



ROLL BACK MALARIA PARTNERSHIP
TASK FORCE 2 - ACCOUNTABILITY
REPORT TO THE 17TH BOARD MEETING



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EXECUTIVE SUMMARY

This report from Task Force 2 – Accountability aims to establish a framework of guiding principles and a structure to allow RBM Partners to better hold one another and the RBM Partnership mechanisms to account for their commitments and for the results of the Partnership as-a-whole in the fight to control, eliminate, and ultimately to eradicate malaria. It builds on the recommendations already made in the Change Initiative and in the 2009 External Evaluation. It is not a detailed action plan – this will be put in place once the Board approves or amends this framework at the December 2009 Board Meeting.

The report attempts to set out its recommendations in a structured manner. Firstly it redefines the role of the Partnership as-a-whole as being to:-

Convene – Co-ordinate – Facilitate Communication

The report assumes that partners & mechanisms cannot be held to account without general agreement on their respective roles and responsibilities. In the first part of the report it outlines its findings on the roles & responsibilities of the different groups of partners and of the various Partnership mechanisms (Working Groups, Sub-Regional Networks, Secretariat, etc.). The report does not attempt to write detailed role descriptions as this is better done in Phase 2, once the Board has approved the basic framework for accountability.

The Partnership is held to account by the court of public opinion on how successful it is on delivering on the high level targets & goals that have been set to “roll back malaria” (e.g. Millennium Development Goals, Abuja Declaration targets). To achieve these high level goals & targets, the various partners individually and collectively have to deliver on more detailed targets that are included in short-term action plans and their associated budgets. The report outlines a way of structuring this into an easily understandable hierarchy with clear statements of who is being held accountable for what and by whom.

The report next outlines the mechanism by which accountability can be undertaken in practice. This is through rigorous and robust planning and reporting processes. The planning process involves three levels – an overall and long-range visionary plan (the GMAP), a rolling 5-year GMAP Strategic Implementation Plan, and a rolling 24-month Harmonised Work Plan & Budget. They are outlined in the report, but detailed templates are not included as these will be developed in Phase 2 if the Board accepts the principles laid out in this document. The Task Force is strongly recommending the use of SMART objective setting as a tool to ensure that targets and objectives are set in a way that allows for accountability to be established clearly. It also makes clear the need to associate all action plan items with their associated costs and other resource implications. It emphasises the need to prioritise work plan items in order to allow difficult choices to be made when resources are inadequate to meet all desired action items. It endorses the principle of “no unfunded commitments”: in other words the Partnership or its mechanisms should not plan to undertake any activities for which it does not already have or does not have a reasonable expectation of having the funds to be able to undertake the activity in question. It proposed that the Partnership planning process should run on a 24-month rolling cycle with the mid-year Board meeting focusing on strategic issues to lay the assumptions for the detailed work planning & budgeting, which will be the focus of the year-end Board meeting. This process is also outlined in the report.

Planning is of no use if it is not associated with a rigorous and robust reporting system that allows for accountability to be monitored and early action taken to correct adverse trends in the actual performance against the targets set in the Harmonised Work Plan. The report outlines a reporting system that will allow early warning of adverse trends as well as more periodic reporting to the Board of progress towards achieving more high level targets. This reporting system is by exception to minimise the burden of the reports. It relies on the Executive Committee taking on a greater role in monitoring the performance of the Partnership against the Harmonised Work Plan & Budget between Board meetings.



Finally the report makes recommendations on the establishment of regular and rigorous performance reviews of the Executive Director, Working Groups, & Sub-Regional Networks. It challenges the Board to become more actively involved in this and makes recommendations on how this can be achieved.

The role of the Sub-Regional Networks (SRNs) and of the SRN Focal Points has been identified as an issue where there is some disagreement within the Partnership. This disagreement encompasses the role of the SRNs, how they can be held to account, the reporting relationship of the SRN Focal Points, and other related issues. This report makes recommendations based on the views of a majority of the Task Force members. However it recognises that there are other views both within the Task Force and within the wider Partnership. It has therefore written its recommendations with the expectation that the Board will undertake a full discussion on this issue at the next Board meeting and make a firm decision on which way to incorporate the SRNs & Focal Points into the accountability framework.

The recommendations in this report are not anticipated to involve any additional costs to the Partnership. They should not involve any additional staffing to be implemented as they are designed to replace existing planning & reporting processes with more effective ones which do not require significant additional resources.

Finally the task Force recognises that this is only the first stage of a process to put in place the systems outlined in its recommendations. It therefore is seeking a renewal of its mandate up to the May 2010 Board meeting to work with the Secretariat, Working Groups, & SRNs to implement those recommendations approved by the Board.



PREAMBLE

This report to the RBM Partnership Board sets out the guiding principles and key recommendations of Task Force 2 – Accountability. It aims to introduce an increased level of rigour into the planning & operations of the Partnership, as well as allowing the Partners to better hold each other accountable for their commitments to the Partnership and to “rolling back malaria”. It does not aim to set out a detailed action plan to implement these recommendations. This would take place in a Phase 2 once the Board have approved the general direction and framework included in this report.

BACKGROUND

In 2009 the RBM Partnership commissioned an external evaluation of its workings and effectiveness from Dalberg Global Development Advisors. This report was submitted to the Board in September 2009. One of the key issues that were identified from the Evaluation at the Partnership Board Retreat (14-15 September 2009) was the need to strengthen accountability within the Partnership.

External Evaluation Findings & Recommendations

The external evaluation made the following findings and recommendations about accountability within the Partnership:-

Board:

- The Board does not engage fully in planning, fundraising, and accountability (both programmatic as well as financial).
- The Board should:-
 - Increase its role in raising funds for the Partnership
 - Ensure that the Secretariat & SRN Focal Points are fully funded for a three year period to be able to execute their work plans.
 - Increase its role in overseeing the Partnership’s finances.
 - Revise the planning process to ensure that planned activities are fully funded. If they are not then they must be revised so that the activities match the funds available.
- The Board & Secretariat should develop a 3-5 year Strategic Plan that connects the targets in the GMAP to the annual work plans & budgets of the Partnership Mechanisms.
- The Board should establish a formal process for regularly evaluating the performance of the RBM Executive Director, potentially through a small Board committee that also participates as an observer in WHO’s formal staff-assessment process.
- The performance of Working Groups and SRNs should be evaluated at regular intervals.
- The Board should hold partners accountable for instances in which their actions are not aligned with their commitments.

Secretariat:

- In areas in which the Secretariat work plan overlaps with that of Working Groups (for example, in coordinating advocacy, providing technical assistance), the roles of the Secretariat and those of Working Groups, SRNs, and country partnerships should be reviewed and clarified.
- The review of Secretariat performance should be included in the regular review of performance through the Board and its committees; performance evaluation should be conducted against the Secretariat’s mandate and Board requests.

Working Groups:

- Working groups with mandates that border on normative issues addressed by WHO working groups should review their scope of activities jointly with WHO working groups and refer back part or all of their activities to these groups, if deemed appropriate.



Sub-Regional Networks:

- The RBM Partnership should clearly define its relationships to both SRNs and country level partnerships, and the benefits and requirements of affiliation.

Hosting Organisation Relations:

- The Secretariat and WHO should implement a process to jointly review the hosting relationship every six months and to resolve any programmatic and / or administrative issues.

ASSUMPTION

The recommendations of the Task Force assume that the Board has accepted the recommendation of the External Evaluation concerning the operating model for the Partnership, although it is unclear from the Task Force's discussions if this is the case. This was a hybrid model of Model 3 (Harness Country Partnerships) & Model 4 (Extend the Movement)¹.

ROLES & RESPONSIBILITIES

Accountability can only be seen in the context of agreed Roles & Responsibilities including well defined reporting arrangements. A pre-requisite of defining an Accountability Framework and putting in place mechanisms to monitor accountability is to clearly define roles & responsibilities and for all interested parties to agree to these.

Partnership as a Whole

There will always be different ways to characterise the role of a complex entity like the RBM Partnership, and each way will emphasise certain ways of looking at the work of the Partnership. It is important to remember that the Partnership is a voluntary coming together of partners committed to "rolling back malaria", and the roles and responsibilities of the partners & Partnership Mechanisms must be seen in that light.

Dalberg have identified 6 roles for the Partnership². We suggest that these could be further simplified into three³:-

Convene – Co-ordinate – Facilitate Communication

This way of describing the roles of the Partnership has the advantage of being easy to remember.

Convene:

The Partnership brings together all interested parties (public & private sector) to jointly work together to "roll back malaria" and to overcome challenges to that goal.

Co-ordinate:

The Partnership, through its mechanisms, co-ordinates the work of the individual partners to ensure that each partner's efforts are aligned with those of the others, duplication & waste is avoided, collaboration between partners is facilitated, and common challenges are addressed co-operatively.

¹ Dalberg Global Development Advisors. Independent Evaluation of the Roll Back Malaria Partnership 2004-2008: Final Evaluation Report. Geneva: Dalberg; 2009 (Sep). p 49

² Dalberg Global Development Advisors. Independent Evaluation of the Roll Back Malaria Partnership 2004-2008: Final Evaluation Report. Geneva: Dalberg; 2009 (Sep). p 7

³ See Annex 2 for comparison with Dalberg model.



Facilitate Communication:

By bringing together partners (*Convening*), the Partnership can ensure that partners are communicating with one another, sharing experience and best practice, and ensuring that challenges or bottlenecks identified are brought to the attention of the entire Partnership as appropriate. Where partners are failing to meet their commitments to the Partnership, this facilitation role will allow the other partners to hold them to account. It will allow the Partnership to work with them constructively to find ways to overcome the challenges that are preventing them from meeting their commitments.

An important point here is that it is NOT the role of the Partnership or its mechanisms to implement⁴. The Partnership has not been set up or is funded at a level that would allow it (through its mechanisms) to run or lead the actual work needed globally and at country level to “roll back malaria”. Implementation is a role for the individual partners – alone or collectively – to undertake. The Partnership can help partners to be successful in implementation through its Convene – Co-ordinate – Facilitate Communication roles – indeed it may have a leading role in the success of a particular project – but this will come from its co-ordinating & communicating roles.

Partners

The over-arching role of the partners is to collaborate with one another to achieve the targets of the GMAP and to “roll back malaria”. Partners associate themselves with the Partnership because they are committing themselves to the global drive to control, eliminate, and ultimately eradicate malaria globally. All partners commit themselves to participate in the work of the Partnership fully. This includes ensuring that their representatives in the RBM mechanisms are of appropriate seniority and can talk authoritatively to the issue under discussion.

Constituencies & Partners

The RBM partners are grouped into constituencies:

Endemic countries, OECD countries, Research & Academia, Foundations, Multilaterals, Private Sector, Northern NGOs, Southern NGOs

In addition there are three partners who are not part of a specific constituency – UN Secretary General’s Special Envoy for Malaria, the Global Fund, & UNITAID.

The representatives of each constituency on the Partnership Board must commit themselves to ongoing involvement in resolving issues and not just to “showing up” at Board Meetings. A common comment to the Task Force was that there were too many Board members who appeared to take no interest in RBM matters between Board Meetings, or were not of appropriate seniority to speak with authority for their organisation or constituency.

Each constituency brings a different set of resources and expertise to the Partnership and this can be reflected in their primary or main roles. By the Partnership agreeing clearly on these primary roles of the various constituencies, it has a framework to resolve issues of responsibility and of holding partners accountable for their commitments to the Partnership.

⁴ In this context, implementation by the RBM Partnership mechanisms would mean they would have to actually carry out the work identified as needed for a specific element of the effort to control & eliminate malaria (e.g. organise bednet distribution, set up effective drug manufacturing, supply, & distribution systems). These activities are actually carried out by partners - individually or collectively.



Funding

Funding is seen at three levels:-

- core funding of the RBM permanent structure (Secretariat & SRN Focal Points),
- funding of the mechanisms so they can function in their *convene – co-ordinate – facilitate communication* roles (Working Groups, SRNs),
- funding actual disease control & elimination programmes (or part thereof), and the necessary additional elements needed (*e.g.* Research & Development).

The first two levels are relevant to ensuring the proper funding of the Partnership mechanisms. The third level does not directly apply to the proper working of the Partnership mechanisms, but is essential to ensure that the objectives of the Partnership are met.

The Funding Constituencies are OECD countries, Foundations, Multilaterals, Disease Endemic Countries, Global Fund, & UNITAID. They may assume responsibility for all or some of the three levels of funding identified.

Disease Control Programmes

Although the implementation of disease control programmes is not a role of the Partnership, it is a role of individual partners. Proper implementation of these programmes is central to the success of efforts to control & eliminate malaria. It is a responsibility of these partners to identify challenges that are causing individual countries to fail to meet their malaria control objectives. Through a *co-ordinating* mechanism of the RBM Partnership, like the SRNs, the partners can then help the country to find ways of overcoming these challenges.

The constituencies who have a role in the successful implementation of disease control programmes are the Malaria Endemic Countries, Multilaterals, Private Sector (employers in malaria endemic countries), and Northern & Southern NGOs.

Programme Co-ordination

Following on from the responsibilities relating to the successful implementation of disease control programmes is the responsibility for partners to co-ordinate between themselves at country and regional level to ensure that their individual programmes do not conflict or duplicate efforts. This is a role where the *convening, co-ordinating, and facilitating communication* roles of the Harmonisation Working Group (see below) have been of value. Relevant partners need to take responsibility for linking and aligning their efforts to country disease control & elimination plans and to ensure there is consistency.

Relevant partners that fall under this heading are the OECD countries, Foundations, Multilaterals, Disease Endemic Countries, Global Fund, & UNITAID.

Advocacy

All partners have a role in advocacy. Advocacy is important in ensuring that malaria gets its fair share of the resources being applied to global health issues, both at global and at regional & country level. Advocacy is also important in ensuring that more OECD countries are contributing to the funding of malaria and of the Partnership. Advocacy has a vital role in ensuring that existing resources are leveraged to bring in new resources and ensure that currently applied resources are used to maximise effect.

The following constituencies have a major role in advocacy at country & regional level – Northern & Southern NGOs, Private Sector (employers in malaria endemic countries), Endemic Countries, UN Secretary General's Special Envoy.

The following constituencies have a major role in advocacy at a global level, especially with OECD countries – Northern NGOs, OECD countries, UN Secretary General's Special Envoy.



Commodity Supply & Distribution

Without a robust and affordable supply chain for the key health care products or commodities, any disease control programme will collapse.

The main responsibility for ensuring commodity supplies is the Private Sector (manufacturers).

Within countries, there is a separate responsibility for ensuring that the commodities are properly procured & distributed so that they reach the at-risk populations. Partners involved with this area of responsibility are Private Sector (manufacturers), Disease Endemic Countries, Multilaterals.

Research & Development

Research & Development (R&D) is essential to identify challenges with the global campaign and to find ways to overcome these challenges. This may be in developing new tools & methods, or in operational research to measure the effectiveness of current and future interventions.

The R&D partners are Research & Academia, and the Private Sector (manufacturers).

Technical Standards & Guidelines

The setting of technical standards and setting up guidelines is the responsibility of the WHO.

World Health Organisation

The WHO has four roles as a partner in RBM:-

- Normative & technical standard setting
- Hosting the Secretariat
- As one partner among many others committed to “rolling back malaria”.
- It’s overall global role to advocate for healthcare across all diseases

Chairman & Vice-Chairman of the Board

The roles of the Board Chairman & Vice-Chairman are central to the effective running of the Partnership. Within the Partnership their roles mirror those of the Partnership as a whole:-

Convene: they bring together the Board and the Executive Committee to discuss the key issues before the Partnership.

Co-ordinate: they ensure that the work of the Partnership is properly co-ordinated. The issues brought to the Board & Executive Committee are properly prepared and presented, decisions are made clearly and fully documented, responsibility for actions are properly documented, and partners’ commitments are clear and quantifiable to allow for accountability in the future.⁵

Facilitate Communication: they ensure that the proceedings of the Board & Executive Committee are carried out in a way that maximises the interactions between partners, and that issues are spelt out clearly so all partners are clear on both the issue and the proposed solution. By ensuring clarity of the issues being discussed, then it will make it easier to develop a workable solution and get partners to make specific and appropriate commitments to the action plan to implement the solution.

In these roles they are supported by the Secretariat.

The Board Chair is normally a Minister of Health of a Malaria Endemic Country. As such he or she has a key advocacy role for malaria and the global effort to roll back malaria to all constituencies, but especially to the Funding Partners identified above.

⁵ See p 16 below – the use of SMART objectives.



The Chair (for the Board) and the Vice Chair (for the Executive Committee) have a key responsibility for ensuring that the meetings of the Board and the Executive Committee are carried out in a business-like manner, and that all constituencies have an opportunity to contribute to the discussions. They should ensure that no one constituency dominates the discussion. As part of this, an essential role of the Chair (at the Board) and the Vice Chair (at the Executive Committee) is to ensure that when decisions require commitments from partners that those partners accept the responsibility to fulfil the commitment. This is especially important in ensuring that all decisions of the Board are properly funded and there are no unfunded commitments. The Chair & Vice-Chair (working with the Executive Director) has a key responsibility to identify when partners are not meeting these commitments and to discuss with them the reasons why and to try and ensure that they do meet the commitments they have made.

Similarly the Chair should work with partners to ensure they are represented at the most suitable level in the Partnership mechanisms. This is to ensure that the partners show the proper level of commitment to the Partnership, and that their representatives can speak with authority on the issues before the Board and other decision-making bodies. They should ensure that partners remain engaged with the Partnership and do not “just show up” for Board meetings.

The Chair also carried the responsibility to facilitate the performance reviews of the RBM Mechanisms through their reporting to the Board or other processes put in place. This includes the annual performance review of the Executive Director. He/she may delegate some or all of this to the Vice Chair and/or a small group of Board members.

Working Groups

The Partnership has set up a number of Working Groups at a global level to address key themes or challenges in the fight against malaria⁶.

The role of Working Groups is not to address technical normative or standard setting issues. These are the responsibility of the WHO. The role of the Working Groups is to address implementation issues – including how to put such standards & guidelines into practice. The Working Group *convenes* the interested partners as a working group, *facilitates communication* between these partners to address key implementation issues (*e.g.* ACT drug supply, Global Fund grant approval rates), and then *co-ordinates* between the partners at global & regional level to ensure that the implementation of the solutions the Working Groups have agreed is carried out efficiently. If there is need to *co-ordinate* at a country level, then this is probably more the role of the SRNs, facilitated by the Focal Point.

They can be grouped into two sets:-

Programme Facing:

- Harmonisation (HWG)
- Malaria Advocacy (MAWG)
- Procurement & Supply Management (PSMWG)

Operationalising:

- Malaria Case Management (CMWG)
- Malaria in Pregnancy (MiP)
- Monitoring & Evaluation (MERG)
- Resources (RWG)
- Scalable Malaria Vector Control (WIN)

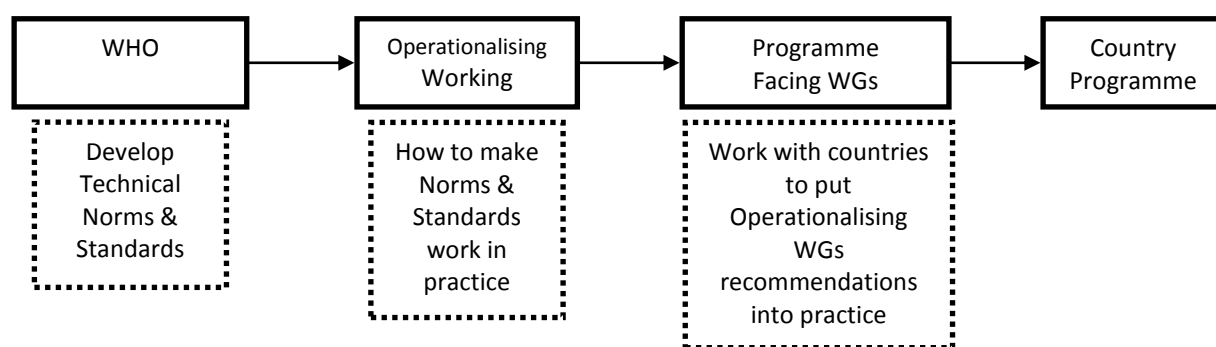
⁶ Roll Back Malaria Partnership [homepage on the Internet]. <http://rbm.who.int/mechanisms/index.html> (accessed 23 October 2009).



The Programme-facing WGs are tasked with bringing partners together to overcome challenges in making country malaria control programmes successful. For example, the PSMWG is addressing the supply of ACTs to ensure that enough are available to meet the demands of upcoming campaigns. Similarly the HWG is working to ensure that Global Fund grants are approved and finalised to allow for the allocated funds to be disbursed in time for the malaria control campaigns they are designed to support.

Operationalising WGs are responsible for taking the technical norms and standards set by the WHO and developing ways to operationalise them – to show partners & malaria control programmes how to put these norms & standards into practice.

This way of thinking about the roles of WHO & the Working Groups can be shown diagrammatically as follows:-



Executive Director

The Executive Director has the following roles:-

- Leadership of the Partnership Mechanisms to ensure they fulfil their roles and meet their objectives. This includes the leadership & day-to-day management of the Secretariat.
- To be the global spokesperson for the Partnership on malaria and related matters.
- Advocacy for malaria and the related Millennium Development Goals in order to maintain them high on the global health & development agenda.
- Advocacy for the work of the Partnership, especially in bringing in new partners to the work of the Partnership and to expand the donor base.⁷
- Advocacy with Funding Partners to maintain and increase their support for malaria.⁷
- Leadership of the Board & Partnership Mechanisms planning processes to develop strategies, budgets, & action plans. This includes identifying at an early stage when the funding position of the Partnership is inadequate to meet its HWP targets. It also includes ensuring that individual action items are properly associated with financial line items to ensure alignment of actions with their financial implications.
- Leadership of the proper financial planning & reporting of Partnership activities. This includes working with Funding Partners to ensure that there are adequate funds to support the Secretariat and the SRN Focal Points. It also includes ensuring that individual action items are properly associated with financial line items to ensure alignment of actions with their financial implications.
- Day-to-day management of the relationship with the Hosting agency (currently WHO).
- Reporting to Partnership Board & Committees as required.
- All the roles & responsibilities of a Board member

A key role and responsibility of the Executive Director is to draw the attention of the Board and the Executive Committee at an early stage to situations where partners are not supporting the work they want to be

⁷ It is important that this work is properly co-ordinated with the work of the UN Secretary General’s Special Envoy for Malaria to avoid duplication and conflict.



undertaken with the resources that are necessary to achieve those goals. It is a key part of this responsibility to ensure that the Partnership does not undertake any commitments in its work plans that are not fully resourced through clear commitments from partners.

The Executive Director is also responsible for working with the Chair & Vice-Chair to support them in meeting their responsibilities outlined above.

Secretariat

The role of the Secretariat is to support the activities of the Partnership mechanisms in *convening, co-ordinating, & facilitating communication*. It is responsible for the Action Plans for which it has been assigned leading responsibility, which should also include a plan to run itself in a proper and business-like manner. It is responsible for working with the various Partnership mechanisms to ensure that they produce action plans, budgets, & monthly reports (see below) in line with the requirements of the partners.

There should be one Secretariat staffer assigned full-time to each WG to *convene, co-ordinate, & facilitate communication* within the WG. Each Secretariat Focal Point can also communicate with others allocated to other WGs to ensure that potential challenges that cross over between WGs can be identified and a *co-ordinated* approach between the WGs developed.

Sub-Regional Networks

Sub-regional networks (SRNs) consist of representatives of a wide variety of malaria stakeholders working at country & sub-regional levels. Some work across several countries, such as UNICEF Regional offices, WHO inter-country support teams, and some NGOs. Others are active in individual countries, but may have professional networks that cross boundaries and facilitate communications. These informal networks have existed for years, with varying degrees of organization, communication and collaboration. The extension of the Roll Back Malaria Partnership to the SRN level has brought an opportunity to bring an increased level of collaborative action to these networks, with the appointment of Sub Regional Focal Points to facilitate coordinated action, and with the commitment of RBM partners at the global level to encourage more collaborative action at the SRN level. The proximity of these network members to the field, their close relationships to National Malaria Control Programs, and their often strong local knowledge represent a tremendous resource for the Partnership.

The Sub-Regional Networks (SRNs) are the Partnership writ at a sub-regional level. There is general agreement within the Task Force and with the SRN members interviewed that SRNs can play a valuable role. They bring together at a sub-regional level interested partners to address implementation issues at that level – *convening*. By bringing them together, they are able to *facilitate communication* between partners throughout the sub-region. This allows for sharing of best practice and collaboration on common issues and challenges. The SRNs are the mechanism whereby the Partnership can *co-ordinate* the activities of the partners across the sub-regions to maximise their effectiveness. However the responsibility for the actual implementation of the plans and activities lies with the partners at the country & sub-regional level.

The SRNs are also a mechanism for identifying common challenges where the solution requires an approach that needs to be worked at a global or regional level. Through *facilitating communication* between the SRNs and the Partnership at a global level – either with the Board or through the Working Groups – a solution can be worked out to overcome the challenge that the SRN is then able to implement at the country & sub-regional level with SRN *co-ordinating* the efforts.

The importance of the SRNs is to be a forum or mechanism for having a level in the Partnership between the global level and the country level. Trying to manage the challenges of 40+ countries without a sub-regional level Partnership Mechanism to consolidate and identify common issues would be impossible. The main reason that the SRNs have not been as successful as they might have been to-date is that they have not been



supported adequately or given the stability to enable them to be seen by the countries as being a valuable resource.

Sub-Regional Focal Points

The Focal Points are the people at the SRN level who are responsible for putting the Partnership's role into action at this level. They *convene* – bring the partners together in appropriate groups to address a particular issue; they *co-ordinate* between the various partners and Partnership mechanisms; they *facilitate communication* between partners, within local RBM mechanisms, and between the partnership at the sub-regional and country level and Partnership at a global level.

It is important that the Focal Points are not seen as taking on responsibilities that are more properly the function of either the WHO, the national malaria control programmes, or of partners' programmes at the country level. The Focal Point can *co-ordinate* and *facilitate communication* between them, but the role is not to drive implementation. This is for the partners – individually or collectively.

Currently the Focal Points are accountable in three directions. The Task Force agreed that this can lead to problems over exactly who the Focal Points are really accountable to and who is responsible for agreeing their priorities and objectives. However the Task Force members did not reach consensus on the best structure to overcome these problems. The model described in this paper is the majority view, but it will require an in-depth Board discussion to get agreement on the Board's preferred model.

The priorities and work plans for the Focal Points must be driven by the plans and priorities of the SRNs. The customer/client for the Focal Point's services is the SRN through the co-ordinating committee. Therefore the Focal Point needs to have prime accountability to the SRN Co-ordinating Committee and its Chair. The Task Force is recommending that they will be responsible for ensuring the performance objectives for the Focal Points are in line with the SRN Action Plans. The accountability structure for the Focal Point will mirror at the SRN level the accountability structure for the Executive Director at the global Board level.

We recommend that the RBM Partnership funds the Hosting Organisation to employ a staffer to carry out the Focal Point role **full-time**. The Focal Point will have administrative responsibility to the hosting organisation. The exact nature of this accountability needs to be properly defined in the hosting agreement so that the hosting organisation does not try to impose different priorities on the Focal Point from the ones set out in the RBM HWP and associated SRN Action Plans. The SRN Co-ordinating Committee through its Chair will set the objectives and work plan for the Focal Point, and these will be communicated to the Hosting Organisation. Part of the Service Agreement will be that the Hosting Organisation will not interfere in the work of the Focal Point in meeting these objectives. The SRN Chair should be responsible for the performance appraisal of the Focal Point, and this will be the central input to the Hosting Organisation's annual performance appraisal system. We recommend that the reporting relationship to the Secretariat is broken. This is to ensure that it is clear that the Focal Point is customer-focused and can be held fully accountable by the SRN. The Focal Points should be able to develop relations with the country programmes and other partners in each SRN so that they become the first "port of call" for a country manager when they encounter a problem. The Focal Point can then *convene, co-ordinate, & facilitate communication* within the Partnership to bring help to the country programmes to overcome their challenge.

However, it is important that there is a line of contact between the SRNs (and their Focal Points) and the Secretariat in Geneva. We recommend the retention of a SRN Liaison role in the Secretariat. This person will be a member of each of the SRN Co-ordinating Committees, and will also be responsible for maintaining close communication between the SRNs and the Partnership globally. This will be through attendance at Co-ordinating Committee meetings, ensuring that routine reporting and planning is properly carried out (see below), and also managing the relationship between the Secretariat and the Focal Point hosting agencies.

The Focal Points have been held back in recent years by instability over funding and staffing. For Focal Points to be effective, they must develop strong relations within the SRN. They must be given the time for the SRN and



the National Malaria Control Programmes to become confident in them and their ability to help them to overcome their problems through *convening, co-ordinating, facilitating communication*.

However a few members of the Task Force favour a model where the SRN Focal Points are responsible to the Secretariat in Geneva and not to the SRN Co-ordinating Committees. The Board needs to decide which model it would prefer based on a full discussion at the December 2009 Board Meeting

HIGH-LEVEL TARGETS & GOALS

In the world of malaria, there exist a variety of published high level targets and goals that the RBM Partnership was either set up to help achieve or has committed itself to. The main ones currently are:-

Malaria-related Millennium Development Goals (by 2015):

- MDG 1: eradicate extreme poverty
- MDG 2: achieve universal primary education
- MDG 4: reduce child mortality
- MDG 5: improve maternal health
- MDG 6: combat HIV/AIDS, malaria, & other diseases
- MDG 8: develop a global partnership for development and provide access to affordable essential drugs.

RBM Global Strategic Plan (2005-15):

By 2010:

- Global burden of malaria reduced by 50% from 2000 levels to ~200 million cases and <500,000 deaths.
- 80% coverage of at-risk groups with locally appropriate vector control methods.
- 80% patients diagnosed and appropriately treated within one day of onset of illness.
- In high transmission areas, 80% pregnant women receive IPT_p.

By 2015:

- Universal coverage with effective interventions
- Near zero global and national mortality from malaria
- Global incidence of malaria reduced by 75% from 2000 levels to ~100 million cases
- MDG 6 achieved
- At least 8-10 countries in the elimination phase achieve zero local transmitted infection

These goals / targets may be broadly grouped into two types:-

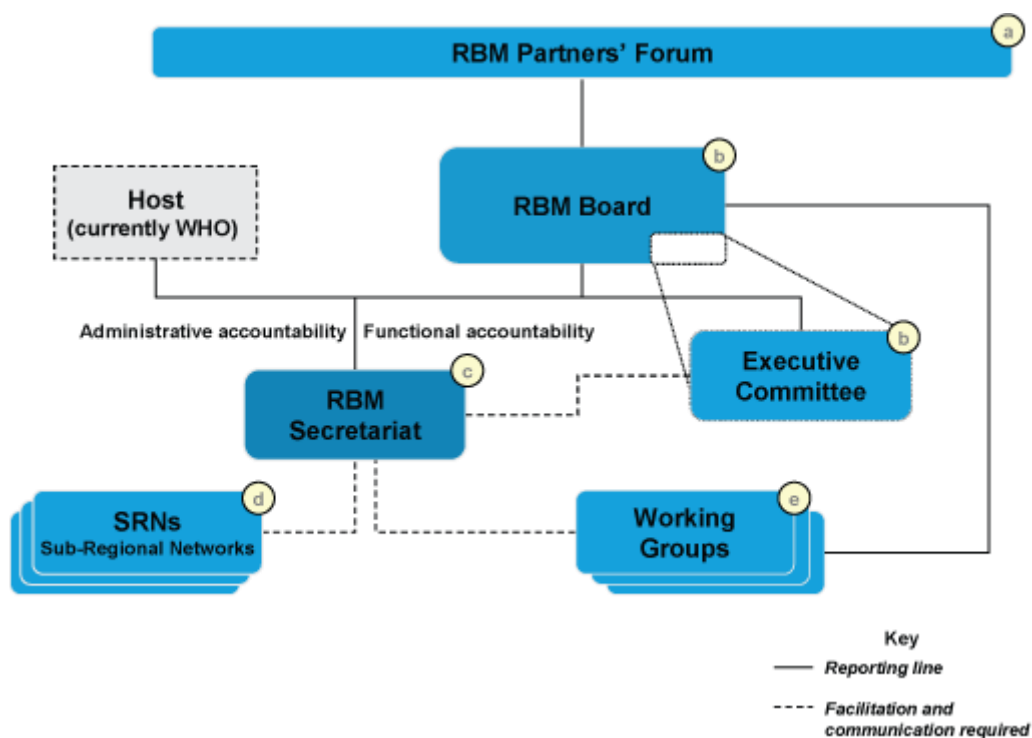
1. Malaria disease burden goals (e.g. "near zero global and national mortality from malaria") – achieved through the achievements of targets for the application of tools and interventions.
2. Targets for the application of interventions (e.g. "80% coverage of at-risk groups with locally appropriate vector control methods"). How these targets will be achieved is set out in the relevant Action Plans for the Secretariat and the Working Groups.

ACCOUNTABILITY FRAMEWORK

By developing an Accountability Hierarchy, it is possible to give partners a structure to answer the question “To whom is the Partnership is accountable and for what”.

The RBM Partnership is ultimately accountable to the court of global public opinion. This is where it will be judged on whether it is achieving its goals and whether it adds value to the global drive to eliminate and ultimately eradicate malaria. The importance of this has been seen in the attention that the Partnership has attracted, often led by critical articles in the medical press.⁸ Success or failure in this arena will ultimately determine the level of support it receives from its key stakeholders and partners.

The RBM Mechanisms have a defined accountability structure⁹:



⁸ For example:

- Yamey G. Global campaign to eradicate malaria: Roll Back Malaria has achieved a high profile but little real action. *Brit Med J* 2001; 322: 1191-2
- Reversing the failures of Roll Back Malaria [editorial]. *Lancet* 2005; 365: 1439

⁹ <http://rbm.who.int/mechanisms/index.html> (accessed 17 June 2009).



Accountability Hierarchy

The accountability of the Partnership and its various mechanisms can be structured into a hierarchy:-

Level	Accountable for	Accountable to	Accountability held by
One	Achievement of disease burden goals	Global Public Opinion Partners' Forum	RBM Partnership as-a-whole (as represented by the Board)
Two	Achievement of goals relating to interventions and deployment of tools	Global Public Opinion Partners' Forum	RBM Partnership as-a-whole (as represented by the Board)
Three	Achievement of targets set out in RBM Action Plans designed to achieve goals in Level Two	RBM Board (usually through delegated sub-committees, <i>e.g.</i> Executive Committee)	Working Groups Task Forces Secretariat Individual Partner organisations (<i>e.g.</i> PMI, CHAI, BMGF, MMV) for elements of RBM Action Plans they have taken responsibility for.
Three	Achievement of targets set out in individual partners action plans and programmes to achieve goals in Level Two	Relevant Partners stakeholders (indirect accountability to RBM to show alignment & commitment to the overall RBM Strategic Plan Goals & related Action Plans).	Individual Partner organisation (<i>e.g.</i> PMI, CHAI, BMGF, MMV)

The logic of this is that:

- In order to achieve the global goals to reduce the overall burden of malaria (Level One) certain levels of interventions and deployment of tools must be achieved (Level Two).
- In order to achieve the necessary levels of these interventions, the relevant RBM Mechanisms (Working Groups, Secretariat, *etc.*) will propose Action Plans to the Board, who will hold them accountable for proper completion (Level Three). To achieve these Action Plans, individual partners (alone or collectively) must accept responsibility and be held accountable for specific elements of the Action Plans.
- In addition, individual partners will have developed action plans that they are solely responsible for implementing but which must be co-ordinated with other RBM-developed action plans to avoid conflict and maximise the overall chances of success (Level Three).



ACCOUNTABILITY MECHANISMS – THE PLANNING PROCESS

A robust planning process is essential to plan effectively, especially in a complex and long-term project like Roll Back Malaria. The planning process must start with the long-range objectives of the Partnership and then break them down through several stages to detailed action plans and budgets where partners can be assigned **and accept** accountability for commitments. These plans then form the framework against which appropriate monitoring mechanisms can be used to see where there are challenges in meeting the objectives and for the relevant Partnership mechanisms to develop appropriate corrective actions.

Global Malaria Action Plan

The Global Malaria Action Plan¹⁰ (GMAP) was developed by the Partnership to clearly lay out the agreed goals, strategies, and activities that the RBM Partnership will pursue to control, eliminate, & eradicate malaria. The Plan is intended to guide the prioritisation of resources and strengthen the alignment across and effectiveness of various initiatives. It has a time horizon beyond 2015. As such it is not designed as a detailed planning document, but to guide the development of such documents by showing trends in different aspects of malaria control, elimination, & eradication efforts.

GMAP Strategic Implementation Plan (3-5 Year)

There is currently a gap in the planning structure of the Partnership that needs to connect the GMAP (with its long range vision and objectives) with the annual work plans and budgets of the Partnership Mechanisms. The Board needs to commission the development of a 5-year Strategic Implementation Plan, with clear 5-year objectives, that will then guide the prioritisation of the Partnership's resources. The development & updating of this Strategic Implementation Plan would ensure that it was available for presentation and discussion at the mid-year Board meeting. It would then allow the Partnership mechanisms to develop their work plans using it to guide their priority setting and resource allocation. A key element in the Strategic Implementation Plan will be some indication of the resources (money, people, etc.) that will be required to meet the Plan objectives. The Board will then be able to discuss if it is realistic to expect this level of resources to be available in the plan period.

Harmonised Work Plan & Budget (24 Month)

A key issue that has hampered accountability for results within the RBM mechanisms has been the uncertainty around the funding that will be available to support work plans. The starting point should be a 24 month funding plan to be developed for the Board to approve at its mid-year meeting (*i.e.* the Board should approve at its May 2010 meeting the funding plan for Jan 2011 – Dec 2012). The first 12 months would be committed funding and the second projected. This will then allow the Secretariat, Working Groups, & SRNs to plan within a clear framework of available support.

The Secretariat, Working Groups, & SRNs should all develop annually work plans and budgets to cover the next 24 months to match the funds identified at the mid-year Board meeting. The concept is that the approved plan for the first 12 months is fixed when approved, and the second 12 months is indicative for the next year. Plans must show spend that is already committed (*e.g.* to ongoing programmes) and which has not yet been committed. The latter will allow the Board flexibility to prioritise uncommitted funds where circumstances may have changed since the mid-year meeting. The work plans and budgets must be seen as being part of the same overall plan – **action plan items must be associated with budget line items**. This ensures that monitoring of progress against plan objectives can be directly related to progress against financial targets in the budget. It will also allow for funding to be moved more easily by the Board & the Executive Committee if necessary when priorities change during a plan period.

¹⁰ Roll Back Malaria Partnership. The Global Malaria Action Plan: for a malaria free world. Geneva: RBM; 2008.



Working Groups and SRNs also have opportunities to raise funds in addition to those allocated through the Partnership budgeting process. These action plans & budgets should also show clearly where the additional funding for the draft plans & budgets are to be sourced.

All action plans, in order to allow for accountability to be properly held & monitored, must formulate their objectives as SMART objectives:-

- S *Specific* – clearly states what is to be achieved
- M *Measurable* – it must be possible to measure objectively whether the objective has been achieved or not
- A *Accountable* – it must be clear who is responsible for the achievement of the objective **and that they have accepted that responsibility**
- R *Realistic* (but challenging) – setting impossible objectives is unreasonable and is only a recipe for failure and demotivation
- T *Time related* – the objective must have a time by which it will be achieved

They should also show any dependencies between action items so that it is clear if one action depends on another one being successfully completed. Action items need to be prioritised so that the Board and/or Executive Committee can know how best to direct finance & resources if they are less than that requested during the planning & budgeting process. The relationship between each action item and its cost implication needs to be made clear in the HWP & budget.

These draft plans will then be consolidated by the Secretariat into the draft Harmonised Work Plan (HWP). This draft HWP should be initially ready for review by the Executive Committee one month prior to the year-end Board meeting. This will allow time for the Executive Committee to request changes in the light of the overall funding situation and to ensure that there is alignment between the various Action Plans and that their priorities reflect the priorities of the Partnership overall. The revised HWP will then be reviewed by the Executive Committee immediately prior to the year-end Board Meeting. A full consolidated HWP & budget will then be prepared by the Secretariat for presentation to the Board.

The Finance Committee has responsibility for working with the Secretariat to ensure that this planning process is carried out in a financially responsible manner and for ensuring that the requirements of the Board for accurate financial planning and reporting are met. The Secretariat in turn will work with the Working Groups, & SRNs to ensure they plan correctly in line with the principles outlined in this paper.

This planning cycle can be summarised as follows:-

	May	Jun - Sep	Oct	Nov
Year 1	<p>Board reviews 5-yr Strategic Plan and updates as necessary</p> <p>Board sets planning & financing assumptions for years 2 & 3 based on Strategic Plan</p>	<p>Secretariat co-ordinates development by WGs & SRNs of work plans & budgets for years 2 & 3</p> <p>Finance Committee & Executive Committee check on monthly basis on progress on plan development</p>	<p>Executive Committee reviews HWP from Secretariat, WGs, & SRNs.</p> <p>Secretariat, WGs, & SRNs update and modify plans in the light of comments from Executive Committee</p>	<p>Executive Committee reviews the revised HWP from Secretariat, WGs, & SRNs, and agrees on final version to be presented to the Board.</p> <p>Board approves budget & HWP for Year 2 & 3</p>



	May	Jun - Sep	Oct	Nov
Year 2	<p>Board reviews 5-yr Strategic Plan and updates as necessary</p> <p>Board updates planning & financing assumptions for years 3 and sets assumptions for year 4</p>	<p>Secretariat co-ordinates development by WGs & SRNs of work plans & budgets for Years 3 & 4</p> <p>Finance Committee & Executive Committee check on monthly basis on progress on plan development</p>	<p>Executive Committee reviews HWP from Secretariat, WGs, & SRNs.</p> <p>Secretariat, WGs, & SRNs update and modify plans in the light of comments from Executive Committee</p>	<p>Executive Committee reviews the revised HWP from Secretariat, WGs, & SRNs, and agrees on final version to be presented to the Board.</p> <p>Board approves budget & HWP for Year 3 & 4</p>

MONITORING & ACCOUNTABILITY

Partners cannot be accountable for their commitments if there is no system for monitoring performance against the agreed targets, action plans, and budgets.

“... good development practice requires monitoring and evaluation and especially a rigorous comparison of goals and outcomes. When goals are not being achieved, it is important to ask why, not to make excuses...”¹¹

Key Performance Indicators

The Executive Committee will have the responsibility to recommend to the Board changes and updates to the key performance indicators (KPIs) and their associated targets (with input from the MERG where appropriate) in future years (once task Force 1 has been wound up).

The KPIs shown below are representative of the types of indicators that could be used to measure the progress of the fight to roll back malaria. They are not definitive and will need to be amended to be in line with the GMAP and other planning targets to be set by Task Force 1 and/or recommended by the MERG. Normally each target will be associated with a time period over which it is to be achieved. For Level 3 Accountability, a partner will have accepted accountability for its delivery.

Level 1 Accountability

- Global burden of malaria (number of cases annually)
- DALYs due to malaria
- Mortality due to malaria
- Number of people at risk of malaria infection
- Number of countries entering the Elimination phase of GMAP
- Achievement of MDG 6

Level 2 Accountability

- Vector control coverage
- Bednet distribution & coverage
- Effective treatment coverage
- ACT distribution & coverage
- IPT coverage

¹¹ Sachs, J. The End of Poverty: how we can make it happen in our lifetime. London, Penguin Books; 2005. p 80.



Level 3 Accountability

- Actions from work plans

- Number of doses of ACTs distributed
- Number of bednets distributed
- Number of rapid diagnostic tests distributed
- Introduction on AMFm into 12 countries for pilot phase
- X% of Global Fund grant applications for malaria in Round Y successful
- Agreements for X% of successful Global Fund grant applications fully signed within Y months of approval

Routine Reporting

Executive Director

Level 1 KPIs:

The Executive Director should be responsible for reporting to the Board annually on the progress towards attaining the Level 1 Targets and the challenges that are being encountered by partners in achieving them. In this the Executive Director will be guided by the recommendations of Task Force 1 and/or of the MERG on which measures to use in the report. The report should include an analysis of the challenges and obstacles that are being encountered in meeting the targets so that the Board can discuss ways of overcoming the obstacles.

Level 2 KPIs:

The Executive Director should be responsible for reporting to the Board at each Board meeting on the progress toward achieving the Level 2 Targets and the challenges that are being encountered by partners in achieving them. Again Task Force 1 and/or the MERG will guide the choice of measures and in the source of up-to-date information to include in the report. The report should include an analysis of the challenges and obstacles that are being encountered in meeting the targets so that the Board can discuss ways of overcoming the obstacles.

Level 3 KPIs:

The Executive Director should be responsible for reporting to the Executive Committee on a monthly basis on the progress towards achieving the action items in the Harmonised Work Plan, the Secretariat Action Plan and the associated Working Group & SRN Action Plans. This report should include a statement of the associated financial situation (see below) for each mechanism as well as the challenges being met in meeting the targets. The report should show who is accountable for elements in the HWP (*e.g.* funding, commodity delivery) and identify any challenges they are encountering so that the Partnership (through the Executive Committee) has an opportunity to discuss assistance to overcome the challenges. The form of the monthly reports should be “exception reporting” – identifying work plan and budget items that are at variance from the HWP & Budget. This is to keep the reports concise and to focus discussion at the Executive Committee on challenges. The philosophy should be that reporting is an “early warning” mechanism and that the Board should not be presented with any major surprises.

Reporting on other Level 3 KPIs (number of ACTs distributed, bednets distributed, *etc.*) should be reported on in the six-monthly reports to the Board. This is to reduce the reporting workload but also reflects the difficulty in obtaining accurate data on most of these items at less than six monthly intervals.

The reports received from the Working Groups & SRNs will be attached to the Executive Director’s report. The Executive Director’s monthly report should be circulated to the Executive Committee one week prior to the monthly meeting. Similarly the six monthly and annual reports on the situation relating to Level 1 & 2 targets should be circulated to the Executive Committee one week prior to their meeting immediately prior to the Board meetings.



Working Groups

Working Groups, through either their leader or the Secretariat representative, should report monthly to the Executive Director on their progress in achieving their work plans, including a monthly financial report (see below). These reports will identify challenges to achieving their work plan objectives, actions being taken to overcome these challenges, and any assistance needed from the Partnership. These reports will be attached to the Executive Director’s report to the Executive Committee. The reports that immediately precede the Board Meetings should summarise the progress of the previous six months and will form part of the Executive Director’s report to the Board. Like the ED’s reports (see above), they should be “exception reports” and focus on challenges and issues. This is to recognise that most of the people who are involved with the Working Groups are voluntarily adding this to their “day jobs” and therefore to minimise the reporting burden on them.

At each Board Meeting, the Executive Committee should select two or three Working Groups to report verbally in full to the Board and to allow an interactive discussion with Board members on issues, challenges, progress to-date, and future objectives and work plans. The choice of WGs to report should be made based on the priority of the work of the WG and on the adverse gap between the WG’s objectives and the actual achievement of them. This performance review of the WGs can take place on the first day of the Board meeting and would replace the Information Day.

In addition, Working Groups will circulate to the Secretariat and to the Executive Committee minutes and actions from their meetings and teleconferences. Minutes and actions should be circulated within one week of the relevant meeting. This will allow the Executive Committee to monitor the functioning of the Working Groups.

Sub-Regional Networks

Reporting by the SRNs will be through the Focal Points and will be in the same form and frequency as for the Working Groups. All four SRNs should report verbally at each Board Meeting. Their performance reviews will also take place on the first day of the Board meeting (currently Information Day).

In addition, SRNs (similar to Working Groups) will circulate to the Secretariat and to the Executive Committee minutes and actions from their meetings and teleconferences. Minutes and actions should be circulated within one week of the relevant meeting. This will allow the Executive Committee to monitor the functioning of the SRNs and help to address early any challenges where they may require assistance.

Financials

In order for the Partnership to function properly and in a financially responsible manner, it is essential that the Partnership mechanisms have accurate and up-to-date financial reports. These reports should cover the following issues:-

Report	Contents	Timetable	Comments
Cashflow (showing actual vs budget)	Funds received and available for use Funds committed but not yet received Funds committed for disbursement Funds actually disbursed Net cash position	Monthly	Should also include a forecast for the position at the end of the accounting year to allow the Executive Committee to address any issues due to changed circumstances.



Report	Contents	Timetable	Comments
Income Statement (actual vs. budget)	Period's Recognized income decomposed into earmarked and non-earmarked Period's Itemized costs per target/priority Period's result Year-to-Date recognized income decomposed into earmarked and non-earmarked Year-to-Date itemized costs per target/priority Year-to-Date result	Monthly	The exact itemization of costs should be subject to further analysis, however, cost should at least be decomposed into salary related and activity related costs. Significant budget deviations should be commented
Balance Sheet	Account receivable (A/R) indicating recognized, but not yet received funds Accounts payable (A/P) indicating recognized but not yet paid costs.	Monthly	Itemization of A/R on donors and A/P on vendors should be available on request

It is recommended that these reports cover the current accounting year and the projection for the next accounting year. They would also show variances against budget & last year. Budgets should be phased according to the predicted inflow and outflow of funds where appropriate. The reports to be seen by the Board and the Executive Committee should be structured to show performance by Working Group, SRN, and the Secretariat separately. This is to take into account that sometimes funds flow directly to Working Groups or SRNs and do not pass through the Secretariat.

Financial reports will be made monthly to the Executive Committee, with more comprehensive reports developed at six monthly intervals for the Board Meetings, and a full financial report at the close of the financial year.

The Finance Committee is responsible for working with the Secretariat to ensure that the appropriate reports are prepared regularly and in a timely fashion to meet the needs of the Partnership mechanisms. The Secretariat in turn will work with the Working Groups & SRNs to ensure they report correctly and in a timely fashion.

Performance Reviews:

The Executive Director should have an annual performance review conducted by the Board Chair (who may choose to delegate this to the Vice Chair) and up to two other senior Board Members. This will take place at a time that allows it to be fed as necessary into the formal and administrative performance review process of the hosting agency.

It is recommended that the Board devote some time at the November Board meeting each year to review its own performance and that of the Partnership. This discussion will enable priority challenges and areas for improvement to be identified and steps taken to address them ahead of the strategic planning discussions at the May Board meeting. It has also been proposed that the Partnership engage an external organisation to present an independent review of the Partnership's performance to the Board annually or bi-annually. If this proposal is accepted, then this report could form the basis of the Board's discussion of the Partnership's performance.

Mention has been made of the performance reviews of the SRNs and WGs at Board meetings in the previous section.



FINANCIAL IMPLICATIONS

It is not envisaged that the recommendations outlined in this report will incur any additional costs to the Partnership. There are no recommendations for increased staffing as the planning, budgeting, and reporting mechanisms are designed to be implemented by the current organisation. The costs of the SRN Focal Points are already included in the existing budget for at least two years.



REQUESTED BOARD ACTIONS

The Board will be asked to approve or amend the report and recommendations of the Task Force, specifically:

1. To clarify if the Board has agreed on the hybrid operating model recommended by Dalberg in the External Evaluation¹².
2. To endorse the roles & responsibilities set out in this document.
 - a. *Convening, Co-ordinating, Facilitate Communication* roles of the Partnership
 - b. Roles of the various groups of partners
 - c. Roles of the various Partnership Mechanisms
3. To endorse the accountability framework set out in this document.
4. To endorse the planning system set out in the document:
 - a. Task the Executive Committee & the Finance Committee to have this planning structure in place by the May 2010 Board Meeting
 - b. Task the Executive Committee & the Secretariat to bring the 2010-11 HWP up to the standards recommended in this report.
 - c. Task the Executive Committee to have a 5-year Strategic Implementation Plan developed for review by the Board at the May 2010 Board Meeting
5. To task the Secretariat to build into their reporting the targets and Key Performance Indicators already identified by Task Force 1 & the MERG, and to task the MERG to develop any further targets and KPIs needed to ensure the Board has the information to measure performance of the Partnership & its Mechanisms.
6. To task the Secretariat, Working Groups, SRNs to put in place the reporting & performance review system recommended in this report and for this to be fully up-and-running by the May 2010 Board Meeting.
7. To endorse the majority recommended accountability structure for the SRN Focal Points and to task the Secretariat to put this in place by the May 2010 Board Meeting. Appropriate Service Agreements with the hosting organisations to be negotiated and signed by the May 2010 Board Meeting.
8. To task the Board Chair and Vice Chair to establish a performance appraisal system for the Executive Director and to work out a system to ensure that this is the primary tool used by the WHO in their annual performance appraisals.
9. To task the Executive Committee to negotiate a Service Level agreement with the WHO as the hosting agency for the Partnership.
10. To task the Chair, Vice-Chair, & Executive Director to set up a regular (6-monthly) meeting with the WHO Director-General to discuss the progress of the Partnership, issues with the hosting relationship, and other matters of mutual interest.
11. To task the Secretariat, WGs Chairs, & SRN Chairs to review their roles & work plans are aligned with those recommended in this report, and that any overlaps are identified and resolved.
12. To task this Task Force to work with the Secretariat, WGs Chairs, & SRN Chairs to develop reporting templates and administrative processes & structures that meet the approved recommendations included in this report.
13. To discuss the suggestion made to the Task Force of engaging an external organisation to perform an independent annual review of the Partnership's performance and to agree or not if this will be implemented.
14. To extend the mandate of this Task Force to work with the Executive Committee, Secretariat, and Partnership Mechanisms to ensure that these recommendations are put into effect by the May Board Meeting in 2010. The Task Force to report back to the Board at the May 2010 Meeting on this, and to submit monthly reports to the Executive Committee on progress in the period in between.

¹² The operating model of the Partnership will affect how the recommendations of the Task Force will be implemented in detail.



ADDRESSING EXTERNAL APPRAISAL FINDINGS & RECOMMENDATIONS

External Evaluation	Relevant Recommendations
<p>Board:</p> <p>Does not engage fully in planning, fundraising, and accountability (both programmatic as well as financial).</p> <p>Should increase its role in raising funds for the Partnership.</p> <p>Ensure that the Secretariat & SRN Focal Points are fully funded for a three year period to be able to execute their work plans.</p> <p>Increase its role in overseeing the Partnership's finances.</p> <p>Revise the planning process to ensure that planned activities are fully funded. If they are not then they must be revised so that the activities match the funds available.</p> <p>The Board & Secretariat should develop a 3-5 year Strategic Plan that connects the targets in the GMAP to the annual work plans & budgets of the Partnership Mechanisms</p> <p>The Board should establish a formal process for regularly evaluating the performance of the RBM Executive Director, potentially through a small Board committee that also participates as an observer in WHO's formal staff-assessment process.</p> <p>The performance of Working Groups and SRNs should be evaluated at regular intervals.</p> <p>The Board should hold partners accountable for instances in which their actions are not aligned with their commitments.</p>	<p>Recommended planning & reporting process will increase engagement of the Board in these matters. Clear commitments and accountability from partners, especially on funding, will address this issue.</p> <p>By establishing the principle of no unfunded activities to be included in the HWP, this will highlight where funds are needed and concentrate the Board's mind on addressing identified funding gaps.</p> <p>By establishing the principle of no unfunded activities to be included in the HWP, this will highlight where funds are needed and concentrate the Board's mind on addressing identified funding gaps.</p> <p>By implementing the recommended financial reporting system, the Board will have the information to properly oversee the financial situation of the Partnership.</p> <p>By establishing the principle of no unfunded activities to be included in the HWP, this will highlight where funds are needed and concentrate the Board's mind on addressing identified funding gaps.</p> <p>The recommendations include a 5-year Strategic Plan, the first version of which should be presented to the Board by May 2010.</p> <p>Recommendations include a formal appraisal process involving the Board Chair & Vice Chair. Discussions to take place with the WHO on how to incorporate this into the formal process of the hosting organisation.</p> <p>The recommended reporting system will ensure that SRNs and WGs are regularly evaluated.</p> <p>By ensuring that responsibility for all activities in the HWP and Board resolutions are clearly assigned, partners can be held accountable for keeping to their commitments.</p>



<p><u>Secretariat:</u></p> <p>In areas in which the Secretariat work plan overlaps with that of Working Groups (for example, in coordinating advocacy, providing technical assistance), the roles of the Secretariat and those of Working Groups, SRNs, and country partnerships should be reviewed and clarified.</p> <p>The review of Secretariat performance should be included in the regular review of performance through the Board and its committees; performance evaluation should be conducted against the Secretariat's mandate and Board requests.</p>	<p>Recommendation includes this review carried out in the light of the roles & responsibilities set out in this report.</p> <p>The recommended reporting system in this report will ensure that the performance of the Secretariat can be evaluated against its detailed work plan.</p>
<p><u>Working Groups</u></p> <p>Working groups with mandates that border on normative issues addressed by WHO working groups should review their scope of activities jointly with WHO working groups and refer back part or all of their activities to these groups, if deemed appropriate.</p>	<p>By clarifying the roles of the WGs, the overlap identified here will be removed and there should be clarity on the need to retain the WGs in question as Partnership Mechanisms.</p>
<p><u>Sub-Regional Networks:</u></p> <p>The RBM Partnership should clearly define its relationships to both SRNs and country level partnerships, and the benefits and requirements of affiliation.</p>	<p>This report recommends a framework for the SRNs and the Focal Points to operate that will clarify their roles and improve their accountability.</p>
<p><u>Hosting Organisation:</u></p> <p>The Secretariat and WHO should implement a process to jointly review the hosting relationship every six months and to resolve any programmatic and / or administrative issues.</p>	<p>The report recommends a 6-monthly meeting with WHO DG for just such a review.</p>



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ANNEXES

Annex 1: Abbreviations used

CMWG	Malaria Case Management Working Group
GMAP	Global Malaria Action Plan
HWG	Harmonisation Working Group
HWP	Harmonised Work Plan
KPI	Key Performance Indicator
MAWG	Malaria Advocacy Working Group
MDG	Millennium Development Goals
MERG	Monitoring & Evaluation Working Group
MiP	Malaria in Pregnancy Working Group
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation & Development
PSMWG	Procurement & Supply Management Working Group
RBM	Roll Back Malaria
RWG	Resources Working Group
SRN	Sub-Regional Network
UN	United Nations
WG	Working Group
WHO	World Health Organisation
WIN	Scalable Malaria Vector Control Working Group



Annex 2: Roles & Responsibilities

The table below shows how the 6 roles identified by Dalberg correspond to the three roles outlined in this paper:-

		Dalberg Model of Roles	
Convene	<i>In Order To</i>	Co-ordinate	<ul style="list-style-type: none"> ▪ Forge consensus on goals, strategies, and plans ▪ Conduct advocacy & mobilise resources ▪ Co-ordinate, facilitate, align, & track partner efforts ▪ Provide tools, technical assistance, & capacity building ▪ Track malaria indicators
		Facilitate Communication	<ul style="list-style-type: none"> ▪ Share knowledge & experience ▪ Conduct advocacy & mobilise resources ▪ Track malaria indicators