



Roll Back Malaria Partnership

Malaria in Pregnancy Working Group (MIP) TOR

Revised Terms of Reference based on review of Accountability Framework and cross-comparison of TORs and best practices of other organizations

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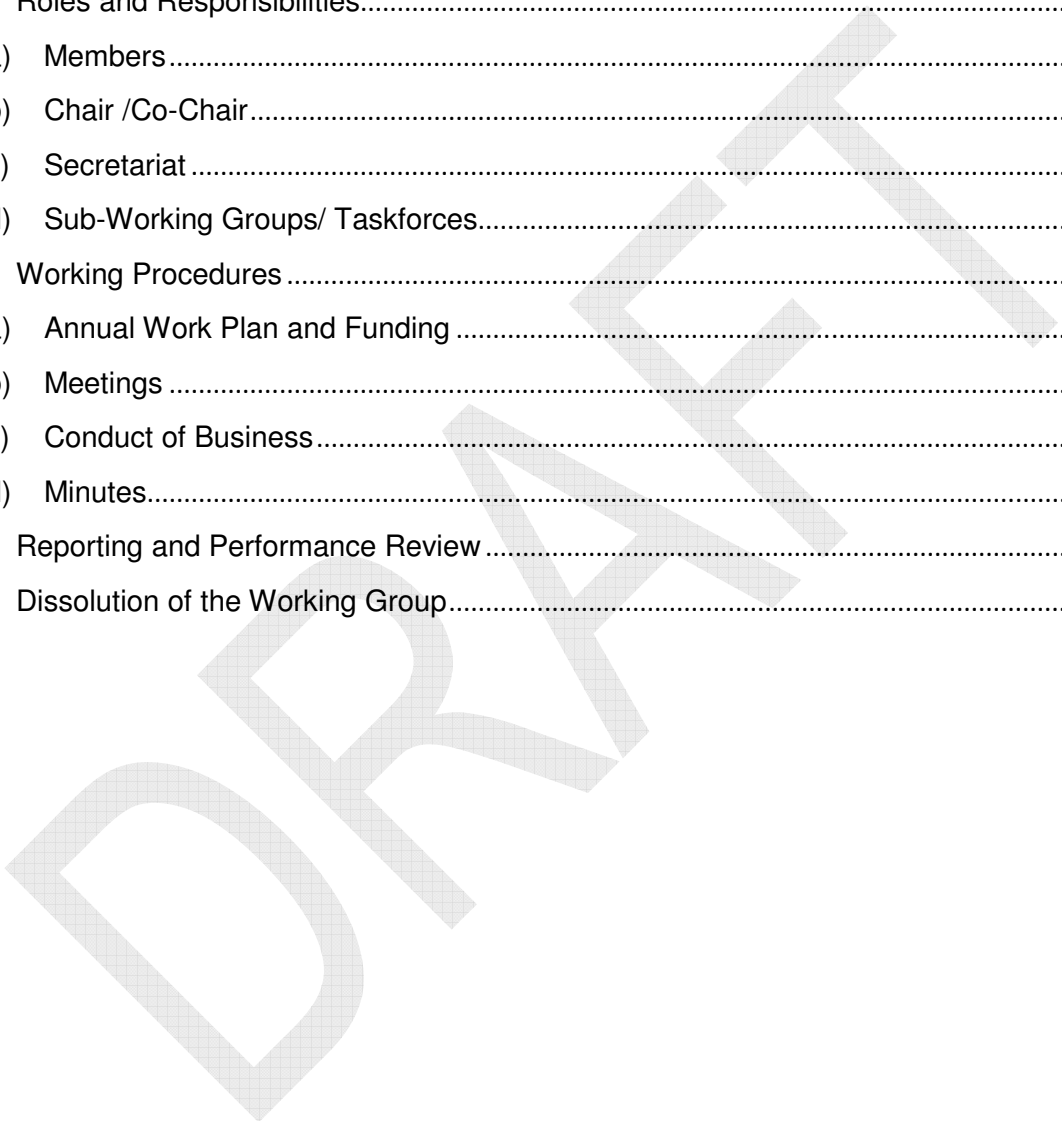
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I. Purpose/ Rationale

Purpose

The purpose of the Malaria in Pregnancy Working Group (MIP) is to provide the RBM Partnership with strategic advice on best practices for scaling up interventions for the prevention and control of malaria during pregnancy towards the achievement of RBM targets and MDGs.

The Malaria in Pregnancy Working Group (MIP) was established by the RBM Board in May 2003 to advance the efforts of partners in the prevention and control of malaria during pregnancy. Since its establishment, the MIP working group has played an important role in the development of the AFRO Strategic Framework for the Prevention and Control of Malaria during Pregnancy and has been instrumental in supporting countries to adopt the MIP strategy and rallying partners to support its implementation in countries.

In May 2003, a terms of reference (TOR) for the MIP was developed in accordance with the RBM partnership strategic plan for "going to scale" with implementation of key interventions for the control of malaria during pregnancy. This current TOR is a second revision of that developed in 2003 in response to the RBM Change Initiative and new strategic direction of the RBM Partnership proposed at the 11th RBM Board Meeting.

This TOR is aligned with the new direction of the RBM Partnership and its working groups in achieving its mission of "working together to enable sustained delivery and use of the most effective prevention and treatment for those affected most by malaria by promoting increased investment in health systems and incorporation of malaria control into all relevant multisectoral activities".

Rationale

Pregnant women are the main adult target population affected by malaria. Consequences include fetal loss/abortion, low birth weight, maternal anemia and death. In addition recent studies demonstrate that malaria infection during pregnancy is associated with a higher risk of malaria infection during early childhood and increases the risk of child deaths. Hence, prevention of malaria during pregnancy is critical to maternal and child survival and to the achievement of RBM Goals and MDGs.

The current WHO strategy for the prevention and control of malaria during pregnancy consists of the use of insecticide-treated nets (ITNs/LLINs), intermittent preventive treatment (IPT) and prompt effective case management delivered through antenatal clinics (ANC). In most African countries, more than 70 percent of women attend ANC at least once during pregnancy. The goal is to maximize the benefit of this contact with routine ANCs to ensure that women receive effective interventions to prevent and treat malaria. Further, the aim is to strengthen the health system to support the delivery of a comprehensive package of interventions to ensure optimal pregnancy outcomes and improved maternal and child survival. Critical to the success of this strategy is the collaboration between malaria and reproductive health programs at all levels: from advocacy and resource mobilization through program planning, implementation, and monitoring and evaluation of progress.

The MIP working group interacts directly with countries through MIP coalitions (MIPESA - *Malaria in Pregnancy Eastern and Southern Africa Coalition*) in Eastern and Southern Africa and (RAOPAG - *Réseau d'Afrique de l'Ouest contre le Paludisme pendant la Grossesse*) in the West Africa sub-regions,

established with the support of the MIP working group partners. These coalitions consist of country representatives from malaria and reproductive health programs and foster collaboration between malaria and reproductive health programs at the regional and country levels. The coalitions enable exchange of experiences and best practices regarding MIP implementation issues among countries, and provide technical and other support for advocacy, resource mobilization and addressing implementation bottlenecks in countries. Experience from the networks is expected to facilitate further collaboration with other programs such as HIV. These coalitions are a unique country-led mechanism that offers the MIP working group the opportunity of working directly with countries to address relevant MIP implementation issues.

II. Functions of the Working Group

The MIP working group will act as an advisory body to the RBM Partnership Secretariat on all matters pertaining to the implementation and scale-up of interventions for the prevention and control of malaria during pregnancy at the global, regional, and national levels.

The MIP will not duplicate the responsibilities of WHO Expert Committees. Recommendations to the Board arising from the MIP should be useful and adaptable to local situations (bearing in mind inter- and intra-country differences in needs and context, and existing local mechanisms for securing such advice). The MIP is further guided by the overall commitment of the RBM partners to:

- i. partnership and capacity building,
- ii. harmonization, accountability and transparency in scaling-up actions and
- iii. bridging the gaps between technical and programmatic support needs at country level.

To ensure collaboration and coherence, MIP members will also communicate and link with other working groups of the RBM Partnership.

The activities of the MIP will include, but not be limited to, advising the RBM Partnership Secretariat on the following functions related to prevention and control of malaria during pregnancy:

- **Convene:** Foster collaboration between malaria and reproductive health programs and partners at all levels and the development of strategic partnerships at the country level.
- **Co-ordinate:** by bringing the Partners together, gives a forum for the Partners to co-ordinate their efforts in malaria in pregnancy. Key functions:
 - Facilitate development of consensus among partners on strategic issues related to implementation of interventions for the prevention and control of malaria during pregnancy in where applicable (interventions being: intermittent preventive treatment (IPT), insecticide treated nets (ITNs/LLINs) and effective case management of malaria and anemia).
 - Identify critical strategic and programmatic issues arising from the implementation of “malaria in pregnancy interventions” and assign responsibility to working group members and other RBM partnership groups for follow up action.
 - Identify emerging programmatic and implementation research questions and bring these to the attention of relevant partners.
 - Recommend strategies for addressing the capacity gaps for scaling up for impact.
 - Assist to coordinate partner resources targeted to control of malaria during pregnancy through the Harmonization Working Group (HWG).
- **Facilitate Communication:** by bringing Partners together, the MIP is a forum for communication and mutual learning. Key functions:
 - Synthesize experiences and disseminate best practices related to the implementation of interventions for MIP.

- Advocate for increased attention to and resources targeted to control of malaria during pregnancy through the Malaria Advocacy Working Group (MAWG).
- Develop mechanisms for tracking progress of MIP interventions in countries in collaboration with the Monitoring and Evaluation Working Group (MERG).
- Disseminate relevant information to all MIP partners and relevant RBM working groups.

III. Roles and Responsibilities

a) Members

The MIP will consist of two types of members: (1) Core Member and (2) Observer. The MIP is a willing assembly of RBM Partners; as such, membership is open to all interested institutional partners, provided that they meet the criteria for one of the membership types.

Core member status

Core members represent their institutions. Every interested institutional partner can become a core member of the MIP WG if s/he meets the following criteria:

- Expertise and experience in reproductive health and/or malaria programmes
- Balance of scientific and programmatic knowledge and experience
- Familiarity with the Strategic Framework for Control of Malaria During Pregnancy in the WHO Africa Region
- Responsibility for malaria in pregnancy-related activities within his/her organization
- Appropriate level of seniority and credibility
- Ability to fund their own participation/ attendance at MIP meetings, unless they qualify for financial support for participation via the RBM partnership Secretariat or other RBM partners

The group of core members should ideally meet the following criteria:

- Balanced geographic representation
- Balanced representation of constituencies
- Representation of key organizations/institutions relevant for functions of MIP

Institutional partners who wish to become core members and who meet the criteria are approved for membership by the co-chairs. The MIP co-chairs may actively approach and encourage individuals/organizations to join the MIP to mirror the ideal composition.

Roles and responsibilities of core members include:

- Participation in each ordinary MIP meeting (or determine alternate if participation not possible)
- Participation in at least 80% of conference calls
- Active participation in the implementation of the MIP work plan
- The role is a voluntary role - there is no remuneration for participating

A core member will maintain its status until

- S/he resigns
- S/he is unable to perform the agreed upon responsibilities as defined above and agreed upon tasks

Observer status

Interested individuals/ organizations that cannot commit to the same degree as core members are allowed to participate in MIP meetings at the discretion of the co-chairs as observers and contribute as possible. Observers have no voting power (see below).

Outside consultants or experts may be invited on a temporary basis.

b) Co-Chairs

Election process:

- Two co-chairs are elected by the MIP members prior to the mid-year meeting of the RBM Board. Co-chairs are elected for a two year term with potential renewal for an additional 2 year term. If a co-chair vacates the position before end of term, a new co-chair will be elected at the following MIP WG meeting.
- The election procedure shall be transparent and open to all core members of the MIP with one vote per core member.
- The Secretariat shall send out notifications one month prior to the election, soliciting nominations. Each core member has the right to nominate one person or self-nominate.
- Two weeks prior to the election the Secretariat shall obtain a confirmation from the nominees that they are interested and willing to run for election.
- Prior to the co- chairs' endorsement by the Board, the Secretariat shall obtain an explicit assurance from their employer agreeing to the additional travel and workload related to assuming the role as chair of a RBM Working Group.
- The election should be carried out through a secret ballot and can either take place during one of the MIP meetings or through the use of electronic vote. A simple majority decides.
- The co-chairs are endorsed by the RBM Board at the mid-year Board meeting.

Roles and responsibilities include:

- Preparation and chairing of MIP meetings
- Preparation of annual work plan and budget in collaboration with the RBM Secretariat (see below)
- Coordination and review of monthly progress reports to RBM Secretariat and Executive Committee (see below)
- Review of meeting minutes

c) Secretariat

The MIP is supported by a Secretariat that could either be from the RBM Secretariat or a partner organization

- Option 1: The RBM Secretariat designates staff to act as Secretariat for MIP [recommended]
- Option 2: If specific Secretariat already functional, it could continue its work

Roles and responsibilities of the Secretariat include:

- Coordination and organization of MIP meetings in collaboration with co-Chairs
- Provision of facilities for meetings (rooms, conference call facilities etc.)
- Preparation and dissemination of meeting minutes
- Preparation of monthly progress reports to RBM Secretariat and Executive Committee (see below)
- Maintenance of MIP homepage, at a minimum updating membership list and uploading meetings minutes and progress reports
- Ensuring that materials produced by the MIP, such as minutes of meetings, will be translated into other relevant working languages for the benefit of colleagues in non English-speaking countries

- Other supporting functions as appropriate

d) Sub-Working Groups/ Taskforces

Sub-Working Groups/ Taskforces may be established to work on specific issues of MIP work plan. Responsibilities are dependent on Sub-Working Group/ taskforce tasks. Co-chairs propose the creation of Sub-Working Groups /Taskforces and the Executive Committee endorses the Sub-Working Group /Taskforce at its monthly meeting.

IV. Working Procedures

a) Annual Work Plan and Funding

Planning:

- The RBM Secretariat supports the development of the annual work plan and budget to ensure consistency across Working Groups.
- Annual work plans must be follow the SMART objectives:
 - S – specific
 - M – measurable
 - A – accountable
 - R – realistic
 - T – time related
- Facilitated by the co-chairs, the MIP must develop a biennium work plan and budget, guided by the GMAP strategic implementation plan commissioned by the RBM Board.
- A distinction is made between the first and second year work plan and budget. The first year work plan and budget must match the funds identified at the mid-year Board meeting and are fixed for the following 12 months after the Board's approval. The second year work plan and budget are indicative, based on funding projections and revised after the first year.
- The biennial work plans and budgets are approved in November by the Board and are subsequently implemented by the MIP WG.

Preparation:

- Action items should be matched with budget line items to clearly link the activities of the work plan with funds.
- Annual work plans should specify funding raised and clearly assign this funding to specific tasks.
- Dependencies between action items should be recognized and activities prioritized.
- Work plans should highlight the necessary interaction with other RBM Partnership bodies/mechanisms (e.g. other Working Groups, Sub-Regional Networks, and individual Partners).
- The work plan and budget should be ready 40 days prior to the end year Board meeting for the RBM Secretariat to compile a Partnership Work Plan that will be reviewed by the Executive Committee.
- The Executive Committee can suggest changes in the work plan if required by the financial situation or to better reflect RBM priorities.

Resource Mobilization:

- Mobilizing resources for Working Group activities is the responsibility of the Working Group.

b) Meetings

Convocation of meetings

- **Ordinary Meetings:** The MIP Chairpersons will call the MIP meetings supported by the MIP Secretariat in line with the programme of work, and following informal consultation with the RBM Secretariat and other MIP members on the suitability of proposed meeting dates.
- **Ad Hoc Meetings:** Meetings on issues requiring the urgent review of the MIP will be organized on an ad hoc basis if called for by the Partnership Board or Secretariat.

Types of Meetings

In the interest of efficient use of time and limiting costs associated with meetings, the MIP will complement face-to-face meetings to be held at a host partner's site with virtual meetings (i.e. teleconferences and videoconferences) of the MIP as a whole or its Sub-Working Group(s) as necessary.

Frequency of Meetings

- **Ordinary Meetings:** A number of ordinary meetings would be organized and held at a host partner's site per annum. The MIP will meet approximately once or twice a year as organized by the RBM.
- **Ad Hoc Meetings:** Such meetings will be organized as stated above (see Convocation of Meetings). Sub-groups and taskforces of the MIP may meet on an ad-hoc basis to address specific issues.

c) Conduct of Business

The quorum of the MIP for adopting recommendations will be 80% of the core members. Observers have no voting power.

d) Minutes

The MIP Secretariat will draft the minutes on the proceedings of the MIP meetings, including those of Sub-Working Groups. The Chairpersons, and other selected members depending on the subject matter, will review these minutes within two weeks after a meeting. The MIP co-chairs circulate the meeting minutes no later than two weeks after the meeting to the RBM Secretariat and the Executive Committee.

V. Reporting and Performance Review

The MIP prepares two types of reports for the Executive Director (or appointed Performance Committee): a monthly progress report that is circulated to the Executive Committee for its monthly meetings and a semi-annual report that is prepared for the semi-annual Board meeting.

Monthly reporting: The MIP Secretariat prepares a monthly report for the Executive Director on progress in achieving the work plan objectives, including a financial report. The MIP co-chairs review this report.

Semi-annual reporting: Reports immediately preceding the Board meetings should summarize progress of the previous six months.

At each Board meeting the Executive Committee should select two Working Groups to report to the Board and to allow an interactive discussion with Board members on issues, challenges, progress to-date and future objectives and work plans.

VI. Dissolution of the Working Group

The TORs for the MIP WG will be reviewed by the Board on a biannual basis. The review process will be based on specific performance criteria. In other words, the MIP WG will be measured on how well the MIP accomplishes the activities and meets the goals and targets defined in annual work plans. If a majority of targets cannot be met in the two year time period of the work plan and there is a low rate of participation among members, if the mandate of the MIP WG has been completed, or if the Board no longer feels that the mandate of the MIP WG is relevant to the new Partnership Work Plan, the Board can decide to dissolve the MIP WG.

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