

Harmonization Across RBM: Improving collaboration with other Working Groups

RBM – Malaria in Pregnancy Working Group Annual Meeting

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The architecture agreed at the RBM Board's 29th meeting is designed to ensure efficient governance

Key Partnership Mechanisms:

- The Partnership Board.
- A Management Team, led by a Chief Executive Officer (CEO).
- Partner Committees – focused on the three priorities of the Partnership:
 - ❑ **Advocacy and Resource Mobilization Partner Committee (ARMPC)** is to design, and subsequently support implementation of the Partnership Advocacy Strategy related to advocacy and resource mobilization at global and regional levels.
 - ❑ **County / Regional Support Partner Committee (CRSPC)** is to provide a platform to engage the RBM Partnership community in coordinating support to countries and regions as they execute their malaria control and elimination implementation programs.
 - ❑ **Strategic Communications Partner Committee (CSPC)** is to develop and implement, in collaboration with the Partnership Management Team, communications to achieve the advocacy objectives of the Partnership.
- Working Groups.

Country Regional Support Partners Committee TOR

- Co-ordinate support for the development and validation of country-led malaria control and elimination strategies and financial plans that achieve the GTS/AIM targets
- Co-ordinate and provide TA and implementation support to countries to:
 - ❑ Complete comprehensive programmatic and financial gap analyses
 - ❑ Develop funding proposals (including GF Applications) and other investment requests, including exploring flexibilities within existing donors, increasing public and private domestic resource commitments, and expanding innovative financing approaches.
 - ❑ Foster country and regional coalitions
 - ❑ Co-ordinate between country, regional, and global-level donors to enhance collaboration, jointly resolve key bottlenecks, and work to fill funding gaps
- Implementation support: working with regional entities, co-ordinate the operation of an early warning system identifying bottlenecks proactively and reactively and implement a rapid response mechanism

Collaboration across the RBM spectrum and the harmonization

Crucial in sustaining current gains and moving forward to achieve the goals and targets of the Malaria Global Technical Strategy

- ❑ Both from Policy formulation at global level to adoption and implementation at country level
- ❑ Ensuring consistency in partner activities at all levels
- ❑ Leads to optimization of limited resources available to achieve maximal impact
- ❑ Eliminates redundancy and duplication
- ❑ Leads to strong advocacy and efficient resource mobilisation
- ❑ CRSPC perspective: 67 countries must submit funding applications to the GF to secure approx. US\$3.5 b for programming in the 2018-2020 implementation period

CRSPC Priorities

Key CRSPC priorities in last 12 months:

- ❑ Working to enhance implementation of **existing grants**. Any unspent resources at the end of the grant will be lost
- ❑ Ensuring RBM is positioned to maintain support to the 54 country funding proposals which need to be developed in 2017
- ❑ Addressing how to **maintain the gains** in the 8 high burden countries unable to sustain scope and scale of previous GF grant implementation
- ❑ Exploring how the portfolio optimization might programme resources to fill gaps
- ❑ Ensuring GF malaria allocation is sustained with many conflicting priorities
- ❑ Mobilising support to fill outstanding gaps not covered by the GF
- ❑ Support the identification of the appropriate Regional mechanisms and structures for future RBM support

CRSPC 3rd Qrt Progress updates: Support the development of country funding proposals to the Global Fund

- The CRSPC has provided a comprehensive package of support to countries, based on a tried and tested country-led country owned approach:
 - 2 GF Funding Application Orientation meetings with 49 countries oriented
 - International consultants provided TA to 42 countries to support the development of the funding applications
 - Funds were transferred to countries to support in-country consultations, country dialogue and recruitment of local consultants
 - 4 mock TRP meetings were held to facilitate country peer review of draft applications
- Support has covered countries from 5 WHO regions: AFRO, AMRO, EMRO, SEARO, and WPRO

Impact on global malaria programming – *(using the support to countries for GF grants application as an example)*

- Malaria Proposals submitted to the GF
 - 41 countries in the 20th March 2017 (wave 1)
 - 12 countries in the 23rd May 2017 (wave 2)
 - 8 countries submitted in August 2017 (wave 3)
- Only 8 countries remain –mock TRP planned for Jan 2018
- Support on-going to assist countries achieve timely grant signature before the end of 2017
- This represents the biggest support effort ever provided by the RBM partnership within a short time frame
- Over 20 RBM partner organisations have engaged in this process including WHO, UNICEF, private sector, UNDP, IFRC, GF, ALMA, MMV, MACEPA, CHAI, PMI, PSI, CRS, STI, academia etc.

Challenges and missed opportunities

- How to effectively integrate the work of the RBM Working Groups into the Partners Committee?
 - Beyond active participation, what formal mechanisms?
 - Workstreams?
- Maximizing delivery of malaria intervention within the broader framework of reproductive health and child health programmes at country level.
 - Planning and programming
 - Resource mobilization
- Gender and human right issues in malaria