Global Funds Rounds two and four;
- 2003, Insecticide Treated Nets Massive Promotion and Awareness Campaign;
- 2002, Drug Therapeutic Efficacy Test;
- 2000, African Heads of State Abuja Summit.

In addition, the following opportunities to scale-up exist:

- Updated 'National Policy on Malaria Diagnosis and Treatment 2009' in line with the new WHO 'Malaria Treatment Guidelines' implemented in public and private health facilities as well as at community level;
- Increased funding;
- AMFm increasing access to low price ACTs;
- LLIN campaigns and routine distributions;
- Cross-cutting interventions have been put in place: procurement and supply management (PSM), monitoring and evaluation, advocacy, communication and social mobilisation and a Programme Management Coordination Framework.
- Good collaboration with related programmes (such as National Primary Healthcare Development Agency, National Agency For Food and Drug Administration Control, Department of Family Health);
- WHO 'Malaria national Programme Officers' for the six geopolitical zones;
- National and international technical assistance to key interventions;

Challenges

Challenges outlined for Nigeria were:

- Voluntary pooled procurement has resulted in several delays in implementation;
- Challenges in achieving targets particularly on RDTs and microscopy because of difficulties in procurement timelines;
- Inadequate staff capacity at service delivery point;
- Staff attrition;
- Urban / rural imbalance;
- Weak health infrastructures;
- Reporting, lack of comprehensive data base at facilities;
- Forecasting and quantification of commodities;
- Challenges in replicating some key activities in some states because of their inexperience with large scale implementation (such as the state monthly coordination meeting);
- Delays in fund disbursement.

Conclusion

Although ongoing challenges exist in reducing the burden of malaria in Nigeria, the RBM goals can be achieved through strong national and international commitment.

VI. Objective 3: Reach Consensus on CMWG Priority Areas of Engagement

Consensus was reached and priority areas for engagement identified at the Third CMWG Meeting were endorsed by members.

VII. Objective 4: Review Scope of Working Group and Workstreams

Meeting participants endorsed the CMWG terms of reference (TORs) which were updated to be in line with RBM Board Taskforce advice:

- Purpose:
 - Achieve consensus on strategies for scaling up implementation of policies for case management;
 - No duplication of WHO/GMP role advising on norms/standards for products and services and their appropriate use;
- Functions:
 - Advisory body to Partnership on steps needed for scale up implementation of national and international policies for case management of malaria;
- Activities include but not limited to:
 - Convening to discuss and advise Partnership, use outside experts as needed;
 - Coordinating partners on consensus on strategies and identifying strategic Priorities;
 - Assisting in developing research agenda;
 - Facilitating communication among partners, advocacy.

VIII. Objective 5: Further Develop and Finalise Workplans up to End of 2011

On day two of the meeting, participants separated into four groups to further develop and finalise workplans up to the end of 2011 for each of the CMWG workstreams:

- Expanding Access to Effective Treatment;
- Drug Resistance Management;
- Diagnosis;
- Monitoring and Evaluation.

Workplans were adapted from the provisional CMWG workplan that was developed during the third CMWG meeting, 8th – 9th July 2009.

Workstream workplans were presented to CMWG members. Thereby, consensus was reached and the four workstream workplans were endorsed.

With the addition of the CMWG secretariat workplan (previously endorsed during the third CMWG meeting), the overall CMWG workplan up to the end of 2011 was finalised.

For CMWG workstream workplans see annex 4.

IX. Next Steps

Next steps identified by CMWG were to:

1. Complete 'Submission of new Activities to be Funded' (SAF) application by Friday 16th July;
2. Under-take activities outlined within the CMWG 2010-2011 workplan.

X. Annex 1 – Agenda



Fourth Meeting of the RBM Partnership
Case Management Working Group (CMWG)
6th – 7th July 2010
Geneva, Switzerland

AGENDA

Objectives:

1. Update members on Case Management Working Group Progress and Key Developments
2. Review State of Case Management and Access to Antimalarial Treatment in Countries, Identify Bottlenecks and Challenges
3. Reach Consensus on CMWG Priority Areas of Engagement
4. Review Scope of Working Group and Workstreams
5. Further Develop and Finalise Workplans up to End of 2011

Tuesday 6th July 2010

Day 1	Opportunities for Scaling Up Improved Case Management and Challenges to Progress
08:30-9:00	Registration
<i>Morning Session Chair: (Co-chair K. Mendis)</i>	
9:00-9:15	Welcome and Introductions (<i>Co-chair K. Mendis</i>)
9:15-9:30	Fourth CMWG Meeting (<i>Co-chair L. Slutsker</i>) Background, Objectives and Expected Outcomes
9:30-10:00	Introduction to key Developments Since July 2009 <ul style="list-style-type: none">• CMWG Progress (<i>K. Mendis</i>)• Major Challenges to RBM Progress (<i>T. Teuscher</i>)• Treatment Guidelines Update and Observations from Mock TRP (<i>P. Olumese</i>)
10:00-10:30	'Where We Are, Where We Want To Be' (<i>M. Otten</i>)
10:30-10:45	Coffee Break
10:45-11:30	Key Developments: Expanding Access to Effective Treatment (<i>Chair: J. Sillah</i>) Presentations and Discussion <ul style="list-style-type: none">• Country Level Challenges (<i>Dr J. Sillah</i>)• Research for Access (<i>F. Pagnoni</i>)• IMCI Access (<i>L. Muhe</i>)
11:30-12:15	Key Developments: Containment of Drug Resistance (<i>Chair: P. Ringwald</i>) Presentations and Discussion <ul style="list-style-type: none">• Global Strategy on Antimalarial Resistance Management (<i>P. Ringwald</i>)• Hard to Reach Populations and Containment of Resistance (<i>S. Meek</i>)
12:15 – 13:45	Lunch
<i>Afternoon Session Chair: (Co-Chair L. Slutsker)</i>	
13:45 – 14:30	Key Developments: Diagnostics (<i>Chair: L. Barat</i>) Presentations and Discussion <ul style="list-style-type: none">• Updates on the Workstream (<i>L. Barat</i>)• Operational Manual on Diagnosis (<i>A. Bosman</i>)• Scaling-Up Diagnostics in Senegal and its impact on ACT Consumption (<i>D. Bell</i>)
14:30-15:15	Key Developments: Monitoring and Evaluation (<i>Chair: A. Mwisongo</i>) Presentations and Discussion <ul style="list-style-type: none">• MERG Work on Case management Indicators (<i>L. Slutsker</i>)• Antimalarial Availability<ul style="list-style-type: none">○ ACT Watch (<i>A. Spiers</i>)○ ACT Consortium (<i>D. Schellenberg</i>)○ MMV (<i>P. Grewal</i>)
15:15 – 15:30	Coffee Break
15:30 – 16:15	Endemic Country presentations <ul style="list-style-type: none">• Zanzibar (<i>M. Msellem</i>)• Zambia (<i>M. Kamuliwo</i>)• Nigeria (<i>B. Audu</i>)
16:15 - 17:30	CMWG Themes Beyond Workstreams Presentations and Discussion <ul style="list-style-type: none">• Training Support - ACCORDIA (<i>Nancy Blum</i>)• Update on AMFm – (<i>Dr. L. Matowe</i>)• Diagnosis and AMFm (<i>M. Gordon</i>)• Technology Transfer and Drug Procurement (<i>J. Van Erps</i>)
17:30 - 18:00	Open Discussion on Other Major Themes (<i>Chair TBC</i>)
18:00	End of CMWG Day 1

Wednesday, 7th July 2010

Day 2

CMWG Action

8:00-9:00

Workstream Harmonisation Meeting

Invitees: Co-Chairs, Secretariat, Focal Persons

- Review and Develop Strategy for the Effective Harmonisation of Workstream Activities
- To Focus on:
 - Harmonisation Between Workstreams
 - Harmonisation with External Partners and Stakeholders

Morning Session Chair: (TBC)

9:00-9:15

CMWG Day 1 Summary (*Rapporteur*)

9:15-9:45

RBM Financial Mechanisms (*E. Gaillard*)

9:45-10:30

i) CMWG Scope of Objectives, Outputs and Activities

- Overview and Background from co-chairs
- Discussion

10:30-10:45

Coffee Break

10:45-11.30

ii) CMWG Scope of Objectives, Outputs and Activities (*Chair TBC*)

- Harmonisation of Workstream Activities and Among Other RBM Mechanisms and SRNs

11.30-13:00

Workstream Break-Out to Finalise Workplans

- Inclusion of SMART Indicators
- Allocate Specific Tasks

13:00-14:00

Lunch

Afternoon Session Chair: (TBC)

14:00-15:30

Presentation of Workstream Workplans (*Chair TBC*)

15:30-15:45

Coffee Break

15:45-16:30

CMWG Areas for Action Beyond Workstreams (*Chair TBC*)

- Discussion

16:30-17:00

Summary of CMWG Day 2 (*Rapporteur*)

- Identify Next Steps (*K. Mendis and L.Slustersker*)

17:00

Close of Fourth CMWG Meeting

XI. Annex 2 – Participant List

	Institution	Names	Email address	Workstream
1	RBM	Thomas Teuscher	teuschert@who.int	
2	RBM	Eléonore Gailliard	eleonore.gailliard@gmail.com	
3	RBM	Caroline Ndiaye	ndiayec@who.int	
4	WHO/GMP (Co-Chair)	Kamini Mendis	mendisk@who.int	Monitoring and Evaluation of Case Management
5	CDC (Co-Chair)	Larry Slutsker	lms5@cdc.gov	Monitoring and Evaluation of Case Management
6	Malaria Consortium (CMWG Secretariat)	Sylvia Meek	s.meek@malariaconsortium.org	Drug Resistance Management
7	Malaria Consortium (CMWG Secretariat)	Mark Montague (Rapporteur)	m.montague@malariaconsortium.org	
8	WHO/GMP (Focal Person)	Pascal Ringwald	ringwaldp@who.int	Drug Resistance Management
9	USAID/PMI (Focal Person)	Lawrence Barat	lbarat@usaid.gov	Diagnosis
10	WHO/AFRO (Focal Person)	Jackson Sillah	sillahj@bf.afro.who.int	Expanding Access to Treatment / Service Delivery
11	Indepth Network (Focal Person)	Aziza Mwisongo	aziza.mwisongo@indepth- network.org	Monitoring and Evaluation of Case Management
12	WWARN	Philippe Guerin	philippe.guerin@wwarn.org	Drug Resistance Management
13	World Bank	Noel Chisaka	nchisaka@worldbank.org	Drug Resistance Management / Expanding Access to Treatment / Service Delivery
14	WHO/GMP	Andrea Bosman	bosmana@who.int	Diagnosis
15	Clinton Foundation	Bruno Moonen	bmoonen@clintonfoundation.org	Diagnosis
16	WHO/GMP	David Bell	bellda@who.int	Diagnosis

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20		Dr Jane Carter	Jcarter@iconnect.co.ke	Diagnosis
21	Malaria Consortium	Prudence Hamade	p.hamade@malariaconsortium.org	Diagnosis / Expanding Access to Treatment / Service Delivery
22	ACT Consortium	David Schellenberg	David.Schellenberg@lshtm.ac.uk	Diagnosis / Monitoring and Evaluation of Case Management
23	TDR	Franco Pagnoni	pagnonif@who.int	Expanding Access to Treatment / Service Delivery
24	WHO/GMP	Peter Olumese	olumesep@who.int	Expanding Access to Treatment / Service Delivery
25	WHO/TDR	Andrew Kitua	kituaa@who.int	Monitoring and Evaluation of Case Management
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27	PSI	Angus Spiers	spiers@psimalaria.org	Diagnosis
28	DNDI	Florence Camus-Bablon	fcamus@dndi.org	
29		Yacoubou I. Karimou	imorou_yac@yahoo.fr	
30	WHO	Jane Cunningham	cunninghamj@who.int	
31	Novartis	Rebecca Stevens	rebecca.stevens@novartis.com	
32	PATH	Rick Steketee	rsteketee@path.org	
33	Novartis	Paul Aliu	paul.aliu@novartis.com	
34	Accordia Foundation	Nancy Blum	nblum@accordiafoundation.org	
35	WHO/AFRO	Dr Georges Kizerbo	Kizerbog@afro.who.int	
36	WHO/AFRO	Dr Josephone Namboze	NambozeJ@zw.afro.who.int	
37	MCP MOH, Zanzibar	Mr Mwinyi I. Msellem	mmwinyi@hotmail.com	Diagnosis

	Institution	Names	Email address	Workstream
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40	AMFm	Dr. Lloyd Matowe	Lloyd.Matowe@theglobalfund.org	
41	European Commission	Inmaculada Penas-Jimenez	Jimenez@ec.europa.eu	
42	WHO	Lulu Muhe	muhel@who.int	

XII. Annex 3 – List of Presentations

1. 'Background, Objectives, Expected Outcomes' (L. Slutsker)
2. 'Updates: WHO Guidelines for the Treatment of Malaria' (P. Olumese)
3. 'Key issues on malaria case management' (P. Olumese)
4. 'Where Are We -- Treatment and Testing Work' (M. Otten)
5. 'Progress since 2009' (S. Meek)
6. 'Integrated Community Case Management of malaria and childhood illness' (F. Pagnoni)
7. 'Country Level Challenges' (J. Sillah)
8. 'Expanding Access to Effective Malaria Treatment Using the Integrated Management of Childhood Illness' (L. Muhe)
9. 'Hard-to-Reach Populations and Containment of Resistance' (S. Meek)
10. 'Drafting Committee Meeting 8-9 July 2010 Operational Manual for Universal Access to Diagnostic Testing of Malaria' (A. Bosman)
11. 'RDT Large Scale Implementation in Senegal' (D. Bell)
12. 'Drafting committee meeting: 8-9 July 2010 operational manual for universal access to diagnostic testing of malaria' (L. Barat)
13. 'ACTwatch: Cross Country Findings' (A. Spiers)
14. 'Antimalarial availability' (P. Grewal)
15. 'Zanzibar - Opportunities for Scaling Up Improved Case Management and Challenges to Progress' (M. Msellem)
16. 'Zambia – Opportunities for Scaling up Improved Malaria Case Management and Challenges to Progress' (M. Kamuliwo)
17. 'Nigeria – ‘Opportunities for Scaling Up Improved Case Management and Challenges to Progress’' (B. Audu)
18. 'Affordable Medicines Facility–Malaria (AMFm): Status of Work' (L. Matowe)
19. 'Diagnosis in the AMFm' (M. Gordon)
20. 'National Malaria Training Model: An Accordia Global Health Foundation & ExxonMobil Malaria Initiative' (N. Blum)
21. 'Presentation to the Case Management Working Group: Finance' (E. Gailliard)

XIII. Annex 4 – CMWG Workplan

Overall CMWG Workplan

Partnership TARGET	Target Letter	Partnership DELIVERABLE	Partnership TASKS		WG	WG specific activity	WG "identified income" budget for activities	Additional Budget Required	Workstream
100% of all country roadmaps are tracked	A	Monthly roadmap monitoring scheme in place and functioning - bottlenecks threatening milestone achievement are detected and anticipated		1	CMWG	Develop consensus guidelines on a package of what is needed for good diagnosis for use by GFATM TRP, other donor countries and national proposal writing teams	\$21,396	\$71,000	Diagnosis
RBM Community and Heads of State informed on the achievements of 2010 universal coverage and preparation for 2015 targets	C	Planned reports generated in line with 2010 reporting framework		5	CMWG	Re-define case management indicators and support development of tools to measure them (in collaboration with MERG) in response to weaknesses in current indicators in different environments	\$20,541	\$10,000	Monitoring
45 countries / territories to align their strategic / operational plans with GMAP	E	Revising, updating and disseminating best practices in response to New Data and providing TA (2nd quarter of 2010)	45 countries supported to include integration of relevant components of health systems, in particular ANC & IMCI, in malaria strategic and operational plans	13	CMWG	Support countries to programme malaria interventions within ANC & IMCI services and plans. Identify and resolve operational issues in scaling up parasitological diagnosis	\$15,000	\$145,000	Diagnosis
						Identify and promote delivery strategies for rapid scale-up of timely and effective diagnosis and treatment within 24 hours			Access to Treatment
45 countries / territories to align their strategic / operational plans with GMAP	E	Revising, updating and disseminating best practices in response to New Data and providing TA (2nd quarter of 2010)	At least 20 countries supported to appropriately address Community Systems Strengthening (CSS) in their national strategic/operational plans	14	CMWG	Advocate for prioritizing severe malaria in national malaria control strategic plans, donor proposals and operations research agendas	\$70,552	\$70,000	Access to Treatment
						Identify and share best practices in training methodologies for capacity building		\$100,000	
						Support countries with needs for overall commodities forecasting. Contribute technical guidance to PSM working group		\$10,000	
						[Advocate for improved procurement mechanisms for rapid delivery of case management commodities]. Liaise with PSM WG and draft Recommendation to RBM Board			

Partnership TARGET	Target Letter	Partnership DELIVERABLE	Partnership TASKS		WG	WG specific activity	WG "identified income" budget for activities	Additional Budget Required	Workstream
Implement global and regional strategies for drug and insecticide resistance management	F	All Constituencies are implementing an agreed resistance management strategy	At least 6 regions are supported to develop their strategic/operational plan for resistance management, including pharmacovigilance and home-based management of malaria	16	CMWG	Share widely with partners WHO guidance on drug resistance prevention and containment and develop consensus around strategy	\$13,673		Drug Resistance
						Develop an operational framework for implementing a partnership strategic plan to manage resistance			
						Support Phase-out of AMTs and other inappropriate drugs	\$180,000		
Effective management support for RBM Mechanisms consistent with Board decisions	H	All RBM mechanisms processes are carried out properly and assessed annually with an annual partnership performance appraisal		18	CMWG	CMWG secretariat management	\$175,345		

Diagnosis Workstream Workplan

Partnership TARGET	Target Letter	Partnership DELIVERABLE	Partnership TASKS		WG	Workstream	WG Specific Activity	WG Sub-Activities	Milestones (Date)	Contact Person / People	Existing Budget	Additional Budget Required	Justification for Supplemental Funding
100% of all country roadmaps are tracked	A	Monthly roadmap monitoring scheme in place and functioning - bottlenecks threatening milestone achievement are detected and anticipated		1 (Available Budget US\$ 21,396)	CM WG	Diagnosis	1. Develop consensus guidelines on a package of what is needed for good diagnosis for use by GFATM TRP, other donor countries and national proposal writing teams	1. Support the development, finalization, and dissemination of an inter-agency operational manual for program managers on key components of a malaria diagnostics program.	1. Draft operational manual developed (September 2010) 2. Finalized manual disseminated through CMWG member networks (1st quarter 2011)	Andrea Bosman/ Larry Barat	\$15,396	\$35,000	To support participation of country representatives at external review of Operational Manual
								2. Support provided to the development of a malaria diagnostics tool kit	1.Existing tools currently in operational use collected (June 2010). 2. Tools posted to an easily-accessible website with short descriptions of each tool (November 2010)	Andrea Bosman/ Prudence Hamade		\$36,000	To support consultant to design and implement a web-based tool kit.
								3. Provide guidance to the Global Fund TRP on appropriate criteria for evaluating diagnostics components of applications for funding	1. Guidance document developed (July 2010) 2. Document provided to Harmonization Working Group for dissemination to Global Fund TRP members and applicant country NMCPs (July 2010)	Elizabeth Streat	\$6,000		No additional support required.

Partnership TARGET	Target Letter	Partnership DELIVERABLE	Partnership TASKS		WG	Workstream	WG Specific Activity	WG Sub-Activities	Milestones (Date)	Contact Person / People	Existing Budget	Additional Budget Required	Justification for Supplemental Funding
								4. Develop a position statement promoting adoption by countries of the revised WHO guidelines for diagnosis of malaria	1. Position statement developed and vetted with CMWG (May 2010) 2. Position statement submitted to RBM Board for ratification (November 2010)	Martin de Smet/ Elizabeth Streat			Support provided by partner agencies.
45 countries / territories to align their strategic / operational plans with GMAP	E	Revising, updating and disseminating best practices in response to New Data and providing TA (2nd quarter of 2010)	45 countries supported to include integration of relevant components of health systems, in particular ANC & IMCI, in malaria strategic and operational plans	13 (Available Budget US\$ 57,034.67)	CM WG	Diagnosis	1. Support countries to programme malaria interventions within ANC & IMCI services and plans. Identify and resolve operational issues in scaling up parasitological diagnosis	1. Assist the Procurement and Supply Chain Management Working Group in the forecasting of country requirements for RDTs	1. Technical assistance provided to PSM WG on technical aspects of RDT Procurement (2nd half 2010)	Larry Barat/ Bruno Moonen		\$70,000	To support design of a draft forecasting tool and meeting of experts to review and finalize the draft tool
								2. Assist the PSM Working Group to develop a global forecast of RDT requirements	1. Technical assistance provided to PSM WG on technical aspects of RDT Procurement (2nd half 2010)	Bruno Moonen		Support provided by partner agencies.	
								3. Document best practices for scaling up diagnostics to national scale	1. Best practices documented in 1-2 countries (2nd quarter 2011)	TBD		\$75,000	To support consultant to document best practices in 1-2 countries.

Expanding Access to Treatment / Service Delivery Workstream Workplan

Partnership TARGET	Target Letter	Partnership DELIVERABLE	Partnership TASKS		WG	Workstream	WG Specific Activity	WG Sub-Activities	Milestones (Date)	Contact Person / People	Existing Budget	Additional Budget Required	Justification for Supplemental Funding
45 countries / territories to align their strategic / operational plans with GMAP	E	Revising, updating and disseminating best practices in response to New Data and providing TA (2nd quarter of 2010)	45 countries supported to include integration of relevant components of health systems, in particular ANC & IMCI, in malaria strategic and operational plans	13 (Available Budget US\$ 57,034.67)	CMWG	Expanding Access to Treatment / Service Delivery	1. Identify and promote delivery strategies for rapid scale-up of timely and effective diagnosis and treatment within 24 hours	1. List strategies and partners	1. Identify key issues for advocacy	Patrick Kachur	\$15,000		
								2. Evaluate key success factors and barriers	2. Identify specific tools and approaches still needed to overcome barriers and achieve success. (Nov. 30, 2010)				
								3. Define main communication elements and disseminate knowledge to RBM constituencies	3. Website, high-level meetings				
								4. Provide guidance to countries to program malaria interventions within ANC & IMCI services and plans; follow up with malaria in pregnancy working group to ensure all MIP packages include diagnosis for malaria illness					
45 countries / territories to align their strategic / operational plans with GMAP	E	Revising, updating and disseminating best practices in response to New Data and providing TA (2nd quarter of 2010)	At least 20 countries supported to appropriately address Community Systems Strengthening (CSS) in their national strategic/operational plans	14 (Available Budget US\$ 28,517.33)	CMWG	Expanding Access to Treatment / Service Delivery	1. Advocate for prioritizing severe malaria in national malaria control strategic plans, donor proposals and operations research agendas	1. Support update of WHO manual for treatment of severe malaria	(Dec. 31, 2010)	Peter Olumese	\$60,000	\$70,000	
								2. Support inclusion of referral for severe diseases within health systems strengthening proposals	(March 30,2011)	Franco Pangnoni			
								3. Develop position paper on need to prioritize resources for management of severe disease within the context of health systems strengthening	(March 30, 2011)	Patrick Kachur			
							2. Identify and share best practices in training methodologies	1. Hold regional workshop(s) to share training methodologies with NMCPs and key stakeholders		Nancy Blum		\$100,000	

Partnership TARGET	Target Letter	Partnership DELIVERABLE	Partnership TASKS		WG	Workstream	WG Specific Activity	WG Sub-Activities	Milestones (Date)	Contact Person / People	Existing Budget	Additional Budget Required	Justification for Supplemental Funding
								2. Dissemination workshop recommendations		Nancy Blum			
							3. Support countries with needs for overall commodities forecasting. Contribute technical guidance to PSM working group	1. Mark to inform of PSM meetings				\$10,000	
							4. [Advocate for improved procurement mechanisms for rapid delivery of case management commodities]. Liaise with PSM WG and draft Recommendation to RBM Board		(November 1, 2010)	Jackson, Prudence	\$10,552		

Monitoring and Evaluation of Case Management Workstream Workplan

Partnership TARGET	Target Letter	Partnership DELIVERABLE	Partnership TASKS		WG	Workstream	WG Specific Activity	WG Sub-Activities	Milestones (Date)	Contact Person / People	Existing Budget	Additional Budget Required	Justification for Supplemental Funding
RBM Community and Heads of State informed on the achievements of 2010 universal coverage and preparation for 2015 targets	C	Planned reports generated in line with 2010 reporting framework		5 (Available Budget US\$ 20,541)	CM WG	Monitoring and Evaluation of Case Management	1. Re-define case management indicators and support development of tools to measure them (in collaboration with MERG) in response to weaknesses in current indicators in different environments	1. Development of a concept note on need to develop a matrix of indicators for Case management	1. Conceptual framework developed	Kamini Mendis and David Schellenberg	No anticipated costs		
								2. Invitation of different stakeholders to attend a consultative meeting to discuss and recommended matrix of indicators for case management	1. Invitations sent to all key stakeholders	Aziza Mwisongo and CMWG secretariat	No anticipated costs		
								3. Consultative meeting on development of case management indicators	1. Consultative meeting held and recommendation made	M/E workstream members with additional help from GMP (Maru and Mark)	\$20,541	\$10,000	Additional US\$10,000 is requested to cover participation of stakeholders from malaria endemic countries for the planned meeting in Geneva.
								4. Development of a background document in cooperating recommendations from the meetings and additional information	1. Document prepared	David Schellenberg, Aziza Mwisongo and Kamini Mendis	No anticipated costs		
								5. Document submitted to Harmonisation Working Group for further action	1. Document submitted to Harmonisation Group	CMWG chairperson	No anticipated costs		

Drug Resistance Management Workstream Workplan

Partnership TARGET	Target Letter	Partnership DELIVERABLE	Partnership TASKS		WG	Workstream	WG Specific Activity	WG Sub-Activities	Milestones (Date)	Contact Person / People	Existing Budget	Addition al Budget Required	Justification for Supplemental Funding	
Implement global and regional strategies for drug and insecticide resistance management	F	All Constituencies are implementing an agreed resistance management strategy	At least 6 regions are supported to develop their strategic/operational plan for resistance management, including pharmacovigilance and home-based management of malaria	16 (Available Budget US\$ 13,673)	CM WG	Containment of Drug Resistance	1. Share widely with partners WHO guidance on drug resistance prevention and containment and develop consensus around strategy	1. Sharing of drug resistance strategy		Pascal Ringwald				
								2. Prepare slide presentation of Drug Resistance Strategy		MC				
							2. Develop an operational framework for implementing a partnership strategic plan to manage resistance	1. Review past containment efforts		MC	\$13,673			
								2. 2-3 Page proposal for a stakeholder meeting		PH Guerin				
								3. Budget devised for strengthening African networks		WHO				
								1. Support the development of a web-based interactive platform serving as a database to track drug treatments in each MEC				\$80,000	Drug specialist (pharmacologist) consultant over a 2 month period to develop a technical guide: USD 15,000 IT specialists over a 3 month period: USD 65,000	
							3. Support Phase-out of AMTs and other inappropriate drugs	2. Regional stakeholder meeting to ensure better awareness on resistance and containment and on counterfeit drugs				\$100,000	USD 95,000 for the travel and per diem for 40 delegates and USD 5,000 for the venue	

