Meeting Report

Sub-Regional Meetings for Scaling-up Gap Analysis and Information Sharing on Global Fund Round 6 Malaria Proposals

Douala, Cameroun 11 to 13 July 2006

Background

With significant additional resources (GFATM, World Bank Booster, President's Malaria Initiative - PMI, etc) becoming available at country level, there is a new opportunity to expand scaling-up activities in various countries. Since 2000, country RBM Partnerships, inclusive of various partners, have continued to assist countries to strengthen their malaria control delivery systems and helped develop country consensus on scaling-up strategies. However in order to reach 2010 coverage and impact targets, countries will need to continue to rapidly scale-up their malaria control programmes.

Various countries currently lack a comprehensive analysis of the various technical and financial gaps which inhibits cohesive scaling up of activities in parallel with increasing funding. A recently introduced proposal requirement identifies a gap analysis as a prerequisite for proposal submission to the GFATM Technical Review Panel. The RBM Partnership Secretariat used the opportunity offered by countries developing Round 6 grant proposals to conduct a comparison of current baseline level implementation of malaria control operations and what future operations will be needed in order to achieve countries' strategic malaria control objectives. The resultant analysis was to be fed back into the proposal development process thereby ensuring that the various initiatives - Global Fund, PMI, World Bank Booster, etc - are more comprehensive and fully reflect the need for scaling up.

GFATM round 6 proposals are due by 3 August, 2006. Countries are currently preparing malaria grant applications and as many countries are likely to rely on past experiences with regard to proposal development, they may underestimate the changes introduced into round 6 requirements. The Round 6 process will also allow for continent-wide introduction of the recently finalized MERG M&E Framework and Indicators for use in future GFATM, WB and PMI proposals. This will be a very visible operational step in support of the "3 Ones".

Countries responded favourably to the opportunity to share round 6 proposal development experiences and identify means of addressing past proposal weaknesses e.g. lack of a gap analysis, improper matching of resource requirements & disbursement schedules to needs of operational plans, and insufficiently detailed procurement and supply management plans under the guidance of technical partners.

Three workshops were eventually organized:
- West Africa in Bobo Dioulasso involving 11 countries,
- Central Africa in Douala involving 6 countries, and
- East/Southern Africa in Dar Es Salaam involving 5 countries.

The following countries preparing round 6 GFATM proposals that participated in the Central Africa workshop were:
- Burundi (to ensure continued ACT availability for 2007 and beyond)
- Cameroon (to scale up delivery capacity beyond the public sector)
- Central African Republic (to expand a slow moving approved round 4 GFATM grant)
- Congo (repeated failure in securing GFATM malaria grant)
- Democratic Republic of Congo (to scale-up beyond round 3 and WB Booster)
- Madagascar (to scale up beyond round 1 and 3 proposals)

Workshop analysis

1) Strong points from participating countries:

- They have developed Round 6 proposals addressing malaria control within their country with sound technical strategies.

- Have indicated that this was the first detailed briefing and discussion of Round 6 guidelines.

- Had not previously considered a "delivery gap" analysis for Scaling Up for Impact prior to the workshop and identified the tool at the end of the workshop as essential in identifying strategies for additional scaling-up within the scope of existing delivery capacity available at country level.

- Have identified this initiative of the RBM Partnership Board Quick Win Working Group as real value added as no partner so far has engaged them in this approach to scale-up.

- Have endorsed the focus on "impact by 2010" and identified the "gap analysis" as a means to better understand the volume of additional delivery effort required to meet targets.

- They strongly welcomed the "gap" analysis approach in identifying a sound rational for applying for GFATM round 6 and other new financial mechanisms supporting Scaling Up for Impact (World Bank Booster, PMI, Airline Tax, etc…).

- Have indicated that their understanding of articulating Round 6 GFATM proposal is now enhanced with regard to building on past achievements.

- They indicated that they had not at all appreciated the scaling up for impact aspects of round 6 applications, had not identified the "gap" analysis, target and indicators and budget tables as central planning tools for successful submission to GFATM round 6. Many indicated that this was the first time they were confronted with these items for round 6 proposal preparations.

- They have a good understanding of Roll Back Malaria Partnership, its role of facilitation and brokering between global support and country partnership efforts.

- They have a good understanding of the GSP 2005-2010 with regard to SUFI and impact by 2010.

- They have adopted and use the RBM MERG indicators guidelines as outlined in the M&E toolkit of the GFATM.

- They recognise the scaling up fro impact approach as central for working towards harmonization and alignment of the local malaria response.

- WHO AFRO participants (Central Africa intercountry team, Country Office) endorse the "gap analysis" approach as essential for scaling up for impact planning through national strategic malaria control plans.

2) <u>Weak points</u>

- Participating countries received only very limited partners support to their round 6 application.

  - Burundi: Technical advice by WHO intercountry team consultant, no proposal writing support available

  - Cameroon: WHO and UNICEF in country assistance, no proposal writing support available

  - Central African Republic: UNAIDS consultant including proposal writing support

  - Congo: WHO country office technical support. Will receive WHO intercountry team consultant technical support.

  - Democratic Republic of Congo: MSH, GTZ and local University technical support with no proposal writing support available.

- Madagascar: Will receive WHO intercountry consultant for technical advice

- No single country conducted a "gap analysis" in support of identifying additionality to existing previous GF grants, existing WB Booster grants and other bi-multilateral malaria initiatives.

- No single country has taken into account the requirements of the "compulsory" targets and indicators table with regard to Service Delivery Areas to be addressed by an eventual round 6 grant.

- Previous TRP observations regarding proposal weaknesses have not systematically been addressed when developing round 6 draft proposals.

- Except Madagascar that has clearly identified a rational as to how a round 6 grant will complement scaling-up of malaria control, no other country has identified a sound rational for a new round 6 application.

- All participating countries have used all existing human and institutional resources of value to developing sound round 6 proposals.

- No additional support capacity at present available in country.

Recommendations

1. Burundi, Cameroon and Democratic Republic of Congo request programmatic support for finalising proposal writing, review of detailed Service Delivery Area workplans, budgets and indicators.

2. The above three countries request programmatic assistance for the period 22 July to 03 August in order to submit adequately detailed high quality Round 6 proposals.

3. Such a gap analysis exercise to be conducted annually for program monitoring.

4. The "sharing and learning" approach between countries to be used as a productive working methodology.

Next steps

1. Fundamental elements of TOR for Programmatic Assistance

    - French mother tongue

- Documented experience with GFATM operational and financial procedures
- Documented experience with result oriented microplanning and budgeting
- Familiarity with Scaling Up for Impact (SUFI) and "gap analysis"
- Familiarity of working within constrained (human resources, information availability) environments
- Familiarity with operations of National Malaria Control Programmes within National Health Services in Africa
- Ability to address GFATM specific operational, programmatic and budgetary requirements within an existing technical strategy outlined for Round 6
- Documented successful project management support in multicountry operations

2. Given that no additional local resources can be identified by participating countries, we suggest a subregional approach as the only means to providing quality programmatic support to countries to address coherently remaining Round 6 proposal weaknesses. The subregional approach will ensure familiarity and local knowledge on realities, strength and weaknesses of countries concerned.

3. At the end of the workshop in Douala, we identified a consulting company (http://www.okalla-ahanda.com) filling most requirements of the above TOR. In particular, they act as a subcontractor to the Principal Recipient (Ministry of Health) of all Cameroon based GFATM grants (all diseases) regarding financial grant management. Consultants with GFATM familiarity are available at short notice for dispatch by 23 July 2006. Contractor in a position to provide team approach ensuring sharing of experience between country teams. A written offer will be available by Monday 17 July COB.

4. The RBM Secretariat is currently soliciting two additional offers from suitable GFATM experienced West / Central Africa based, francophone consulting groups.

Agenda

Time	Session	Presenter
DAY 1		
Morning	Welcome/Introduction/Meeting objectives/Agenda	RBM PS
	Presentation on Guidelines (GFATM material)	RBM PS
	Mapping of stage of countries in R6 applications	Consultant
	Country proposal example	RCA
	Presentation and discussion on scaling up for impact	RBM PS
Afternoon	Review of Attachment A (Objectives and indicators), Attachment 5 (Budget analysis template) and Attachment 3 (Programmatic gap analysis)	RBM PS/ plenary discussion
	Group session - completion of Attachment A (Objectives and indicators), Attachment 5 (Budget analysis template) and Attachment 3 (Programmatic gap analysis)	Group discussion
DAY 2		
Morning	Group session (continued) - completion of Attachment A (Objectives and indicators), Attachment 5 (Budget analysis template) and Attachment 3 (Programmatic gap analysis)	Group
Afternoon	Group session (continued) - completion of Attachment A (Objectives and indicators), Attachment 5 (Budget analysis template) and Attachment 3 (Programmatic gap analysis)	Group
	Plenary presentation of group work	Groups and plenary discussion
DAY 3		
Morning	Organization of proposal text	RBM PS/plenary discussion
	Group work on organization of proposals	Groups
Afternoon	Map and timeline for completing proposal	Plenary discussion
	Feedback on meeting	Chairperson
	Meeting closure	Chairperson

Participants

	NOM	Prénom	Institution
1	KOULA	Max Roger	Coordonnateur MSP PNLP RCA
2	LIBAMA	François	Coordonnateur du PNLP Congo
3	NZIL' KOUE	Dimanche Gilbert	Directeur de Cabinet du Ministre de la Santé Publique et de la Population MSP - RCA
4	BAZA	Dismas	Coordonnateur PNLP Burundi
5	NIYUNGEKO	Deogratias	Directeur de la Recherche, INSP/MSP - Burundi
6	YOUMBA	Jean Christian	Association Camérounaise pour le Marketing Social ACMS (PSI Affiliate)
7	MANGA	Tarcisius	Plateforme de Coordination des Groupes d'Entreprises (PCGE) Douala - Cameroun
8	KONDJI KONDJI	Dominique	Directeur Building Capacities for better Health in Africa BCH - Cameroun
9	FONDJO	Etienne	Secrétaire Permanent Adjoint du PNLP Cameroon
10	ATUA	Benjamin	Coordonnateur PNLP - RDC
11	TAFANGY	Philemon	Coordonnateur PNLP Madagascar
12	TUSEO	Luciano	NPO- Paludisme OMS/Madagascar
13	DUPUY	Eric - Marie	Consultant -Expert en Business Planning et budgétisation
14	NGONO	Jean Marie	RACTAP
15	NZEUSSEU	Viviane	Medical Officer IFRC Central Africa Regional Office - Cameroun
16	KAZADI	Walter	Medical Officer ICP team Central Africa - Gabon
17	TEUSCHER	Thomas	Senior Adviser Partnership Development, RBM Partnership
18	UDOM	Boi-Betty	Technical Officer Country Support, RBM Partnership