

# **Independent Evaluation of the Roll Back Malaria Partnership 2004-2008**

**Final Evaluation Report**

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Geneva, September 2009

Evaluation team

## Abbreviations

ACT	Artemisinin-Based Combination Therapy
ADG	Assistant Director General
AMFm	Affordable Medicines Facility - malaria
CARN	Central Africa Sub-Regional Network
CMWG	Case Management Working Group
DFID	UK Department for International Development
DHS	Demographic Health Survey
EARN	East Africa Sub-Regional Network
EC	Executive Committee
EPI	Expanded Programme for Immunization
FC	Finance Committee
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMAP	Global Malaria Action Plan
GSP	Global Strategic Plan
HWG	Harmonization Working Group
IPTP	Intermittent Preventive Treatment in Pregnancy
IRS	Indoor Residual Spraying
ITN	Insecticide-Treated Net
IVM	Integrated Vector Management
LLIN	Long-Lasting Insecticidal Net
M&E	Monitoring and Evaluation
MAWG	Malaria Advocacy Working Group
MDG	Millennium Development Goal
MERG	Monitoring and Evaluation Reference Group
MESST	Monitoring and Evaluation Systems Strengthening Tool
MIP	Malaria in Pregnancy
MICS	Malaria Indicator Cluster Survey
MIS	Malaria Indicator Survey
MOU	Memorandum of Understanding
MPWG	Malaria in Pregnancy Working Group
NGO	Non-Governmental Organization
NMCP	National Malaria Control Program
OR	Operational Research
PMI	President's Malaria Initiative
PR	Principal Recipient
PSC	Performance Sub-Committee
PSM	Procurement and Supply Chain Management
PSMWG	Procurement and Supply Chain Management Working Group
RBM	Roll Back Malaria Partnership
RDT	Rapid Diagnostic Test
RWG	Resources Working Group
SADC	Southern African Development Community
SARN	Southern Africa Sub-Regional Network
SRN	Sub-Regional Network

SUFI	Scaling up for Impact
TA	Technical Assistance
TRP	Technical Review Panel
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WARN	West Africa Sub-Regional Network
WG	Working Group
WHO	World Health Organization
WIN	Scalable Malaria Vector Control Working Group

# Evaluation Summary

## Introduction

This independent evaluation of the Roll Back Malaria (RBM) Partnership is the second one since its inception in 1998. The first evaluation, conducted in 2002, was followed by a Change Initiative in 2006, which aimed to increase the RBM Partnership's effectiveness both by implementing a number of the recommendations contained in the first evaluation and by making further changes to the RBM Partnership's structures and operations.

This evaluation covers the period from the beginning of 2004 to the end of 2008 and provides recommendations for the RBM Partnership going forward. The evaluation identifies areas in which the RBM Partnership added value above individual partner efforts and areas in which its performance could be strengthened. The report recognizes that developments in the RBM Partnership have taken place between the end of the evaluation period and the writing of this report. A postscript to this report highlights some of the most important developments.

## Context

The RBM Partnership is the world's leading public-private partnership dedicated to fighting against malaria. The objective of this evaluation is to assess the RBM Partnership's structures and their functioning, rather than the overall efforts of fighting against malaria. The RBM Partnership exists to bring together organizations that are fighting against malaria, and it plays roles at the global, regional, and country levels to add value to its partners' efforts. The RBM Partnership is supported by a Secretariat hosted by the World Health Organization (WHO) and led by a Board. It has created Working Groups to address specific thematic issues. It has also formed four Sub-Regional Networks (SRNs) in Africa, each of which is supported by a focal point. These SRNs reflect the RBM Partnership's predominant focus on Africa.

Since its formation in 1998, the RBM Partnership has progressed through four significant phases:

- *Response to the 2002 evaluation:* The evaluation in 2002 highlighted the need for a Board, governance structure, and improvements in the work of the RBM Partnership. In the years immediately following the evaluation, the RBM Partnership implemented some of the recommendations, including the formation of its Board.
- *Global Strategic Plan 2005-2015 (GSP):* In 2005, the RBM Partnership launched a ten-year strategic plan at the Global Malaria Partners Forum in Yaoundé. The GSP provides guidance to malaria sector stakeholders on the types of prevention and treatment interventions available and on scaling up interventions.
- *Change Initiative:* In 2006, the RBM Partnership underwent a significant change management process – implementing a number of the recommendations from the 2002 evaluation, including the formation of an Executive Committee (EC) and new Working Groups.

- *GMAP and setting a path toward the elimination and eradication of malaria:* In 2008, the RBM Partnership launched the Global Malaria Action Plan (GMAP) and agreed on universal coverage goals.

There have been significant developments in the fight against malaria over the past decade. When the RBM Partnership was founded, deaths caused by malaria were at an unprecedented high and rising, and malaria was receiving little attention from the international community. Since then, there has been a renaissance in the fight against the disease. New tools, such as artemisinin-based combination therapies (ACTs), were developed, and new strategies, such as the use of long-lasting insecticidal nets (LLINs) and renewed use of indoor residual spraying (IRS), were pioneered. Funding to the malaria sector increased, with the launch of the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), the President's Malaria Initiative (PMI), UNITAID, and the World Bank Booster Programme. Confirmed funding for the fight against malaria grew from \$200 million in 2004 to \$688 million in 2006<sup>1</sup>. And since then, significant additional funding has been secured – for example, through Round 8 of the Global Fund, which mobilized \$2.75 billion for malaria. Successes were recorded in reducing the number of cases of and deaths due to malaria – for example, seven African countries / areas reported a reduction in malaria cases by at least 50% between 2000 and 2006.

As the fight against malaria has progressed, partners have agreed on universal coverage goals and on an even more ambitious goal - to eliminate malaria in eight to ten countries by 2015 - and they have set out to develop a framework to support this goal: GMAP. As the fight against malaria developed, the demands on the RBM Partnership have evolved:

- The initial challenge lay in mobilizing partners and revitalizing the fight against malaria – a challenge that has been addressed by an increasing number of partners joining the effort
- Thereafter, the challenge lay in mobilizing additional funding and in advocating for an increased focus on malaria, which has also been achieved
- As the RBM Partnership prepares for the future, a number of challenges inform its evolution, including the need to be both efficient and effective in supporting an increasingly complex malaria sector (for example, funders, researchers, implementers), the need to grow and sustain country-level impact, and the need to seek complementarities with the broader global health agenda and actors

The RBM Partnership needs to evolve to respond to these changes in the fight against malaria. The analysis of the RBM Partnership, during the 2004-2008 timeframe and looking forward (with related recommendations), is made within this context.

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<sup>1</sup> World Malaria Report, 2008

## Evaluation methodology

The evaluation of the RBM Partnership is split into two parts: The first part covers the 2004-2008 time period. The second part looks at ways in which the RBM Partnership might evolve in the future.

In the evaluation of the period from the beginning of 2004 through the end of 2008 was conducted by analyzing the RBM Partnership along two dimensions:

- *Roles*: Has the RBM Partnership played its roles effectively, and have these roles been relevant to the global fight against malaria?
- *Structures*: How effectively have the RBM Partnership's structures worked toward their targets? How efficient were they in doing this?

Based on a review of the RBM Partnership's strategies, work plans, and activities, the evaluation team categorized the RBM Partnership's work into six roles for the purpose of this evaluation:

Observed roles	Summary of roles
<b>1. Forge consensus on goals, strategies, and plans</b>	<p>Convening partners to forge consensus on key goals and targets</p> <ul style="list-style-type: none"> <li>• Universal coverage, strategies and plans</li> <li>• GMAP and operational standards</li> <li>• Standardized malaria indicators</li> </ul>
<b>2. Share knowledge and experiences</b>	<p>Ensuring that stakeholders have access to the information they need; providing the entry point into the whole network of malaria stakeholders</p>
<b>3. Conduct advocacy and mobilize resources for the fight against malaria</b>	<p>Ensuring that donors, development institutions, and ministers of health maintain focus on malaria and continue to fund interventions to scale up for impact</p>
<b>4. Coordinate, facilitate, align, and track partner efforts</b>	<p>Taking ownership for the harmonized work plan and ensuring that partners commit to implementing it as appropriate; facilitating coordination and alignment of partner efforts at the global, regional, and country level</p>
<b>5. Provide tools, technical assistance (TA), and capacity building for implementing partners</b>	<p>Responding to country requests for technical assistance – for example, with the development of Global Fund proposals or with the development of strategies</p>
<b>6. Track malaria indicators</b>	<p>Standardizing malaria-indicator questions in current surveys so that data is comparable across countries; flagging gaps in data and encouraging partners to commit to supporting data collection in all regions in order to track progress against baselines</p>

The recommendations for the RBM Partnership going forward are based on evaluating a set of potential organization models for a partnership network in view of the findings for the 2004-2008 period. We evaluated these models along a number of dimensions, including potential impact, operational feasibility, efficiency, and support by RBM Partners. These models are presented to facilitate decision making by the RBM Board on the way in which the Partnership should be structured to best reach the goals and targets it has set itself in the GMAP and the GSP.

The following tools were used in conducting the evaluation:

- Extensive review of global- and country-level documents
- Approximately 200 stakeholder interviews at the global and country levels
- Six country visits, including two visits to SRN meetings
- Global- and country-level surveys, with approximately 200 respondents
- Consultation meetings with the Performance Sub-Committee (PSC) overseeing the evaluation

## **Evaluation findings**

### ***Malaria sector context***

- 2004 through 2008 has been a period of success for the malaria sector, individual RBM Partners, and the RBM Partnership as a whole. The fight against malaria gained momentum again: new partners joined the effort, significant resources were raised, and ambitious goals and plans were formulated (such as universal coverage and GMAP).
- The Partnership contributed positively to partners' global efforts to roll back malaria and to make advances toward achievement of the Millennium Development Goal (MDG) 6 as it relates to malaria. During the evaluation period progress was greater than it would have been without the RBM Partnership, including in areas such as coordination, advocacy, funding and progress in malaria control at the country level.
- Since this period of success, there has been renewed urgency to meet the challenges of combating malaria: the financial crisis is putting pressure on resources, and the achievement of the malaria sector's ambitious goals and targets requires strong progress at the country level. The RBM Partnership will need to respond to these challenges in order to continue to be successful.
- Ambitious goals have been set in the fight against malaria: universal coverage by 2010 and "zero deaths from malaria" by 2015. These goals will be challenging to achieve, and if they are not reached, that will put pressure on the RBM Partnership and put into question its ability to deliver on the malaria community's ambitions.

### ***The RBM Partnership's global-level roles***

- On the global level, the RBM Partnership has mobilized increased participation of partners and delivered strong "value-added" over individual partner efforts, particularly since the implementation of the Change Initiative in 2006.
- The RBM Partnership made its largest contributions in the following areas:

- Development of the GMAP is a major achievement in setting out a shared vision and goals for fighting malaria.
- The RBM Partnership added strong value in the areas of consensus building, knowledge sharing, and coordination, which are areas of comparative advantage for the RBM Partnership; the role of the RBM Partnership and the effectiveness of its structures should be further reinforced in these areas.
- The RBM Partnership's contributions were not as strong in the areas in which it does not have comparative advantage vis-à-vis individual RBM Partners:
  - In the area of implementing advocacy campaigns, the provision of TA, and monitoring and evaluation (M&E), there is a need to review and update the alignment between the roles of the RBM Partnership and others involved in the fight against malaria.
  - The review of roles must also take into account areas in which the landscape of has evolved significantly – for example in advocacy (with new ambitious goals and the activities of RBM partners, such as the UN Special Envoy for Malaria) and technical assistance (with agencies increasingly facing significant resource constraints).
  - An important challenge in the area of strategic planning is that a medium-term implementation strategy has not been agreed upon among partners, and the implications for the work plans of the RBM Partnership structures are yet to be defined.

### ***The RBM Partnership's country-level roles***

- In its country-level roles, the RBM Partnership contributed to the success of its partners, but less progress was made over the evaluation period at the country level than at the global level. Country-level challenges received less consistent attention over the evaluation period than global consensus building and alignment of goals. There were also significant gaps in the ability of some RBM structures to effectively execute their assigned roles.
- Despite more modest performance at the country level, the recommended model for the RBM Partnership's country-level engagement going forward is not one of more command and control (a "UN Malaria" model), but rather a networked model in which the RBM Partnership plays a catalytic role vis-à-vis country-level partnerships; however, there are specific direct steps that the RBM Partnership must take to reinforce SRN and Working Group structures.
- The RBM Partnership has a comparative advantage in the roles of knowledge sharing (currently lacking at the country level) and providing tools, and these roles should be sustained and reinforced by more effective structures and processes; it is not recommended that the RBM Partnership take on additional operational roles (such as executing TA or M&E) in this area
- The RBM Partnership should make special efforts to assist countries that do not yet have well-mobilized and well-supported partnerships on track, in order to help them meet targets in the fight against malaria.

### ***RBM structures***

- The effectiveness of the Board improved significantly over the evaluation period, and it is now moderate to strong. It does not yet fully engage in planning, fundraising, and accountability (both programmatic as well as financial accountability). The experiences of other global health partnerships – for example, StopTB, the GAVI Alliance, and GFATM – in developing effective strategic-planning frameworks and work-planning processes could be very instructive for the RBM Partnership.
- The Secretariat also became increasingly effective over the evaluation period, and it is now demonstrating moderate to strong performance. Funding issues are limiting its effectiveness, and there are concerns related to the implementation of the hosting arrangement of the Secretariat. There were also some selected instances of inefficiencies in management of the Secretariat.
- The SRNs were poor to moderate in their performance, held back by funding and hosting issues. Where hosting arrangements for focal points were effective, SRN performance was moderate to strong. The performance of SRNs has been variable over time: some SRNs, such as the West Africa Sub-Regional Network (WARN), improved their performance; some SRNs, such as the East Africa Sub-Regional Network (EARN), faced new issues and decreased in performance; other SRNs, such as the Central Africa Sub-Regional Network (CARN) and the Southern Africa Sub-Regional Network (SARN) showed consistent performance.
- There was variation in the effectiveness of the Working Groups, whose performance ranged from poor to strong. Some working groups performed strongly – for example, the Harmonization Working Group (HWG). Others ceased to operate during the evaluation period – for example, the Case Management Working Group (CMWG). There is a need to align Working Group work plans with a comprehensive RBM Partnership implementation strategy, ideally with a link to the activities of technical agencies present at the country level.

## **Recommendations**

### ***The Board's approach to planning, fundraising, and accountability***

- The Board should increase its role in raising funds for the RBM Partnership and in overseeing the RBM Partnership's finances. In particular, it should do so for the Secretariat and SRN focal points, to ensure that they are fully funded and can execute their work plans. If the Board does not succeed in mobilizing to fully fund planned activities, it should revise work plans and agreed-upon targets. This need is insufficiently addressed through the core and optimal budget mechanism of the RBM Secretariat.
- The Board should implement a simple but comprehensive strategic planning framework. The recently agreed-upon goals and vision (set out in the GMAP) are in themselves not sufficient to guide implementation and to coordinate activities among partners. They must be supplemented with a time-bound implementation strategy (with a three- to five-year horizon) agreed upon by the partnership, and linked to the detailed work plans for partnership structures (the Harmonized Work Plan). Implementation of this planning process should be supported by the Secretariat and committee structures. Such strategic planning frameworks have been effectively implemented in other health

partnerships, such as the GAVI Alliance, and lessons from those can guide the RBM Partnership.

- While the current harmonized-work-plan process is a good starting point, it is not sufficient to ensure the effective planning and accountability required with the increased delivery demands posed by GMAP. In particular, the RBM Partnership lacks implementation strategies in key areas, such as country-level work, resource mobilization, and M&E.
- Board Committees – the EC, Finance Committee (FC) and PSC – have helped improve planning and accountability processes and could potentially play an expanded role in facilitating effective board decision making in these areas.
- The Board should reinforce its procedures for monitoring accountability and performance of all key RBM Partnership structures, in line with implementation of improved planning practices. In particular, 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 Board's role in monitoring the performance of RBM structures should be strengthened – in particular in areas in which the RBM Partnership plays a mostly catalytic role, such as with Working Groups and SRNs. The performance of Working Groups and SRNs should be evaluated at regular intervals.
- The Board should also hold partners accountable for instances in which their actions are not aligned with their commitments – for example in implementing the GMAP, or where their actions are in conflict with agreed priorities and strategies.
- The Board should develop mechanisms to manage conflicts of interest in its decision making and document instances of conflict of interest, as outlined in the WHO-RBM hosting agreement.

### ***RBM Secretariat***

- The resolution of funding (through the Board) and administrative issues (through the hosting arrangement) should be a priority in order to strengthen Secretariat performance and accountability
- 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 (based on the six roles defined for the RBM Partnership)
- 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

### ***Activities in support of regional and country-level work***

- The RBM Partnership should clearly define its relationships to both SRNs and country-level partnerships, and the benefits and requirements of affiliation. Activities to accomplish this objective may include defining operating and governance standards for SRNs and country-level partnerships and monitoring progress and/or supporting initial creation of partnerships.

- The RBM Partnership should resolve hosting issues at the regional level for SARN (contracting) and EARN (recruiting and funding). It should add agreements outlining the expected administrative functioning of hosting arrangements to memorandums of understanding (MOUs) with Focal Point hosts.
- Funding for Focal Points should be available for three years to ensure continuity and stability of SRN Focal Point activities.
- 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.

### ***Relationships with hosting organizations***

- At the beginning of the evaluation period, the relationship between the RBM Secretariat and its host, the WHO, was characterized by uneasiness and tension. On the programmatic level, this relationship has improved, with mutual recognition of the need for a good working relationship and the potential for synergies between WHO's Global Malaria Programme (GMP) and the RBM Partnership. Administrative inefficiencies related to the hosting arrangement have continue to affect the effectiveness of the Secretariat negatively.
- With the implementation of the MOU between the RBM Partnership and WHO, the administrative hosting arrangement has improved from poor to moderate.
- 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. As part of this process, WHO and the Secretariat should openly discuss their expectations and experiences, and they should propose ways to resolve any issues. Failure to agree on solutions to issues in the hosting arrangement would be an indication that the hosting relationship is not performing to the expected level.
- The RBM Partnership and the Secretariat host, WHO, should refine the process for evaluating the Executive Director of the RBM Partnership on a regular basis: a clear role should be given to the Board in the process of evaluating the Executive Director, with Board members serving either as observers or as decision makers.
- Similar inefficiencies have occurred with host organizations (SARN, UNICEF, WHO) for SRNs. The RBM Partnership should ensure sufficient funding and put in place clear hosting agreements to enable SRNs to function effectively.

### ***“Quick wins” that the RBM Partnership should implement in the short term***

- The RBM Partnership should improve its tools for knowledge sharing – including free access (where it is not yet available) for malaria-endemic countries to conference calls and more accessible web technologies (for example, low-bandwidth options of all key documents and interactive web sites with opportunities for user uploads). These improvements could be undertaken with partners, rather than requiring building in-house expertise.
- The RBM Partnership should make defining an implementation plan for the GMAP a high priority and get started as soon as possible, which will increase the likelihood of achieving targets.
- The RBM Partnership should make SRN funding and recruitment a high priority to ensure that regional and country-level work can be started as fast as possible.

## Summary of evaluation findings

### RBM Partnership roles at the global level

Role	2004-2008	Findings	Recommendations
<b>Forge consensus on goals, strategies, and plans</b>	Performance: Very strong  Trend: ↗ <sup>2</sup>	<ul style="list-style-type: none"> <li>Achieved legitimacy as the forum for decision making on goals, strategies, and plans</li> <li>Agreed on universal coverage goals and GMAP</li> <li>Agreed on strategies, such as free distribution of LLINs, use of ACTs, and intermittent preventive treatment in pregnancy (IPTP), and on new approaches (for example, Affordable Medicines Facility – malaria (AMFm))</li> <li>Did not define modalities and responsibilities for implementing the GMAP by the end of the evaluation period</li> </ul>	<ul style="list-style-type: none"> <li>The RBM Partnership should continue to play a strong role in forging consensus on goals, strategies, and plans, recognizing that malaria sector focus in the next five years is likely to be more on delivering results than on forging consensus on new goals, strategies, etc.</li> <li>The RBM Partnership should urgently facilitate a process for reaching agreement among partners on roles and responsibilities in implementing the GMAP</li> </ul>
<b>Share knowledge and experiences</b>	Performance: Strong  Trend: ↗	<ul style="list-style-type: none"> <li>Created a functional global-level knowledge sharing infrastructure – for example, an online toolbox, website, and listserves; the infrastructure currently does not include the full range of knowledge-sharing tools used by networked organizations</li> <li>Suffered from a reluctance by partners to share full information</li> </ul>	<ul style="list-style-type: none"> <li>Continue to strengthen the use of knowledge-sharing tools and incorporate new technologies to increase the frequency and depth of knowledge sharing (for example, through such tools as social networking, geographic mapping, and interactive websites)</li> </ul>
<b>Conduct advocacy and mobilize resources for the fight against malaria</b>	Performance: Moderate  Trend: ↗	<ul style="list-style-type: none"> <li>Made strong progress as a sector in advocacy since 2004, as witnessed in the creation of the President’s Malaria Initiative, World Bank Booster Programme and UNITAID, and increased funding to the Global Fund</li> <li>Advocacy will remain very important for mobilizing resources in a funding-constrained environment</li> <li>Contributed to raising awareness malaria through the activities of the Malaria Advocacy Working Group (MAWG) and the Secretariat (for example, advocacy for World Malaria Day, Executive Director briefings to decision makers in different countries)</li> <li>Did not make a clear contribution to increasing resources for the fight against malaria on the global level; MAWG targets and goals were vaguely defined and the impact of MAWG’s and the Secretariat’s resource-mobilization activities vis-à-vis partner activities is not clear</li> </ul>	<ul style="list-style-type: none"> <li>The RBM Partnership should clarify the global-level advocacy roles of the Secretariat, MAWG, and other partners (such as WHO and the UN Special Envoy)</li> <li>The Executive Director should maintain a role as global advocate for malaria control and should be supported by the Secretariat; the Secretariat should not play a role in implementing advocacy campaigns but should support MAWG activities and priorities</li> <li>MAWG should focus its activities on coordination and alignment of advocacy messages and strategies rather than implementing its own campaigns<sup>3</sup></li> </ul>

<sup>2</sup> Trend symbols: ↗ = very strong improvement in performance; ↗ = moderate improvement in performance; ↔ = constant performance; ↘ = moderate decrease in performance; ↘ = very strong decrease in performance; ↗ = variable performance.

<sup>3</sup> In the area of advocacy, some changes have already been made between the end of the evaluation period and the time of writing of this writing.

Role	2004-2008	Findings	Recommendations
<b>Coordinate, facilitate, align, and track partner efforts</b>	Performance: Strong  Trend: ↗↗	<ul style="list-style-type: none"> <li>Launched the harmonized work plan and implemented recommendations from the Change Initiative, such as the creation of HWG</li> <li>Is credited with facilitating alignment among partners (for example, World Bank Booster, PMI to Nigeria, DRC)</li> <li>Did not address the harmonization of procurement guidelines among large implementing agencies</li> </ul>	<ul style="list-style-type: none"> <li>The RBM Partnership should track progress toward GMAP implementation commitments, creating accountability among partners</li> <li>The RBM Partnership should facilitate a work stream on the harmonization of procurement guidelines outside the Procurement and Supply Chain Management Working Group (PSMWG) if private-sector participation in the discussion remains a concern despite ongoing work on a conflict of interest policy</li> </ul>
<b>Provide tools, TA, and capacity building for implementing partners</b>	Performance: Moderate  Trend: ↗	<ul style="list-style-type: none"> <li>Developed important tools for countries and implementing partners: MERG (indicators), PSMWG (procurement toolkit), and HWG (business plans)</li> <li>Was unable to remove bottlenecks, at the global level, in the grant-signatures process (with the goal of accelerating grant signatures and aligning procurement procedures)</li> </ul>	<ul style="list-style-type: none"> <li>The Working Groups, which are best suited to draw on the technical knowledge and field capacity of partners, should continue to execute these roles</li> <li>The RBM Partnership should analyze why its assistance failed to remove bottlenecks in the grant-signature process and either adjust its approach or abandon this effort</li> </ul>
<b>Track malaria indicators</b>	Performance: Strong  Trend: ↗	<ul style="list-style-type: none"> <li>Has helped set a standard approach to tracking malaria indicators (through the MERG)</li> <li>MERG has implemented the majority of its planned activities on time</li> <li>May not have achieved sufficient country coverage with M&amp;E surveys to give a timely and nuanced picture of progress toward universal coverage and elimination-of-malaria goals</li> </ul>	<ul style="list-style-type: none"> <li>MERG should revisit country coverage in light of universal coverage and GMAP goals and consider revising goals for the number of upcoming surveys to be implemented</li> <li>The RBM Partnership Board should track progress toward universal coverage targets more closely</li> </ul>

### RBM Partnership roles at the country level

Role	2004-2008	Findings	Recommendations
<b>Forge consensus on goals, strategies, and plans</b>	Performance: Strong  Trend: ↗	<ul style="list-style-type: none"> <li>Supported countries in the formation of country partnerships through principles of partnership and technical assistance; however, not all countries have functioning partnerships</li> <li>Conducted annual SRN meetings, including planning sessions, but only achieved moderate benefit owing to limited preparation</li> </ul>	<ul style="list-style-type: none"> <li>Forging consensus should be a core role for country-level partnerships and SRNs</li> <li>The RBM Partnership should focus on catalyzing regional and national partner networks rather than taking direct control of this role at a country or regional level</li> </ul>
<b>Share knowledge and experiences</b>	Performance: Poor to moderate  Trend: ↔	<ul style="list-style-type: none"> <li>Shared knowledge through SRN meetings and technical-assistance missions; countries request greater access to best practices and implementation experience</li> <li>Focused primarily on the global and the regional levels; formal knowledge sharing between global and country levels was limited</li> <li>Experienced language issues, limiting the participation of those from French-speaking and Portuguese-speaking countries</li> <li>Experienced communication barriers (international phone calls, internet bandwidth), limiting country-level participation in knowledge sharing</li> </ul>	<ul style="list-style-type: none"> <li>Upgrade communication tools to better fit the needs of country-level participants (for example, free access to international conference calls, low bandwidth internet tools, printed copies of documentation)</li> <li>Increase investment in the translation of high-value toolkits and other essential documents to guide country-level partners</li> </ul>
<b>Conduct advocacy and mobilize resources for the fight against malaria</b>	Performance: Moderate  Trend: ↗	<ul style="list-style-type: none"> <li>Supported the formation of country partnerships to fight malaria, early in the evaluation period, through advocacy to country governments (for example, visits by the RBM Partnership Executive Director, Secretariat, SRNs)</li> <li>MAWG and some partners frequently played an active advocacy role in visiting countries (for example, PMI, UN Special Envoy, World Bank, etc.)</li> <li>Contributed to country implementation through global-level advocacy and fund raising</li> <li>Continues to be important in supporting effective implementation in countries</li> </ul>	<ul style="list-style-type: none"> <li>Country-level advocacy should focus on countries with a low level of malaria mobilization in order to increase malaria's role as a health priority and to achieve policy changes required for effective malaria interventions</li> <li>Advocacy should promote implementation effectiveness and accountability</li> </ul>

Role	2004-2008	Findings	Recommendations
<b>Coordinate, facilitate, align, and track partner efforts</b>	Performance: Moderate  Trend: ↔	<ul style="list-style-type: none"> <li>• Alignment and tracking of partner efforts at country levels is led by country partnerships; country success in coordinating partners varies significantly, and is beyond the control of RBM</li> <li>• The increasing number of partners made coordination and alignment more complex to achieve</li> <li>• SRNs implemented regional coordination; the effectiveness of these efforts was compromised by a lack of funding and by hosting issues</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinating and tracking partner efforts should be a core role for country-level partnerships and SRNs</li> <li>• The RBM Partnership should focus on catalyzing regional and national partner networks rather than taking direct control at the country or regional level</li> </ul>
<b>Provide tools, TA, and capacity building for implementing partners</b>	Performance: Strong  Trend: ↗↗	<ul style="list-style-type: none"> <li>• Provided support through TA (for example, Global Fund proposal development, strategic plan development), tools (for example, standard malaria indicators), and SRN joint missions, where SRNs were functional</li> <li>• Provided highly effective support, but prioritization and follow-up and targeting of TA should be improved</li> </ul>	<ul style="list-style-type: none"> <li>• This is a critical area in which demand will continue to be high. Success in this area will depend heavily on improvements in the Board's accountability processes and on improvements in managing implementation</li> </ul>
<b>Track malaria indicators</b>	Performance: Moderate  Trend: ↗	<ul style="list-style-type: none"> <li>• Supported some of the countries visited (for example, Tanzania and Zambia) in designing and implementing malaria surveys, but support was intermittent</li> <li>• Did not cover all geographies, resulting in lower-than-expected implementation of malaria surveys in some areas (for example, WARN region)</li> </ul>	<ul style="list-style-type: none"> <li>• Expand support to countries in which there are gaps in malaria-indicator tracking</li> </ul>

## RBM Partnership structures

Structure	2004-2008	Findings	Recommendations
<b>Board</b>	<p>Performance: Moderate to strong</p> <p>Trend: ↗</p>	<ul style="list-style-type: none"> <li>• Progressed from ineffective to effective operation</li> <li>• Has overseen major accomplishments, such as the GMAP process and has guided the development of new approaches (for example, AMFm)</li> <li>• Has not fully engaged in all issues at the policy level; partners require long periods of time to make Board decisions on sensitive issues, such as the MOU with the Global Fund and the conflict-of-interest policy</li> <li>• Remains without full control in management issues; delegated operational decision making (for example, the Executive Director reports to WHO and is not actively engaged in the oversight of Working Groups and SRNs)</li> <li>• Is not implementing Change Initiative recommendations in the key areas of raising resources for the work plans it approves and in resolving hosting issues</li> </ul>	<ul style="list-style-type: none"> <li>• The Board should implement a simple and comprehensive strategic planning framework to guide the implementation of the GMAP</li> <li>• The Board should be held accountable for its responsibilities in funding the Secretariat and SRN Focal Points in order to enable them to facilitate the RBM Partnership</li> <li>• The Board should approve a work plan that is conditional on funding, with a mechanism to adjust expected outputs and targets if funding falls short</li> <li>• The Board should ensure full core funding for the Secretariat on an ongoing basis</li> <li>• The Board should enforce clear accountability of the Working Groups and SRNs, providing standards to which structures need to abide and reviewing their performance</li> <li>• The Board should strengthen the accountability of the Executive Director and Secretariat by evaluating their performance through a Board committee (this evaluation should be linked to the WHO performance-evaluation process)</li> <li>• The Board should actively engage in resolving hosting questions</li> </ul>
<b>Board committees</b>	<p>Performance: Moderate to strong</p> <p>Trend: ↗</p>	<ul style="list-style-type: none"> <li>• Were instrumental in making the Board more effective</li> <li>• The Executive Committee took the lead in making the Board process more effective, but concerns existed about the time and attention spent on “housekeeping issues”</li> <li>• The Finance Committee fulfilled its responsibility to generate a financial report, but outside the timeframe of the evaluation. The delay in producing the report is related to administrative changes at WHO that took place in 2008</li> <li>• Financial reporting above and beyond the level agreed in the MOU between the RBM Partnership and WHO is being developed (for example, to show the allocation of donor resources to structures and the sources of funds allocated to SRNs)</li> </ul>	<ul style="list-style-type: none"> <li>• The Secretariat should prepare and the Finance Committee should agree on a system for monitoring and reporting the income and expenditures of Working Groups that are funded directly by donors (outside the RBM Partnership account in WHO)</li> </ul>

Structure	2004-2008	Findings	Recommendations
<b>Secretariat</b>	Performance: Moderate to strong  Trend: ↗	<ul style="list-style-type: none"> <li>• Appointed an Executive Director</li> <li>• Conducted its work transparently through the harmonized work plan and reported to the Board</li> <li>• Its mandate has been defined by the Change Initiative; however, there continue to be diverging expectations on the its role and responsibilities, rooted in differences between mandated and actual activities (for example, in the area of fund raising for Secretariat activities)</li> <li>• Limited in its effectiveness owing to continued shortfalls of funding vis-à-vis its work plan, which affected efficiency (for example, use of short-term contracts), and by some management issues (for example, issues with tracking delayed funds disbursed to countries in 2008, which was related to WHO's reform of the financial system)</li> </ul>	<ul style="list-style-type: none"> <li>• First, funding and administrative issues should be resolved to strengthen the Secretariat's performance</li> <li>• The RBM Partnership should review and clarify the core roles of the Secretariat vis-à-vis those of Working Groups, SRNs, and country partnerships (based on the six roles defined for the RBM Partnership)</li> <li>• Accountability should be strengthened through a regular review of Secretariat performance against its mandate and Board requests; reviews should be implemented by a Board committee</li> </ul>
<b>Hosting arrangement</b>	Performance: Poor to moderate  Trend: ↗	<ul style="list-style-type: none"> <li>• The relationship between WHO and the RBM Partnership, which was uneasy at times, improved at the programmatic level</li> <li>• There was mutual recognition of the synergies of hosting the RBM Partnership Secretariat at WHO</li> <li>• Issues continued to exist on the administrative side of the hosting arrangement, especially in recruiting and finances</li> <li>• WHO has a stronger position in the RBM Partnership than other partners, through its clearance requirements for key documents and the reporting relationship of the Executive Director of the Secretariat to the Assistant Director General for HIV/AIDS, TB and Malaria</li> <li>• An MOU on hosting was signed as part of the Change Initiative, but this agreement did not resolve all administrative issues</li> </ul>	<ul style="list-style-type: none"> <li>• Continued hosting through WHO is recommended; a departure of the Partnership would cause disruption to RBM's focus and loss of synergies with WHO</li> <li>• The Secretariat and WHO GMP should meet regularly (every six months) to resolve open issues related to hosting. As part of the process, both sides should share their expectations and issues, and propose ways to resolve them</li> <li>• Should this process not address issues, then the Board should become actively involved in resolving hosting issues</li> </ul>

Structure	2004-2008	Findings	Recommendations
<b>Working Groups</b>	<p>Performance: Poor to strong</p> <p>Trend: ↘↗</p>	<ul style="list-style-type: none"> <li>Working Group overall effectiveness was limited owing to severe funding shortfalls</li> <li>The HWG was largely effective despite lack of funding, achieving the majority of its self-set targets</li> <li>The MERG and PSM Working Groups achieved many of their goals. However, the question arises whether M&amp;E goals are sufficiently ambitious; PSMWG was undermined by (perceived) conflict-of-interest issues</li> <li>MAWG's contribution to success in advocacy and resource mobilization is not clear. Its work plan targets make for poor tracking of progress, and partners consider significant value to be added by partners themselves</li> <li>The CMWG became operational again after the end of the evaluation period and is not assessed</li> <li>The MIP was seen to make strong progress between 2004-2007, but it has not been active since</li> </ul>	<ul style="list-style-type: none"> <li>As recommended for the Board, Working Group accountability should be strengthened through regular reviews, clear criteria, and a process for initiating and discontinuing Working Groups</li> <li>Working groups with mandates that border on normative issues addressed by WHO working groups should review the scope of their activities jointly with WHO working groups and refer back part or all of their activities to these groups, if deemed appropriate</li> </ul>
<b>SRNs</b>	<p>Performance: Poor to Moderate</p> <p>Trend: ↘↗</p>	<ul style="list-style-type: none"> <li>The effectiveness of SRNs is driven by effective working hosting arrangement for focal points and functioning of the SRN governance body</li> <li>EARN: highly effective at the beginning of the evaluation; later held back by hosting and recruiting issues</li> <li>SARN: founded in 2007; undermined by hosting issues</li> <li>CARN: reported low-level fulfillment of its work plan; held back by lack of partners in its region</li> <li>WARN: considered highly effective following the deployment of a new focal point with a well working hosting arrangement</li> </ul>	<ul style="list-style-type: none"> <li>The RBM Partnership should clearly define its relationship to both SRNs and country-level partnerships, and assess the benefits and requirements of affiliation. This may include defining operating and governance standards for SRNs and country-level partnerships, monitoring progress, and/or supporting the initial creation of partnerships</li> <li>Hosting issues at the regional level should be resolved for SARN (contracting) and EARN (recruiting). Service-level agreements should be added to MOUs with Focal Point hosts. Funding for Focal Points should be available for three years to ensure continuity and stability of their working environment</li> <li>Funding for SRN activities may be catalyzed via the Board, but SRNs may start raising funds as they mature</li> </ul>

# 1 Introduction

The Roll Back Malaria Partnership (RBM) is the world's leading public-private partnership dedicated to combating malaria. It was launched in November 1998 as a loose partnership to promote the fight against malaria, one of the biggest killers in developing countries today. Since the inception of the Partnership, malaria has evolved from a disease that was largely neglected to one that receives significant public attention and funding. The Partnership, too, has evolved since it was founded. The first evaluation of RBM, completed in 2002, and the Change Initiative, completed in 2006, were two major milestones in this evolution.

This independent evaluation was commissioned by the RBM Board to serve three purposes:

- To review the past five years of RBM's work and to help the Board and RBM Partners understand better what has been working in recent years, and in which areas performance has been lower than expected;
- To provide recommendations on how the RBM Partnership should be evolving in the context of implementing the Global Malaria Action Plan (GMAP);
- To provide accountability and transparency to RBM Partnership stakeholders and the public.

Using the evaluation findings, the Board and Partners will be able to make the necessary adjustments to the Partnership's structures (the Board, Secretariat, Working Groups, and SRNs), roles, and network model, in order to achieve its goals.

This document provides the summary of findings from the independent evaluation: Chapter 2 provides an overview of efforts to combat malaria over the past five years and describes the evolution of the RBM Partnership. Chapter 3 lays out the objectives of the evaluation and the methodology. Chapter 4 analyzes how the RBM Partnership's roles have added value at the global and country level, and Chapter 5 analyzes how the RBM Partnership's structures have performed over the evaluation period. Options for the future development of the RBM Partnership are laid out in chapter 6, and conclusions and recommendations are provided in Chapter 7.

Background information and detailed information on all sections, including supporting data from the global and country surveys and country visits are summarized in a companion document, the Evaluation Report Technical Annex.

## 2 Background

This chapter provides background and context to the independent evaluation of RBM, describing the evolution of the sector and of the RBM Partnership in the past five years.

### 2.1 Malaria – global context

Malaria remains one of the biggest killers in developing countries. The burden of the disease is concentrated mostly in Africa, with all sub-Saharan countries rated as being in the highest classification of malaria burden (control stage). There were an estimated 247 million cases of malaria in 2006 worldwide, resulting in approximately 880,000 deaths. Most of these deaths occur in Africa among children under the age of five.<sup>4</sup>

Over the past five years, the fight against malaria has seen a renaissance. New tools such as Long Lasting Insecticidal Nets (LLINs) and Artemisinin-based Combination Therapies (ACTs) have emerged. New funding is available for the fight against malaria. Funding has increased from under \$200 million in 2004 to almost \$700 million targeted to Africa in 2006.<sup>5</sup> Since 2006, the commitment of Partners and associated funding have increased further, reflected in the President's Malaria Initiative's commitment of \$1.2 billion to fighting the disease,<sup>6</sup> the World Bank's commitment of spending \$1.1 billion under the second phase of its Booster Programme,<sup>7</sup> and approximately \$2.75 billion from successful Global Fund grant applications in Round 8.<sup>8</sup>

These new tools and funds are starting to translate into declines in morbidity and mortality as malaria prevention and treatment interventions are being scaled up. According to the 2008 World Malaria Report, however, only seven African countries / areas reported a reduction in malaria cases of at least 50% between 2000 and 2006. Coverage of target populations in all interventions in 2006 was below target 80% in most African countries. Supplies of Insecticide-Treated Nets (ITNs) were sufficient to protect an estimated 26% of people in 37 African countries. Only five African countries reported Indoor Residual Spraying (IRS) coverage sufficient to protect at least 70% of people at risk of malaria. 18% of women used Intermittent Preventive Treatment in Pregnancy (IPTP). More recent information points towards significant improvements in key malaria indicators, but it remains to be confirmed.

Partners working in malaria have formulated ambitious goals: targets include universal coverage by 2010, and "zero deaths from malaria" by 2015. Achieving these goals will be challenging. For example, there is a funding shortfall at the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), which has caused Round 8 grants to be reduced by 10% across the board.<sup>9</sup> Partners and countries have endorsed the RBM Abuja declaration,<sup>10</sup> and a concerted effort is being made to reach the targets. The World Bank

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<sup>4</sup> World Malaria Report (2008), p. xiii

<sup>5</sup> According to the World Malaria Report this number represents the lower bound of the estimated range, as it only includes data from 26 of 45 malaria endemic countries

<sup>6</sup> <http://www.fightingmalaria.gov/about/index.html>

<sup>7</sup> <http://go.worldbank.org/87UGUEGPL0>

<sup>8</sup> <http://www.theglobalfund.org/en/fundingdecisions/?lang=en>

<sup>9</sup> <http://www.medicalnewstoday.com/articles/147050.php>

<sup>10</sup> [http://www.rollbackmalaria.org/docs/abuja\\_declaration\\_final.htm](http://www.rollbackmalaria.org/docs/abuja_declaration_final.htm)

Booster Programme, the President's Malaria Initiative, UNITAID, Department For International Development (DFID) and other donors are increasing their support to malaria endemic countries. Country partnerships have been set up in many malaria endemic countries, led by ministries of health, driven by the National Malaria Control Programs (NMCPs).

Going forward, the global malaria community needs to maintain and increase its efforts if it is to reach its targets. The challenge is to achieve progress in endemic countries by providing continued access to resources, harnessing these effectively, and helping partners work together to reduce malaria-related morbidity and mortality. The RBM Partnership will need to work with country partnerships more closely, creating effective networks among partners at the country, regional, and global level.

## **2.2 Summary of the Roll Back Malaria Partnership's evolution 2004 through 2008**

The RBM Partnership was launched in 1998 by World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP) and the World Bank, in an effort to provide a coordinated global response to malaria.

The first independent evaluation of the RBM Partnership in 2002 made recommendations for improvements in five areas:

- Increase advocacy for the fight against malaria at the global and country level
- Improve Partnership governance hosting arrangement with WHO
- Focus on a number of target countries in the implementation of Partnership tasks
- Delineate roles and responsibilities between WHO and RBM on technical issues
- Improve integration of RBM Partners with a strong secretariat at the hub

Many of these recommendations were implemented following the first independent evaluation. However, challenges identified in the governance and hosting arrangement continued, and a Change Initiative was launched in November 2005. The Change Initiative had the following objectives:<sup>11</sup>

- Enable better channeling of Partners' efforts and resources
- Secure commitment from Partners to clear, joint objectives
- Improve the focus, capabilities, and funding strategy for the Secretariat
- Establish consistent and effective leadership, governance, and processes

The Change Initiative was conducted throughout 2006 and resulted in a number of modifications to the structure of the Partnership, including the creation of the Executive Committee (EC), the Harmonization Working Group (HWG), and the Malaria Advocacy Working Group (MAWG). Key governance instruments were developed, including the Partnership Framework and a Memorandum of Understanding (MoU) with the host

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<sup>11</sup> See <http://rbm.who.int/changeinitiative.html>

organization, WHO. A number of tools and processes were introduced and instituted, including for budgeting, communications, and forming and reviewing Working Groups (WGs).

Since the Change Initiative, RBM Partners agreed key goals and plans, including the GMAP. A Harmonized Work Plan for the RBM Partnership was launched in 2008, which allows all the structures of the Partnership plan to achieve common targets.

### **2.3 Overview of the RBM Partnership's structures today**

The RBM Partnership is led by an Executive Director, and served by a Secretariat that is based in Geneva, Switzerland. The Secretariat works to support global policy and advocacy processes. It has a staff of 26<sup>12</sup> organized in the following units: Secretariat Administration and Management, Partnership Facilitation, Communication and Advocacy, Commodity Services, and Partnership Development. In 2008, the Secretariat had mobilized approximately \$9.5 million of its Board-approved \$15.8 million budget for the year, representing 60% actual funding against expected funding.<sup>13</sup>

The RBM Partnership Board has 27 members, including 4 nonvoting ex officio members. The Board is supported by a number of subcommittees: the Executive Committee, the Performance Sub-Committee, and the Finance Committee.

In addition to the Board and Secretariat, Working Groups have been formed to address specific thematic issues. The currently active Working Groups are: Malaria Advocacy (MAWG), Harmonization (HWG), Resources (RWG), Scalable Malaria Vector Control Working Group (WIN), Procurement and Supply Chain Management (PSMWG), Malaria Case Management (CMWG), Monitoring and Evaluation Reference Group (MERG) and Malaria In Pregnancy Working Group (MIP).<sup>14</sup>

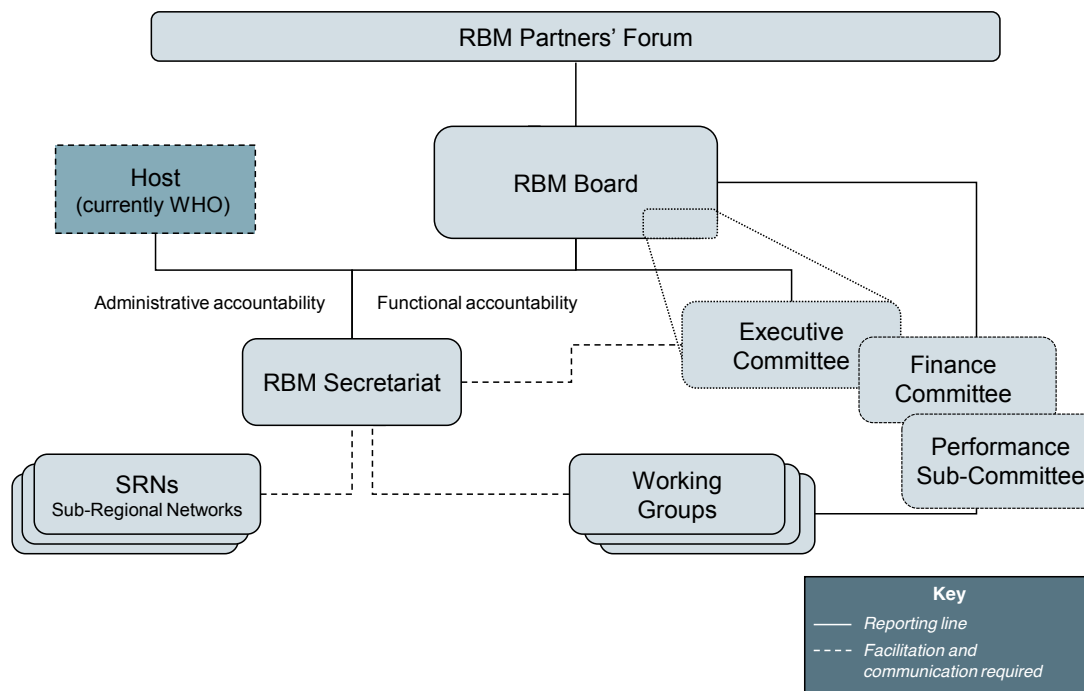
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<sup>12</sup> RBM website accessed 17 August 2009

<sup>13</sup> RBM Partnership Executive Director's Report to the 15<sup>th</sup> Board Meeting, November 2008

<sup>14</sup> RBM Mechanism, <http://www.rollbackmalaria.org/mechanisms/index.html>

## Current RBM Partnership Structure



Source: "What is the RBM Partnership?" (Reference Document). <http://www.rbm.who.int/mechanisms/index.html>

To facilitate work at the regional and country level, four Sub-Regional Networks (SRNs) have been founded, for central, eastern, southern, and western Africa. Each SRN is staffed by a focal point, who reports to the RBM Secretariat and who is hosted in the offices of a partner organization. The focal points work with a network of partner organizations active at the regional level. A core group or steering committee is identified either through elections by constituency or self-selection.

The RBM Partners' Forum has not met since 2005, when it assembled in Yaoundé to validate the 2005-2015 Global Strategic Plan (GSP).<sup>15</sup> There are no plans to hold another Partners' Forum in future, but a high-level reporting event is planned for 2011.

<sup>15</sup> RBM Partnership Forum, <http://www.rollbackmalaria.org/mechanisms/partnershipforum.html>

### **3 Evaluation scope and methodology**

This chapter lays out the objectives, scope, and structure of the evaluation, and describes the methodology used to measure progress of the RBM Partnership.

#### **3.1 Objectives and scope of the evaluation**

The objectives of the evaluation, which were laid out in the Terms of Reference for the study, include:

- Examine the extent to which core objectives, structures (the Board, Secretariat, SRNs, and Working Groups) and strategic focus are effective, efficient, and relevant
- Examine the added value of the Partnership to the individual efforts of its members and, where possible, gauge its impact on reducing the overall malaria burden
- Examine the RBM Partnership's current strengths and weaknesses and recommend ways to improve impact, effectiveness and efficiency of the Partnership its structures over next five years as it seeks to fulfill the GMAP (within the context of evolving aid architecture and based on the identification of lessons learned)
- Compare the RBM Partnership's progress with other global health partnerships

The scope of the evaluation, which covers the period of 1 January 2004 through 31 December 2008 was guided by the following instructions in the Terms of Reference:

- Assess the progress and performance of the RBM Partnership in meeting its objectives
- Evaluate the overall impact and added value of the RBM Partnership at all levels
- Recommend how RBM's role should evolve in light of the current and emerging environment and identify measures to improve its performance, efficiency and impact
- Include all global partnership elements will be covered, and country level impact will be established where possible
- Collect qualitative data during existing meetings and / or prearranged events (not additional meetings and events) wherever possible

The objectives and scope of the evaluation are reflected in the evaluation methodology outlined below.

#### **3.2 Evaluation methodology**

##### **3.2.1 Phases of the evaluation**

The evaluation of the RBM Partnership was implemented in three phases: In the first phase, data was collected at the global level through document review, stakeholder consultations, and an online survey of global- and country-level stakeholders. In the second phase, country visits were conducted, which included attending sub-regional network meetings. In the third and final phase, results were analyzed and summarized in this report.

The evaluation team interviewed approximately 60 current and former Board members, WG chairs and members, Secretariat staff, and other RBM Partnership stakeholders. Interviews were conducted during the 16<sup>th</sup> Board meeting, the World Health Assembly, and by telephone. 120 people responded to a survey of global-level stakeholders and 102 people responded to a survey of country-level stakeholders. The evaluation team met with 140 country stakeholders during six country visits, to Burkina Faso (for the West Africa Regional

Network Annual Meeting), Kenya, Namibia (for the joint EARN and SARN Annual Meeting), Nigeria, Tanzania, and Zambia.

The countries visited during the evaluation were chosen based on feedback from the Performance Sub-Committee, and the visits were timed to include attendance at Sub-Regional Network meetings. Countries experiencing varying degrees of progress in the fight against malaria were included, and countries in different parts of Africa were visited. On the advice of the Performance Sub-Committee, countries outside of Africa were not visited.

### **3.2.2 Methodology**

The evaluation of the RBM Partnership examines how its direct activities and outputs have contributed to RBM Partners' efforts in the fight against malaria (its "value added"). It does not examine the success of the malaria sector's effort, nor the efforts of individual members of the RBM Partnership.

Activities are defined as the roles that the RBM Partnership is or should be playing. The roles are linked to outputs and outcomes through a logical framework. The impact of the Partnership is attributed where possible.

Activities, outputs and outcomes are captured at the level of Partnership structures. Structures are analyzed for effectiveness, efficiency and relevance. Analyses are linked back to Partnership roles.

### **3.2.3 Roles played by the RBM Partnership**

Based on a review of the Partnership's strategies, work plans, and its activities, the evaluation team categorized the RBM Partnership's work into six roles for the purpose of this evaluation:

- Forge consensus on goals, strategies, and plans
- Share knowledge and experiences
- Conduct advocacy and mobilize resources
- Coordinate, facilitate, align and track partner efforts
- Provide tools, technical assistance (TA), and capacity building for implementing partners
- Track malaria indicators

The baseline against which progress was measured were the targets and priorities defined by the RBM Partnership Global Strategic Plan 2005-2015 and in the first Harmonized Work Plan prepared for the second half of 2007 and 2008.

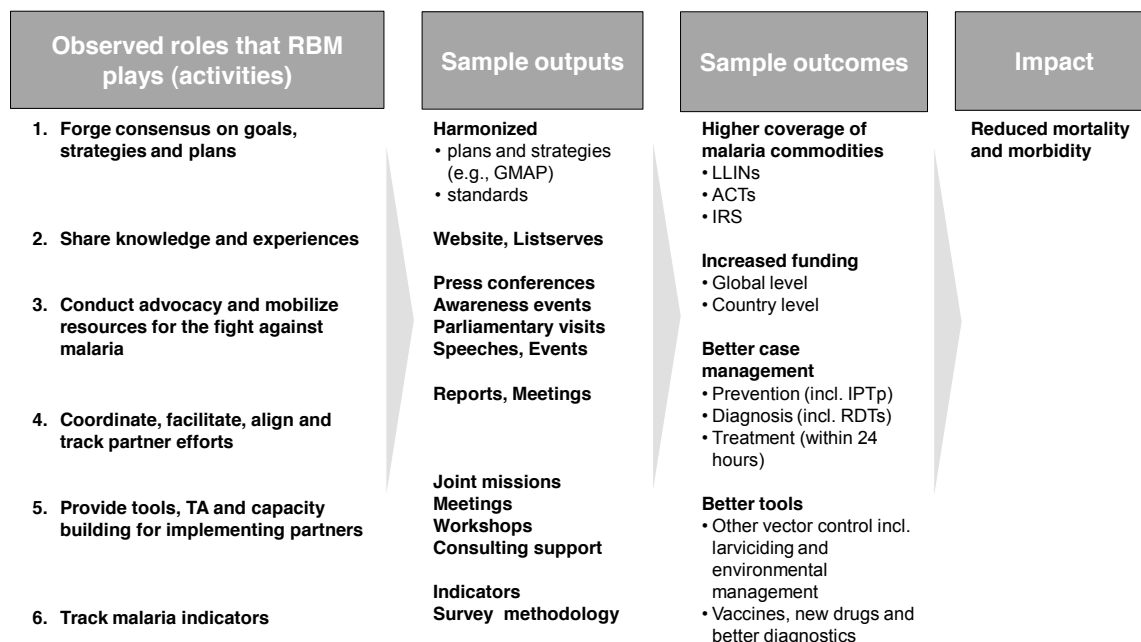
## Summary of RBM roles and Partnership Priorities

Observed roles	Targets and priorities defined by the RBM Partnership in 2005 and in the first HWP (2007, 2008)
<b>1. Forge consensus on goals, strategies, and plans</b>	<ul style="list-style-type: none"> <li>• Agree on a Global Malaria Action Plan</li> <li>• “To ensure that costs are not a barrier for the poor and vulnerable, support free or highly subsidized access to curative and preventive interventions for these groups”<sup>1</sup></li> <li>• Put a facility for affordable malaria medicines into place (AMFm)<sup>2</sup></li> </ul>
<b>2. Share knowledge and experiences</b>	<ul style="list-style-type: none"> <li>• Greatly expand investment in research to obtain the strong evidence needed to put into place the most effective and appropriate national policies and practices<sup>1</sup></li> <li>• Support countries to implement effective malaria control interventions nationwide<sup>1</sup></li> </ul>
<b>3. Conduct advocacy and mobilize resources</b>	<ul style="list-style-type: none"> <li>• Advocate greatly increased investment in malaria control as part of a broader step up in investment in health<sup>1</sup></li> <li>• Adequate funds are mobilized for SUFI<sup>2</sup> in 45 countries</li> <li>• Advocate that by 2015 malaria control will be an integral part of all development activity<sup>1</sup>; that malaria control will be incorporated into all relevant multisector activities<sup>1</sup></li> <li>• Give greater emphasis to community-based advocacy and social mobilization as vital to increasing demand for, and use of, interventions<sup>1</sup></li> </ul>
<b>4. Coordinate, facilitate, align and track partner efforts</b>	<ul style="list-style-type: none"> <li>• Achieve an 80% implementation rate of planned activities<sup>2</sup></li> <li>• Support deployment of partnership coordinators in 10 countries<sup>2</sup></li> <li>• Actively seek out and engage private sector and civil society groups, and include them in all phases of scaled-up malaria control efforts<sup>1</sup></li> </ul>
<b>5. Provide tools, TA and capacity building for implementing partners</b>	<ul style="list-style-type: none"> <li>• Support the development of 45 technically sound, operationally feasible, country- and partner-owned SUFI business plans<sup>2</sup></li> <li>• Support countries applying for funding in Round 8 (GFATM) to be successful to have a success rate of more than 60%<sup>2</sup></li> <li>• Help at least 95% of countries currently getting funding continue to receive it<sup>2</sup></li> <li>• Assist countries so that 80% of countries with existing Global Fund assistance perform at A or B1 rating<sup>2</sup></li> <li>• Support the implementation of at least 3 integrated mass distribution campaigns, of which one is in a large country<sup>2</sup></li> <li>• Ensure that 45 countries have access to affordable medicines for malaria through the private sector<sup>2</sup></li> </ul>
<b>6. Track malaria indicators</b>	<ul style="list-style-type: none"> <li>• Deploy Malaria Indicator Surveys in 12-20 countries<sup>2</sup></li> <li>• Publish Malaria Landscape Report and update 107 country profiles<sup>2</sup></li> <li>• Track progress and report to the EC and the Board<sup>2</sup></li> </ul>

<sup>1</sup>Global Strategic Plan 2005-2015 (2005); <sup>2</sup>Harmonized Work Plan (2007, 2008)

The team then linked each of the RBM Partnership’s roles and priorities to specific vehicles are linked to outputs and outcomes through the following logical framework:

### Linking activities to outcomes – Logical Framework



### 3.2.4 The structures of the RBM Partnership

The team collected data on the effectiveness, efficiency, and relevance of Partnership structures.

Criteria	Analysis
<b>Effectiveness</b>	<ul style="list-style-type: none"> <li>The extent to which each structure is meeting its goals (as specified in planning documents) and achieved desired outcomes</li> <li>The quality of service and outputs</li> <li>Assessment of effectiveness by direct constituents</li> </ul>
<b>Efficiency</b>	<ul style="list-style-type: none"> <li>Cost effectiveness: How reasonable are the costs relative to the results realized?</li> <li>Process efficiency: How efficiently are resources are used?</li> </ul>
<b>Relevance</b>	<ul style="list-style-type: none"> <li>The extent to which the RBM Partnership’s activities are aligned with critical priorities at the global and country level</li> <li>The importance of the RBM Partnership to achieving strategic objectives</li> <li>The extent to which the RBM Partnership has contributed to overall impact in the fight against malaria</li> </ul>

The team's analyses of effectiveness, efficiency, and relevance were informed by document review, by stakeholder interviews (at the global and, where relevant, country level), and by global- and country-level surveys.

The team adapted the framework for different structures to answer specific questions. For example, to test Partner feedback that the Secretariat was held back by process inefficiencies, the team conducted an accountability analysis for the Board, and an analysis of recruiting and financial processes has been conducted for the Secretariat.

Analysis of the RBM progress was guided by the availability of data. Analyses for the first years of the evaluation period (2004 through 2006) focused more on the qualitative review of documents and feedback from interviews, due to the limited lower availability of budgets and quantitative targets in work plans. The RBM Partnership's progress in the latter part of the evaluation period (2007 and 2008) was established based through an assessment of work plans.

To establish the RBM Partnership's contribution (to the extent that is possible), the team used two approaches - one at the global level and one at the country level. At the global level, the team reviewed the effectiveness of implementing planned activities. It assessed the relevance of these activities based on inputs of RBM Partner constituents and agreed-upon requirements in the fight against malaria. The result was a qualitative analysis of the Partnership's contribution at that level.

At the country level, the team evaluated the impact of the RBM Partnership through a three-step process: first, It assessed trends within the country over the evaluation period. Second, it carried out a detailed analysis of country progress against indicators in planning, in-country partnership, financing, human resources for malaria, and malaria products and service delivery. Third, the team conducted country interviews to establish how much the RBM Partnership had contributed to progress made.

### **3.3 Constraints**

The challenges to establishing the success or failure of the RBM Partnership fall into two areas: RBM's nature as a Partnership and the availability of robust data.

RBM's nature as a Partnership makes it difficult to establish epidemiological impact directly, as outcomes or impact contributions of individual partners and of RBM are difficult to separate, and it is difficult to ascertain whether they would have occurred in the absence of the RBM Partnership or not. This means that statements about RBM's impact on malaria morbidity and mortality are indicative, and that the evaluation rather focuses on the outputs and outcomes from the Partnership.

The availability of robust data is an issue that is directly related to the evolution of the Partnership. Before the Harmonized Work Plan was launched in 2008, there was little quantitative information on the Partnership structures, especially the Working Groups. The nature and frequency of financial reporting has been expanded towards the end of the evaluation period through the work of the finance committee. A selected number of financial

reports remain challenging for the RBM Partnership, for example the tracking of donor contributions and disbursements for all structures. For example, if funds were directly transferred from donors to Working Groups without passing through the RBM account at WHO, reports were not available at the same level of detail as for the Secretariat. Similarly, financial reports for the Secretariat were provided at a higher level earlier in the evaluation period.

Given these constraints, the evaluation team has incorporated qualitative data from interviews and surveys into the assessment alongside quantitative measures. Notwithstanding these caveats, the evaluation team is confident that a comprehensive and accurate assessment has been undertaken.

## 4 RBM Partnership's roles: value added and impact

### 4.1 Introduction

The purpose of this chapter is to establish the value added and impact of the RBM Partnership. Specifically, it answers the following questions about the RBM Partnership's roles at the global and the country level during the period 2004 through 2008:

- Effectiveness: In which roles was the RBM most effective? In which roles was it less effective?
- Relevance: How aligned were RBM's roles with the global challenges in malaria?
- Impact: What changes have occurred at the global and country level and how (if at all) can the RBM Partnership's roles be aligned with these changes?
- Lessons learned: At the country level, what lessons can be learned from in-country RBM networks?

The six roles described in the evaluation methodology section inform the analysis:

- Forge consensus on goals, strategies and plans
- Share knowledge and experiences
- Conduct advocacy and mobilize resources
- Coordinate, facilitate, align, and track partner efforts
- Provide tools, TA, and capacity building for implementing partners
- Track malaria indicators

Over the evaluation period (2004-2008), there was an evolution in the roles of the RBM Partnership. Initially, the main focus of the RBM Partnership was on creating momentum in the malaria sector by bringing partners on board and mobilizing resources for the fight against malaria. More recently, the focus of the RBM Partnership shifted to setting ambitious goals and targets for the fight, to helping countries implement activities to reach these goals, and to tracking the evolution of indicators to document results. Advocacy to place and keep malaria high on the global public health and development agenda and promoting high-level political commitment was a constant objective of the Partnership throughout the evaluation period.

The assessment of the RBM Partnership's roles is presented in two separate parts: in the first part we review progress made at the global level; in the second part we review the progress made at the country level.

## 4.2 RBM Partnership's effectiveness and relevance at the global level

### 4.2.1 Forge consensus on goals, strategies and plans

(Performance: very strong, trend: ↗<sup>16</sup>)

One of the core roles of the RBM Partnership during the evaluation period was to forge consensus on goals, strategies, and plans. The RBM Partnership made strong progress

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<sup>16</sup> Trend symbols: ↗ = very strong improvement in performance over the evaluation period, ↗ = moderate improvement in performance over the evaluation period, ↔ = constant performance over the evaluation period, ↘ = moderate decrease in performance over the evaluation period, ↘ = very strong decrease in performance over the evaluation period; ↗ = variable performance over the evaluation period

toward defining key goals – including those on universal coverage and elimination of malaria, and key targets (e.g., 2010 and 2015 targets). Consensus was also reached on strategies, such as the free distribution of bed nets and universal coverage of bed nets (rather than limiting distribution to pregnant women and children under five). Key plans were endorsed by the RBM Partnership, including the 2005-2015 Global Strategic Plan and the GMAP.

### **Activities**

At the global level, the RBM Partnership provided a forum for consensus building on goals, strategies, and plans through its core partnership structures. Board meetings provided a venue for decision making on plans, such as the GMAP, and approaches, such as the free distribution of LLIN. Work was facilitated by the Secretariat, which supported the Board, Working Groups, Board Committees, and Task Forces.

Working Groups also played important roles in developing goals, strategies, and plans, including:

- The HWG in providing tools, technical assistance and capacity building for Global Fund grant-proposal writing
- The MERG in developing standard malaria indicators
- The PSMWG in developing procurement plans (for Global Fund grant applications)

The RBM Partnership achieved legitimacy as the forum for decision making on goals, strategies, and plans. It forged consensus on milestone plans, (for example, the GMAP) and ensured that the entire RBM Partnership focused on the Abuja 2010 and Millennium Development Goals (MDG) 2015 targets. Further, the RBM Partnership achieved consensus on key strategies, (for example, the free distribution of LLIN and use of ACTs).

### **Challenges**

While the RBM Partnership has forged consensus on the need for GMAP and developed cost estimates for implementing the plan, Partners need to clarify which sections of the GMAP they are taking responsibility for implementing or funding, and in which countries they will be active.

### **Relevance**

Global-level survey respondents rated the RBM Partnership as adding significant value in its role of forging consensus. In a scoring system in which 3 equals “average value” and 4 equals “significant value”, these respondents awarded the RBM Partnership an average score of 3.96 for “agree goals and targets” and a 3.81, on average, on “agree strategies and plans” (where 3 = average value and 4 = significant value). Respondents noted that the RBM Partnership should continue to play a significant role in forging consensus on goals, targets, strategies, and plans. These respondents attributed a lower value added to the RBM Partnership’s activities in reaching agreement on operational standards (an average score of 3.13); they did not see a significant role for the RBM Partnership going forward in this sub-area.

#### **4.2.2 Share knowledge and experiences**

**(Performance: strong, trend: ↗)**

Knowledge is shared through the meetings of the RBM Partnership's Board and Working Groups, as well as through the Sub-Regional Network annual meetings. In addition, a knowledge-sharing infrastructure has been created by the Secretariat (a website, an online toolbox, and email distribution lists). This infrastructure is functional, but does not yet employ the full range of technologies available to networked organizations.

##### **Activities**

The RBM Partnership created a knowledge sharing infrastructure, including a website and email distribution lists. As part of their activities, Working Groups have been engaged in sharing knowledge and experiences among Partners and with country stakeholders. For example, the HWG, which provides support to countries on developing Global Fund grant proposals, shared knowledge on Global Fund proposal development; MERG, which supports designing and implementing monitoring and evaluation (M&E) plans, shared its knowledge on M&E approaches. At the semiannual Board meetings, RBM Partners meet to exchange information and make decisions.

At the regional level, the RBM Sub-Regional Networks (SRNs) are working with partners and in concert with WHO inter-country support teams to conduct annual meetings that support planning processes and foster shared learning among countries. RBM Sub-Regional Network Focal Points conduct joint missions with regional RBM Partners to support the resolution of country bottlenecks and to address performance challenges. Further details on these activities are summarized in the annex to this report.

##### **Challenges**

Stakeholders have highlighted RBM Partners' reluctance to share information freely, which is attributed to a lack of trust among Partners. Furthermore, RBM the Partnership is not making full use of social-networking technologies, and of user-generated content (for example, uploading information from RBM Partners to the website).

##### **Relevance**

Knowledge-sharing activities are seen to be relevant by survey respondents. In a scoring system in which 3 equals "average value" and 4 equals "significant value," these respondents gave the RBM Partnership's knowledge-sharing activities a score of 3.44, on average. In response to the question as to whether the RBM Partnership should play a more significant in this area in future, the average score from these respondents was 4.29, with 4 equal to "should play a significant role" and 5 equal to "should play a very significant role."

#### **4.2.3 Conduct advocacy and mobilize resources**

**(Performance: moderate, trend: ↗)**

The role of advocacy and resource mobilization combines different types of activities: First, the mobilization of resources at the global level to increase overall resources available in the fight against malaria. Second advocacy to increase awareness about malaria, to garner support from decision makers, and to encourage policy change and sound implementation.

Activities to secure available resources, for example by ensuring that countries are successful in accessing Global Fund grants, are usually provided as technical assistance and are thus not a core resource mobilization activity. However, important successes in this area are also recognized here.

The MAWG, Secretariat, and individual RBM Partnership members are involved in advocacy and resource mobilization. MAWG's role is to coordinate partner efforts, and the Secretariat's role is to support the advocacy of the Executive Director. The structure and work plan of the MAWG has evolved following a change of leadership in the beginning of 2009. However, since this is outside the evaluation period, new developments are not accounted for here.

The RBM Partnership established the MAWG in 2007. Also, the Secretariat has dedicated six posts to advocacy and communications.<sup>17</sup> These posts are dedicated to raising awareness, rather than mobilizing resources for the fight against malaria.

Over the evaluation time period, there were clear successes in resource mobilization for the fight against malaria. At the global level, partners renewed their commitment to combating the disease, with funding increasing by \$1.2 billion for the President's Malaria Initiative (PMI) and \$1.1 billion for World Bank Booster Programme Phase 2 since 2006.

### **Activities**

Both PMI and the World Bank are active members of the RBM Partnership, and individual RBM Partners report that they advocated for this resource mobilization, for example at the US Congress. A review of MAWG work plans and progress reports does not provide a clear indication that its activities as a working group contributed to this resource mobilization over and above what individual partners were implementing. Thus, evaluation findings do not support exclusive or primary attribution of this resource mobilization to the RBM Partnership's efforts.

Indirectly, the activities of MAWG and the Secretariat may have contributed to resource mobilization efforts by conducting advocacy efforts. However, the progress of the RBM Partnership was held back by issues of coordination and alignment of activities, and by issues of mandate. In one significant instance, the Secretariat implemented an advocacy activity on which Partners were not fully aligned, witnessed by the fact that MAWG partners did not participate. Similarly, the Secretariat cited instances where partner support to the preparation of advocacy events was lacking.

In the area of raising awareness through advocacy, the Executive Director was active in high level meetings and briefings, and was supported by the Secretariat and MAWG in this work. MAWG, in its 2008 update report, also outlined advocacy activities it conducted during 2008 at the global level, for example at the Global Fund or for World Malaria Day, and in donor countries.

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<sup>17</sup> According to RBM's web site, accessed August 2009

MAWG, the Secretariat and Partners advocated actively for African Malaria Day to become World Malaria Day, which was achieved.

MAWG further reports activities around supporting the launch of the GMAP, including preparation of advocacy and communications materials, and developed core messaging and new branding for the Partnership. MAWG, the Secretariat and Partners also advocated successfully for a shared non-voting seat on the Global Fund Board with Stop TB Partnership and UNITAID.

### **Challenges**

There are a number of different challenges in the area of advocacy and resource mobilization. Firstly, the roles and responsibilities between MAWG, the Secretariat and RBM Partners were not clear. This is also reflected in a lack of alignment between different partners on key issues. For example, the Secretariat work plan and MAWG activities were not fully aligned. The MAWG did not participate in some of the activities organized by the Secretariat, and Partners reported that the Secretariat was not fully involved in MAWG activities, for example regular update calls.

The above lack of alignment is reflected in key partners not participating in coordination mechanisms. For example, several partners are concerned that the UN Special Envoy's office did not participate actively in the MAWG process.

A third challenge is that the roles and targets of MAWG were formulated in a way that made it difficult to evaluate MAWG's contribution. For example, one of the objectives formulated in the 2008 work plan was to "advocate for policies that maximize malaria policy effectiveness". Vague formulations such as the above in objectives and outputs made it difficult to assess how MAWG contributed to desired outcomes. A focus on tangible outputs of the working group would have helped to address this issue.

A fourth challenge lies in potential overlaps, gaps, and contradicting work between the Secretariat and partners. Respective plans for advocacy activities were often not harmonized and the Secretariat role in supporting advocacy was not well defined vis-à-vis MAWG and RBM Partners in general.

Finally, towards the end of the evaluation period the challenges in advocacy and resource mobilization increased due to the RBM Partnership's agreement on GMAP, which requires additional resources to be mobilized and policies to be adapted, and due to the financial crisis, which is making it more difficult to mobilize resources for the fight against malaria.

### **Relevance**

Advocacy was rated by respondents as the second most relevant role of the RBM Partnership, second only to forging consensus. In a scoring system in which 3 equals "average value" and 4 equals "significant value", the respondents gave the RBM Partnership a score of 3.84, on average, for global-level advocacy and a score of 3.73, on average, for endemic-country advocacy. The respondents also would like to see the RBM Partnership continue to play a significant role in this area in the future. In a scoring

system in which 4 equals “should play a significant role” and 5 equals “should play a very significant role”, the respondents awarded the RBM Partnership a score of 4.30 for global-level advocacy and a score of 4.37 for country level advocacy. The advocacy role will be particularly important as funding from World Bank Booster and PMI is time limited (World Bank Booster is currently set to run out by the end of 2011) and has to be renewed at regular intervals.

#### **4.2.4 Coordinate, facilitate, align and track partner efforts**

**(Performance: strong, trend: ↗↗)**

##### **Activities**

The RBM Partnership is a forum at which constituencies can actively participate in Board meetings and Working Groups. The Executive Committee provides a venue for interactions at the operational level, through monthly conference calls. The Working Groups provide venues for interactions on thematic issues, through their in-person meetings and conference calls. At the regional level, SRNs serve a similar function, with Core Groups acting as regional harmonization mechanisms, tracking the performance of countries and organizing joint missions to resolve bottlenecks.

The RBM Partnership has developed the Harmonized Work Plan methodology, which it implemented in the second half of 2007. The RBM Partnership’s structures incorporated the RBM Partnership’s priorities into their work plans, and these work plan activities were then integrated into a single Harmonized Work Plan with a single budget in 2008. In 2009, the Harmonized Work Plan categorized activities as either “Core” and “Optimal”, with two separate budgets, providing a prioritization of activities in case the work plan is not fully funded. The Harmonized Work Plan is approved by the Board.

At the global level the RBM Partnership moderated between different Partners, for example helping to achieve alignment between the President’s Malaria Initiative and the World Bank Booster Programme in the choice of countries supported.

##### **Challenges**

Systematic coordination and alignment of partners at the global level has not been successful on certain issues, such as the alignment of procurement standards among major donors. For example, reaching agreement among the World Bank, the Global Fund, and the President’s Malaria Initiative on joint procurement of LLIN for a catch-up campaign in Tanzania required direct intervention by senior RBM Partnership leadership.

##### **Relevance**

Survey respondents consider the RBM Partnership to have added slightly above-average value in the area of coordination and alignment. In a scoring system where 3 equals “average value” and 4 equals “significant value”, the respondents gave the RBM Partnership a rating of 3.42. Respondents indicated that the RBM Partnership should play a more significant role in this area in the future. In a scoring system in which 4 equals “should play a significant role” and 5 equals “should play a very significant role”, the respondents awarded the RBM Partnership a rating of 4.30.

#### **4.2.5 Provide tools, TA and capacity building for implementing partners**

**(Performance: moderate, trend: ↗)**

##### **Activities**

Short-term technical assistance to countries to improve Global Fund malaria applications were successfully undertaken by the RBM Partnership between 2006 and 2008 – first by the Secretariat and then, since 2007, by the Harmonization Working Group. The RBM Partnership's Working Groups have developed a number of tools, such as the needs assessment methodology, the Procurement and Supply Chain Management (PSM) toolkit, standard malaria indicators, and Malaria Indicator Survey (MIS) methodology. The RBM Partnership (and its Harmonization Working Group in particular) has also managed the logistics (fundraising, recruiting, contracting) for consultants that supported countries by assisting the grant-proposal-writing process, and has managed the logistics for mock Technical Review Panels (TRPs) and other workshops. Most recently the Harmonization Working Group, the Secretariat and the SRNs provided technical assistance (workshops) to accelerate the grant-signature process.

The capacity-building effects of this technical assistance cannot be assessed accurately. However, the increasing number of Global Fund grants managed by national authorities (for example, NMCPs) suggests increasing capacity in countries.

SRNs are also playing a role in monitoring the performance of existing Global Fund malaria grants, and they are undertaking joint missions to support countries that are experiencing grant performance issues. These short (usually one week) missions are rated as effective at helping countries resolve bottlenecks and improve performance, according to country stakeholders the team interviewed and according to documented outputs.

##### **Challenges**

At the global level, fundraising for technical assistance remains challenging, hampered by a lack of understanding by partners regarding the functioning of the Harmonization Working Group funding mechanism. However, this challenge may have been addressed by financial reporting provided by the HWG to the Board at the May 2009 Board meeting. At the global level to accelerate grant signature or to address barriers to joint procurement between funding agencies have been less successful, leading to an overall “moderate” evaluation rating.

Future challenges will lie in supporting country-level implementation. SRN joint missions, to date, have responded to performance crises (for example, “C” performance ratings for Global Fund grants and World Bank Booster disbursement delays). The Board will need to define the future activities of the Partnership in this area.

##### **Relevance**

Survey respondents consider the RBM Partnership to have added slightly above-average value in the areas of providing tools and TA. In a scoring system in which 3 equals “average value” and 4 equals “significant value,” the respondents gave the RBM Partnership a rating of 3.18. Respondents indicated that the RBM Partnership should play a less significant role in this area in the future. In a scoring system in which 3 equals “should play an average

role” and 4 equals “should play a significant role,” the respondents gave the RBM Partnership a rating of 3.81, on average.

#### **4.2.6 Track malaria indicators**

**(Performance: strong, trend: ↗)**

Tracking malaria indicators enables the RBM Partnership to show its progress against targets and goals at key dates. Through the MERG, the RBM Partnership has developed standard malaria indicators and developed the MIS methodology.

In 2008, the MERG completed 30 country profiles for the World Malaria Report 2008. MERG indicators were used in Demographic Health Surveys (DHS), Malaria Indicator Cluster Surveys (MICS) and Malaria Indicator Surveys completed in 10 countries between 2006 and 2008 (the target was 12 to 20). Two MIS workshops were held in Africa, with 24 countries participating. The MERG supported the Global Fund-led effort to update the M&E toolkit by, for example, reviewing and finalizing IRS indicators. MERG developed a draft checklist that supports the development of country-level malaria M&E plans, and an RBM dashboard for displaying key data from countries. Countries with Global Fund grants are using the Monitoring and Evaluation System Strengthening Tool (MESST), which was introduced in a workshop to which a number of RBM partners contributed.

#### **Challenges**

The MERG developed a work plan with a budget of \$1 million, but was only able to raise \$180,000. Partners used the MERG work planning exercise to indicate activities for which partners already had funding. Additional funds need to be secured to enable the MERG to implement new activities above and beyond those that partners have already funded.

#### **Relevance**

Global-level survey respondents rate the RBM Partnership as providing slightly above-average value in tracking malaria indicators. In a scoring system in which 3 equals “average value” and 4 equals “significant value,” the respondents gave the RBM Partnership a score of 3.14. Respondents would like to see the RBM Partnership play a more significant role in this area in the future. In a scoring system in which 4 equals “should play a significant role” and 5 equals “should play a very significant role,” the respondents gave the RBM Partnership a rating of 4.01.

### **4.3 RBM Partnership’s effectiveness and relevance at the country level**

The effectiveness and relevance of the RBM Partnership at the country level was assessed within the context of observations made during country visits. During visits to six countries and two SRN annual meeting, the team found that some countries have established country-level malaria partnerships, while other countries are just starting to form these partnerships or have no country-level malaria partnerships. For a summary of these country findings, see chapter 6.3.

In most countries the team analyzed, only the NMCP manager interacted regularly with the RBM Partnership. Most stakeholders had interacted with consultants during the proposal-

writing process, and the successful Round 8 Principal Recipients (PRs) had participated in the grant-signature acceleration workshops organized by the HWG. Some countries had Board representatives (for example, Minister, Southern nongovernmental organization (NGO) representatives). Others had global Working Group co-chairs and members, (for example, MAWG Co-Chair Voices Mali). Most countries had received a joint mission visit from the partners from the Sub-Regional Network and / or a visit from the RBM Secretariat. Many countries were expecting a visit from the UN Special Envoy for malaria. Further detail is provided in the technical annex.

### **Country priorities and future areas of support**

For most of the countries observed, Global Fund Round 8 will be the first time that universal coverage will be attempted, and stakeholders from different countries raised questions about their capacity to scale up fast enough to meet 2010 targets. The majority of countries indicated continued demand for support in the area of resource mobilization in order to overcome funding barriers to universal coverage (often due to LLIN demand forecasting challenges and Global Fund funding shortfalls).

Operational support from global level “champions” who can intercede with the Global Fund or the World Bank and resolve bottlenecks and misunderstandings was highly valued. In the area of advocacy countries indicated appreciation for RBM Partnership advocacy toward Ministers, especially in those countries in which NMCP is receiving little government attention. Short-term support on specific issues such as proposal writing, needs assessments, and how to resolve routine- or mass-campaign double counting, was sought. Countries that are more advanced in the control of malaria (for example, Zambia) were seeking technical support for advanced strategies, such as active case detection. Country stakeholders expressed a desire for a closer relationship with the RBM Partnership and would like the SRNs continue to support them.

Country stakeholders further indicated a demand for a closer relationship with the RBM Partnership global structures to receive additional TA and knowledge sharing. The consensus view in these countries is that NMCPs ought to drive country-level partnerships, moving toward one national plan for all malaria partners. In countries in which partnerships are not yet fully active, stakeholders requested that guidelines be provided from SRNs or the Secretariat for developing terms of reference (TORs) for country-level partnerships, which could be adapted to the national context.

In some cases, countries have drawn inspiration from global models, replicating structures (for example, MERG and MAWG) and activities (for instance, joint missions to the districts) at the country level.

Below is a summary of RBM Partnership roles at the country level.

#### **4.3.1 Forge consensus on goals, strategies and plans**

**(Performance: strong, trend: ↗)**

##### **Activities**

In the early part of the evaluation period, the RBM Secretariat supported the development of national strategic plans for malaria. In the majority of countries visited, reference was made to the RBM Partnership's role in providing technical assistance into the development of the national malaria strategic plan. More recently, the RBM Partnership sought feedback from countries on the goals, strategies, and plans it was developing at the global level, and then disseminated the final GMAP to the countries. Goals and targets, such as the GMAP, were well known in the countries.

### **Challenges**

Country adoption of agreed goals, strategies, and targets entails logistical challenges. For example, the adoption of universal coverage goals brought the logistical challenge of implementing LLIN mass campaigns, especially if net distribution was previously targeted to parts of the population and mass distribution has to be adjusted accordingly. Further, countries lack experience in managing new approaches: many West African countries, for example, which are just starting to introduce IRS, are seeking guidance on how to scale up rapidly.

Countries that are moving towards elimination of malaria and have reached a low transmission status are seeking information on best practices in advanced approaches, as active case detection and diagnosis becomes more important as the burden of malaria falls. This is particularly the case in the Southern African region.

### **Relevance**

While all roles played by the RBM Partnership were considered significant by country-level respondents, forging consensus was considered less important than other roles. This reflects country stakeholders' higher interest in operational issues.

#### **4.3.2 Share knowledge and experiences**

**(Performance: poor to moderate, trend: ↔)**

##### **Activities**

At the regional level the RBM Partnership's SRNs are working with WHO inter-country support teams to conduct annual meetings that support planning processes and to foster shared learning between countries. RBM structures operating at the global level, such as the MERG and HWG, are conducting knowledge sharing through their technical assistance and capacity-building missions. Other than annual SRN meetings, knowledge sharing mechanisms for sharing best practices among countries in a region have not been set up.

##### **Challenges**

Country stakeholders suffer from communication barriers (for example, the cost of participating in conference calls; poor internet connectivity making it challenging to download tools and templates from the website; an insufficient number of RBM Partnership documents translated into French, and even fewer into Portuguese). Also, most conference calls of Working Groups and committees are held in English, which makes participation difficult for many French-speaking and Portuguese-speaking country stakeholders.

The RBM Partnership proposal-writing and needs assessment toolkit is available online and on CD ROM and was briefly demonstrated in SRN annual meetings. However country stakeholders indicated a lack of knowledge when it comes to how to navigate and use these tools.

Lastly, Southern NGOs and Southern academic institutions often do not have the funds to host sub-regional or country-level conference calls for Working Groups or RBM Partnership constituency consultations and they are not always aware that calls can be hosted by the RBM Partnership Secretariat.

### **Relevance**

While all roles played by the RBM Partnership were considered significant by country-level respondents, sharing knowledge and experiences was considered more important than other roles. In this area, respondents gave the RBM Partnership a score of 4.41, on average.

#### **4.3.3 Conduct advocacy and mobilize resources**

**(Performance: moderate, trend: ↗)**

##### **Activities**

At the country level, successful support for Global Fund Round 8 applications mobilized \$2.75 billion in new funding. This success is attributable to the RBM Partnership's TA role rather than to its country advocacy role. Also, resource mobilization is likely to be a smaller role at the country level, due to the lower amounts of resources available.

The RBM Board, Secretariat, and SRNs have engaged with Ministers of Health of malaria-endemic countries at the global, regional (ECOWAS, African Union), and country level through ministerial summits, Board meetings and joint missions to countries. Such activities have often been supported by other members of the RBM Partnership.

Country stakeholders recognized the missions from the RBM Partnership's Executive Director and other Secretariat and SRN staff, as well as those of RBM Partners like the UN Special Envoy for malaria, as opportunities to raise the profile of malaria and the NMCP within the Ministry of Health and above. In many countries malaria has a much lower profile than other diseases, such as HIV / AIDS.

During the evaluation period (2004-2008) the MAWG work plan did not include advocacy actions at country level beyond informal links between the MAWG and country level health advocates. This has changed in 2009, but is not considered in the assessment score given here.

##### **Challenges**

Advocacy at the country level requires a functioning mechanism for engaging countries, which has been a challenge for the Partnership over the evaluation period. Furthermore, the endemic country Board constituency requires additional support to increase participation in meetings, for example through more extensive briefing before Board meetings (by the Executive Committee, Secretariat, SRNs), seed funding for constituency

consultations and earlier distribution of pre-reads (with clearer instructions for navigating contents).

### **Relevance**

While all roles played by the RBM Partnership were considered significant by country-level respondents, advocacy (both at the global and country level) was considered more important than the other roles. In this area, respondents gave the RBM Partnership a score of 4.42 and 4.41 on average.

#### **4.3.4 Coordinate, facilitate, align and track partner efforts**

**(Performance: moderate, trend: ↔)**

##### **Activities**

Despite early efforts to support the development of RBM country partnerships, RBM Partnership support for the creation of country-level partnerships has not remained a priority. Before the SRNs were formed there was a group of countries called Spotlight Countries, for which the Secretariat monitored progress. These countries were not priority countries – help was available to any country that asked for it – but it was decided that the Spotlight Countries would be case studies (rather than pilots). These case study countries often have a strong country partnership, some using the RBM Partnership branding and materials – for example, Ghana and Nigeria. The other spotlight countries were: Ethiopia, Zambia, Malawi, Kenya, Tanzania, the Democratic Republic of Congo (DRC), and Mozambique.

The RBM Partnership is also credited with assisting in specific coordination questions – for example, advising the World Bank Booster Program to focus on Nigeria and DRC as priority countries.

Building on the success of the East African Regional Network, founded in 2002, the RBM Partnership established the other three SRNs between 2005 and 2007 to coordinate partners with working at the regional level. Country-level partnerships were supported on an ad hoc basis by the SRNs and the Secretariat through joint missions, annual meetings and regular interactions with the SRN Focal Point.

The RBM Partnership implemented the SRN work plans to various degrees, organizing annual meetings and joint missions of partners to countries experiencing grant performance challenges.

##### **Challenges**

While some countries have an established national malaria partnership, others do not. For successful coordination and alignment of RBM Partners going forward, the RBM Partnership should review its link to each country and agree on an action plan to engage with countries, driven by country characteristics and needs.

##### **Relevance**

While all roles played by the RBM Partnership were considered significant by country-level respondents, aligning and tracking partner efforts was considered less important than its

other roles. In this area, respondents gave the RBM Partnership a score, on average, of 4.27 at the global level and 4.25 at the regional and country level.

#### **4.3.5 Provide tools, TA, and capacity building for implementing partners**

**(Performance: strong, trend: ↗↗)**

##### **Activities**

The HWG, with support from the Secretariat, has provided TA to countries in Global Fund proposal writing, which has resulted in significant funding successes in Round 8. This is an important success in TA for the Partnership.

In countries visited, the RBM Partnership has provided support through TA (e.g., Global Fund proposal development, strategic plan development), and tools (e.g., standard malaria indicators), but support is not always provided on a regular basis, or when it is expected by countries.

SRNs, where operational, have been conducting joint missions to countries with regional level RBM Partners. In recent times, WARN has been active in supporting countries through joint missions to resolve bottlenecks.

The RBM Partnership has achieved significant success in providing short term TA to countries in order to improve Global Fund grant applications. The quality of this technical assistance was validated by the 78% success rate of Global Fund Round 8 and 62% success rate of Global Round 7 proposals (up from a 38% success rate in Round 6 before, the RBM Partnership took on the task). At the country level, the SRNs supported the logistics and the “receiving end” of TA provided by the global Partnership, and in addition provided conducted missions to provide TA, especially when there were performance or disbursement challenges and other bottlenecks with Global Fund or World Bank grants.

##### **Challenges**

In some countries, TA implementation and priorities were perceived to be determined top down. Given funding constraints, the Harmonization Working Group prioritized countries that it supported, which raised questions among countries that were not considered a high priority. In other countries, specific missions were found to be unsatisfactory. Needs assessments should be, but were not always, owned and approved by the country. Kenya is one case of a country that did not agree with the needs assessment conducted and so did not approve it.

##### **Relevance**

Countries highly value the role of the RBM Partnership in providing tools and TA, and they would like the Partnership to play a more significant role in this area. Country-level respondents gave the RBM Partnership a score, on average, of 4.44.

#### **4.3.6 Track malaria indicators**

**(Performance: moderate, trend: ↗)**

##### **Activities**

At the country level, the RBM Partnership supported the implementation of Malaria Indicator Surveys as well as the design of M&E plans. Malaria Indicator Surveys were conducted in Liberia, Senegal, Tanzania, and Zambia in 2008 and in Namibia in 2009. Uganda is planning to conduct an MIS in 2009-2010.

### **Challenges**

Data collection at the country level remains challenging due to weaknesses in country-level health management information systems.

### **Relevance**

While all roles played by the RBM Partnership were considered significant by country-level respondents, tracking malaria indicators was considered more important than its other roles. Country-level respondents gave the RBM Partnership a score, on average, of 4.38.

## **4.4 Sustainability of roles**

The sustainability of the RBM Partnership's roles is estimated by assessing the requirements for lasting impact of the roles, even if the RBM Partnership's activities were discontinued.

The following table provides an assessment of the roles of the RBM Partnership. Most roles are medium to high in their sustainability, with the exception of the coordination and alignment role, which relies on continued work by the RBM Partnership.

Observed roles	Rationale	Sustainability <sup>18</sup>
<b>1. Forge consensus on goals, strategies, and plans</b>	<ul style="list-style-type: none"> <li>• GMAP is in the public domain - owned and internalized by partners at the global, regional, and country level: no formal work plan for implementing GMAP has been developed.</li> <li>• AMFm is in place in an initial rollout phase: the Global Fund Board will re-evaluate in 2011-2012</li> <li>• The RBM Partnership promotion of free or highly subsidized access to interventions is mainstream policy, dependent on the continued availability of resources</li> </ul>	<ul style="list-style-type: none"> <li>• Medium</li> <li>• Medium</li> <li>• High</li> </ul>
<b>2. Share knowledge and experiences</b>	<ul style="list-style-type: none"> <li>• Investment in research is needed continuously, dependent on resources</li> <li>• Knowledge sharing with and among countries requires limited funding for meetings, joint missions, conference calls and translating and printing key documents and tools</li> </ul>	<ul style="list-style-type: none"> <li>• Medium</li> <li>• Medium</li> </ul>
<b>3. Conduct advocacy and mobilize resources</b>	<ul style="list-style-type: none"> <li>• Decentralized model in which all partners advocate for increased resources is highly sustainable</li> <li>• Giving greater emphasis to community-based advocacy requires limited funding for meetings, joint missions, conference calls and tools</li> </ul>	<ul style="list-style-type: none"> <li>• High</li> <li>• Medium</li> </ul>
<b>4. Coordinate, facilitate, align and track partner efforts</b>	<ul style="list-style-type: none"> <li>• The implementation of RBM Partnership-planned activities is dependent upon funding: to date, full funding for the Board-approved work plan has not been achieved</li> <li>• Funding is required for coordination support, and it is often more difficult to fundraise for coordination efforts than for commodities</li> <li>• Some constituencies ( for example, civil society) require seed funding to support participation in RBM Partnership processes</li> </ul>	<ul style="list-style-type: none"> <li>• Low</li> <li>• Low</li> <li>• Medium</li> </ul>
<b>5. Provide tools, TA and capacity building for implementing partners</b>	<ul style="list-style-type: none"> <li>• Sustainable mechanism exists for providing tools through the RBM Partnership website and CD ROMs: the tools themselves require revision as donors update proposal forms</li> <li>• Provision of technical assistance through joint missions to countries requires travel funds – but capacity is built as country stakeholders participate in analysis exercises</li> <li>• While funding is required to hire consultants and conduct capacity building workshops, capacity built is retained</li> </ul>	<ul style="list-style-type: none"> <li>• High</li> <li>• Medium</li> <li>• Medium</li> </ul>
<b>6. Track malaria indicators</b>	<ul style="list-style-type: none"> <li>• Countries need to apply for funding for Malaria Indicator Surveys</li> <li>• WHO produces the Annual World Malaria Report; UNICEF produces the “malaria and children” report; MERG contributes to country profiles</li> </ul>	<ul style="list-style-type: none"> <li>• High</li> <li>• High</li> </ul>

<sup>18</sup> Sustainability is rated according to the following scale: “high” means that the impact of the RBM Partnership would very likely continue undiminished or with slightly diminished impact if the role were not continued by the RBM Partnership; “medium” means that there is some risk of the RBM Partnership’s impact diminishing if discontinued its role; “low” means that there is a high risk that the RBM Partnership’s impact would be reduced or lost if the role is not continued by the RBM Partnership

## **5 RBM Partnership Structures**

### **5.1 Introduction**

This chapter analyzes the RBM Partnership's progress – assessed through the progress made by its structures – over the course of the evaluation period (2004-2008). We discuss how each of the structure functions, including its legitimacy, accountability, and transparency. We also assess each structure's effectiveness, efficiency and relevance.

These analyses were adapted, where necessary, to answer specific questions. For example, we conducted detailed accountability analyses for the Board and Secretariat to assess the extent of the Board's control over the Partnership. We also reviewed specific indicators of efficiency for the Secretariat, including the time taken to hire staff and the availability of financial information.

### **5.2 Progress toward implementing the Change Initiative**

The Change Initiative was a major milestone in the evolution of the RBM Partnership over the evaluation period. It provided targeted recommendations for improvements to the RBM Partnership. It also established a model for ownership of key issues and workstreams, increased the seniority and consistency of Board participation, and resulted in a decision of RBM Partners to work together on four critical barriers to malaria control: 1) commodities and supply chain management; 2) country level gap analyses; 3) lack of harmonization of donor activity at country level; and 4) lack of a single, streamlined approach to measuring resources and outcomes.

As a result of the Change Initiative, the RBM Partnership was restructured at the global and regional levels, the hosting of the Secretariat was formalized with the signing of a MoU with WHO, and a critical mass of donors agreed to a new, higher level of engagement and commitment to the RBM Partnership. A Secretariat Handbook was prepared that outlined work planning and budgeting processes as well as guidelines for improved management of Board meetings. RBM Partnership Bylaws were developed, and the roles and responsibilities of RBM Partnership Structures were clarified.

The Change Initiative also resulted in new structures: the Executive Committee, the Harmonization Working Group, the Procurement and Supply Chain Management Working Group and the Malaria Advocacy Working Group.

### **5.3 Assessment of RBM Partnership structures**

This section presents the detailed results of analyses for the core structures of the RBM Partnership.

#### **5.3.1 Board**

**(Performance: moderate to strong)**

#### **Functioning of the RBM Board**

##### ***Legitimacy***

The Board is considered to be legitimate, owing to the wide high-level representation of stakeholders on the Board. It has 27 members from the constituencies, including nonvoting ex officio members. Over the evaluation period, increased participation from malaria-endemic countries has increased the Board's legitimacy. Stronger representation by Southern NGOs and malaria-endemic countries and more active support to malaria-endemic-country Board members has been suggested. For Southern NGOs, the challenge is one of the high cost of participating in global RBM Partnership processes. For malaria-endemic country ministers, the challenge is related to time available to dedicate to malaria – and more specifically to taking decisions on the RBM Partnership Board – over other health priorities in country.

### ***Accountability***

As a body, the Board does not have direct accountability for its conduct. However, it is indirectly accountable both through the accountability requirements of Board members to their organizations through the and accountability for results as assessed by external evaluations.

The Board makes strategic decisions (for example, approval of the Harmonized Work Plan) rather than operational decisions. The structures of the RBM Partnership have limited accountability to the Board – other than the Secretariat, which reports on progress against priorities and work plan, as well as on the use of funds (through financial reports). Accountability for operational issues of the Secretariat, such as the prioritization of activities within the work plan and hiring staff, remain within the Secretariat. Administrative accountability rests with the host organization of the Secretariat (WHO). Working groups are accountable to the Board, but their accountability is limited in cases in which individual members finance Working Group activities directly. The SRNs are not directly accountable to the Board, but focal points are accountable to the Secretariat.

### ***Transparency***

Board operations are largely transparent: materials are shared before Board meetings and Board minutes are translated and published. Some limitations were raised with relation to the establishment of the EC:

- Some partners were concerned that control over the Board process lies with the EC, which does not include all partners (but includes representatives from all constituencies)
- Concerns are limited, though, as the EC is open to partners and minutes are sent out to partners

### **Effectiveness of the RBM Partnership Board**

The effectiveness of the RBM Partnership Board improved over the evaluation period. Initially, the Board was struggling with its process. Although Board meetings from the early part of the period are documented, there was consensus that there were problems with the facilitation of Board sessions. This is seen to have improved over time and the Board decided to implement the Change Initiative process in 2005.

Over the latter part of the evaluation period, the Board made a number of important contributions, including forging consensus on plans – such as the GMAP. However, the

Board is still not a full decision-making body. Partners are not able or willing to make important policy decisions through the Board, or are taking very long to take decisions (for example, conflict of interest policy). It has, though, created additional mechanisms to increase its oversight effectiveness – specifically the EC, the PSC, and the FC.

The Board has not fulfilled its responsibilities in raising funds for the work plans it approves, an area of significant shortcoming. By mid-October 2008, the Secretariat had mobilized approximately \$9.5 million of its Board-approved USD15.8 million budget for the year, representing only 58% of the expected funding.<sup>19</sup>

Further, the Board currently does not have the means to link the GMAP to a work plan with clear roles and responsibilities among partners. It should implement a simple but comprehensive strategic planning framework. The recently agreed current goals and vision (set out in the GMAP) are in themselves not sufficient to guide implementation and to coordinate among partners. They must be supplemented with a time-bound implementation strategy (with a 3- to 5-year horizon) that is agreed upon by the partnership, and with detailed work plans for partnership structures (with a 1- to 2- year horizon). The implementation of this planning process should be supported by the Secretariat and committee structures. Such strategic planning frameworks have been effectively implemented in other health partnerships, such as the GAVI Alliance and lessons from those can guide the RBM Partnership.

In the stakeholder survey conducted as part of the evaluation, stakeholders rated the Board as moderately effective. In a scoring system in which 3 equals “average effectiveness,” the respondents gave the RBM Partnership Board a score of 3.1.

### **Efficiency of the RBM Partnership Board**

The RBM Partnership Board has become more efficient over time, in part owing to the creation of the EC, ensuring the Board processes are implemented more consistently. However, the Board continues to spend significant time at its meetings on administrative issues that could be handled prior to the meetings.

The involvement of the Board chair and southern members is limited in the Board process, which is related to the competing demands faced by southern delegations, and the lack of dedicated resources for addressing those demands.

Partners rate the RBM Partnership Board to be slightly less efficient than other structures, giving it an average score of 2.9 in this area.

### **Relevance of the RBM Partnership Board**

The Board is highly relevant to the RBM Partnership, being its highest governance structure. It provides an essential venue for meetings and exchanges among partners, and it is very important owing to the legitimacy it provides to the RBM Partnership. Stakeholders rated it as very relevant to the Partnership, scoring 3.9 in the survey.

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<sup>19</sup> RBM Partnership Executive Director's Report to the 15<sup>th</sup> Board Meeting, November 2008

### **5.3.2 Board committees**

#### **(Performance: moderate to strong)**

The Board committees, which include the EC and the PSC, showed moderate to strong performance over the evaluation period. The committees were still not operating at optimal efficiency, for example, calls taking were longer and occurring more frequently than members would like.

### **Functioning of the RBM Partnership Board committees**

#### ***Legitimacy***

The Board subcommittees are legitimized by the fact that they were created at the request of the RBM Partnership Board. Their activities are, in part, conducted by Board members, which reinforces their legitimacy. Some questions were raised at the fourteenth Board meeting with regards to the composition of the PSC. These have, however, been resolved by the publication of terms of reference for the committee.

#### ***Accountability***

The EC is accountable to the Board and it reports to the Board through the report of the Chair. Likewise the PSC is accountable to the Board and reports on progress as appropriate.

#### ***Transparency***

There were some questions about the functioning of the EC – however, EC meeting minutes are circulated to Board members. The EC report is available to Board members and other meeting participants. The PSC presented an evaluation framework at the thirteenth Board meeting in November 2007, which was partially implemented thereafter by the Working Groups (mid-term review May 2008 and final review November 2008).

### **Effectiveness of the RBM Partnership Board committees**

The EC has been credited with improving the effectiveness and efficiency of the Board. The efforts of the EC have focused on improving Board processes (for example, agendas, pre-reads, and decision points).

The PSC has prepared a framework for tracking and evaluating the performance of partnership structures and presented it to the Board in November 2007.

### **Efficiency of the RBM Partnership Board committees**

The EC is generally considered efficient, as the Board process is on track. There has been some criticism that the EC does not make efficient use of its members' time (too many calls that go on for too long).

The PSC made a decision in 2008 to focus on this external evaluation and to have it completed by the end of that year. The external evaluation was conducted between May and September 2009, so was implemented nine months later than planned.

### **Relevance of the RBM Partnership Board committees**

Survey respondents were generally less aware of the activities and performance of the Board committees than they were of other RBM Partnership structures. The EC is, however, considered relevant, owing to its role in facilitating the conduct of Board processes.

### **5.3.3 Secretariat**

**(Performance: moderate to strong)**

The Secretariat improved its performance during the evaluation period, especially as a result of the Change Initiative.

#### **Functioning of the RBM Partnership Secretariat**

##### ***Legitimacy***

The legitimacy of the RBM Partnership Secretariat was unclear to some partners in the early part of the evaluation period. The Change Initiative in 2006 redefined the role of the Secretariat and its relationship with partners. The relationship with WHO as a host was formalized in the MOU.

##### ***Accountability***

The RBM Partnership Secretariat is strategically accountable to the Board and administratively accountable to WHO (but provides financial reports and reports on the hosting arrangement to the Board). Correspondingly, the Board is accountable for mobilizing sufficient funds for the Secretariat to implement the Board-approved work plan, and WHO is accountable for providing effective hosting, both in terms of programmatic collaboration between WHO GMP and the Secretariat, and in terms of providing effective administrative hosting to the Secretariat.

##### ***Transparency***

The Executive Director reports on the progress of the RBM Partnership against the Board-approved work plan. During the evaluation period, reporting on the use of funds improved and became more detailed. Financial reports beyond WHO audited accounts were produced toward the end of the evaluation period, as donors requested reporting on the use of funds that goes beyond WHO reporting requirements.

#### **Effectiveness of the RBM Partnership Secretariat**

In the early part of the evaluation period, the Secretariat is credited with successes in supporting national malaria control programs in the development of national strategies. In the later part of the evaluation period, the Secretariat is generally seen to have been more effective in implementing its mandate, as demonstrated by progress against the Board-approved Harmonized Work Plan. However, there is still a lack of alignment between the expectations of partners and the Secretariat in terms of the mandate, funding, and ambition of the Secretariat. Issues related to the disbursement of funds to SRNs, to difficulties in providing SRN focal points with effective hosting arrangements, and the high proportion of short term contracts used in the Secretariat were factors limiting the effectiveness of the Secretariat.

#### **Efficiency of the RBM Partnership Secretariat**

The RBM Partnership Secretariat faces more significant challenges in the area of efficiency. In terms of recruiting and contracting, 50% to 70% of the Secretariat staff had short-term contracts, partly owing to planning and funding issues and partly because of the difficulty in hiring staff, which is related to the recruiting timelines of WHO, the host. On average, it takes the RBM Partnership Secretariat eight months to fill a position.

Financial reporting has been limited in the early part of the evaluation period, and improved towards the latter part. The Harmonized Work Plan uses results-based budgeting by priority, but it does not allow for tracking by Working Group. This resulted in difficulties to report how much of a given donor award had been disbursed.

For much of the evaluation period, the RBM Partnership budget exceeded funding. Since 2009, the Harmonized Work Plan has been structured into “Core” and “Optimal” activities, yet it is still not clear how activities are to be prioritized if the RBM Partnership raises more than the “Core” budget and less than the “Optimal” budget.

The administrative fee of 13% charged by the hosting institution and the perceived slowness in reporting on the disbursement of funds led some donors to finance Working Groups directly rather than through the Secretariat.

There was an overlap between the Secretariat’s work plan and the work plans of the Working Groups it is supporting. For example, the Secretariat used to manage TA to Global Fund grant development for countries before the HWG took over, and both the Secretariat and MAWG are involved in advocacy activities. This made analyzing the efficiency of the Secretariat’s support challenging. To address this, the evaluation team relied on interviews with Working Group co-chairs to assess the quality of the Secretariat’s support. Working Group co-chairs reported a mixed picture: some Working Groups reported responsive and helpful Secretariat support, while others expressed concern that support to the Working Group was not perceived as a priority by the designated focal point within the Secretariat. Not all Working Groups receive secretariat support for the RBM Partnership Secretariat, though – for example, OCR Macro provides administrative support for the MERG. The HWG, the MAWG, and the PSMWG secretariat functions have been provided by the RBM Partnership Secretariat.

### **Relevance of the RBM Partnership Secretariat**

Partners indicated a continued need for coordination and facilitation of RBM Partnership processes by a neutral Secretariat. This will be particularly important in regard to coordinating and tracking implementation of the GMAP. The Secretariat has played a key role in making sure that all constituencies are heard in partnership processes and that malaria-endemic countries are represented at more senior levels. Of the global survey respondents who are members of at least one structure (but not the Secretariat), 63% think the Secretariat is relevant or highly relevant; 60% of country-level survey respondents agree.

### **Hosting arrangement**

**(Performance: poor to moderate)**

The RBM Partnership hosting arrangement for the Secretariat at WHO has performed poorly to moderately. There have been clear tensions between WHO and the RBM Partnership, especially in the early part of the evaluation period. This culminated in calls at the RBM Board meeting in Yaoundé in 2005 for the RBM Partnership to be disbanded. Since then, the relationship between WHO and the Secretariat has become much more constructive, and there is a mutual sense that there are synergies between RBM and WHO, in particular with its Global Malaria Programme.

Whilst the programmatic relationship between WHO and the Secretariat have improved, some tensions remained regarding the administrative hosting arrangement. The Memorandum of Understanding that was signed between the RBM Partnership and WHO following the Change Initiative has improved the situation somewhat. But the MOU has not fully resolved issues relating to the efficiency of the administrative hosting services. In particular, human resources and finance processes are creating challenges for the operations of the RBM Partnership's Secretariat.

On the one hand, there was a perception among the RBM Partnership that these difficulties lie in a lower emphasis on administrative support to the RBM Partnership than to WHO units and programs. On the other hand, it appeared that some of the issues were related to the lack of familiarity of Secretariat staff with the rules and regulations of the WHO bureaucracy (for example, WHO procedures regarding acceptance of contributions from private-sector companies with commercial interests in malaria). These issues were exacerbated by a lack of communication between WHO GMP and the Secretariat, which is something that the Secretariat and WHO GMP have signalled they want to address. There was no regular process where programmatic and administrative issues were openly discussed and solutions to those issues could be found to mutual satisfaction.

#### **5.3.4 Working Groups**

**(Performance: variable)**

Working Groups are presented in the aggregate here; more detailed analysis is contained in the Technical Annex. Some Working Groups predate the Change Initiative (MERG, WIN, Finances Working Group, MIP). Others were created as a result of the Change Initiative (PSMWG, HWG, MAWG).

#### **Functioning of the RBM Partnership's Working Groups**

##### ***Legitimacy***

Throughout the evaluation period, concerns were expressed about the legitimacy of the Working Groups – in particular from WHO, which perceives some Working Groups as working on normative technical issues that it thinks should be addressed by WHO. The Change Initiative sought to clarify these areas of divergence, but tensions remain.

##### ***Accountability***

The accountability of Working Groups is not entirely clear. They are formally accountable to the Board. However, the Board has not fulfilled its fundraising responsibility, and it has left many Working Groups unfunded. Accountability has shifted toward those who provide

funding for Working Groups, especially since formal reporting of the Working Groups to the Board has not happened of late. This needs to be clarified in the future.

### ***Transparency***

The majority of Working Groups have publicly available Terms of Reference and publish progress reports and meeting summaries on the RBM Partnership website. Overall, processes are transparent. However, the process of determining co-chairs is not always entirely clear. In some cases, chairmanship has rotated regularly, based on elections. In other cases, chairs have been asked to stay on “on a no objections basis.” While it is not always necessary to have direct elections, there should be mechanisms for rotating chairmanship on a regular basis in order to address performance issues.

### **Effectiveness of the RBM Partnership’s Working Groups**

Before the Change Initiative, Working Groups did not publish their work plans or report on their performance against those work plans. The evaluation team relied on interviews and survey feedback to assess the effectiveness of the Working Groups from 2004 through 2006.

Since the second half of 2007, the Working Groups have developed work plans and integrated them into the Harmonized Work Plan. The Executive Director has reported to the Board on the progress of the RBM Partnership as a whole against the Harmonized Work Plan.

The Annex contains a detailed review of each Working Group. Summarized achievements are provided here:

- MERG is highly regarded for its contribution to M&E, especially in creating standard malaria indicators
- The HWG is credited with a key role in grant success in Global Fund Rounds 7 and 8; business plans to scale up for impact were initiated in Nigeria but not rolled out to other countries after partner feedback and countries are waiting to hear next steps
- MAWG accomplished some of its work plan objectives (RBM branding, World Malaria Day, launch of GMAP); value added of MAWG activities over and above individual partner efforts not clearly documented
- PSMWG got all PSM plans done in time for both Global Fund Rounds 7 and 8 but feedback is mixed; its work has been hampered by discussions over conflict of interest
- The RWG set itself few concrete targets in the Harmonized Work Plan for 2008, and it did not meet its targets that year. Members contributed to GMAP, in particular to the costing models and to the discussions on AMFm
- MIP was active between 2004 and 2007, holding five meetings and developing and disseminating a toolkit. By 2008, all countries eligible for IPTP had adopted the policy and were at different stages of implementation. 20 countries had scaled up IPTP to national scale
- In 2008, WIN lacked a co-chair, a secretariat, and a budget. With the resumption of work on vector control by WHO’s Global Malaria Programme, the hosting of the

WIN secretariat function at WHO remained unclear. While it did develop a work plan and integrate it into the Harmonized Work Plan 2008, most activities were not implemented

### **Efficiency of the RBM Partnership's Working Groups**

Most partners support a Working Group model in which coordination happens in the Working Groups and partners implement. Generally, the model of partners volunteering their time to Working Groups has worked well. Working group outputs have been achieved with very limited resources (for example, the PWMWG has functioned with only 12% of its budget, the HWG with 22% of its budget, and the rest entirely unfunded). HWG, MERG, and PSMWG have been able to raise their own resources, but joint financial reporting to ensure clarity of financing across the RBM Partnership has been challenging. The MIP, WIN, and RWG were less active in 2008.

### **Relevance of the RBM Partnership's Working Groups**

MERG and HWG were generally considered relevant or very relevant – both by respondents to the survey and in global and country interviews.

MAWG and PSMWG were also considered relevant. WIN was deemed very relevant at the country level, but less so at the global level.

Even those Working Groups that were inactive in 2008 or the years before were considered relevant. For example, 40% of survey respondents considered the RWG and the CMWG Group relevant or very relevant. Similarly, 39% of survey respondents considered MIP relevant or very relevant.

### **5.3.5 The RBM Partnership's Sub-Regional Networks (Performance: variable)**

#### **What is an SRN?**

There are four SRNs in Africa. The East African Regional Network was established in 2002. The West African Regional Network and the Central African Regional Network (CARN) were established in 2005. And the Southern African Regional Network was established in 2007.<sup>20</sup>

An SRN is a network of partners with regional or multi-country responsibility. There are up to 40 partners in the network. They play no governance function but are advisors and implementing partners (conducting joint missions and organizing joint meetings and workshops). The primary role of the SRN is to support Partner coordination at the subregional level.

There is a smaller “Core Group” or “Steering Group” or “Steering Committee” that meets regularly, in some cases through monthly conference calls and, when needed – for

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<sup>20</sup> The establishment of two further SRNs (Latin America/Caribbean region and Asia/Pacific region) is planned, but these have not yet been funded

example, when organizing the Annual Meeting – more frequently. The Core Group also meets twice a year – for example, WARN meets in February to plan the work program for the year and in November to review progress and plan for the next year.

Some SRNs (for example, WARN) did not have elections to the Core Group, but simply saw the most engaged partners self-select – for example, WAHO (ECOWAS), WHO Inter-Country Support Team, Voices, JHPIEGO, MSH, JICA, and PSI. In contrast, the constituencies of other SRNs (for example, EARN) elected Core Group members. The challenge of doing without elections is that there is no mechanism for rotating chairmanship of the Core Group. A request from the SRNs is for the RBM Partnership to provide guidelines on how to determine who chairs a Core Group and for how long.

Each SRN has a single RBM Secretariat Focal Point, hosted by a partner. The Focal Point reports to the Partnership Facilitation Coordinator at the Secretariat, and can have a second reporting line to a host institution (for example, UNICEF).

The hosts at the end of the evaluation period were: UNICEF for WARN, WHO for CARN, the Southern African Development Community (SADC) for SARN. EARN should be hosted by UNICEF in Nairobi, but because the current Focal Point is only ad interim, he has remained in his country of origin (Uganda), where he is hosted by WHO on short-term contracts. This has hampered the effectiveness of the EARN Focal Point, who is isolated from his Core Group.

### **How does an SRN add value to countries?**

Countries report joint missions as the biggest added value of SRNs. In an SRN joint mission, up to four partners – often Core Group members, depending on the country need – visit a country for one week to meet with all stakeholders and discuss the bottlenecks leading to the problems – for example, Global Fund C performance rating, or barriers to World Bank Booster disbursement. The team conducts a SWOT analysis, and all stakeholders agree on a plan of action that includes next steps for the National Malaria Control Program Manager, RBM Partners, and (if relevant) the Country Coordinating Mechanism (CCM).

SRN partners are often asked to intercede with the Global Fund Portfolio Manager to clarify a given problem, alert WHO at both the headquarters and the regional level, source funds for international consultants (for example, M&E), and provide support for strengthening country-level partnerships.

In addition to joint missions, countries value annual planning meetings organized by SRNs, the provision of consultants for needs assessments and proposal-writing support, grant-signature-acceleration workshops, and direct telephone and e-mail interaction with the SRN Focal Point who acts as the gateway to international support.

### **Functioning of the RBM Partnership's SRNs**

#### ***Legitimacy***

SRNs include development partners at the regional level but do not include NMCPs because membership is explicitly limited to partners working at the regional level. This is to allow partners to discuss sensitive topics, such as performance challenges in specific countries. SRNs are viewed as legitimate overall, but broader participation could potentially increase their legitimacy.

### ***Accountability***

SRN focal points are accountable to the Secretariat and the local host institution (dual reporting line) and have a working relationship with the SRN Core Group. The SRN Core Group does not report formally to the Board or to the Secretariat, but the SRN is mostly composed of the different Board constituencies – for example, WARN is represented at the Board by two Board members for ECOWAS (with a very few exceptions; for instance, Mauritania is a member of WARN but not ECOWAS). Each SRN Core Group sends a delegate to RBM Partnership Board meetings to accompany Ministers. While the Core Group representative does not have a Board seat, she or he does brief Board members before and during the Board meeting.

### ***Transparency***

SRN Annual Meetings are open to all members of the SRN. While there are no standard across-the-board guidelines, individual SRNs have developed their own guidelines. WARN asks prospective members to apply for (free) membership, subject to Core Group approval. Those who have not yet been approved are welcome to participate in the Annual Meeting as observers rather than members. Observers may listen but may not speak during plenary sessions.

The minutes of Core Group meetings are not published.

### **Effectiveness of the RBM Partnership's SRNs**

The overall performance of the SRNs has been mixed, driven by variations in their hosting environments, the availability of funding to conduct their work, and variable contracting situations. EARN, for example, performed effectively in the early part of the evaluation period, but was held back by an issue around recruiting and financing the new focal point. SARN, on the other hand, has not been effective during the evaluation period, as hosting issues with SADC could not be resolved. WARN only became effective in the latter part of the evaluation period when the focal point was provided with an effective hosting setup. The lack of predictable funding and stable hosting arrangements shows that SRN Focal Point effectiveness has received inadequate attention from the RBM Partnership.

NMCP Managers would like closer and more frequent interactions with members of the SRNs than is possible at Annual Meetings – many country stakeholders telephone and e-mail their SRN Focal Point as often as once a week. The role played by SRNs in overcoming funding bottlenecks has been significant in the West African Region. In other regions the role has been more limited as the RBM Partnership has relied more on the Working Groups and the Secretariat.

### **Efficiency of the RBM Partnership's SRNs**

The recruitment of SRN Focal Points was challenging, owing to the precarious funding situation of the RBM Partnership Secretariat over the evaluation period and to administrative inefficiencies. Funding SRN activities including joint missions was sufficient but delayed.

RBM Focal Points are most successful when a certain service level is provided by the host organization. Current MOUs with host organizations do not specify quality standards for hosting arrangements, and hence most Focal Points do not benefit from best practice support from the local host institution.

### **Relevance of the RBM Partnership's SRNs**

Regional work is relevant to country-level stakeholders because it enables exchanging lessons learned and best practices as well as facilitates resolving bottlenecks. Cross-border collaboration will be increasingly important as countries move toward the elimination of malaria – and lack of cross-border collaboration has already been raised as a concern by countries in the Southern African region. Strengthening country-level capacity will be critical to reaching the 2010 and 2015 malaria sector targets. The existence of a regional level network of partners and an SRN Focal Point strengthens links at the regional and country level.

## 5.4 Sustainability of structures

Below follows a summary of the sustainability of RBM Partnership structures.

Structures	Rationale	Sustainability
<b>Board</b>	<ul style="list-style-type: none"> <li>The semiannual Board meetings are not expensive (\$120-140K) and partners remain committed to participating</li> </ul>	<ul style="list-style-type: none"> <li>High</li> </ul>
<b>Board Committees</b>	<ul style="list-style-type: none"> <li>The cost of the EC annual teleconference in 2008 was \$1,200 and partners remain committed to participating</li> <li>FC and PSC costs were not available, but there is no indication from interviews of committee members that the costs are prohibitive</li> </ul>	<ul style="list-style-type: none"> <li>High</li> <li>High</li> </ul>
<b>Secretariat</b>	<ul style="list-style-type: none"> <li>Continued struggle for resources and funding shortfalls jeopardize the sustainability of the Secretariat</li> </ul>	<ul style="list-style-type: none"> <li>Low</li> </ul>
<b>Hosting arrangement</b>	<ul style="list-style-type: none"> <li>The hosting relationship has been putting a strain on the RBM Partnership, and it is reducing both the effectiveness and the efficiency of the Secretariat</li> </ul>	<ul style="list-style-type: none"> <li>Low</li> </ul>
<b>SRNs</b>	<ul style="list-style-type: none"> <li>The hosting relationship for the SRN Focal Points in the subregions is putting a strain on the RBM Partnership's ability to support countries as they scale up</li> <li>Late arrival of funds for SRN activities jeopardizes the ability of SRNs to implement work plans</li> <li>The voluntary contribution of time from members of SRNs is sustainable; only a travel budget is required to support members' participation in joint missions and annual meetings</li> </ul>	<ul style="list-style-type: none"> <li>Low</li> <li>Low</li> <li>High</li> </ul>
<b>Working groups</b>	<ul style="list-style-type: none"> <li>The voluntary contribution of time from members of the Working Groups is sustainable; some seed funding is required to support increased participation of malaria-endemic country participants</li> <li>The implementation of Working Group activities is not sustainable because the RBM Partnership has failed to mobilize resources.</li> <li>The hosting / secretariat support of Working Groups requires either RBM Partnership Secretariat staff resources (for example, from the HWG or PSMWG) or seed funding for a different entity to provide administrative service (for example, Macro for MERG)</li> </ul>	<ul style="list-style-type: none"> <li>High</li> <li>Low</li> <li>Low</li> </ul>

## **6 Models for the RBM Partnership's future development**

### **6.1 Introduction**

The scope of the evaluation includes providing recommendations on the future of the RBM Partnership. The GMAP has raised the bar for both the RBM Partnership and individual partners. Incremental improvements to the work of the RBM Partnership may not be sufficient to deliver what will be expected from it in the next five years. There is a consensus among partners that success at the country level will be critical to achieving the malaria sector's goals and the ongoing success of the RBM Partnership.

Particularly important for the RBM Partnership's success will be a clear and common vision for its future operations. Today, this does not exist among partners. While consensus exists on the importance of country-level success in the fight against malaria, partners diverge on how or even if the RBM Partnership will be involved in activities at a country or regional level.

To clarify the options for the future and present the sometimes diverging perspectives of RBM Partners, the evaluation team has developed five potential models for a future RBM Partnership. These models are based on the assessment of the RBM Partnership's roles and structures described above, as well as on knowledge about other partnerships and networks within and outside of global health. Particular attention has been paid to the perspectives of and feedback from partners at the country level. This section discusses the requirements for the RBM Partnership's future success and the potential models and processes for supporting the RBM Partnership's goals.

The RBM Partnership Board will need to determine which model will best support the ambitious goals of the malaria sector.

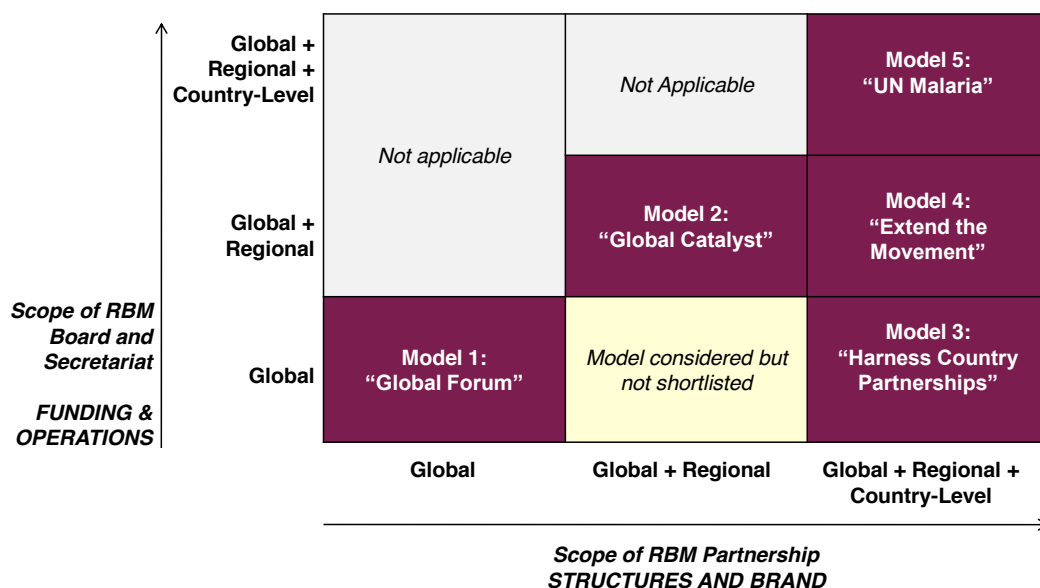
### **6.2 Options for partnership models for the future**

Two key questions emerged for the RBM Partnership to consider in developing its organizational model:

- How far will the RBM Partnership structures and brand extend (global, regional, country level)? Specifically, will the RBM Partnership continue to maintain SRN focal points? Should a country-level focal point structure be set up?
- Where will the RBM Partnership Board and Secretariat have direct involvement in funding, operating, and governing activities (global level, regional level, country level)? Specifically, where will the RBM Partnership affiliate with existing structures (for example CCMs) instead of building up its own staff or structures?

The graphic below depicts the five models that emerged for consideration, based on the two key questions noted above:

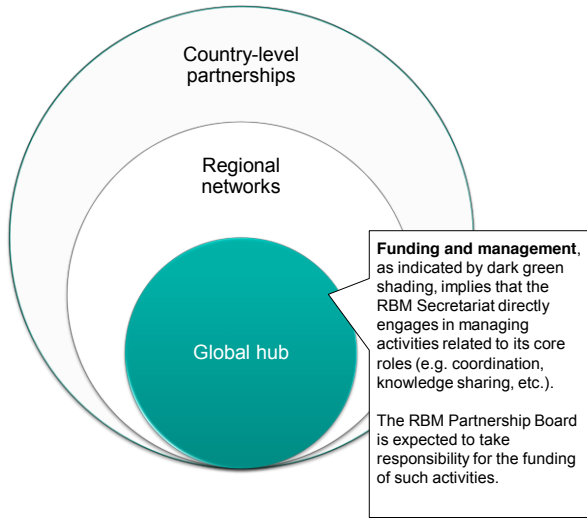
## Potential RBM Models



The five models can be summarized as follows:

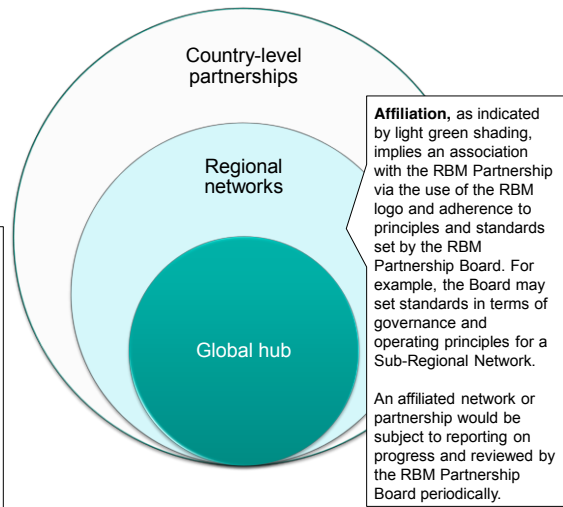
- Model 1: Global Forum** – The RBM Partnership model focuses on global-level activities and partners, and discontinues direct engagement with SRNs. (Example: Reproductive Health Supplies Coalition.)
- Model 2: Global Catalyst** – The RBM Partnership largely maintains its current model, creating a formal affiliation with SRNs through a focal point and / or operating principles. (Examples: INDEPTH network; Global Business Coalition on HIV / AIDS, Tuberculosis and Malaria; World Economic Forum.)
- Model 3: Harness Country Partnerships** – The RBM Partnership would take steps to create formal affiliation with country-level partnerships and SRNs that independently form, through agreements on operating principles and other standards for affiliation with the RBM Partnership. The RBM Partnership would not directly fund or manage SRNs or country-level partnerships. (Examples: Rotary Club; International Chambers of Commerce; UN Global Compact; International Campaign to Ban Landmines.)
- Model 4: Extend the Movement** - The RBM Partnership would strengthen the SRNs and actively support the creation of a country-level partnership in countries that do not have one today (a “push” mechanism). (Example: Fair Trade Labeling Organization.)
- Model 5: UN Malaria** – The RBM Partnership would extend staff and funding to support development of SRNs and country-level partnerships. An RBM Partnership focal point staff member would be posted in each country that does not already have an established country partnership. (Example: UNAIDS.)

### Model 1: Global Forum



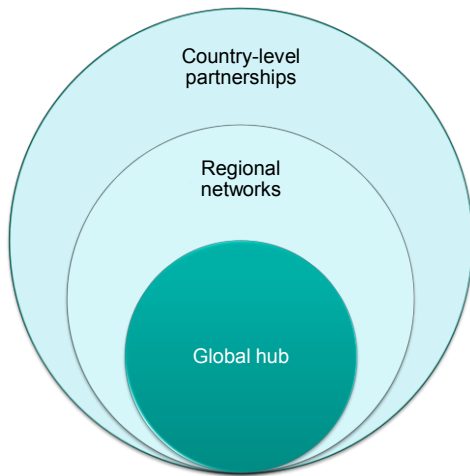
Funding and management
  Affiliation
  No direct affiliation

### Model 2: Global Catalyst



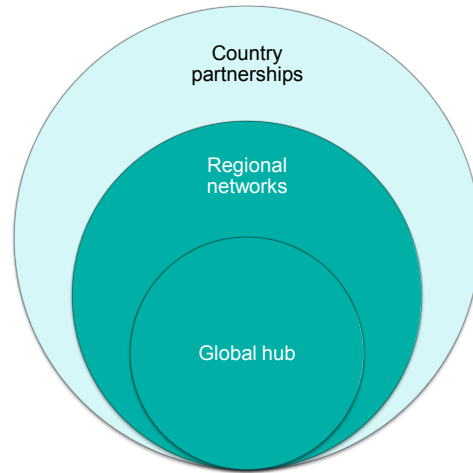
Funding and management
  Affiliation
  No direct affiliation

### Model 3: Harness Country Partnerships



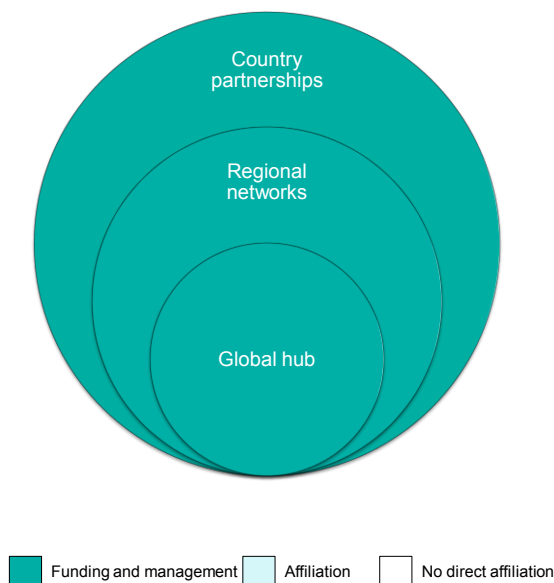
Funding and management
  Affiliation
  No direct affiliation

### Model 4: Extend the movement



Funding and management
  Affiliation
  No direct affiliation

### Model 5: UN Malaria



These five models assume that the RBM Partnership may extend its structures and brand without the Secretariat and Board having direct funding or operating control. For example, the Partnership may choose to offer formal affiliation to initiatives, Working Groups, or country-level partnerships led by other organizations.

This type of model is found in a range of networked organizations, from the Fair Trade Labelling Organization to the UN Global Compact. Examples of these types of networked approaches are found below.

For further descriptions of the five models please refer to the Technical Annex.

#### **Case study of Model 3 – Harness Country Partnerships: UN Global Compact**

Launched in 2000, the United Nations Global Compact is a multi-stakeholder leadership initiative that seeks to align business operations and strategies with ten universally accepted principles in the areas of human rights, labor, the environment, and anti-corruption and to catalyze actions in support of broader UN goals. It is the world's largest voluntary corporate citizenship initiative, with over 6,500 signatories based in more than 130 countries. It has a Secretariat of 20 staff hosted at the UN Secretariat in New York. The Global Compact also has an independently incorporated 510c3 foundation to support fundraising and administrative efficiency.

Global Compact Local Networks (GCLNs) are at the heart of the Global Compact, carrying out activities that encourage implementation of the principles. “Learning” is now the most prevalent network activity, as compared to “outreach” in previous years. Learning activities such as workshops, training, or regular Working Group meetings are designed for Global Compact participants to gain a better understanding of how to integrate the ten principles.

There are 62 established GCLNs and 27 emerging networks. A Local Network fulfills all minimum requirements as per the annual MOU between a GCLN and the UN Global Compact Office. An emerging Network is a group of participants who are making progress toward the establishment of a GCLN.

GCLNs agree to certain fundamental criteria in the MOU, despite their wide differences. They are committed to the principles and practices of the Global Compact. Every network produces an annual activity report and is willing to support participants in their efforts to develop communications on progress. Each network is expected to give a mandate to an individual to formally represent the network at the Annual Local Network Forum and in the management of the network logo. An annual agreement is required between the Global Compact Office and each Local Network, which will give the network the license to operate for one year based on meeting minimum criteria. One out of four Local Networks are independent legal entities.

Annual meetings of Local Networks are convened to bring Local Network Focal Points and company representatives together to share experiences, learn from each other, and network. The annual meetings also allow the Global Compact to seek the input of Local Networks on key governance issues relating to networks and to the initiative as a whole.

Regional Meetings for Local Networks are convened to provide Global Compact Focal Points and other members of the Network Steering Committees with an opportunity to learn from the achievements of other networks and to share experiences. Regional meetings provide opportunities to discuss regional challenges and opportunities and to identify potential approaches and joint activities.

Four Working Groups address issues of direct relevance to Local Networks.

#### **Case study of Model 4 – Harness Country Partnerships: International Campaign to Ban Landmines**

The International Campaign to Ban Landmines (ICBL) is a global network in over 70 countries that works for a world free of antipersonnel landmines and cluster munitions, in which landmine and cluster-munitions survivors can lead fulfilling lives.

The coalition was formed in 1992, when six groups with similar interests – Human Rights Watch, medico international, Handicap International, Physicians for Human Rights, Vietnam Veterans of America Foundation, and the Mines Advisory Group – agreed to cooperate on their common goal. The campaign has since grown and spread to become a network of over 1,400 groups – including groups working on issues pertaining to women, children, veterans, religion, the environment, human rights, arms control, peace, and development -- in over 90 countries, working locally, nationally, and internationally to eradicate antipersonnel landmines.

The ICBL and its flexible network of organizations remain committed to an international ban on the use, production, stockpiling, and transfer of antipersonnel landmines, and to raising

increased international resources for humanitarian mine clearance and mine-victim-assistance programs. The ICBL monitors the landmine situation in the world (through a network of researchers producing the annual Landmine Monitor Report) and conducts advocacy activities – lobbying for implementation and universalization of the Mine Ban Treaty; humanitarian mine action programs geared toward the needs of mine-affected communities; support for landmine survivors, their families, and their communities; and a stop to the production, use, and transfer of landmines, including by (non-State armed groups).

The ICBL participates in the periodic meetings of the Mine Ban Treaty process, urges States not Parties to the Treaty to join and non-State armed groups to respect the mine ban norm, condemns mine use, and promotes public awareness and debate on the mine issue by organizing events and generating media attention.

The ICBL has a four-member Management Committee, an Advisory Board composed of 21 member organizations, and five ambassadors who serve as campaign representatives at speaking events and conferences worldwide. Currently, the ICBL has four staff members based in Geneva (the central office), Paris, and Rome. Additionally, the ICBL has several interns each year.

### **6.3 Country findings and implications for the RBM Partnership's future model**

Country visits and interviews at SRN Annual Meetings found that some countries have established country-level malaria partnerships, while other countries are just starting to form or still have no country-level malaria partnership. In some countries with existing partnerships, the country partnership needs to decentralize its activities to reach regional and local levels.

In the first group of countries, a functional country-level Malaria Partnership already exists, usually chaired by the Secretary General of the Ministry of Health with the NMCP providing administrative services. These often have sub-Working Groups – for example, Integrated Vector Management, Case Management, Behavior Change Communication / Information, Education, Communication (BCC / IEC). Sometimes they use the (old) RBM Partnership logo. All that is missing is the link to global-level partnership.

In the second group of countries, there is no formal malaria partnership, or if one was set up it does not meet regularly.

In the third group of countries, there is a strong national malaria partnership, but the territory is large and the health system decentralized, so the NMCP needs an additional burst of short-term (one- to two-year) coordination support to help it extend the movement to the regional level. This is particularly the case in Nigeria, and it is likely to be the case in the Democratic Republic of the Congo (DRC), Brazil, and India.

Country-level stakeholders would like to engage more with the regional- and global-level RBM Partnership. Country stakeholders also indicated interest in NMCPs playing a leading role in the country-level partnership, moving toward one national plan for all partners working in the malaria sector. They have requested guidelines from SRNs and support from the Secretariat in developing terms of reference (ToRs) for country-level partnerships, which they would like to consult and adapt or modify to their national contexts.

Some countries with existing partnerships have drawn inspiration from the global model, replicating structures (for example, the CMWG) and activities (for example, joint missions to the districts). Countries are seeking increased support from the regional and global level RBM Partnership in the areas of advocacy and bottleneck-resolution missions, technical assistance on specific topics (for example, scaling up IRS and organizing mass LLIN campaigns), and support with clarifying issues with the Global Fund.

The table below outlines a first estimation as to which countries fall into which group.

Country characteristics	Example Countries
<b>Countries with established malaria partnership</b>	Madagascar, Namibia, South Africa, Swaziland, Uganda, Zambia, Senegal, Benin, Burkina Faso, Ghana, Sierra Leone, Gambia
<b>Countries with new or no malaria partnership</b>	Botswana, Burundi, Eritrea, Somalia, Zimbabwe, Guinea, Liberia, Togo, Niger, Guinea Bissau, Cote d'Ivoire, Mauritania
<b>Countries with decentralized health systems that require regional malaria partnerships</b>	Nigeria (DRC, Brazil, India – not observed / interviewed by evaluation team)

## 6.4 Evaluation of models

Based on the requirements of the RBM Partnership going forward, feedback from countries and learning from other global partnerships, the evaluation team developed a set of criteria for assessing the five models. Below is a summary assessment for each model based on these criteria as well as some additional considerations for the RBM Partnership Board as it deliberates its future model.

## Criteria for evaluating models

<b>Potential results and impact</b>	<ul style="list-style-type: none"><li>• Alignment with roles required to support GMAP goals</li><li>• Likely effectiveness in playing roles and producing desired impact and results</li></ul>
<b>Efficiency</b>	<ul style="list-style-type: none"><li>• Cost of implementing the model</li><li>• Likelihood of fulfilling desired roles and results with a minimal investment of time and resources</li></ul>
<b>Operational feasibility</b>	<ul style="list-style-type: none"><li>• Ease of establishing and maintaining proposed organizational structures</li><li>• Likelihood of building required capacity</li></ul>
<b>Funding feasibility</b>	<ul style="list-style-type: none"><li>• Likelihood that funding approach will generate the required funds for the model</li></ul>

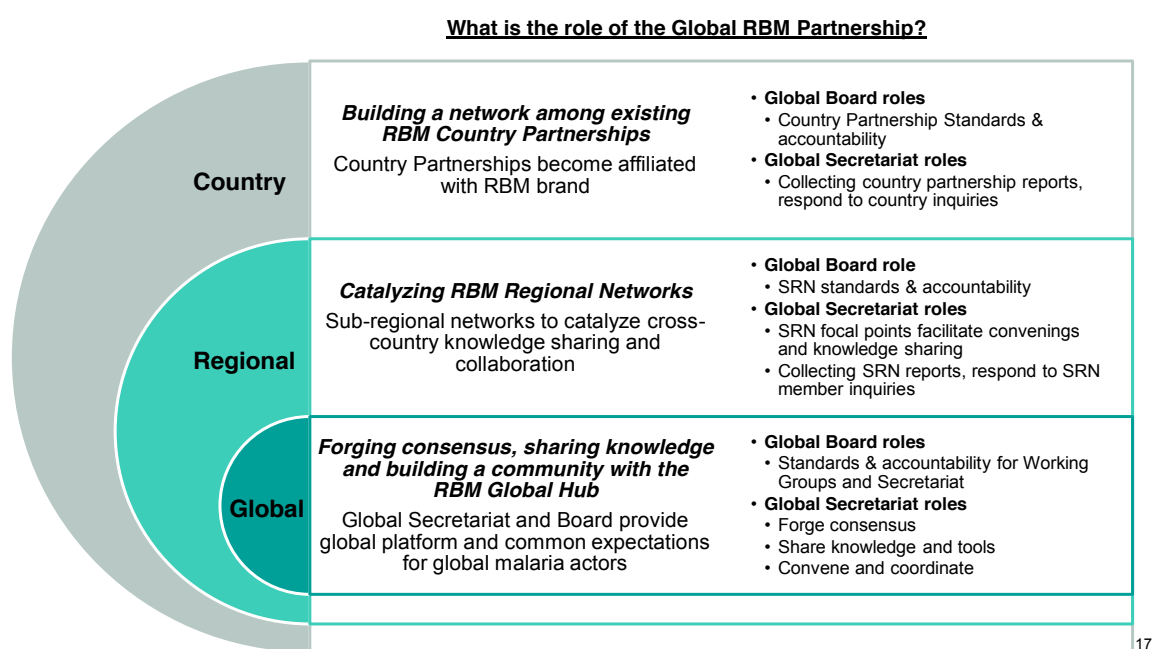
	1. Global Forum	2. Global Catalyst	3. Harness Country Partnerships	4. Extend the Movement	5. UN Malaria
Potential results and impact	<ul style="list-style-type: none"> <li>Strengthens global efforts</li> <li>Does not directly address country needs</li> </ul>	<ul style="list-style-type: none"> <li>Strengthens global efforts</li> <li>Addresses country needs via SRNs</li> </ul>	<ul style="list-style-type: none"> <li>Engages country actors systematically</li> <li>Limited to efforts that are already self-funded in regions / countries</li> </ul>	<ul style="list-style-type: none"> <li>Engages country actors systematically</li> <li>Enables engagement with countries without current partnerships</li> </ul>	<ul style="list-style-type: none"> <li>Engages country actors systematically</li> <li>Enables engagement with countries without current partnerships</li> </ul>
Efficiency	<ul style="list-style-type: none"> <li>Similar to current model</li> </ul>	<ul style="list-style-type: none"> <li>Like current model</li> </ul>	<ul style="list-style-type: none"> <li>High efficiency expected, as model relies on existing partnerships</li> </ul>	<ul style="list-style-type: none"> <li>Slightly lower efficiency than Model 3, but with wider reach</li> </ul>	<ul style="list-style-type: none"> <li>Low efficiency owing to significant investment needs</li> </ul>
Operational feasibility	<ul style="list-style-type: none"> <li>Easy to operate, owing to streamlined structure</li> </ul>	<ul style="list-style-type: none"> <li>Feasible to maintain owing to similarities with current model</li> </ul>	<ul style="list-style-type: none"> <li>Feasible to implement if existing Partners drive development of country Partnerships</li> </ul>	<ul style="list-style-type: none"> <li>Requires greater coordination and management capabilities</li> </ul>	<ul style="list-style-type: none"> <li>Requires greater coordination and management capabilities</li> </ul>
Funding feasibility	<ul style="list-style-type: none"> <li>Like current model</li> </ul>	<ul style="list-style-type: none"> <li>Like current model</li> </ul>	<ul style="list-style-type: none"> <li>Like current model; a little extra funding required</li> </ul>	<ul style="list-style-type: none"> <li>Requires buy-in of Partners to modest funding increase</li> </ul>	<ul style="list-style-type: none"> <li>Low feasibility due to cost and expected lack of support</li> </ul>
Assessment	<ul style="list-style-type: none"> <li>Focus on global level could improve RBM Partnership performance in current roles</li> <li>Lack of country engagement may constrain impact</li> </ul>	<ul style="list-style-type: none"> <li>Focuses on incremental improvements to current model</li> <li>Lack of country engagement may constrain impact</li> </ul>	<ul style="list-style-type: none"> <li>Formalizes linkages to country level and builds on existing strong partnerships</li> <li>Requires new capabilities, particularly strengthened accountability</li> </ul>	<ul style="list-style-type: none"> <li>Formalizes linkages to country level</li> <li>Requires new capabilities, particularly strengthened Board accountability role</li> </ul>	<ul style="list-style-type: none"> <li>Requires significant new RBM Partnership capabilities and funding</li> </ul>

Based on the findings summarized above, the key decision for the Board will be its degree of interest in and commitment to moving more formally to engage countries and / or to strengthen regional networks. Further, the Board’s ability and willingness to provide the more sophisticated accountability required to extend its network will be an important consideration.

## 6.5 Description of one potential model for the RBM Partnership’s future

Based on the assessment of models just above, a potential model emerges that would extend the RBM Partnership’s geographic scope, largely by setting standards for affiliation with existing malaria partnership efforts, rather than through the creation of new RBM Partnership structures. This approach is also consistent with the health-system-strengthening agenda, as it does not create new vertical structures, but does present an opportunity to embed the fight against malaria more firmly within existing efforts. This would be a hybrid of Models 3 and 4 described above. The Board will need to consider the full set of options and decide on the appropriate path forward for the RBM Partnership.

### Potential Model for RBM in the Future: *Extending the Movement to Harness Country Partners (Hybrid of Models 3 and 4)*



## 7 Conclusions and recommendations

In this section, we present the findings and recommendations of the 2004-2008 evaluation. We briefly review the context of this evaluation, and then we discuss the RBM Partnership's global-level and country-level roles, followed by an overview of its organizational structure and specific recommendations looking forward.

### ***Malaria sector context***

- 2004 through 2008 has been a period of success for the malaria sector, individual RBM Partners, and the RBM Partnership as a whole. The fight against malaria gained momentum again: new partners joined the effort, significant resources were raised, and ambitious goals and plans were formulated (such as universal coverage and GMAP).
- The Partnership contributed positively to partners' global efforts to roll back malaria and to make advances toward achievement of the Millennium Development Goal (MDG) 6 as it relates to malaria. During the evaluation period progress was greater than it would have been without the RBM Partnership, including in areas such as coordination, advocacy, funding and progress in malaria control at the country level.
- Since this period of success, there has been renewed urgency to meet the challenges of combating malaria: the financial crisis is putting pressure on resources, and the achievement of the malaria sector's ambitious goals and targets requires strong progress at the country level. The RBM Partnership will need to respond to these challenges in order to continue to be successful
- Ambitious goals have been set in the fight against malaria: universal coverage by 2010 and "zero deaths from malaria" by 2015. These goals will be challenging to achieve, and if they are not reached, that will put pressure on the RBM Partnership and put into question its ability to deliver on the malaria community's ambitions

### ***The RBM Partnership's global-level roles***

- On the global level, the RBM Partnership has mobilized increased participation of partners and delivered strong "value-added" over individual partner efforts, particularly since the implementation of the Change Initiative in 2006
- The RBM Partnership made its largest contributions in the following areas:
  - Development of the GMAP is a major achievement in setting out a shared vision and goals for fighting malaria
  - The RBM Partnership added strong value in the areas of consensus building, knowledge sharing, and coordination, which are areas of comparative advantage for the RBM Partnership; the role of the RBM Partnership and the effectiveness of its structures should be further reinforced in these areas
- The RBM Partnership's contributions were not as strong in the areas in which it does not have comparative advantage vis-à-vis individual RBM Partners:
  - In the area of implementing advocacy campaigns, the provision of TA, and monitoring and evaluation (M&E), there is a need to review and update the alignment between the roles of the RBM Partnership and others involved in the fight against malaria
  - The review of roles must also take into account areas in which the landscape of has evolved significantly – for example in advocacy (with new ambitious goals

and the activities of RBM partners, such as the UN Special Envoy for Malaria) and technical assistance (with agencies increasingly facing significant resource constraints)

- An important challenge in the area of strategic planning is that a medium-term implementation strategy has not been agreed upon among partners, and the implications for the work plans of the RBM Partnership structures are yet to be defined

### ***The RBM Partnership's country-level roles***

- In its country-level roles, the RBM Partnership contributed to the success of its partners, but less progress was made over the evaluation period at the country level than at the global level. Country-level challenges received less consistent attention over the evaluation period than global consensus building and alignment of goals. There were also significant gaps in the ability of some RBM structures to effectively execute their assigned roles
- Despite more modest performance at the country level, the recommended model for the RBM Partnership's country-level engagement going forward is not one of more command and control (a "UN Malaria" model), but rather a networked model in which the RBM Partnership plays a catalytic role vis-à-vis country-level partnerships; however, there are specific direct steps that the RBM Partnership must take to reinforce SRN and Working Group structures
- The RBM Partnership has a comparative advantage in the roles of knowledge sharing (currently lacking at the country level) and providing tools, and these roles should be sustained and reinforced by more effective structures and processes; it is not recommended that the RBM Partnership take on additional operational roles (such as executing TA or M&E) in this area
- The RBM Partnership should make special efforts to assist countries that do not yet have well-mobilized and well-supported partnerships on track, in order to help them meet targets in the fight against malaria

### ***RBM structures***

- The effectiveness of the Board improved significantly over the evaluation period, and it is now moderate to strong. It does not yet fully engage in planning, fundraising, and accountability (both programmatic as well as financial accountability). The experiences of other global health partnerships – for example, StopTB, the GAVI Alliance, and GFATM – in developing effective strategic-planning frameworks and work-planning processes could be very instructive for the RBM Partnership.
- The Secretariat also became increasingly effective over the evaluation period, and it is now demonstrating moderate to strong performance. Funding issues are limiting its effectiveness, and there are concerns related to the implementation of the hosting arrangement of the Secretariat. There were also some selected instances of inefficiencies in management of the Secretariat.
- The SRNs were poor to moderate in their performance, held back by funding and hosting issues. Where hosting arrangements for focal points were effective, SRN performance was moderate to strong. The performance of SRNs has been variable over time: some SRNs, such as the West Africa Sub-Regional Network (WARN), improved

their performance; some SRNs, such as the East Africa Sub-Regional Network (EARN), faced new issues and decreased in performance; other SRNs, such as the Central Africa Sub-Regional Network (CARN) and the Southern Africa Sub-Regional Network (SARN) had consistent performance.

- There was variation in the effectiveness of the Working Groups, whose performance ranged from poor to strong. Some working groups performed strongly – for example, the Harmonization Working Group (HWG). Others ceased to operate during the evaluation period – for example, the Case Management Working Group (CMWG). There is a need to align Working Group work plans with a comprehensive RBM Partnership implementation strategy, ideally with a link to the activities of technical agencies present at the country level

## **Recommendations**

### ***The Board's approach to planning, fundraising, and accountability***

- The Board should increase its role in raising funds for the RBM Partnership and in overseeing the RBM Partnership's finances. In particular, it should do so for the Secretariat and SRN focal points, to ensure that they are fully funded and can execute their work plans. If the Board does not succeed in mobilizing to fully fund planned activities, it should revise work plans and agreed-upon targets. This need is insufficiently addressed through the core and optimal budget mechanism of the RBM Secretariat.
- The Board should implement a simple but comprehensive strategic planning framework. The recently agreed-upon goals and vision (set out in the GMAP) are in themselves not sufficient to guide implementation and to coordinate activities among partners. They must be supplemented with a time-bound implementation strategy (with a three- to five-year horizon) agreed upon by the partnership, and linked to the detailed work plans for partnership structures (the harmonized work plan). Implementation of this planning process should be supported by the Secretariat and committee structures. Such strategic planning frameworks have been effectively implemented in other health partnerships, such as the GAVI Alliance, and lessons from those can guide the RBM Partnership.
- While the current harmonized-work-plan process is a good starting point, it is not sufficient to ensure the effective planning and accountability required with the increased delivery demands posed by GMAP. In particular, the RBM Partnership lacks implementation strategies in key areas, such as country-level work, resource mobilization, and M&E.
- Board Committees – the EC, Finance Committee (FC) and PSC – have helped improve planning and accountability processes and could potentially play an expanded role in facilitating effective board decision making in these areas.
- The Board should reinforce its procedures for monitoring accountability and performance of all key RBM Partnership structures, in line with implementation of improved planning practices. In particular, 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 Board's role in monitoring the performance of RBM structures should be strengthened – in particular in areas in which the RBM Partnership plays a mostly catalytic role, such as with Working Groups and SRNs. The performance of Working Groups and SRNs should be evaluated at regular intervals.
- The Board should also hold partners accountable for instances in which their actions are not aligned with their commitments – for example in implementing the GMAP, or where their actions are in conflict with agreed priorities and strategies.
- The Board should develop mechanisms to manage conflicts of interest in its decision making and document instances of conflict of interest, as outlined in the WHO-RBM hosting agreement.

### ***RBM Secretariat***

- The resolution of funding (through the Board) and administrative issues (through the hosting arrangement) should be a priority in order to strengthen Secretariat performance and accountability
- 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 (based on the six roles defined for the RBM Partnership)
- 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

### ***Activities in support of regional and country-level work***

- The RBM Partnership should clearly define its relationships to both SRNs and country-level partnerships, and the benefits and requirements of affiliation. Activities to accomplish this objective may include defining operating and governance standards for SRNs and country-level partnerships and monitoring progress and/or supporting initial creation of partnerships.
- The RBM Partnership should resolve hosting issues at the regional level for SARN (contracting) and EARN (recruiting and funding). It should add agreements outlining the expected administrative functioning of hosting arrangements to memorandums of understanding (MOUs) with Focal Point hosts.
- Funding for Focal Points should be available for three years to ensure continuity and stability of SRN Focal Point activities.
- 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.

### ***Relationships with hosting organizations***

- At the beginning of the evaluation period, the relationship between the RBM Secretariat and its host, the WHO, was characterized by uneasiness and tension. On the programmatic level, this relationship has improved, with mutual recognition of the need for a good working relationship and the potential for synergies between WHO's Global Malaria Programme (GMP) and the RBM Partnership. Administrative inefficiencies

related to the hosting arrangement have continue to affect the effectiveness of the Secretariat negatively

- With the implementation of the MOU between the RBM Partnership and WHO, the administrative hosting arrangement has improved from poor to moderate
- 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. As part of this process, WHO and the Secretariat should openly discuss their expectations and experiences, and they should propose ways to resolve any issues. Failure to agree on solutions to issues in the hosting arrangement would be an indication that the hosting relationship is not performing to the expected level
- The RBM Partnership and the Secretariat host, WHO, should refine the process for evaluating the Executive Director of the RBM Partnership on a regular basis: a clear role should be given to the Board in the process of evaluating the Executive Director, with Board members serving either as observers or as decision makers
- Similar inefficiencies have occurred with host organizations (SARN, UNICEF, WHO) for SRNs. The RBM Partnership should ensure sufficient funding and put in place clear hosting agreements to enable SRNs to function effectively

***“Quick wins” that the RBM Partnership should implement in the short term***

- The RBM Partnership should improve its tools for knowledge sharing – including free access (where it is not yet available) for malaria-endemic countries to conference calls and more accessible web technologies (for example, low-bandwidth options of all key documents and interactive web sites with opportunities for user uploads). These improvements could be undertaken with partners, rather than requiring building in-house expertise.
- The RBM Partnership should make defining an implementation plan for the GMAP a high priority and get started as soon as possible, which will increase the likelihood of achieving targets.
- The RBM Partnership should make SRN funding and recruitment a high priority to ensure that regional and country-level work can be started as fast as possible

## 7.1 Findings and recommendations on RBM Partnership Roles

### RBM Partnership roles at the global level (these tables are identical to the Executive Summary)

Role	2004-2008	Findings	Recommendations
<b>Forge consensus on goals, strategies, and plans</b>	Performance: Very strong  Trend: ↗ <sup>21</sup>	<ul style="list-style-type: none"> <li>Achieved legitimacy as the forum for decision making on goals, strategies, and plans</li> <li>Agreed on universal coverage goals and GMAP</li> <li>Agreed on strategies, such as free distribution of LLINs, use of ACTs, and intermittent preventive treatment in pregnancy (IPTP), and on new approaches (for example, Affordable Medicines Facility – malaria (AMFm))</li> <li>Did not define modalities and responsibilities for implementing the GMAP by the end of the evaluation period</li> </ul>	<ul style="list-style-type: none"> <li>The RBM Partnership should continue to play a strong role in forging consensus on goals, strategies, and plans, recognizing that malaria sector focus in the next five years is likely to be more on delivering results than on forging consensus on new goals, strategies, etc.</li> <li>The RBM Partnership should urgently facilitate a process for reaching agreement among partners on roles and responsibilities in implementing the GMAP</li> </ul>
<b>Share knowledge and experiences</b>	Performance: Strong  Trend: ↗	<ul style="list-style-type: none"> <li>Created a functional global-level knowledge sharing infrastructure – for example, an online toolbox, website, and listserves; the infrastructure currently does not include the full range of knowledge-sharing tools used by networked organizations</li> <li>Suffered from a reluctance by partners to share full information</li> </ul>	<ul style="list-style-type: none"> <li>Continue to strengthen the use of knowledge-sharing tools and incorporate new technologies to increase the frequency and depth of knowledge sharing (for example, through such tools as social networking, geographic mapping, and interactive websites)</li> </ul>
<b>Conduct advocacy and mobilize resources for the fight against malaria</b>	Performance: Moderate  Trend: ↗	<ul style="list-style-type: none"> <li>Made strong progress as a sector in advocacy since 2004, as witnessed in the creation of the President’s Malaria Initiative, World Bank Booster Programme, and increased funding to the Global Fund</li> <li>Advocacy will remain very important for mobilizing resources in a funding-constrained environment</li> <li>Contributed to raising awareness malaria through the activities of the Malaria Advocacy Working Group (MAWG) and the Secretariat (for example, advocacy for World Malaria Day, Executive Director briefings to decision makers in different countries)</li> <li>Did not make a clear contribution to increasing resources for the fight against malaria on the global level; MAWG targets and goals were vaguely defined and the impact of MAWG’s and the Secretariat’s resource-mobilization activities vis-à-vis partner activities is not clear</li> </ul>	<ul style="list-style-type: none"> <li>The RBM Partnership should clarify the global-level advocacy roles of the Secretariat, MAWG, and other partners (such as WHO and the UN Special Envoy)</li> <li>The Executive Director should maintain a role as global advocate for malaria control and should be supported by the Secretariat; the Secretariat should not play a role in implementing advocacy campaigns but should support MAWG activities and priorities</li> <li>MAWG should focus its activities on coordination and alignment of advocacy messages and strategies rather than implementing its own campaigns<sup>22</sup></li> </ul>

<sup>21</sup> Trend symbols: ↗ = very strong improvement in performance; ↗ = moderate improvement in performance; ↔ = constant performance; ↘ = moderate decrease in performance; ↘ = very strong decrease in performance; ↗ = variable performance.

<sup>22</sup> In the area of advocacy, some changes have already been made between the end of the evaluation period and the time of writing of this writing.

Role	2004-2008	Findings	Recommendations
<b>Coordinate, facilitate, align, and track partner efforts</b>	Performance: Strong  Trend: ↗↗	<ul style="list-style-type: none"> <li>Launched the harmonized work plan and implemented recommendations from the Change Initiative, such as the creation of HWG</li> <li>Is credited with facilitating alignment among partners (for example, World Bank Booster, PMI to Nigeria, DRC)</li> <li>Did not address the harmonization of procurement guidelines among large implementing agencies</li> </ul>	<ul style="list-style-type: none"> <li>The RBM Partnership should track progress toward GMAP implementation commitments, creating accountability among partners</li> <li>The RBM Partnership should facilitate a work stream on the harmonization of procurement guidelines outside the Procurement and Supply Chain Management Working Group (PSMWG) if private-sector participation in the discussion remains a concern despite ongoing work on a conflict of interest policy</li> </ul>
<b>Provide tools, TA, and capacity building for implementing partners</b>	Performance: Moderate  Trend: ↗	<ul style="list-style-type: none"> <li>Developed important tools for countries and implementing partners: MERG (indicators), PSMWG (procurement toolkit), and HWG (business plans)</li> <li>Was unable to remove bottlenecks, at the global level, in the grant-signatures process (with the goal of accelerating grant signatures and aligning procurement procedures)</li> </ul>	<ul style="list-style-type: none"> <li>The Working Groups, which are best suited to draw on the technical knowledge and field capacity of partners, should continue to execute these roles</li> <li>The RBM Partnership should analyze why its assistance failed to remove bottlenecks in the grant-signature process and either adjust its approach or abandon this effort</li> </ul>
<b>Track malaria indicators</b>	Performance: Strong  Trend: ↗	<ul style="list-style-type: none"> <li>Has helped set a standard approach to tracking malaria indicators (through the MERG)</li> <li>MERG has implemented the majority of its planned activities on time</li> <li>May not have achieved sufficient country coverage with M&amp;E surveys to give a timely and nuanced picture of progress toward universal coverage and elimination-of-malaria goals</li> </ul>	<ul style="list-style-type: none"> <li>MERG should revisit country coverage in light of universal coverage and GMAP goals and consider revising goals for the number of upcoming surveys to be implemented</li> <li>The RBM Partnership Board should track progress toward universal coverage targets more closely</li> </ul>

### RBM Partnership roles at the country level

Role	2004-2008	Findings	Recommendations
<b>Forge consensus on goals, strategies, and plans</b>	Performance: Strong Trend: ↗	<ul style="list-style-type: none"> <li>Supported countries in the formation of country partnerships through principles of partnership and technical assistance; however, not all countries have functioning partnerships</li> <li>Conducted annual SRN meetings, including planning sessions, but only achieved moderate benefit owing to limited preparation</li> </ul>	<ul style="list-style-type: none"> <li>Forging consensus should be a core role for country-level partnerships and SRNs</li> <li>The RBM Partnership should focus on catalyzing regional and national partner networks rather than taking direct control of this role at a country or regional level</li> </ul>
<b>Share knowledge and experiences</b>	Performance: Poor to moderate Trend: ↔	<ul style="list-style-type: none"> <li>Shared knowledge through SRN meetings and technical-assistance missions; countries request greater access to best practices and implementation experience</li> <li>Focused primarily on the global and the regional levels; formal knowledge sharing between global and country levels was limited</li> <li>Experienced language issues, limiting the participation of those from French-speaking and Portuguese-speaking countries</li> <li>Experienced communication barriers (international phone calls, internet bandwidth), limiting country-level participation in knowledge sharing</li> </ul>	<ul style="list-style-type: none"> <li>Upgrade communication tools to better fit the needs of country-level participants (for example, free access to international conference calls, low bandwidth internet tools, printed copies of documentation)</li> <li>Increase investment in the translation of high-value toolkits and other essential documents to guide country-level partners</li> </ul>
<b>Conduct advocacy and mobilize resources for the fight against malaria</b>	Performance: Moderate Trend: ↗	<ul style="list-style-type: none"> <li>Supported the formation of country partnerships to fight malaria, early in the evaluation period, through advocacy to country governments (for example, visits by the RBM Partnership Executive Director, Secretariat, SRNs)</li> <li>MAWG and some partners frequently played an active advocacy role in visiting countries (for example, PMI, UN Special Envoy, World Bank, etc.)</li> <li>Contributed to country implementation through global-level advocacy and fund raising</li> <li>Continues to be important in supporting effective implementation in countries</li> </ul>	<ul style="list-style-type: none"> <li>Country-level advocacy should focus on countries with a low level of malaria mobilization in order to increase malaria's role as a health priority and to achieve policy changes required for effective malaria interventions</li> <li>Advocacy should promote implementation effectiveness and accountability</li> </ul>

Role	2004-2008	Findings	Recommendations
<b>Coordinate, facilitate, align, and track partner efforts</b>	Performance: Moderate  Trend: ↔	<ul style="list-style-type: none"> <li>Alignment and tracking of partner efforts at country levels is led by country partnerships; country success in coordinating partners varies significantly, and is beyond the control of RBM</li> <li>The increasing number of partners made coordination and alignment more complex to achieve</li> <li>SRNs implemented regional coordination; the effectiveness of these efforts was compromised by a lack of funding and by hosting issues</li> </ul>	<ul style="list-style-type: none"> <li>Coordinating and tracking partner efforts should be a core role for country-level partnerships and SRNs</li> <li>The RBM Partnership should focus on catalyzing regional and national partner networks rather than taking direct control at the country or regional level</li> </ul>
<b>Provide tools, TA, and capacity building for implementing partners</b>	Performance: Strong  Trend: ↗↗	<ul style="list-style-type: none"> <li>Provided support through TA (for example, Global Fund proposal development, strategic plan development), tools (for example, standard malaria indicators), and SRN joint missions, where SRNs were functional</li> <li>Provided highly effective support, but prioritization and follow-up and targeting of TA should be improved</li> </ul>	<ul style="list-style-type: none"> <li>This is a critical area in which demand will continue to be high. Success in this area will depend heavily on improvements in the Board's accountability processes and on improvements in managing implementation</li> </ul>
<b>Track malaria indicators</b>	Performance: Moderate  Trend: ↗	<ul style="list-style-type: none"> <li>Supported some of the countries visited (for example, Tanzania and Zambia) in designing and implementing malaria surveys, but support was intermittent</li> <li>Did not cover all geographies, resulting in lower-than-expected implementation of malaria surveys in some areas (for example, WARN region)</li> </ul>	<ul style="list-style-type: none"> <li>Expand support to countries in which there are gaps in malaria-indicator tracking</li> </ul>

## 7.2 Findings and recommendations on RBM Partnership Structures

Structure	2004-2008	Findings	Recommendations
<b>Board</b>	<p>Performance: Moderate to strong</p> <p>Trend: ↗</p>	<ul style="list-style-type: none"> <li>• Progressed from ineffective to effective operation</li> <li>• Has overseen major accomplishments, such as the GMAP process and has guided the development of new approaches (for example, AMFm)</li> <li>• Has not fully engaged in all issues at the policy level; partners require long periods of time to make Board decisions on sensitive issues, such as the MOU with the Global Fund and the conflict-of-interest policy</li> <li>• Remains without full control in management issues; delegated operational decision making (for example, the Executive Director reports to WHO and is not actively engaged in the oversight of Working Groups and SRNs)</li> <li>• Is not implementing Change Initiative recommendations in the key areas of raising resources for the work plans it approves and in resolving hosting issues</li> </ul>	<ul style="list-style-type: none"> <li>• The Board should implement a simple and comprehensive strategic planning framework to guide the implementation of the GMAP</li> <li>• The Board should be held accountable for its responsibilities in funding the Secretariat and SRN Focal Points in order to enable them to facilitate the RBM Partnership</li> <li>• The Board should approve a work plan that is conditional on funding, with a mechanism to adjust expected outputs and targets if funding falls short</li> <li>• The Board should ensure full core funding for the Secretariat on an ongoing basis</li> <li>• The Board should enforce clear accountability of the Working Groups and SRNs, providing standards to which structures need to abide and reviewing their performance</li> <li>• The Board should strengthen the accountability of the Executive Director and Secretariat by evaluating their performance through a Board committee (this evaluation should be linked to the WHO performance-evaluation process)</li> <li>• The Board should actively engage in resolving hosting questions</li> </ul>
<b>Board committees</b>	<p>Performance: Moderate to strong</p> <p>Trend: ↗</p>	<ul style="list-style-type: none"> <li>• Were instrumental in making the Board more effective</li> <li>• The Executive Committee took the lead in making the Board process more effective, but concerns existed about the time and attention spent on “housekeeping issues”</li> <li>• The Finance Committee fulfilled its responsibility to generate a financial report, but outside the timeframe of the evaluation. The delay in producing the report is related to administrative changes at WHO that took place in 2008</li> <li>• Financial reporting above and beyond the level agreed in the MOU between the RBM Partnership and WHO is being developed (for example, to show the allocation of donor resources to structures and the sources of funds allocated to SRNs)</li> </ul>	<ul style="list-style-type: none"> <li>• The Secretariat should prepare and the Finance Committee should agree on a system for monitoring and reporting the income and expenditures of Working Groups that are funded directly by donors (outside the RBM Partnership account in WHO)</li> </ul>

Structure	2004-2008	Findings	Recommendations
<b>Secretariat</b>	Performance: Moderate to strong  Trend: ↗	<ul style="list-style-type: none"> <li>• Appointed an Executive Director</li> <li>• Conducted its work transparently through the harmonized work plan and reported to the Board</li> <li>• Its mandate has been defined by the Change Initiative; however, there continue to be diverging expectations on the its role and responsibilities, rooted in differences between mandated and actual activities (for example, in the area of fund raising for Secretariat activities)</li> <li>• Limited in its effectiveness owing to continued shortfalls of funding vis-à-vis its work plan, which affected efficiency (for example, use of short-term contracts), and by some management issues (for example, issues with tracking delayed funds disbursed to countries in 2008, which was related to WHO's reform of the financial system)</li> </ul>	<ul style="list-style-type: none"> <li>• First, funding and administrative issues should be resolved to strengthen the Secretariat's performance</li> <li>• The RBM Partnership should review and clarify the core roles of the Secretariat vis-à-vis those of Working Groups, SRNs, and country partnerships (based on the six roles defined for the RBM Partnership)</li> <li>• Accountability should be strengthened through a regular review of Secretariat performance against its mandate and Board requests; reviews should be implemented by a Board committee</li> </ul>
<b>Hosting arrangement</b>	Performance: Poor to moderate  Trend: ↗	<ul style="list-style-type: none"> <li>• The relationship between WHO and the RBM Partnership, which was uneasy at times, improved at the programmatic level</li> <li>• There was mutual recognition of the synergies of hosting the RBM Partnership Secretariat at WHO</li> <li>• Issues continued to exist on the administrative side of the hosting arrangement, especially in recruiting and finances</li> <li>• WHO has a stronger position in the RBM Partnership than other partners, through its clearance requirements for key documents and the reporting relationship of the Executive Director of the Secretariat to the Assistant Director General for HIV/AIDS, TB and Malaria</li> <li>• An MOU on hosting was signed as part of the Change Initiative, but this agreement did not resolve all administrative issues</li> </ul>	<ul style="list-style-type: none"> <li>• Continued hosting through WHO is recommended; a departure of the Partnership would cause disruption to RBM's focus and loss of synergies with WHO</li> <li>• The Secretariat and WHO GMP should meet regularly (every six months) to resolve open issues related to hosting. As part of the process, both sides should share their expectations and issues, and propose ways to resolve them</li> <li>• Should this process not address issues, then the Board should become actively involved in resolving hosting issues</li> </ul>

Structure	2004-2008	Findings	Recommendations
<b>Working Groups</b>	<p>Performance: Poor to strong</p> <p>Trend: ↘↗</p>	<ul style="list-style-type: none"> <li>Working Group overall effectiveness was limited owing to severe funding shortfalls</li> <li>The HWG was largely effective despite lack of funding, achieving the majority of its self-set targets</li> <li>The MERG and PSM Working Groups achieved many of their goals. However, the question arises whether M&amp;E goals are sufficiently ambitious; PSMWG was undermined by (perceived) conflict-of-interest issues</li> <li>MAWG's contribution to success in advocacy and resource mobilization is not clear. Its work plan targets make for poor tracking of progress, and partners consider significant value to be added by partners themselves</li> <li>The CMWG became operational again after the end of the evaluation period and is not assessed</li> <li>The MIP was seen to make strong progress between 2004-2007, but it has not been active since</li> </ul>	<ul style="list-style-type: none"> <li>As recommended for the Board, Working Group accountability should be strengthened through regular reviews, clear criteria, and a process for initiating and discontinuing Working Groups</li> <li>Working groups with mandates that border on normative issues addressed by WHO working groups should review the scope of their activities jointly with WHO working groups and refer back part or all of their activities to these groups, if deemed appropriate</li> </ul>
<b>SRNs</b>	<p>Performance: Poor to Moderate</p> <p>Trend: ↘↗</p>	<ul style="list-style-type: none"> <li>The effectiveness of SRNs is driven by effective working hosting arrangement for focal points and functioning of the SRN governance body</li> <li>EARN: highly effective at the beginning of the evaluation; later held back by hosting and recruiting issues</li> <li>SARN: founded in 2007; undermined by hosting issues</li> <li>CARN: reported low-level fulfillment of its work plan; held back by lack of partners in its region</li> <li>WARN: considered highly effective following the deployment of a new focal point with a well working hosting arrangement</li> </ul>	<ul style="list-style-type: none"> <li>The RBM Partnership should clearly define its relationship to both SRNs and country-level partnerships, and assess the benefits and requirements of affiliation. This may include defining operating and governance standards for SRNs and country-level partnerships, monitoring progress, and/or supporting the initial creation of partnerships</li> <li>Hosting issues at the regional level should be resolved for SARN (contracting) and EARN (recruiting). Service-level agreements should be added to MOUs with Focal Point hosts. Funding for Focal Points should be available for three years to ensure continuity and stability of their working environment</li> <li>Funding for SRN activities may be catalyzed via the Board, but SRNs may start raising funds as they mature</li> </ul>

## **8 Postscript: Observations on steps taken since end of 2008**

The independent evaluation of the RBM Partnership occurred at a time at which significant developments were taking place within the Partnership. In the time between the end of the evaluation period and the writing of the report a number of initiatives were under way and steps were being taken that are not reflected in the assessment made in earlier chapters. RBM Partners and Secretariat brought a number of these to the attention of the evaluation team. In this postscript, we lay out a number of these points. This does not represent an assessment of developments that have taken place, and points raised here do not represent a full list of steps taken in the time period since the end of 2008.

GMAP implementation:

- At time of this writing, the process for implementing GMAP has is under way with the Partnership planning process for the 2010-2011 RBM Harmonized Work Plan, which is based on the objectives and priorities of the GMAP
- At the Board retreat on 14 and 15 September 2009, the work to define an implementation approach was launched, with the formation of three task forces to drive the process of developing an implementation plan and to report to the Board at the December 2009 Board meeting

Relationship with hosting organizations:

- WHO GMP is under new leadership and, with the support of the Assistant Director-General for HIV/AIDS, Tuberculosis and Malaria, WHO has reiterated its commitment to engaging closely with the RBM Partnership – both for issues within its mandate and on for further strengthening the hosting relationship
- WHO GMP and the RBM Partnership Secretariat have collaborated closely, including through WHO leadership in the revitalized Case Management Working Group

Financial reporting:

- The first meeting of the Finance Committee was held in March 2009
- The Finance Committee and the RBM Secretariat presented their first joint report to the Board at the May 2009 Board meeting
- The new financial report templates provide more detailed financial information than the annual financial report prepared by the Secretariat and certified by the WHO chief accountant

Working Groups:

- MAWG elected new co-chairs at the beginning of 2009, and has adapted its work plan. It is focusing its role on coordinating and aligning between RBM Partners and does not implement any advocacy campaigns
- MAWG also extended its links with country-level advocates for the fight against malaria
- CMWG is re-launching its activities

SRNs:

- After the end of the evaluation period, road maps for achieving universal coverage through malaria interventions were developed for malaria-endemic countries in Africa through the facilitation of the SRNs
- The Secretariat is in discussions with SRN hosting agencies to provide at least one-year contracts for each of the four SRN focal points

Global efforts to fight malaria have made significant progress since 2004, and the RBM Partnership has played an important role in fostering those efforts and moving the malaria community towards ambitious goals. As RBM looks forward, it will need to continue to evolve, and further harness the energy of global and local actors to ensure a sustained fight against this disease. Only through effective global and local action can the world truly achieve the goal of malaria eradication.