World Health Organization
REGIONAL OFFICE FOR Africa

USAID
FROM THE AMERICAN PEOPLE

Draft Report

Joint USAID - AFRO Mid-term Review of the USAID Grant Number AFR-G-00-04-00001 for the Prevention and Control of Selected Communicable Diseases and for Reproductive Health in Africa.

5 - 8 June, 2007
Brazzaville, Congo

CONTENT

	EXECUTIVE SUMMARY	3
I.	**INTRODUCTION**	4
II.	**OBJECTIVES**	5
III.	**EXPECTED RESULTS**	5
IV.	**METHOD OF WORK**	5
V.	**PROCEEDINGS**	5
VI.	**WAY FROWARD/RECOMMENDATIONS**	19

ANNEX

Annex 1:	AGENDA	21
Annex 2:	SUMMARY OF MEETINGS BETWEEN USAID AND DIVISIONS	23
Annex 3	PRESENTATIONS	
Annex 3:	BUDGET BREAKDOWN FOR THE GRANT PERIOD 07-08	30
Annex 4:	PARTICIPANTS	31

EXECUTIVE SUMMARY

The joint USAID - AFRO Mid-term Review of the USAID Grant Number AFR-G-00-04-00001 for the Prevention and Control of Selected Communicable Diseases and for Reproductive Health in Africa was held in Brazzaville, Congo from 5th to 8th June 2007. The meeting brought together USAID representatives, and different programs and Divisions from AFRO. The Divisions and programs were: Division of Reproductive Health (DRH Division) (Child and Adolescent Health, Sexual Reproductive Health, Maternal and Newborn Health,) Division of AIDS, Tuberculosis and Malaria (ATM), Division of Disease Control (DDC)(Communicable Disease Surveillance and Response, Communicable Disease Prevention and Control, Vaccine Preventable Diseases) and Division of System Development (DSD)(Health Information Systems and Monitoring and Evaluation of National Health Systems, Essential Medicines and Human Resources for Health)

The meeting was opened by Dr Lusamba, the WHO/AFRO Director of Program Management on behalf of the Regional Director

The meeting provided an opportunity for USAID and AFRO to review program achievements from 2004 to 2007 and the draft proposals for the grant period 2007-2008. Apart from the presentations and plenary discussions the USAID team had separate meetings with the different divisions with detailed discussions. Specifically, the following results were achieved during the consultation: AFRO shared Information on new strategic directions, organizational structure, including names of new staff; the accomplishments from the inception of the new grant in 2004 to now were reviewed; USAID provided an update on new developments including programming directions, assistance mechanisms, the Africa 2010 Project, and timing for grant financial accruals and activity reports; the harmonization of USAID and other partners grant with AFRO planning cycle was discussed; the draft proposals from the different programs to be considered for the next grant amendment were reviewed; a consensus was reached on the way forward for the review of the National Professional Officers (NPO).

Recommendations:

1. AFRO programs to prepare the accrual reports for the 3rd quarter by mid-June.; quarterly accruals for future quarters are due mid September, mid December, and mid-March.
2. AFRO programs to revise the proposals taking into account the feedback received and will interact with relevant focal persons in USAID. Proposals should be officially submitted to Mary Harvey by the first week in July.
3. AFRO programs to prepare the annual report by end of September 2007 and to include reporting on the new indicators distributed by USAID along with the previously agreed ones.
4. USAID and AFRO to continue to strengthen the partnership and collaborate with different initiatives such as the Presidential Malaria Initiative (PMI), PEPFAR., as well as with USAID Projects and in particular Africa 2010.
5. AFRO and USAID to communicate for the preparation of the visit to Washington for the consultation with the Presidential Malaria Initiative team.
6. AFRO to hold a consultation to improve malaria partnership coordination in the Region.
7. USAID to provide information as soon as possible on the planning cycle.
8. AFRO and USAID to prepare the terms of reference for the NPO review and identify the source of funding.
9. AFRO and USAID to continue to interact to find the best way to organize the NPOs capacity building for resource mobilization.
10. DSD to send a concept paper for potential support by USAID using up to $100,000 coming from support provided to the three divisions to be funded under the current Grant.

The meeting was closed by Dr Lusamba, the WHO/AFRO Director of Program Management on behalf of the Regional Director.

1. Introduction

A joint consultation between the U.S. Agency for International Development Bureau for Africa (USAID/AFR) and the World Health Organization Regional Office for Africa (WHO/AFRO) was held in Brazzaville from 5-8 June 2006 to conduct the mid-term review of the USAID Grant number AFR-G-00-04-00001 awarded to WHO/AFRO for the prevention and control of selected communicable diseases and for reproductive health in Africa.

The current Grant was originally awarded in September 2004 and provided WHO/AFRO to date with a total obligation of Twenty Million, Three Hundred Twelve and Four Hundred One Thousand United States Dollars ($20,312,401) to support activities in WHO/AFRO's Division of Disease Control (DDC), Division of Family and Reproductive Health (DRH), Division of Acquired Immunodeficiency Syndrome (AIDS), Tuberculosis and Malaria (ATM).

The consultation involved different program areas supported with some of the USAID Grant funds. The areas of work supported by USAID include:

DRH Division:
- -Child and Adolescent Health (CAH),
- -Sexual Reproductive Health (SRH),
- -Maternal and Newborn Health (MNH)

ATM division:
- -Tuberculosis (TB),
- -Malaria (MAL)
- -HIV/AIDS (AIDS)

DDC Division:
- -Communicable Disease Surveillance and Response (CSR),
- -Communicable Disease Prevention and Control (CPC),
- -Immunization, Vaccine Preventable Diseases (IVD)

In addition to the above work areas, the consultation also involved staff from the Division of Health System Development (DSD) and the Partnership and Resource Mobilization Unit in the office of the Regional Director.

The main purpose of the consultation was to review the progress made since the inception of the Grant to date in various program areas supported financially and technically by USAID and other partners and to review the draft proposals for Grant period 2007-2008.

The meeting was opened by Dr Paul D. Lusamba, the WHO/AFRO Director of Program Management (DPM) on behalf of the Regional Director. He welcomed the USAID team and highlighted the successful collaboration between USAID and WHO in addressing public health priorities in Africa.

2. Objectives of the meeting

2.1. General Objective

To review program achievements from 2004 to 2007 and the draft proposals for the Grant period 2007-2008.

2,2 Specific Objectives

2.1 To share information on WHO/AFRO new strategic directions, organizational structure, including new staff;
2.2. To review accomplishments from the inception of the Grant in 2004 to date;
2.3. To discuss USAID's new development aid programming directions, assistance mechanisms, including the Africa 2010 Project, and timing for financial accruals and activity reports.
2.4. To discuss how to fit the Grant better into AFRO's planning cycles and other partners;
2.5. To review the draft proposals to be considered for the next grant amendment
2.6. To agree on the way forward on the long proposed review of the NPO's and on building capacity of staff at various levels on proposal writing and resource mobilization

3 Method of work

- Preparation by WHO/AFRO staff, prior to the review, of written draft reports on program achievements and proposals for the 2007-2008 period.
- Plenary presentations and discussions
- Meeting between the USAID team and each division to review and discuss progress reports and the draft proposals for the Grant period 2007-2008.

4 Highlights of the review findings and discussions

4.1 New WHO/AFRO strategic directions, organizational structure, including new staff

Dr Lusamba, DPM, presented the new strategic orientations of the WHO "Action in the African Region" for the period 2005-2009. The WHO Action in the African Region aims to uphold the vision of the Agenda 2020 of the attainment by all peoples in the African region of the highest possible level of health. WHO/AFRO Action is also in line with the WHO 11th Global Program of Work, the governing bodies resolutions and the agency decentralization process.

The WHO/AFRO strategic orientations have also considered the opportunity provided by recent international commitments on working toward reaching the Millenium Development Goals (MDGs) and by initiatives such the Global Funds to fight AIDS, Tuberculosis and Malaria (GFATM), Global Alliance for Vaccines and Immunization (GAVI), President Emergency Plan for AIDS Relief (PEPFAR), the New Partnership for African Development (NEPAD) Health Strategy, African Union resolutions and recommendations.

The five WHO/AFRO Strategic Objectives for the period 2005-2009 include:
1. Strengthening WHO support to countries
2. Strengthening health policies and systems

3. Promoting the scaling-up of essential health interventions
4. Enhancing response to the key determinants of health
5. Strengthening and expanding partnerships for health

Dr Lusamba underscored the challenges faced by countries in scaling up effective health interventions, mainly to the weak health systems and the poorly coordinated partner's actions. At the WHO level, he indicated that the two main challenges are the insufficient resources and the bureaucratic process.

As part of the decentralization process, WHO/AFRO is undertaking a re-organization of the inter-country support teams (ISTs) to bring the technical resources closer to countries. It is anticipated that the reorganization of the ISTs will also facilitate the integration and coordination of WHO support to countries.

In his presentation, Dr Lusamba also explained the new Global Management System (GSM) being put in place by WHO to streamline procedures and improve efficiency, transparency and accountability. Finally he concluded his remarks by presenting the new WHO/AFRO organogram.

Key discussion points

In response to questions raised by the USAID team on IST' composition, coordination and operations, Dr Lusamba indicated that until the current reform, the ICTs were programme-oriented, e.g. VPD, CSR, CAH, RPA, EHA. There was not much integration. They were located in several places in the region. They have now been brought to three locations, Burkina Faso for West Africa, Gabon for Central Africa and Zimbabwe for East and Southern Africa. He explained the role of the IST coordinator who will be directly supervised by the Regional Director. The IST members are all supervised by the IST coordinator as first level supervisor and the divisional director is the second level supervisor and they will keep a link with the relevant technical programs. The ISTs have a programme of work which derives from the AFRO Work Plan; its budget is decentralized and there is no need for the regional office clearance for the activities already approved in their program of work.

4.2 Program accomplishments from the inception of the new grant in 2004 to now

4.2.1. Report on achievements by Division of Family and Reproductive Health (DRH)

Dr. T. Ketsela, Director, Division of Family and Reproductive Health presented the achievements, challenges and future perspectives in the three areas of work supported by the USAID grant, namely Child and Adolescent Health including pediatric HIV, Maternal and Newborn Health and Reproductive health and Research.

4.2.1.1 Child and Adolescent Health (CAH)

The USAID Grant provides support for selected WHO/AFRO staff working on CAH activities: **at the Regional level**: A CAH Regional Advisor; **at sub-regional level**, one medical officer for Eastern and Southern Africa and one CAH Medical Officer (50% support from USAID grant) based in Ouagadougou, Burkina Faso with responsibility for scaling up of child survival interventions and for improving Family and Community practices. **At national level**, USAID Grant supports 50% of the salary of three CAH National Professional Officers (NPOs) in Ethiopia, Democratic Republic of Congo (DRC) and Nigeria.

The Regional Child Survival Strategy for the African Region developed by WHO, UNICEF and the World Bank and adopted by the 56th Regional Committee of Health Ministers in August 2006 builds on IMCI and broadens the approach. It advocates for the implementation at scale of a key package of cost effective child health interventions.

Pre-service training in IMCI is now being included in 80 health training institutions in 25 countries. In 2006/2007 IMCI pre-service was introduced in three (3) countries; established in three (3) countries; and, evaluated in one country.

In the area of improving health system, assessments of the quality of care were conducted in Senegal and Mali and Emergency triage Assessment and treatment (ETAT) training courses were conducted in Ghana, Zambia, Kenya and Malawi.

In the area of improving family and community practices, Senegal, Togo and Niger were supported to implement community management of childhood illness.

4.2.1.2. Making Pregnancy Safer (MPS)

Capacity building for MPS activities at country level was strengthened by maintaining National Professional Officers in Angola, Mozambique, Nigeria, and Tanzania. To date in these 4 countries the Road Map is elaborated, adopted and has been implemented through a joint budget plan involving all partners

Increasing advocacy for maternal and newborn health at country level by the development of REDUCE/ALIVE advocacy tools and national Advocacy plans in 3 countries

Capacity of regional office strengthened by the recruitment of a Regional PMTCT Advisor to support ten countries[1] in scaling up PMTCT activities including integration of PMTCT in maternal, newborn and child health services, access to antiretroviral therapy, training in the adaptation of the WHO PMTCT Generic curriculum and the development of roll out plan for training.
Support provided to more than ten countries to develop a national road map and district operational plan

Best practices on improvement of quality of MNCH care including community participation francophone countries (Mauritania and guinea) and 2 Anglophone countries (Zambia and Tanzania) documented and the process of dissemination on going.

Development of a Framework for the integration of PMTCT, FP, MIP and NUT into MNCH services developed.

[1] Angola, Cameroon, Kenya, Lesotho, Mali, Uganda, Swaziland, Tanzania, Zambia and Zimbabwe

4.2.1.3 Repositioning Family Planning (RHR)

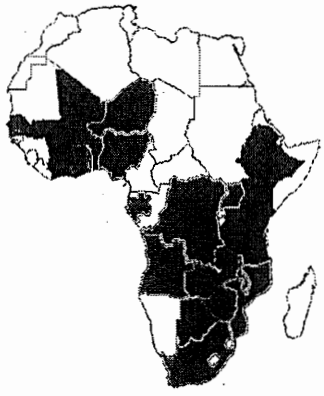
The "Repositioning Family Planning (RFP) 10-year Framework" was adopted by the 46 WHO African Member States in September 2004. This strategy aims to improve maternal and newborn health in the African Region through strengthening family planning (FP) services. An advocacy toolkit on RFP has also been developed to facilitate efforts for making family planning an agenda for all sectors.

Technical support was provided to countries on Adolescent Health through the recruitment of a Regional Advisor from 2004-2007.

The 4th Regional Reproductive Health Task Force including a special session on newborns was held in October 2005 in Addis Ababa, Ethiopia. The general objective was to promote community empowerment and resource mobilisation in the context of the implementation of the Road Map for accelerating the attainment of the MDGs related to maternal and newborn health in Africa.

A total of 20 experts including partners were oriented on integration of FP into RHMNCH services.

4.2.1.4 Nutrition



Technical, material, and financial support was provided to 12 countries to develop national infant and young child feeding (IYCF) strategy. Currently more than 26 countries have developed national strategies on IYCF with implementation plans. These countries are translating the Global Strategy on IYCF into action by developing national strategies based on the Global strategy,

Fig 1: Countries with national strategies on IYCF in 2007 (26)

Ten regional consultants from eight countries and 25 participants consisting of 20 Tanzanians and five (5) WHO staff were trained in the new Infant and Young Child Feeding Counseling: An Integrated Course. These consultants were experienced regional consultants that AFRO is using to build regional and national capacity in their Breastfeeding, infant feeding, and HIV counseling course.

Eleven countries developed a framework on Priority Action for infant feeding and HIV/AIDS bringing the total of countries with such a framework to 20. Financial, technical, and material

assistance was provided to eight countries to conduct national training of trainers in the Integrated Infant and Young Child Feeding Counseling Course.

4.2.1.5 Financial Report

(II) Budget summary 2004 – 2007*

Source	Budgeted	Committed	Disbursed	Balance
USAID	1,750,000	1,750,000	1,478,460	271,540
CDC	100,000	100,000	98,159	1,841
French Cooperation	198,758	198,758	43,053	155,702
European union	1,074,490	1,074,490	865,082	209,408
GTZ	165,929	165,929	165,929	0
HQ	971,304	971,304	216,820	754,484
RB	9,793,137	9,793,137	8,924,137	869,000
Grand Total	**14,053,618**	**14,058,618**	**11,791,820**	**2,261,798**

* As at 31 May 2007

USAID GRANT - FY06 (Oct. 06-Sep 07)	Total Grant	Total Expenditure	Unobligated Balance	% utilization
IMCI	1,339,118	908,557	430,561	68
MPS	500,000	372,023	127,977	74
RHR	208,362	105,310	103,052	51
Subtotal	**2,047,480**	**1,385,890**	**661,590**	**68**
USAID GRANT - FY05 (Oct 05 - Sep 06)				
IMCI	900,000	895,608	4,392	100
MPS	750,000	606,437	143,563	81
RHR	200,000	189,116	10,884	95
Subtotal	**1,850,000**	**1,691,161**	**158,839**	**91**
USAID GRANT - FY04 (Oct 04 - Sep 05)				
IMCI	1,145,820	1,145,820	0	100
MPS	500,000	500,000	0	100
RHR	208,450	208,450	0	100
Subtotal	**1,854,270**	**1,854,270**	**0**	**100**
Grand Total	**5,751,750**	**4,931,321**	**820,429**	**86**

4.2.1.6 Challenges

More efforts are needed by national governments and partners to improve maternal newborn and child survival outcomes because current efforts are way below what is required. Challenges in implementing maternal newborn and child health interventions include: inadequate resources for scaling-up MNCH, implementation to achieve impact, mobilizing funds within countries, including effective utilization of newly emerging sources of funding, and weak health systems.

4.2.1.7 DRH Future Perspectives

These include:

1. Rapid scale up of integrated child survival and maternal health interventions in priority countries to achieve impact in reducing maternal and under five mortality,
2. Strengthening WHO regional, sub-regional and country capacity,
3. Increased emphasis on integration of activities with other units / programmes (Maternal health, IMCI+MAL+EPI+NUT+HIV), linking RH and HIV programmes and services,
4. Increased attention to health system strengthening, increased emphasis on advocacy and local resource mobilization (including tapping new resources),
5. Monitoring and evaluation to demonstrate impact.

4.2.1,.8 Key discussion points

- A set of indicators agreed on in 2004 should be used in monitoring progress.
- The reports should be enriched by adding mortality trends both for maternal and child health.
- Identify appropriate ways for accessing funding such as GAVI-HSS, GF, PEPFAR to strengthen maternal and child health and nutrition. Two workshops were conducted to build capacity of WHO/DRH staff and key consultants in developing integrated proposals to GF for Anglophone and francophone countries in April and May 2007.
- USAID requested that the financial report should show the portion of the grant that is used for staff support and activities.
- If possible include in the report information showing how catalytic funds from USAID has enabled AFRO to establish or strengthen new alliances and mobilize more resources

4.2.2 Report on Achievements by the Division for Disease Prevention and Control (DDC).

4.2.2.1 Communicable Disease Surveillance and Response (CSR)

USAID support has contributed to the significant achievements of WHO/AFROs Communicable Disease Surveillance and Response (CSR) in 2005-2006. Forty-three (43) out of the forty-six (46) Member States of the WHO African region are implementing the Integrated Disease Surveillance and Response (IDSR) strategy. Thirty-two (32) countries have achieved the target of training health workers in at least sixty percent (60%) of their districts. 12 countries (Benin, Burkina Faso, Ethiopia, Gambia, Ghana, Kenya, Mali, Malawi, Namibia, Niger, and Uganda) have introduced IDSR training in their

undergraduate and public health postgraduate training programs. All countries are reporting trends on priority communicable diseases have been produced than ever before and the use of surveillance and response information is being promoted through generation of reports, feedback, and production of bulletins. The number of countries producing weekly epidemiological feedback bulletin has increased from 24 in 2004 to 33 in 2007. To enhance the regional office support to countries, a regional Rapid Epidemic Response Network was established and its members (composed of epidemiologists, clinicians, social mobilization experts, and logisticians) were oriented on the principles and standards of WHO procedures for epidemic control. The network members participated in the investigation and control of Ebola and Marburg outbreaks reported in Congo and Angola. Emergency stocks of drugs, vaccine, equipment, and reagents were also made available to countries and fourteen countries have elaborated their Epidemic Preparedness and Response (EPR) plans.
In 2006, the following technical support was provided to Member States to respond to major outbreaks.

- Avian Influenza: Nigeria, Cameroon, Niger, Burkina Faso, & Cote d'Ivoire
- Cholera: Ethiopia, Angola, Senegal, Uganda, Sao Tome and Principe, Tanzania and Equatorial Guinea
- Meningitis: Burkina Faso, Niger and Uganda
- Yellow fever: Togo, Burkina Faso, Cote d'Ivoire and Guinea
- Plague: DR Congo
- Rift Valley Fever: Kenya
- Chikungunya: Mauritius, Seychelles

A Regional ad-hoc expert panel and Working Group on pandemic influenza are in place to support countries in the development of Avian and Pandemic preparedness and response plans. All countries have prepared national preparedness and response plans for pandemic influenza and put in place a multi-sectoral and multi-disciplinary task force to coordinate avian influenza preparedness and response. Forty-two (42) countries participated in the inter-country avian influenza training of trainers training sessions. Four participants consisting of an epidemiologist, clinician, laboratory expert ,and the DPC attended the course.

All major outbreaks that occurred in 2006 and first half of 2007 were laboratory confirmed through the laboratory networks. The External Quality Assessment (EQA) in bacteriology has been extended to cover the whole national public health bacteriology reference laboratories. Sixty-nine (69) laboratories from all 46 Member States are currently participating in this program. A regional network of laboratories has been established to support Member States in diagnosis of H5 influenza. Technical support to countries experiencing avian influenza outbreak was also provided.

4.2.2.2 Immunization and Vaccine-Preventable Diseases (IVD)

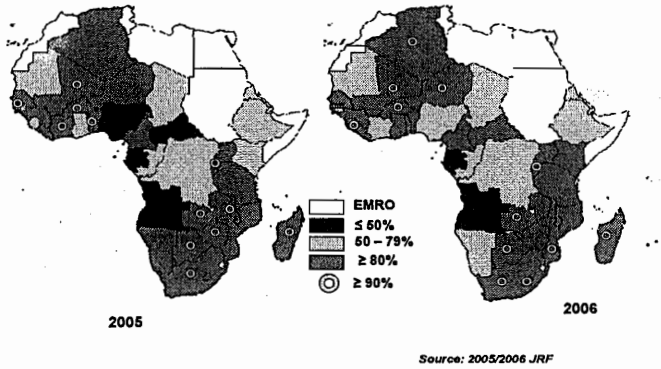
WHO/AFRO's goal is to support Member States for implementing sustainable interventions to control vaccine preventable diseases and achieve maximum impact on child survival. This is being done within the framework of the "Regional Strategic Plan for Expanded Program of Immunization (EPI) 2006–2009" and the WHO/UNICEF "Global Immunization Vision and Strategy" (GIVS) for 2006-2015 and will contribute to the attainment of the health targets of the MDGs.

In 2006 the following priority program objectives were set for enhancing the routine delivery of immunization services:

- Focus support on the Big 4 (Angola, DRC, Ethiopia and Nigeria) and the countries Central African Block of WHO/AFRO
- High advocacy on introduction or continuation of Hib vaccination
- Support countries to improve data quality (DQS) and to develop Comprehensive Multi-year Plans (cMYPs)
- Ensure sustainable supply, quality and management of vaccines
- Support to integration through routine immunization

To reach these objectives, WHO/AFRO provided financial and technical support to 40% of countries for comprehensive multi-year planning, use of data quality self-assessment tool as well as vaccine management tools; seven (7) inter-country and 12 in-country training sessions were held on MLM, vaccine management and regulation; and the first "African Vaccine Regulatory Forum" was held to foster exchanges between African regulators and with others (U.S. FDA, etc.). These efforts resulted in the following main achievements:

- Routine DTP3 coverage rose from 73% in 2005 to 82% by end 2006.
- Number of countries with DTP3 < 50% was reduced from 5 in 2005 to 3 in 2006.
- Routine health services integrated with childhood immunization vitamin A (32 countries), anti-helminthes (12 countries), ITNs (11 countries), promotion of breast feeding, use of ORT for diarrheas, etc.



Source: 2005/2006 JRF

In the area of integrating immunization with other health interventions, several tools and a "Strategic Framework for Integration of Child Survival Interventions" were developed and disseminated. Several interventions were also delivered within EPI activities: Vitamin A, de-worming, Health Education and ITN distribution (during campaign and routine). The roles and responsibilities of VPD Surveillance Officers were expanded beyond AFP, measles and MNT to include IDS & outbreak investigation & response, avian Influenza preparedness, IMCI assessment and anti-retroviral therapy monitoring and evaluation.

The following priorities are set for 2007:

- Increase & sustain routine immunization coverage through reaching every district (RED) & integration with other child health interventions
- Increase capacity of immunization services through:
  - Integrated training on EPI and child health
  - Updating of EPI curricula in pre-service training
  - Networking among medical and nursing schools
- Improve supply, availability & quality of vaccines through support to vaccine management, regulation and procurement activities
- Increase sustainability of national immunization programs through cMYP planning and strengthening resource mobilization activities.

Regarding polio eradication, as of 23rd May 2007, 105 wild polio virus were reported in three (3) countries (Nigeria, DRC and Niger) versus 377 for the same period in 2006.

Key Discussion points

The issue of country selection and rational for recruiting NPOs or international staff was discussed. Beyond giving priority to the big 4 (Angola, DRC, Ethiopia, Nigeria), other specific criteria such as the magnitude of problem and reporting are used to select countries for posting NPOs.

WHO/AFRO indicated that USAID seed funds are still needed even if other partners are now funding the immunization campaigns. There is still a need to strengthen the routine immunization service delivery system. . In the era of capacity building, IVP will continue to seek and enhance the collaboration with DRH, DSD and other programs.

4.2.3 Report on Achievements by the Division of HIV/AIDS, Tuberculosis and Malaria (ATM)

Dr Rufaro Chatora, the Director of the Division for AIDS, TB and Malaria presented the objective of the division which is to fight AIDS, TB and Malaria. He indicated that the scope of the USAID Grant covers Tuberculosis, Malaria and Pediatric HIV under the Division of Reproductive Health.

4.2.3.1 Malaria Prevention and Control (MAL)

As part of the program activities supported by the USAID Grant and other partners, WHO/AFRO has been able to develop and disseminate a set of guidelines and technical documents to inform malaria policy and program development in African countries. The technical guidelines developed include:

- the strategic framework for malaria prevention and control during pregnancy which provides strategic guidance for malaria control during pregnancy; and has been widely disseminated;
- a statement was developed and disseminated on the use sulfadoxine-pyremithamine (SP) for intermittent preventive therapy for pregnant women in African countries in light of increase spread of resistance to SP.
- the guideline for Malaria Strategic planning, has been reviewed and updated to facilitate evaluation and development of national strategic plans;
- other guidelines were developed by AFRO in the area of Community based interventions, Home Management of Malaria, Case management, monitoring and evaluation of malaria programs.

Noted achievements have been reported in scaling up essential malaria control interventions, including the expansion of IRS coverage in 2005-2006: over five (5) million structures were sprayed, protecting more than 20 million people in 20 countries. The average operational coverage was 84% ranging from 65% in Botswana to 98% in Madagascar. In Central Africa epidemiologic bloc, coverage rates for the three countries deploying IRS were: 93.8% for Sao Tome and Principe, 80% for Equatorial Guinea, and 60.8% for Angola. The distribution of insecticide-treated nets has expanded: over nine (9) million insecticide-treated nets were distributed in 11 countries in 2006, through antenatal clinics or in integration with immunization campaigns. This was achieved in collaboration with the Immunization Program and partners. The IPTp strategy is adopted in all the 35 endemic countries where it is recommended. Of the 35 countries 20 are already implementing the strategy country-wide and 15 are doing it in limited areas

Regarding malaria treatment, in 2006 and 2007, six (6) additional countries were supported to adopt Artemisinin-based Combination Therapy (ACT) policies and 14 countries received assistance to implement and monitor the policies. To date, 39 countries have adopted ACTs compared to seven (7) in 2003, and 20 at the end of 2004. There are currently 25 countries implementing the ACT Policy compared to 4 countries in 2004.

Technical support has been provided to scale up the implementation of Community Based Interventions (CBIs) in 15 countries. CBIs implementation profiles were compiled for 20 countries

WHO/AFRO has made significant progress in strengthening of partnerships to fight malaria. The collaboration with the U.S. Presidents Malaria Initiative (PMI) has been very successful. WHO/AFRO and PMI organized joint missions in 13 countries for field assessment, planning, monitoring and evaluation (M&E) of national malaria program activities.

Global Funds for Malaria approval and funds disbursement have been improving since 2004 as a result of support provided by WHO and partners for proposal development; grant negotiation and implementation.

WHO/AFRO has also provided direct technical support to the 17 countries selected for the World Bank Malaria Booster Program

With USAID/MAC resources, technical and financial support was provided to Central Africa and West Africa Networks for Monitoring Antimalarial Treatment.

WHO/AFRO supported 12 countries (Kenya, Tanzania, Zambia, Rwanda, Ghana, Niger, Burundi, Democratic Republic of Congo, Madagascar, Angola, Ethiopia, Botswana) to build and/or strengthen national M&E systems including capacity building for data management. AFRO also supported surveys such as Malaria Indicators surveys, Post ITN campaign distribution surveys, and health facility survey to monitor the quality of the implementation of ACT policy. AFRO produced the Africa Malaria Report 2006 and Country Profiles 2006. M&E staff salaries were paid thru the USAID grant.

For the financial report for the Malaria program, from 2004 to 2007 USD 20,130, 821 were committed and USD 16,664,334 disbursed plus USD 2,166,363 for Program Support Cost.

Malaria financial report in US $ for the period 2004-2007

2004-07	Budgeted	Committed	Disbursed	Balance
USAID	2,884,945	2,799,945	2,720,753	85,000
DFID	5,089,381	4,608,381	4,589,723	481,000
DFID-SAMC	3,970,099	3,889,861	2,608,330	80,238
CIDA	2,953,686	2,811,683	1,771,418	142,003
USAID-MAC (MAL Only)	1,632,965	1,615,063	925,000	17,902
WHO-HQ	1,240,000	1,090,203	853,206	149,797
World Bank	1,442,478	417,685	0	1,024,793
Regular Budget	2,898,000	2,898,000	2,898,000	0
Subtotal	**22,111,554**	**20,130,821**	**16,664,330**	**1,980,733**
PSC (13%)			2,166,363	
Totals				

4.2.3.1 Tuberculosis Prevention and Control (TUB)

In the WHO/AFRO program area of Scaling up of Community TB Care, the number of countries with plans and implementing CTBC has increased from 17 in 2004 to 30 in 2007. Malawi and Uganda have reached country wide coverage of CTBC services. A positive outcome is the

reduction in default rates from 15% to <10% in 7 countries. The USAID Grant provided funds to maintain staff positions at the regional office (RO) and WHO country offices (WCO) to support CTBC activities.

WHO/AFR has provided technical and financial assistance to Kenya, Malawi and Uganda to pilot test approaches for improving quality of interventions in CTBC. The results of the pilot test would soon be made available.

Regarding TB/HIV activities, by December 2006, 34 countries have been supported to implement TB\HIV interventions. These involve screening for HIV in TB patients and for TB in HIV\AIDS patients. As a result, Tb patients accessing HIV testing, preventive treatment and ARVs are increasing.

In general, the TB case detection rate has leveled off since 2003 and perhaps declined slightly in 2005. The treatment success rate has not changed much since 1999 though there is a slight increase in 2005; however Africa remains far from the set targets for 2006. The possible explanations include the effect of HIV; overestimation of the number of cases and of course high default rates. There is a need to undertake research to establish reasons behind these trends.

The TB financial report showed USD 3,716,799 Committed and USD 3,258,782 disbursed

TUB financial report in US $ for the period 2004-2007

Source	Budgeted	Committed	Disbursed	Balance
USAID	3,716,799	3,716,799	3,258,782	458,017
HQ	1,151,800	1,151,800	1,151,800	59546
RB	0	0	0	0
Grand total	**4,868,599**	**4,868,599**	**4,410,582**	**517563**

Dr. Chatora concluded the presentation by underlying the good progress in malaria control which needs to be consolidated and to focus on improving quality of services in prevention and treatment. He also highlighted the need to ensure improvement in key tuberculosis indicators and quality of services.

Key Discussion points

- The USAID team expressed the need to know more about the AFRO AIDS programme beyond the PMTCT and pediatric HIV care already funded under the current grant. The focus for AFRO is mainly on PMTCT; Pediatric care; strengthening health system including diagnosis and laboratory capacity; surveillance, monitoring and evaluation including drug resistance; male circumcision, and ART expansion.
- The issue of a TB focal person and technical documents for advocacy, communication and social mobilization was raised by USAID. The process to recruit that person is ongoing and will be finalized shortly. AFRO is also working to finalize the regional strategy for advocacy and social mobilization
- The importance of MDR/XDR TB was also discussed. AFRO has now a dedicated person based in Harare to work on the issues since the problem is more in Southern Africa.

- The USAID team enquired about WHO collaboration with the GFTAM. AFRO is supporting the countries for capacity building in proposal development, grant negotiation and implementation.
- The issue of malaria Monitoring & Evaluation in a context of multiple partners was raised. The malaria program is working with WHO Global Malaria Program (GMP), Roll Back Malaria M&E Reference Group (RBM/MERG) and PMI to harmonize the approaches and indicators for M&E. The grant period 2007-2008 will continue to focus on M&E. AFRO is also planning with PMI, World Bank and other partners to support 10 to 15 countries in 2007 to develop and cost M&E plans
- The issue of household ITN possession and use after mass distribution campaign was raised. AFRO is working with partners such as CDC and the measles malaria partnership to undertake post campaign survey to monitor the usage of ITNs and to advice countries to take corrective action when necessary
- The USAID team appreciated the good collaboration between WHO and PMI

4.2.4 Presentation by the Division for Health System Development (DSD)

It has been noted that the efficiency and effectiveness of all interventions against the priority health problems (HIV, Malaria, TB, and MCH) depend highly on functional health systems. The WHO/AFRO Division of Health Systems and Services Development (DSD), is tasked to provide technical guidance for strengthening Health Systems to countries in the African Region.

DSD is providing support to countries to strengthen or build integrated primary health care by reinforcing the national and district health systems functions of stewardship, health financing, resource creation, and better services delivery through (i) the development and implementation of community oriented health policies and realistic plans within the context of national socio - economic development; and the improvement of health services performance in terms of quality, effectiveness, efficiency, coverage and equitable accessibility. The assistance to countries is provided through the three (3) Inter-Country Support Teams in Harare, Libraville, and Ouagadougou, the Country Offices and a number of collaborating centres and institutions.

During the current biennium, DSD's emphasis is on: (i) the strengthening of leadership in health (Conducting Health situation analysis; Developing national policies and strategic plans; Developing partnership mechanisms (SWAPs, PPP, intersectoral collaboration); Linking health to other national development frameworks (e.g. PRSPs, MTEFs); Managing health reforms; Enhancing intelligence and evidence generation and use); (ii) supporting policy implementation (Essential medicines supply and management; Blood safety; Health systems research; Health information systems; Quality of care; Health Financing and National Health Accounts) and (iii) supporting improving in service delivery (operationalization of district health systems through primary health care (PHC) strategy; strengthening health referral system; establishing and supporting the health system-community interface

The Division is currently leading the task force on scaling up essential health intervention that comprised all the priority programmes. The aim is to discuss and agreed on integration issues at the district level.

The potential areas of collaboration are:

- Health systems capacity building and improving performance
- Production and retention of skilled health worker

- Improving quality of health care and access to safe blood and essential medicines
- Strengthening regulatory capacity for pharmaceutical sector
- Community empowerment and non-state sector participation in health development.
- Strengthening of National Health Information Systems
- Monitoring and Evaluation of National Health Systems

Key Discussion points

During the discussion, a number of issues were raised including the partnership with NGOs and donors for the strengthening of national health systems, and the Health Manpower strategy for Africa. USAID will explore ways to provide seed money for some DSD activities on health systems strengthening. It was agreed to exchange information with the division on health systems related issues. USAID expressed its interest to work with AFRO in the task force for scaling up essential health interventions. Africa 2010 has expressed interest to work with AFRO in the national health Account.

4.3. USAID's new development aid programming directions and assistance mechanisms,

Ms. Mary Harvey assured the audience that the African Region is still a priority for USAID despite the proposed changes in the USG programming directions. She highlighted the need for standardized indicators for reporting and also for improved coordination and collaboration with the various partners in the field in order to impact the burden of diseases and health conditions in the African Region. Ms. Harvey reminded the meeting about the need to review NPO's work and see how it influences the countries performance. She expressed USAID commitment for more collaboration with AFRO and expressed her satisfaction about the partnership with AFRO.

As far as Grant management and reporting are concerned, Ms. Harvey indicated that USAID fiscal year runs from October 1st to September 30th. The format for annual reporting on activities was agreed upon since 1999.. USAID expects to receive the annual report of Grant implementation by mid September. . Quarterly financial accrual reports are regularly sent and help a lot to build confidence between USAID and WHO. Some USAID bilateral missions have provided funding for the grant. It is suggested that for those countries, quarterly accruals should be provided to the local USAID mission by the WHO country office (WCO). This interaction at country level would be an opportunity to build partnership, between WCO and USAID missions. The next quarterly accrual report should be submitted by mid June 2007.

Ms Mary Harvey has promised to give more information on new developments on the USAID side that might affect our joint activities. She requested that USAID and WHO/AFRO explore how to fit better the Grant into WHO/AFRO planning cycle.

4.4. Review the draft proposals to be considered for the next grant amendment

The USAID team met the different divisions and programs to review the reports and different proposal component. Reports from the divisional meetings are attached in annex.

4.5. Proposed review of the NPOs and building capacity of staff at various levels on proposal writing and resource mobilization

During the joint USAID, DFID and WHO/AFRO review meeting in 2005, it was recommended to undertake a review of the NPOs work. From AFRO perspective and experiences the NPOs are playing a critical role in the success of different programs at country level. The new AFRO decentralization process has provided an opportunity for the WCOs to perform a re-profiling exercise which will enable them to identify the required position based on country specificities and priorities.

WHO recognizes the need to have strong staff with critical mix of NPOs and international in its country offices. It is also recognized that the quality of NPOs vary from country to country. There are several reasons to undertake NPOs evaluation:

- An important portion of funds from grants provided by partners to WHO/AFRO is used to recruit NPOs
- Some bilateral partners are not well informed about the work of NPOs;
- Documenting NPOs achievements and success stories can provide materials for use to advocate for them and secure their positions by mobilizing more resources from partners.
- A review of NPOs will also provide an opportunity to get feedback on the RO and IST support to NPO and interaction between NPOs working in different programs;
- A review can also look at the function NPOs are performing compared to their original terms of references and to identify the need for capacity strengthening in specific areas.

After fruitful exchanges a consensus was reached to organize the NPOs review. The first step will be to agree on the terms of reference and methodology for the review and to identify the source of funding for the exercise.

The issue of capacity building for proposal development was raised as a way for WHO/AFRO to think about how mobilize new partners and resources to support various programs. A training was organized in 2005 for DRH staff, unfortunately, the follow up after training was not so good. Both WHO/AFRO and USAID welcome the idea of capacity building for proposal writing and resource mobilization strategy to diversify secured sources of funding for regional, sub-regional and country programs. The WHO/AFRO Partnership and Resource Mobilization Unit will prepare a concept paper to inform dialogue with USAID and other partners on how to help WHO/AFRO in this area of resource mobilization.

5. Way forward/ Action Points

1. WHO/AFRO programs to prepare the accrual reports for the 3rd quarter by mid June 2007;

2. WHO/AFRO staff to revise the 2007-2008 proposals to incorporate suggestions from the meeting and to interact with relevant focal persons at USAID. The Draft proposals should be submitted to Mary Harvey by the first week in July.

3. WHOAFRO staff to revise the draft annual reports based on the deliberations during this meeting and to prepare the final annual report by mid September 2007

4. USAID and WHO/AFRO will continue to strengthen the partnership and collaborate with different initiatives such as Presidential Malaria Initiative (PMI) and PEPFAR. And with USAID Projects and in particular Africa 2010 Project,

5. WHO/AFRO is invited to send a high level team to Washington to consult with Presidential Malaria Initiative team

6. WHO/AFRO to hold a consultation to improve malaria partnership coordination

7. USAID to provide information as soon as possible on the planning cycle

8. WHO/AFRO and USAID to prepare the terms of reference for the NPOs review and identify the source of funding.

9. USAID and WHO/AFRO to agree on the best way to organize the capacity building of staff at regional, ICT and WCO for resource mobilization

10. DSD to send a concept paper for potential support by USAID using up to $100,000 coming from support provided to the three divisions to be funded under the current Grant.

Annexes:

Annex 1: Agenda of the Consultation

DRAFT PROGRAMME OF WORK

JUNE 05

09.00 – 09.30:	**Courtesy visit to DPM.**
09.30 – 10.00: (DPM).	**Overview of WHO/AFRO strategic orientations and new structure**
10.00 – 13.15:	**Highlights by ATM, DDC, DRH and discussions on:** • **Grant accomplishments (achievements and financial reports)** • **Perspectives based on draft biennial plans for 2008/2009** • **Perspectives by DSD**
10.00 – 10.45:	*DRH*
10.45 – 11.00:	*Coffee break*
11.00 – 11.45:	*DDC*
11.45 – 12.30:	*ATM*
12.30 – 13.15:	*DSD*
13.15 – 14.30:	**Lunch with ATM, DDC, DRH and DSD**
14.30 – 15.15:	**Overview of USAID new development AID programming directions and processes**
15.15 – 16.00:	**Discussions (ctd).**

(19.00 – 21.00: Diner with DPM, ATM, DDC, DRH, DSD)

JUNE 06

09.00 – 12.30:	**Working session with ATM Team**
12.30 -13.30:	**Lunch**
13-30 – 17.00:	**Working session with DDC Team**

JUNE 07

9.00 – 12.30:	**Working session with DRH Team**

12.30 -13.30:	**Lunch**
13-30 – 17.00:	**Working session with DSD Team**

JUNE 08

09.00 – 12.30:	**Working sessions with Divisions (ctd)**
12.30 -13.30:	**Lunch**
13.30 – 16.30:	**Identification and prioritization of cross-cutting activities: Way forward on the review of the NPOs, strengthening capacity for Grant proposal development, Grant amendment process, management and reporting.**
16.30 – 17.00:	**Wrap up and closure of consultation.**

JUNE 09

USAID team members continue informal meetings with selected Directors and Advisors.

Annex 2: Notes from the USAID Team meeting with WHO/AFRO Divisions

Minutes of the USAID and ATM meeting 06 June 2007

Introductory remarks

Dr Chatora welcomed the USAID team and asked for suggestions on how to proceed. Ms. Harvey suggested to first review the progress reports before examining the proposals. She informed ATM about the change of malaria focal persons within USAID. She highlighted the PMI expansion to 15 countries in the African region and the important partnership with WHO. Ms. Harvey also appreciated the use by Tuberculosis and Malaria Units of the format previously agreed upon to prepare their reports.

Review of Malaria report and proposal

The USAID team asked for inclusion of the table on the budget report by expected results and for clarifications on the table in annex 1 reporting on some indicators. The Malaria team explained that the annex 1 table is for reporting on indicators for the current AFRO biennium and indicated that the table on budget report be included into the final report.

The USAID team indicated that the Annual Report on the accomplishment for the grant period 2006 – 2007 should be prepared by September 2007. In that report, the malaria program will need to emphasize the impact of interventions. USAID is also expecting to see countries reports from Rwanda, DRC to be reflected in the regional office one. It is suggested that WHO provides quarterly accruals and the annual report to the local USAID missions such as in Rwanda and DRC who have put some funding in the grant. This interaction at country level would be an opportunity to build partnership, between WCO and USAID missions. The next quarterly accrual report should be submitted by mid June 2007.

The issue of M&E in a context of multiple partners was raised: The malaria program is working with GMP, RBM/MERG and PMI to harmonize the approaches and indicators for M&E. The Malaria Indicators Survey (MIS) built consensus for household surveys and is being used by the different partners. More work is still to be done to harmonize the health facility survey. WHO is promoting the IMCI tools for health facility surveys which have been used for several years to monitor the quality of malaria treatment. Dr Duale suggested to disseminate M&E guidelines and other tools to health training institutions such as public health schools and nursing schools.

WHO guidance about ACT at community level was also discussed: WHO recommendation is clear : the first line drug for malaria treatment should be accessible and used at community level. With the new ACT policy, pilot studies are carried out in some countries to document the feasibility of community management of malaria with ACT using community health workers.

The Africa 2010 project expressed its willingness to work with WHO/AFRO to document and disseminate the experiences and lessons learnt about the use of ACT at community level as well as countries experiences on ACT pharmacovigilance.

The USAID team requested clarification about the shift of activities as compared to last grant period and wanted more attention be given to M&E and the support to PMI activities. Improvement will be made on these areas. More justifications will be needed in the proposal for the changes in staff proposed to be paid under the grant. The role of IDSR for malaria, TB and HIV surveillance was also discussed including the laboratory surveillance which is a key common area identified within the AFRO ATM Division.

Final recommendations: To improve the proposal and facilitate better understanding by indicating specific normative and technical assistance provided and by emphasizing WHO comparative advantage and strategic orientations The final proposal is expected to be ready by end of June, early July

Review of TB report and proposal

More information was requested about the sources of funding for WHO/AFRO TB program. The Italian funds are earmarked for countries and the NORAD funding terminated last year. There is a need to report on the impact of the implementation of quality care, the development of advocacy guideline and the guideline for community care that were mentioned as critical activities to be implemented in the previous grant period.

The USAID team mentioned the need to link the NPO's work to the performance at country level since an important part of the grant is used to pay the NPO's salaries. The annual report on the activities carried out with the USAID TB Grant for DRC is expected from the country.

The USAID team requested clarification about the shift of focus on the activities for the next grant period. It seems that the focus is more on MDR, XDR/TB and less on community DOTS and other prevention interventions. WHO/AFRO will continue to strengthen community DOTS in order to make sure that the TB indicators are improving. The Director of ATM Division indicated that DOTS remains the main strategy for TB in AFRO and it was taken into account during the re-profiling exercise at the regional office and IST levels as well as the plan of action (POA) for 2008 – 2009.

In revising the TB proposal will focus on the original priority areas of the grant and provide more justification about the need to address MDR, XDR TB.

WHO/AFRO proposes to conduct epidemiological sub-national studies in selected countries in to provide data for model for better estimates of TB cases. The general impression is that the number of expected cases has been overestimated as evidenced by a study carried out in Eritrea. Dr Sukwa will share the report with the USAID team. WHO/AFRO would like to explore the possibility for Africa 2010 to collaborate in this specific area.

The issue of recruitment for the advocacy, communication and social mobilization focal person was discussed. The process to recruit that person is ongoing and will be finalized shortly. It is important for AFRO to have that person because in many of the GFATM approved proposals for the TB component, advocacy and communication represent an important part and countries will

need technical support. Africa 2010 is ready to collaborate with WHO/AFRO and ECSA Health Community in capacity building for TB advocacy, communication and social mobilization. Clarifications were provided about the issue of data base for TB drug resistance monitoring.

Briefing on AFRO AIDS Program

USAID is providing financial support for OVC, PMTCT and pediatric HIV through the Division of Reproductive Health (DRH) but wanted to know more about the overall AFRO plan and potential needs and AFRO's partners and relationship with PEPFAR..

AFRO's first priority is to maintain staff at regional, country level and to recruit staff for the IST level in order to continue to ensure the WHO technical role. Sixty-four NPOs and 24 international staff are already in place at country level and the recruitment at IST level is going on. Additional countries like South Africa, Guinée Bissau, and Liberia have requested international staff.

Expansion of HIV in post conflict context has been acknowledged and WHO/AFRO plans to document lesson learnt and best practices to share and disseminate. USAID is willing to assist with resource mobilization for Liberia by linking the USAID mission and WCO.

Given the epidemiological context, the focus on PMTCT and pediatric HIV is a very important approach in the African region. VCT is still low and needs to be reinforced. The main areas of focus for AFRO are: testing and counseling; surveillance to monitor the trend of the disease; Drug resistance monitoring; lab capacity building; procurement and supply management system; capacity building; treatment and care including at community level.

The role of WHO/AFRO is mainly to support countries for strategic planning and implementation, monitoring and evaluation of HIV/AIDS programs. WHO/AFRO's role in the partnership coordination and alignment is also very important. WHO/AFRO plans to very quickly develop simplified guidelines for use at community and health center levels to address 3 ATM diseases. The USAID team emphasized the need to collaborate in the area of water sanitation and hygiene on interventions to prevent diarrheal disease for AIDS patients and also to prevent water borne diseases such as cholera.

Additional Discussion Topics

The issue of RBM partnership coordination with WHO was discussed. It is noted that while the RBM structure is clearly set up at global level, there is still some confusion at regional and sub-regional levels. This situation has for some time created confusion between WHO staff work and RBM activities at inter-country and country levels. It is important to find the best way to work together by clarifying the roles and responsibilities of different RBM partners. The Director of ATM Division will attend the next RBM board meetings to represent AFRO. WHO/GMP and WHO/AFRO are also contributing to the technical working groups within the RBM partnership. The collaboration with PMI and World Bank booster program and measles malaria partnership has shown good result at country level. It is important for WHO/AFRO to organize a consultation meeting of partners to discuss better collaboration of partners' interventions in the region.

ATM, MAL and the USAID team had a teleconference with Ms. Hope Sukin and Dr. George Greer of USAID Bureau for Africa in Washington to discuss the Grant review and RBM issues and agreed on that WHO AFRO should convene a consultation to improve partnership. USAID invited AFRO to send a high level team to Washington to consult with the PMI team.

Way forward

1. Malaria and TB programs to prepare report on accruals by mid June
2. Malaria and TB programs to revise the proposals after the meeting and to interact with relevant focal person at USAID and submit the proposals by the first week of July.
3. Malaria and TB programs to prepare the annual report by end of September
4. Malaria program to continue the collaboration with PMI for scaling of essential interventions and monitoring and evaluation
5. AFRO to prepare a high level team visit to PMI in Washington later this year;
5. TB program to advocate for a study to provide better estimate of Tb cases
6. TB to keep USAID and Africa 2010 updated on progress in hiring the TB ACSM Advisor and planned activities;
6. RPA to continue the discussion with USAID for future collaboration beyond the pediatric HIV and PMTCT and especially for the support to Liberia
7. AFRO to convene a malaria partnership meeting by end of 2007
8. ATM programs to consult further with Africa 2010 Project for future collaboration

Minutes of the USAID/DDC meeting 06 June 2007

Discussion with IVD team

Ms Mary Harvey drew the attention of IVD on the necessity to use the same format sheet as the other units and on one indicator under "Maternal and Child Health", namely the number of countries receiving support. She appreciated the report on progress and challenges from the countries where USAID supports the positions of NPOs to support routine EPI. The USAID Missions appreciate the NPOa The Senegal WCO regularly informs USAID mission on progress in immunization. Se was pleased to acknowledge the VPD Annual Report was one of the best reports but the revised report should include the support provided by other partners and follow the format established for Grant reporting in 1999.. She also wanted to discuss with VPD the detailed comments from USAID Missions as well as the criteria for selecting countries.

Regarding polio, she had concerns about the Regional Communication Officer being posted in Nigeria, far from the rest of the team. VPD promised to give her the reasons behind the decision to post the Communication officer in Nigeria.

Regarding the VPD Routine Immunization proposal, the following remarks were made:

- The objectives need to be aligned with those of the Regional Strategic Plan
- Talking about integration, there is a need to make the distinction between the impact of CHDs and real routine activities
- The wording "sustain coverage" posed problem as the goal is to increase coverage instead
- The support to service delivery in Nigeria must go beyond IPDs and address routine immunization services in the South as well

- A budget must be secured for using NPOs from some countries to support less performing countries
- A list of all staff supported with USAID funds should be provided
- USAID/Liberia obligated 100,000 to WHO/Liberia.- A clarification is needed as to the status of this Grant was requested.
- USAID would like to receive more information on the work done in training (details on training meetings to enable USAID participation) and the work on integration (copies of the produced documents to USAID)
- USAID will send AFRO the draft report of a meeting held in Washington between GAVI, UNICEF and WHO
- Immunization Basics is satisfied with the collaboration with WHO/AFRO and would likeg to continue to provide support in the areas of training and RED implementation
- USAID could provide experts to support communication activities
- The Africa 2010 has technical expertise, which could be made available to AFRO in the areas of monitoring and evaluation, advocacy, communication and dissemination, health financing and system strengthening.

Discussion with CSR team

Dr. Yada, acting DDC, asked Dr. Allanrangar, responsible Advisor for Epidemic Preparedness and Response (EPR) to give an overview of CSR activities and achievements

After the presentation and discussions, it was suggested that specific activities conducted with USAID funds for AI (e.g., January AI meeting held in Brazzaville, regional lab network for diagnosis of H5N1) should be added to the narrative.

USAID has developed a new set of indicators which should be reported in addition to the current ones in September 07.

Ms. Harvey informed the CSR Team that USAID could contribute an additional $500,000 for AI activities to complement the CDC funds. It is suggested that these funds might be used to fund IST positions in West Africa (Epidemiologist in particular). It was pointed out that the Central Africa block has similar personnel needs. There is also a critical need for contingency supplies at regional and IST levels .USAID suggested that CSR may need to revise the budget proposal to include contingency supplies.

The CSR team stated that with the conversion of ST positions to FT posts, allocation for staff support need to be increased. The CSR revised funding proposal will be submitted by next week including job descriptions for requested positions.

Ms.Harvey and Dr. Duale shared with the team the report on the recent meeting with CDC and USAID OFDA on Cholera. Dcouments from The WHO/AFRO meeting and an internal meeting held at CDC were shared. The idea was to move beyond just preparing cables, but develop a more proactive and comprehensive approach to cholera. This might include a joint activity to comprehensively address the problem in one of the Cholera affected countries. It was suggested by USAID that AFRO might convene a multi-partner meeting. The USAID/AFRO/CDC joint cable for cholera was also submitted as it was thought that some of the actions in the cable might be useful in the development of the proposal on cholera to be presented at the next regional committee

The meningitis situation was also discussed and Ms. Harvey provided a draft cable for WHO/AFRO review and input. The cable will be sent in advance of the next season.

Minutes of the USAID/DRH meeting 07 June 2007

The Director of DRH Division, Dr. T. Ketsela welcomed the meeting. She requested that each unit presents its report and proposal followed by discussion.

Mrs Harvey in her remarks recognized the fact that DRH has always been timely in submitting accruals and thanked the division for preparing good reports. It was highlighted that Dr. Bartley before retiring in November 2006 had trained one national officer to prepare accruals and as such the regularity should be maintained.

Dr. Duale, in his remarks observed that from a recent mission he conducted in Sierra Leone, it seems like guidelines developed by WHO are not reaching training institutions. Efforts should be made to disseminate widely WHO guidelines.

Reports

It was advised that the format used since the inception of the current grant in 2004 should be followed for annual report. An example of a malaria report was provided.

Reports should show the contributions of other partners- this is good to show that there is collaboration and partnership.

Reports should show the achievements beyond reporting activities implemented. It is important to include in the report information from countries where an activity implemented lead to change in policies, improved coverage in key child survival interventions, improved community practice in care seeking etc..

It would be useful to have more information on countries where NPOs supported by the grant are posted (e.g CAH: Ethiopia, DRC and Nigeria, MPS: Angola, Mozambique, Nigeria and Tanzania) in a way to show the contribution of NPOs to health programmes in those countries and demonstrate the added value of NPO's presence in the country. NPOs should be encouraged to link with USAID missions at country level to strengthen WHO/USAID partnership.

As much as possible the report should include information coming from countries on what happen after a strategy such as child survival strategy or Road Map on Maternal and Newborn had been adopted and how implementation is progressing.

Generally it was felt that we under-report our work. There has been more work that has been done than what is reported. Hence the importance of having country reports in a timely manner.

When changes have occurred during the course of the implementation of the grant, e.g staff moving from voluntary funding to regular budget funding, it should be highlighted in the report.

There is a need to be more detailed especially in stating the number of countries supported rather than stating " a number of countries"

There was a need to explain the criteria for selecting countries supported. It was explained that the criteria used include the following: high levels of mortality rates form mothers and children, high burden of disease, government readiness to address the health problem, among others.

There is a need to harmonize the expected results with the indicators, baseline and targets as defined in the initial main grant proposal in 2004.

It is always useful to report on activities which have been implemented in an integrated manner demonstrating strong collaboration of programmes at regional and country level Partnership between VPD and CAH in training and implementing child survival packages was highlighted.

It was highlighted that efforts should be made to capture what use has been made of M&E data.

Proposals

USAID mission request that the same formulation of the grant title and expected results be kept and if there are difference, provide some explanations.

It is useful to indicate if other partners are contributing to the achievement of a particular expected result. Also useful to indicate that the proposed activities are included in the DRH POA and is consistent with Regional Expected Results.

Child and Adolescent Health Programme and Maternal Health Programme agreed that CAH will implement activities listed under neonatal care and treatment as the newborn care focal person is in CAH. However these activities will be implemented in close collaboration with maternal health unit of DRH.

It was agreed that DRH programmes managers should continue the dialogue with various focal persons at USAID and finalize the proposals.

USAID mission asked reasons why the Task Force was no longer among activities to be supported in the next proposal. It was explained that after the last task force meeting in October 2006, the Regional Director had provided orientation to set up an Advisory

Committee on Maternal and child health in line with WHO rules. A proposal was made and is with the Regional Director for approval.

Tables including the outputs, activities and proposed budgets were reviewed and corrections proposed.

Next steps

1. Programmes to prepare the accrual report for the second quarter by end of June 2007
2. Programmes to finalise the reports by end of September 2007
3. Programmes to review proposals based on comments made, interact with USAID focal points and finalize them. The proposals should be signed by 30 September 2007.

Minutes of the USAID/DSD meeting 07 June 2007

The USAID team met with DSD advisors to discuss cross-cutting areas of collaboration with other Divisions for the strengthening of national health systems. The discussion focused on issues related to health information systems and monitoring and evaluation, essential medicines and human resources development for health.

Health Information Systems and monitoring and evaluation of national health systems

The Health Information System (HIS), has four sub-functions, namely data generation, data management (storing, processing, dissemination, communicating and sharing), data analysis and reporting, and data use. In fulfilling its functions, the HIS draws upon a number of sub-systems: Population-based sources (vital registration system, household surveys and census) and Service-based sources (health status record, service provision record and administrative record systems).

Issues related to community based health information systems, improvement of immunization coverage rate and vital registration of births and deaths have been discussed. There is a need to assist countries to build a monitoring system for district health systems that cuts across all diseases and to strengthen the national health information systems to provide timely and accurate information for decision making.

The USAID Team brought up the ongoing work of the Health Metrics Network and advised to continue to work closely with them. For the improvement of immunization coverage rate and health system issues, it was agreed to exchange the experience of polio programme and link with Experts working in this field in Nigeria and Ethiopia.

Essential Medicines

Regular availability of affordable essential medicines play crucial role in the delivery of health services. However, in most countries in the African Region, procurement and distribution systems are weak and lack adequate resources to support their efficient operation to meet the increasing demand. In order to address these challenges and improve accessing medicines, adequate resources and collaboration with partner organizations to strengthen national medicine supply and distribution systems is essential.

Some of the activities that can be done together with other priority programs include:

- developing tools for quantifying and forecasting of medicines;
- assisting in the preparation of national procurement and distribution plans;
- training personnel on effective supply chain management
- strengthening supply chain management information system and
- monitoring and evaluation of supply systems

Human Resources for Health

There is an unprecedented crisis of human resources for health (HRH) which is limiting access to effective health services, particularly the poor and the most vulnerable, and hindering the progress towards health development goals and targets such as the Millennium Development Goals (MDGs).

Some of the challenges/issues discussed:

- Technical capacity in human resources strategic planning and management is weak in most countries. There is lack of coordination between human resources planning and production. One contributing factor is that the HRH units are weak in terms of capacity/skills and cloud to enable them to strategically tackle and monitoring the complex HRH situation in countries.
- Shortage of health personnel in terms of numbers due to low production of health workers (training institutions unable to produce and replenish the diminishing stock of health workers) as well as due to migration of health workers. It is estimated that Africa needs approximately 1,780,057 million[2] health workers (i.e. doctors, nurses, midwives and other health workers) compared to existing that are 1,183,325 professionals. Furthermore due to long term of underinvestment in the overall health sector and HRH development in particular, has led to current under production of health workers in sufficient numbers to replace those who have left and pay for the retention efforts made by countries
- De motivated staff due to poor remuneration; working conditions and distribution of staff seriously affect the capacity of countries of the region, and hamper policy, planning, development and implementation of key health interventions.
- Each priority programs focusing on integration of its program into pre-service nursing and medical curriculum instead of strengthening the HRH division to strategically work with institutions and review curricula comprehensively.

[2] World Health Organization Regional Office for Africa 2006. Human resources for health statistics. Working document, Brazzaville, Congo.

The response to the HRH crisis is gaining momentum at all levels. More stakeholders, partners, alliances, networks and platforms for supporting the HRH agenda and committing resources have been established to address human resources for health issues. For example, the creation of the Global Health Workforce Alliance at international level.

The **operations and functions of the HRH team at regional level** were explained. It was explained that the Regional Office does not have a Human (manpower) resources Plan for Africa, however the programme operates under the guidance of the Regional Strategy for the development of human resources. The programmes function and provides technical support to countries under four main components:

- Support for development and reviewing and implementation of human resources for health plans and policies;
- Support for strengthening the education and training systems in countries
- Support to strengthening human resources management capacity (including motivation and retention strategies, etc)
- Generation of Information and research (HRH observatory)

Possible support/partnership with USAID

- To champion the reversal of the HRH crisis within the context of MDGs when making decisions /resolution on priority health programs/disease by including in grants to priority programs not only aspects of capacity building/training, but to have inbuilt motivating factors/benefits that will contribute to the retention of health workers.
- Support for Regional Office short term staff and NPO in some crisis countries to support governments efforts;
- Support for generation of evidence and research in HRH

Annex 3: List of Participants

Organisation/ WHO Division	Name	Tel / Email
USAID	Dr. M. Harvey Dr. S. Duale	**202-712-5483** **maharvey@usaid.gov** **202-884-8809** **sduale@aed.org**
DPM	Dr. P. Lusamba-Dikassa	
ATM	Dr. R. Chatora Dr. R. Vaz Dr. G. Ki-zerbo Dr. T. Sukwa Dr. S. Fall Mrs. V. Mfungue	
DDC	Dr Adamou Yada Dr. D. Nshimirimana Dr. M. Dicko Dr. E. Mutabaruka Dr. F. Kasolo Mrs. M. Nzeng Dr. Sam Okiro Dr Y Allarangar, Dr Guigui-Zoundi MT Mr A Mouhani, Dr Ali Ahmed ; Woodfill, Dr. Celia	
DRH	Dr. T. Ketsela Dr. D. Cabral Dr S. Mothebesoane-Anoh Dr. C. Delhot Dr. P. Habimana Dr. C. Sagoe-Moses Dr. A. Mbewe Dr. I. Toure-Diop Mr. H. Dibi Dr. G. Bartley Mr. F. Gamba Mr. P. Mbemba	
DSD	Dr. A. Diarra-Nama Dr. E. Soumbey-Alley Dr. M. Awases	
ERG	Mr. B. Cardoso Mr. A. Embounou	