

Report of the Workshop for the Global Fund Proposal Writing in Maternal and Newborn Health Service Delivery Area

SEARO, New Delhi, 19-22 August 2008



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Summary

The Workshop for the Global Fund Proposal Writing in Maternal and Newborn Health Service Delivery Area was held at the WHO Regional Office for South-East Asia, New Delhi on 19-22 August 2008. This workshop was organized in collaboration with the WHO headquarters departments of Making Pregnancy Safer (MPS), Reproductive Health and Research (RHR) and HIV/AIDS of WHO Headquarters for the selected countries in the WHO Regions for Western Pacific (Cambodia, China, Mongolia, Vietnam and Papua New Guinea) and South-East Asia (Bangladesh, India, Sri Lanka and Indonesia). The general objectives of the workshop were to enhance the country capacity to develop proposals for the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) on prevention of mother-to-child transmission, elimination of congenital syphilis and malaria in pregnancy using a maternal and newborn health (MNH) service delivery framework through strengthening health system.

The participants were introduced to the key principles and procedures for application to GFATM. They went through various learning techniques, including presentations, discussions, provision of reading materials and reference documents as well as group work to acquire the core knowledge and practical skills for the proposal development. As a result of the workshop, the participants developed a better understanding of the application process for the GFATM and the rationale to integrate MNH interventions in the proposals for the HIV prevention of mother-to-child transmission, elimination of congenital syphilis and malaria in pregnancy.

Each country team then developed an individual plan of short-term actions to facilitate the proposal development for Round 9 of the GFATM call for proposals. Countries were encouraged to prioritize areas that they will incorporate into the MNH service delivery through strengthening the health system. It was emphasized that the development of such a proposal will use the existing mechanism (i.e. the country coordination mechanisms) and involvement of the relevant stakeholders.

1. Background

HIV and malaria in the South-East Asia and Western Pacific regions are increasingly impacting the already heavy burden of disease and death afflicting women and children. HIV infection, while potentially fatal, also increases pregnancy-related complications, as well as increasing the risk of death from other factors. In young children, over 90% of HIV infection is estimated to occur through mother-to-child transmission during pregnancy, childbirth or breastfeeding. Malaria causes acute disease episodes and deaths, and also contributes significantly to anaemia in children and in pregnant women. This leads to adverse birth outcomes, including spontaneous abortion, stillbirth, premature delivery and low birth weight. To address the adverse impact of HIV and malaria on maternal and newborn health (MNH), the country programmes have incorporated prevention of mother-to-child transmission (PMTCT) and malaria in pregnancy (MIP) into MNH services.

Syphilis also remains a global public health problem. Every year, at least half a million infants are born with congenital syphilis. In addition, maternal syphilis causes another half million stillbirths and miscarriages. It is estimated that improving access to and quality of integrated antenatal care would avert more than 700 000 cases of congenital syphilis per year¹. Yet, with the development of reliable and simple rapid on-site tests, the disease could be easily screened and treated at little cost by giving infected women a single dose of penicillin early in pregnancy. The time is ripe for a global effort to eliminate congenital syphilis (ECS). Similar to the above initiatives on PMTCT and MIP, the successful implementation of a programme to eliminate congenital syphilis would contribute to the achievement of Millennium Development Goals (MDGs) 4, 5 and 6. It would target the same group of pregnant women and their foetuses/newborns. For this reason, integrated interventions will be more appropriate. WHO within the recently revitalized primary health care approach recommends that such integrated interventions be implemented within a functioning health system, especially in the most affected countries.

¹ WHO and Centre for Disease Control meeting in Atlanta, 14-15 December 2007 on Investment Case for Improving Access to and Quality of Integrated Antenatal Care: A vision to eliminate congenital syphilis.

The Global Fund for AIDS, TB and Malaria (GFATM) has recognized the benefits of investing in health systems and has incorporated a section on health systems strengthening in its grant proposals. The Global Fund Round 9 encourages countries to submit proposals for strategic actions to address the three diseases, including those in MNH service delivery areas. The purpose of the workshop is to provide guidance and support to selected South-East Asia and Western Pacific countries on how to strengthen health systems to ensure the continuum of care and universal coverage on MNH essential interventions, especially by using PMTCT, ECS and prevention and management of MIP as entry point subjects. With the support of the Making Pregnancy Safer (MPS), Reproductive Health and Research (RHR) and HIV departments in Headquarters, the workshop intends to strengthen country capacity to prepare proposals on PMTCT, ECS and MIP that can be submitted for GF Round 9 from October 2008 to March 2009.

2. Objectives

The specific objectives of the workshop focused on the following:

- To provide guidance on key principles and procedures for application to the Global Fund.
- To review, discuss, and assess country experiences with MNH activities and interventions supported through the GFATM.
- To develop skills in effective proposal writing with the inclusion of key MNH interventions through strengthening the health system that address major challenges in PMTCT, ECS and MIP.

3. Panel 1: Setting the scene

3.1 Integrated service delivery in the context of health systems strengthening

The key messages presented by Dr Viviana Mangiaterra, MPS Department of WHO headquarters underlined the importance of integrating MNH with STI/HIV/AIDS and malaria programmes in order to achieve MDGs 4 and 5. MNH services provide an opportunity to address bottlenecks in the health systems including those related to human resources, infrastructure, logistics

and provision of supplies. They also provide an added value to reduce the spread of STI/HIV/AIDS and malaria through their inclusion in the GF proposals with a focus on health system strengthening.

In incorporating MNH in the Round 9 Global Fund, each country should develop a proposal according to their priorities through the country coordination mechanism (CCM), which is a forum for intersectoral collaboration for the GFATM. Therefore, it is crucial that representatives of the MNH programme become members of the national CCM. Dr Mangiaterra briefed the participants on MPS Department support to countries in strengthening proposal writing for GFATM grants through joint meetings, workshops, development of technical guidelines and strengthening of collaboration across the relevant programmes and departments of WHO headquarters.

3.2. Overview on progress in SEA countries in obtaining the grants from GF for PMTCT, ECS or MIP

Dr Sangay Thinley, Coordinator HIV/AIDS, SEARO shared an overview of SEA countries in obtaining GF over the Rounds 1 to 7. All the countries were awarded grants, except for DPR Korea. A total of 17 proposals submitted for Round 8 are currently under consideration: 7 country proposals on HIV, 5 on TB and 5 on malaria. No specific proposals have been submitted on the ECS so far.

He informed the meeting that WHO is part of the CCM in country and technical working groups (TWGs) and is involved in all stages of proposals development, management, grant negotiation and capacity building. The latter involves proposal development, grant negotiation and implementation workshops organized for SEA countries in preparation for GFATM rounds 6, 7 and 8. Total cost incurred by WHO for the GFATM proposal development is estimated at about US\$ 5 million.

3.3. Overview on progress in WPR countries in obtaining GF for PMTCT, ECS or MIP

Dr Narimah Awin, Regional Adviser for Making Pregnancy Safer in WHO's regional office for the Western Pacific (WPRO) emphasized that PMTCT was relevant to all Western Pacific Region (WPR) countries. MIP

interventions are important, especially in Cambodia, China, Papua New Guinea (PNG) and Solomon Islands; ECS has been initiated in China, Mongolia, PNG and Viet Nam. A detailed account of the GFATM applications and grants for the selected WPR countries was presented.

Until now there had not been much emphasis on MNH service delivery areas in the GFATM applications. Only a few proposals (e.g. Cambodia) that were funded during GFATM Round 4 mentioning MNCH; Mongolia, during GF Round 5 mentioned PMTCT under the objective "to strengthen health systems for prevention, care and support regarding HIV" .

4. Panel 2: Key policy and implementation issues

4.1 HIV/AIDS in the context of MNH strategies

Dr Antonio Gerbase, Department of HIV/AIDS (WHO headquarters), acknowledged the existing funding gaps for MNH strategies. He emphasized that congenital syphilis is one of the causes of perinatal mortality, which could be addressed along with the prevention and management of STIs including Prevention of Mother to Child Transmission (PMTCT) of HIV through integrated MNH services.

To make the case for mobilizing resources through GFATM grants he underlined the two key links of congenital syphilis elimination and sexually transmitted infections (STI) control with HIV prevention: (1) STI control as a component of HIV prevention strategy; and (2) elimination of congenital syphilis as an element of prevention of mother-to-child transmission of HIV

4.2 Strategy for the elimination of congenital syphilis

Dr Ken Wind-Andersen, Technical Officer, RHR Department (WHO headquarters) informed the participants of the new global public health initiative "Global Elimination of Congenital Syphilis as a Public Health Problem", which was launched by WHO during the Women Deliver Conference in London in October 2007. The initiative was endorsed by 22 nations and international agencies. The congenital syphilis elimination strategy is based on four pillars: (1) ensuring sustained political commitment and advocacy; (2) increasing access to, and quality of, maternal and newborn health services; (3) screening and treating all pregnant women

with the infection; and (4) strengthening surveillance, monitoring and evaluation systems.

Globally, each year there are an estimated 0.75-1.5 million congenital syphilis cases. Congenital syphilis is a major cause of stillbirth and important cause of preterm delivery, low birth weight and neonatal deaths; yet it can be easily prevented by one of the most cost-effective public health interventions. Perinatal mortality attributed to syphilis infection is on par with that of HIV or malaria.

4.3 Malaria in pregnancy

Dr Krongthong Thimasarn, Regional Adviser, Malaria, WHO-SEARO briefed on the epidemiology of malaria in the South-East Asia Region. She identified the following risk groups: adult males, highly mobile population, the poor and marginalized, ethnic groups and people living in border areas. Children and pregnant women in areas of intense transmission of malaria e.g. some states of India, border areas of Myanmar and Timor-Leste are highly vulnerable. However, unlike sub-Saharan Africa, malaria is less common in pregnant women in Asia, although the magnitude of malaria in pregnancy is generally unknown and future studies are required.

The recommended malaria prevention strategy for mothers and newborns does not include intermittent preventive treatment, due to low prevalence of malaria in pregnancy and the high degree and wide spread drug resistance. The use of insecticide-treated nets, indoor residual spraying and integrated vector management are among the prevention strategies applied to populations in general.

4.4 Global Fund Round 8 Approach to Health Systems Strengthening

In his presentation, Dr Elmar Vinh Thomas, Team Leader for East Asia and the Pacific (GFATM-Geneva), discussed the rationale for investing in health systems and briefed the participants on the GF track record, principles of the GFATM Board's decision-making, and the Round 8 approach to health systems strengthening (HSS). This means addressing the key constraints related to health work force, infrastructure, health commodities, logistics, tracking progress and effective financing, i.e. focusing on the six building

blocks of health systems. By inviting applications with a platform for HSS-related activities, the GFATM aims at maximising its investments.

A summary of the Rounds 1-7 showed the distribution of GFATM resources (US\$10 billion) by disease components: 61% was allocated for HIV/AIDS grants, 25% for malaria, 14% for TB and less than 0.5% for proposals with an HSS focus. The analysis of the HSS Round 7 by the Technical Review Panel (TRP) showed that 75% (113 of 150) of the eligible proposals contained three or more HSS strategic actions. The amount recommended for HSS strategic actions was US\$ 363 million (13% of the total); of the requested support, 68% was included within HIV/AIDS, 22% within malaria and 10% within TB components. The TRP concluded that HSS was not used to its full extent and that there is much greater opportunity for HSS than is currently being accessed. The TRP recommended that HSS strategic actions continue to be proposed through the existing disease-specific channels, as an additional channel may add complexity to the process.

The key principles for assessing GFATM grant proposals include: (1) preference to strategies that address bottlenecks; (2) HSS should be integrated in the disease component covered by GFATM; (3) no budget ceiling; (4) flexibility to choose priority interventions according to country needs and situations except for large infrastructure or vaccine research and development. The Round 8 approach on HSS provides two options for applicants: (1) HSS interventions within a disease specific programmes which could benefit more than one of the three diseases and (2) as a distinct "HSS cross-cutting part" for interventions within one disease only.

Dr Thomas suggested the following steps for consideration by the Country Coordination Mechanisms (CCMs) in proposal development: (1) following the Guidelines for GFATM proposal development; (2) ensuring clear identification of the HSS constraint through a cross-disease joint review and involving HSS expertise; (3) agree on the proposed solution (strategy, approach, targets, etc); (4) decide whether HSS actions fit into a disease component or are better addressed as a "cross-cutting HSS"; (5) define the programmatic gaps; (6) estimate costs and define the financial gap; and (7) develop a performance monitoring framework and find the right way to measure the performance (log frames, monitoring tools and mechanisms) because the funding is based on the performance.

During the discussion the following clarifications were made: (1) in a country that cannot be reasonably expected to convene a CCM (e.g., if a country is in a state of conflict) GFATM allows non-CCM options. In Thailand, both CCM and non-CCM proposals were submitted. However, NGO proposals submitted without going through the CCM mechanism have never been approved. Small countries can make a strong argument as soon as the evidence of high prevalence and service linkages are well reflected in the proposal (i.e. Timor-Leste, which is malaria endemic) and a wide scope of HSS interventions could be justified. The results of Round 8 will be announced after preliminary TRP review but the final decision lies with the GFATM Board. WHO and GF will develop a HSS guideline and v) one country could have more than one grant recipient (maximum four recipients).

5. Panel 3: Country case study

5.1 Elimination of congenital syphilis

Dr B. Shinetugs from the United Nations Population Fund (UNFPA) Mongolia Country Office made a presentation on behalf of the country team. To facilitate the implementation of the National Programme to Combat HIV/AIDS 2002-2010, the National AIDS Committee was established in 2006, which is led by the Deputy Prime Minister.

Mongolia is one of the countries that signed the WHO-initiated call for action to eliminate congenital syphilis. Routine antenatal screening of maternal syphilis in Mongolia includes a Rapid Plasma Reagin (RPR) test at the first and fourth antenatal visits. Referral of positive cases to an STI specialist, where syphilis is confirmed, is followed by treatment with three doses of benzathine penicillin, partner notification and treatment. The challenges faced by the system include the absence of laboratories and lab technicians at *soum* level, difficulties in follow-up as services are not integrated, and stock-outs of tests.

During the period 1997-2007, there was an observed increase in incidences of syphilis and congenital syphilis. With support from WHO, UNFPA and German Technical Corporation (GTZ), pilot projects were launched to provide a one-stop service on antenatal syphilis screening with rapid tests, RPR/Treponema pallidum Hemagglutination Assay (TPHA),

vaginal Gram stains and HIV rapid tests/Enzyme-Linked ImmunoSorbent Assay (ELISA) as an integrated HIV/STI prevention within antenatal care service.

Lessons learned from the pilot projects demonstrate new opportunities offered by the use of rapid syphilis tests in rural settings to ensure universal access to antenatal syphilis screening in Mongolia. For a successful scale-up, there is a need to strengthen the STI information system, effective on-site training of health-care providers with a focus on practical lab and counseling skills, and regular progress monitoring by NCCD and MOH.

5.2 Overview on country situation on ECS

Dr Sarah Hawkes, Senior Lecturer, London School of Hygiene and Tropical Medicine, presented country-level information on health policies, antenatal care coverage, maternal syphilis testing and treatment and including newborn and partner follow-up management. The information on the existing health policies on antenatal syphilis screening was completed through the web search and personal correspondence. The databases (in Excel) for Bangladesh, Cambodia, China, India, Indonesia, Papua New Guinea, Sri Lanka and Vietnam were made available to all participants as a reference for the development of an investment case or GFATM proposals.

6. Panel 4: Maternal and newborn health in GFATM proposals

6.1 Experience from Senegal

The Senegal experience with GFATM was shared by Dr Isseu Diop Toure of the Senegal WHO Country Office, which included proposals for Round 1 on malaria and HIV, Round 4 on malaria, Round 6 on HIV and Round 7 on malaria and TB. The proposal for the Round 8 was developed within four months and included sharing the information on Round 8 call for proposals among stakeholders, needs and gaps identification, actual development of the proposal, submission to the CCM, finalization and validation by the CCM. The proposal's overall goal was to accelerate universal access to HIV prevention, care and treatment and had three components: HIV, TB and

HSS to scale up the interventions in all 11 cities of the country. The HSS component specifically focused on the implementation of a comprehensive MNH services, including MIP, PMTCT and TB and strengthening management, financing and health information systems.

The following benefits of the incorporation of MNH-related and HSS activities were identified: (1) improved quality of MNH services through availability of qualified human resources; (2) rehabilitation of health infrastructure including laboratory services, procurement of equipment and supplies; (3) provision of outreach activities; (4) strengthening the national monitoring and evaluation system; and (5) community interventions that promote antenatal care, institutional delivery and postnatal visit. Dr Toure concluded her presentation by stating that the process of GF application was time consuming, and needed a commitment and paradigm shift from national ATM and MNH programme managers and other national authorities.

6.2 Experience from Tanzania

Dr Ken Wind-Andersen shared the GFATM experience in Tanzania, specifically the development of a five-year proposal on linkages between sexual and reproductive health and HIV/AIDS prevention for Round 7, which was a collaborative process. The technical support was provided by the UN Country Team led by WHO along with international consultants funded by GTZ, the World Bank, WHO and common UN pool. The interventions were to provide primary prevention of HIV/STI among women, to prevent unintended pregnancies among HIV-infected women, to prevent HIV and syphilis transmission from infected women to their infants, and lessen stigma and discrimination against people living with HIV/AIDS through mainstreaming and integration of services using antenatal care as entry point to deliver effective services for women and their newborns.

7. Panel 5: MNH as key service delivery area for health systems strengthening

7.1 Rationale

The presenters, Dr Isseu Toure and Dr Ken Wind-Andersen, stressed the importance of mapping MNH interventions measuring intervention coverage and assessing the situation through the six health systems building blocks: (1) service delivery; (2) human resources; (3) medicines and technologies; (4) financing; (5) information; and (6) leadership and governance. The gaps may relate to one or more of the following areas:



(1) inability of the health system to provide comprehensive and integrated antenatal care, skilled attendance at birth, newborn and postpartum services; (2) poor quality of services; (3) limited access to health service due to financial barriers; (4) weak human resource capacity; (5) low utilization of health services; (6) weak management capacity and insufficient policy and programmatic support. The GFATM proposals could bring resources to achieve universal access to PMTCT and MIP interventions within essential MNH interventions, to all pregnant and postpartum women and newborns.

Depending on the country context, specific objectives of the GFATM proposals could address:

- (1) delivery of a comprehensive and integrated PMTCT, ECS and MIP within antenatal care, skilled delivery, newborn care and postpartum care at all levels of the health system from community to referral health centres;
- (2) improved quality of PMTCT, ECS and MIP within MNH care;
- (3) development of a comprehensive human resource plan to ensure sufficient and competent staff are fairly distributed, responsive and productive; and
- (4) establishment of a relevant, well-functioning health information system for production, analysis, dissemination and use of data.

The options of activities were shared and discussed with the participants.

7.2 Indicators for monitoring and evaluating implementation progress for GFATM proposals

Dr Razia Pendse, Technical Officer, MPS Department, WHO headquarters, presented a monitoring and evaluation toolkit for the three diseases. It was developed in partnership with a wide range of institutions, such as the Global Fund, USAID, WHO, the Health Metrics Network, the Measure EVALUATION Project, the World Bank, UNICEF and UNAIDS. The purpose of the toolkit is to provide in one place the "essentials" of agreed upon best practice, as well as references to key materials and resources. There are descriptions of the major processes, coverage and impact indicators, how they fit into general monitoring and evaluation, and frequently asked questions and answers. The toolkit is available at http://www.theglobalfund.org/en/performance/monitoring_evaluation.

The tool is a result of collaboration among various multilateral and bilateral organizations. It is a generic tool for assessing the data collection, reporting and management systems used to measure indicators of programme and project success. It primarily addresses the monitoring and evaluation plan and systems in order to collect and channel data upwards within a reporting system. The toolkit helps to meet the Global Fund's requirements for performance-based funding by focusing on results and identifying early opportunities to expand effective efforts. It furnishes the Global Fund with the necessary performance information for the country coordinating mechanisms (CCM) for its oversight and monitoring purposes, as well as communicating periodic progress to the Global Fund's board and wider constituency.

During discussions the following were clarified: (1) a set of core indicators, that are easy to collect, analyse and useful and fitting the national strategy and programme needs is to be developed and decided; (2) the indicators should be limited to the most relevant and important for the programmatic needs; (3) the GFATM proposal could include strengthening of the monitoring and evaluation system or baseline surveys as one of the strategies, e.g. indicators on number of women visiting the health facility for counseling/testing and treatment of infectious syphilis.

8. Planning and costing tools

Dr Razia Pendse briefly introduced the participants to fourteen planning and costing tools designed by various institutions and organizations, which were designed either for disease-specific programmes (e.g. malaria, HIV, TB control) or for integrated health services. One of the tools available for resource planning and costing is an Integrated Healthcare Technology Package (iHTP), which was developed by WHO to provide guidance on the optimal mix of resource inputs (human resources, medical devices, pharmaceuticals and facilities) required for any particular health intervention, including MNH interventions (or its selected set of interventions) that is specific to the local needs and conditions.

The UNICEF and World Bank tool *Marginal Budgeting for Bottlenecks* (MBB) aims at estimating the potential impact, resources needs, costs and budgeting implications of country strategies to remove implementation constraints of the health system. It estimates the marginal/incremental resources required for overcoming those constraints and achieving better results, and relates these resources to the country's macro-economic framework.

A reproductive health costing tool was developed by UNFPA to estimate the resource requirements and costs of providing an essential package of reproductive/maternal health interventions at country or state/provincial level. Its main purpose is to help countries to quickly cost and create budgets for existing strategies and plans, such as Maternal Road Maps or Reproductive Health Action Plans. *Choosing Interventions that are Cost-Effective* (CHOICE), designed by WHO, is a costing tool for child and maternal health plus a health system backbone. It is intended for medium-to-long-term planning and costing and covers both programme and patient costs of recommended evidence-based interventions.

9. Group work

The participants divided into three groups and were joined by the facilitators and resource persons. The goal of the group work was to develop a proposal outline with key interventions and activities related to MNH service delivery area (PMTCT, ECS or MIP) in the context of HSS. The expected product was a proposal outline with a defined goal, objectives,

service delivery areas, activities, and an estimated total budget. The following are the results of the group work.

Group A (Bangladesh, China and Indonesia) developed a proposal that aimed at reducing the spread of HIV and congenital syphilis in the high-risk population (women at risk and their partners) through strengthening HIV prevention and care in 12 priority provinces of Indonesia. Specific objectives focused on: (a) increasing access and use of prevention and care by the targeted population, including adolescents; (b) increasing access to quality care and support services for people living with HIV; (c) strengthening the health information system and surveillance related to HIV; and (d) raising an awareness among high-risk populations to promote positive sexual and reproductive health behaviours. The following strategies were selected:

- building management capacity of MNH providers and health managers;
- increasing coverage of HIV voluntary counseling and testing (VCT) and antenatal syphilis testing for women at risk and their partners;
- integrate PMTCT for HIV and syphilis into routine MCH services;
- treatment and follow-up of partners;
- strengthening capacity for routine reporting and prevalence monitoring;
- strengthening civil society in programme implementation and institutional capacity building;
- mass media campaign for awareness building.

Group B (India, Mongolia, Myanmar and Sri Lanka) chose to develop a proposal for Sri Lanka with the aim to reduce prevalence of HIV among most-at-risk-populations and the general population by: (a) increasing coverage and effectiveness of prevention interventions; (b) improving quality of life of people infected with, or affected by HIV; and (c) increasing coverage and effectiveness of care, support and treatment. Specific objectives of the project were (a) to improve awareness of female sex workers on prevention of HIV; (b) to increase quality and coverage of PMTCT by strengthening the MNH services; (c) to increase quality and

utilization of VCT services; (d) to expand HIV/STI control services to MCH/FP clinics; and (e) to improve care and support of people infected with, or affected by HIV, by integrating services for people living with HIV with MNH services. The PMTCT strategy has four components including HIV prevention for women; prevention of unwanted pregnancy for HIV-positive women; transmission reduction through antiretroviral prophylaxis; and treatment for HIV-positive mothers and infants.

Group C (Cambodia, Papua New Guinea and Vietnam) developed a proposal focusing on Vietnam. The goal of the proposal was to maintain HIV prevalence below 1% among the general population by 2013. General objectives were: (a) to control HIV transmission among the most-at-risk population and general population; (b) to ensure the provision of care, appropriate treatment and support for infected and affected populations; and (c) to control HIV transmission from mother to child by strengthening health systems. Specific objectives for health system strengthening are:

- To ensure the delivery of comprehensive and integrated PMTCT interventions within the MNH continuum of care at all levels of the health system for universal access to PMTCT.
- To strengthen health planning and management of PMTCT interventions within MNH.
- In addition each individual country team was given time to consider and reflect on the follow-up steps within the next six months by answering the questions:
- What would be your immediate action once you go back to your country?
- Did your country submit a proposal to the Global Fund Round 8? Were you involved in developing the proposal? Was there any external technical assistance received? If yes, who provided that assistance?
- Is there MNH/RH representation in the CCM? If yes, who is it? If not, what would you do to ensure MNH/RH is represented?
- Would your country consider submitting a proposal to the Global Fund Round 9? If yes, what you would do to ensure that the MNH service delivery area is included within the proposal? What support would you need from WHO?

This would assist the participants in discussing the concrete actions to be taken with the respective Ministries of Health in their countries and to further discuss the integration of the MNH interventions into the GFATM through the CCM or other existing partnership forums.

10. How to build the case

Dr Antonio Gerbase of the HIV/AIDS Department, WHO headquarters highlighted STI control as an HIV prevention strategy. The elimination of congenital syphilis is an element of prevention of mother-to-child transmission of HIV.

He recommended that the proposed interventions in the GFATM proposals should clearly: (1) respond to identified constraints in the proposal; (2) improve/sustain ATM outcomes; (3) fit within overall national health policy, plans and strategies; (4) have been defined in consultation with key HSS stakeholders; (5) be defined with a realistic scale, and with credible budget estimates; (6) make the case that returns from investment are possible within a reasonable timeframe; and (7) be monitored by a small set of credible health system indicators. Strategies must be focused, simple, practical and measurable with consideration given to health system strengthening.

11. Conclusions and closing

Dr Viviana Mangiaterra in her concluding remarks outlined the commitments and follow-up steps at WHO headquarters in Geneva, which included:

- (1) to take the opportunity of the upcoming WHO Representatives' (WRs) meeting with the WHO Director-General to:
 - brief the WRs on activities carried out (e.g. GFATM proposal writing workshop);
 - request the WR's support at country level in opening space for MNH area within the CCM;
 - disseminate to all WRs a briefing package with the meeting report and relevant documents.

- (2) to support SEARO and WPRO in:
 - building capacity for costing analysis;
 - identifying and disseminating the roster of experienced consultants to support country proposal preparation;
 - provide a pool of peer reviewers available for review of draft proposals at early stages of proposal development.
- (3) to create a share-point forum or discussion list for exchange of information across countries and regions for mutual support;
- (4) to continue maintaining close contact with GFATM and portfolio managers to ensure rapid feedback and circulation of information from GFATM to WHO including organizing a meeting for portfolio managers and lobbying for MNH.
- (5) to share information about capacity-building workshop outcomes among UN agencies within the framework of the interagency mechanisms to jointly support the countries towards the achievement of MDG 5;
- (6) to develop tools, i.e.:
 - review of existing guidelines, norms and packages to strengthen linkages between HIV, malaria and MNH;
 - finalization and dissemination of the WHO publication on the integrated management of adult illnesses;
 - support relevant operational research in the countries.

At the closing of the workshop, Dr Ardi Kaptiningsih thanked all the participants and the resource team from the MPS, RHR and HIV/AIDS departments of WHO headquarters; the GFATM, Geneva; the London School of Hygiene and Tropical Medicine; and the resource persons from SEARO for their contribution to the workshop. She assured the country participants that WHO-SEARO and headquarters teams will stand by to give any assistance required by the country teams in the development of proposals for the GFATM Round 9 to integrate MNH priorities either into one of the disease components or as a part of health system strengthening.

Annex 1

Agenda

Tuesday, 19 August 2008

09:00 – 09:30	<ul style="list-style-type: none">• Opening remarks• Objectives and Tentative Programme• Introduction of participants• Appointment of Chairperson• Announcement	DPM/SEARO RA-MPS/RHR-SEARO RA-MPS/WPRO DPM/SEARO MO-RHR/SEARO
09:30 – 10:30	Panel 1: Setting the scene <ul style="list-style-type: none">• Integrated service delivery for MNH, HIV AIDS and Malaria in the context of Health Systems Strengthening• Overview on progress in SEA countries in obtaining GF for PMTCT, ECS or MIP• Overview on progress in WPR countries in obtaining GF for PMTCT, ECS or MIP	Viviana Mangiaterra Sangay Thinley Narimah Awin
11:00 – 11:15	Discussions	
11:15 – 12:15	Panel 2: Key policy and implementation issues <ul style="list-style-type: none">• HIV/AIDS in the context of MNH strategies• Strategy for the elimination of congenital syphilis• Malaria in pregnancy	Antonio Gerbase Ken Wind-Andersen Krongthong Thimasarn
12:00 – 12:30	Discussion	
13:30 – 14:30	GFATM (1): <ul style="list-style-type: none">• Overview of Round 8 and grant process• Health system strengthening (HSS): potential for MNH as a service delivery area• Monitoring and evaluation	Elmar Van Thomas
14:30 – 15:30	Discussion	

16:00 – 16:30	Panel 3: Country case study	
	<ul style="list-style-type: none">• Elimination of congenital syphilis (ECS)• Overview on country situation on ECS	Sarah Hawkes Participant from Mongolia
16:30 – 17:00	Discussion	
17:00 – 18:00	Reception	All participants
Wednesday, 20 August 2008		
09:00 – 09:10	Review of Day 1	Razia Pendse
09:10 – 10:30	Panel 4: MNH in GF proposal	
	<ul style="list-style-type: none">• Experience from Senegal• Experience from Tanzania	
	Discussions	
11:00 – 12:00	Panel 5: MNH as key service delivery area for HSS	
	<ul style="list-style-type: none">• Proposal writing to include MNH service delivery area for HSS: Rationale/Guidance note	Isseu Toure Ken Wind-Andersen
12:00 – 12:30	Discussion	
13:30 – 14:00	<ul style="list-style-type: none">• Indicators for monitoring and evaluating implementation progress for GF proposals	Razia Pendse
14:00 – 14:30	Discussion	
14:30 – 15:00	Planning and costing tools	MPS Dept/HQ
15:00 – 15:30	Discussion	
16:00 – 16:10	Introduction to the Group Work	Razia Pendse
16:10 – 16:30	Group Work: Development of a proposal with key interventions and activities related to MNH service delivery area in the context of HSS (PMTCT, ECS or MIP)	All participants
Thursday, 21 August 2008		
09:00 – 09:10	Review of Day 2	Razia Pendse
09:10 – 10:30	Group Work (continued)	All participants
11:00 – 12:30	Group Work (continued)	All participants
13:30 – 15:30	Group Work (continued)	All participants
16:00 – 16:30	Group Work (continued)	All participants

Friday, 22 August 2008

09:00 – 10:30	Group Work (continued)	All participants
11:00 – 12:00	Presentation of Group Work	
12:00 – 12:30	Country teams discuss the next steps	Country participants
13:30 – 14:00	Country teams share the planned next steps	Country participants
14:30 – 15:00	How to build the case	Antonio Gerbase
15:00 – 15:30	Discussions	
15:30 – 16:00	Next steps	SEARO, WPRO, HQ
16:00 – 16:15	Challenges and opportunities for MNH interventions within GFATM proposals	Viviana Mangiaterra
16:15 – 16:30	Closing	

Annex 2

List of participants

Country Participants

A. South-East Asia Region

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WHO's Regional Office for South East Asia (SEARO) hosted a Workshop for the Global Fund Proposal Writing in Maternal and Newborn Health Service Delivery Area in August 2009. It was organized by SEARO in collaboration with the Regional Office for the Western Pacific (WPRO) and WHO headquarters departments.

The workshop aimed at building country capacity to develop proposals for the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) on prevention of mother-to-child transmission and elimination of congenital syphilis and malaria in pregnancy using a maternal and newborn health (MNH) service delivery framework. As an outcome, the country teams developed country plans for short-term action to facilitate the proposal development for Round 9 of GFATM. It was emphasized that the development of such a proposal will use the existing mechanism (i.e. the country coordination mechanisms) and involvement of the relevant stakeholders.



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