Capacity Building Workshop

For The Global Fund proposal writing to include MNH service delivery area for health systems strengthening

1-3 April 2008
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Executive summary

The feminization of the HIV epidemic and increasing burden of Malaria in Pregnancy and its attendant complications call for an urgency in addressing these diseases in this subset of population that are not only vulnerable in terms of disease burden but also disadvantaged so far as access and coverage of essential interventions are concerned. At least two million women who are HIV infected become pregnant each year and in young children, over 90% of HIV infection is estimated to occur through mother-to-child transmission during pregnancy, childbirth or breastfeeding. On the other hand, malaria related anaemia contributes significantly to maternal mortality and causes an estimated 10,000 deaths per year.

In order to achieve the MDGs 4, 5 and 6, it is imperative that service delivery for essential interventions for maternal, newborn and child health along with prevention of HIV transmission in women, infants and young children, and malaria prevention and control during pregnancy be implemented as integral components of essential MNH services within functioning health systems. Traditionally the approach for disease control programmes including AIDS, TB and Malaria have relied on vertical approaches and often parallel systems for achieving results that have been at best, medium term. The low levels and slow rates of increasing access and coverage for HIV AIDS and Malaria despite years of dedicated and committed funding has forced donors and recipient governments to diagnose the causes and not surprisingly it is the weak health systems that have proved to be the major bottleneck. This coupled with the slow, stagnating and at times reversing trends in maternal mortality reduction and also slow progress in neonatal mortality decline that hinge on functioning health systems has forced thinking away from vertical to a more integrated health systems strengthening approach that would address a wider programmatic agenda and a broader constituency of target population all along accruing mutual benefits for all related programmes. Recognizing the importance of health systems strengthening for achieving AIDS, TB and Malaria related goals. The Global Fund has put increasing emphasis on this area within its grants and funding mechanisms.

Maternal and newborn health services and systems are critical to addressing the key areas for PMTCT and MIP and they themselves depend on functionality of the health systems. Thus, strengthening health systems would be mutually beneficial for both the programmes. To contribute to the cause of MNH and also PMTCT and MIP and to assist member states in leveraging funds from The Global Fund, the department of Making Pregnancy Safer, in collaboration with the WHO Malaria and HIV departments, designed a workshop to help build the capacity of country and regional staff to improve access and coverage for MNH services, including that for HIV/AIDS and malaria for mothers and newborns.

The workshop provided guidance and support on how to use the MNH service delivery area to strengthen health systems so as to ensure continuum of care and universal coverage of essential MNH interventions using malaria and HIV as entry points. The MPS Department has committed to support country efforts to prepare TGF proposals for PMTCT and MIP.

Goals

The goal of the workshop was to support countries in achieving the MDGs 4, 5 and 6 by improving maternal and newborn health and health outcomes including Prevention of Mother to Child Transmission of HIV (PMTCT) and prevention, control and treatment of malaria during pregnancy (MIP).
Main activities

During the three-day workshop participants from eight countries (LOP Annex 3) in the African region represented by key country programme managers and WHO country office were exposed to the various aspects of The Global Fund proposals and entry points within the MNH programme area that could be used to build a case for The Global Fund proposals. The workshop was facilitated by key WHO and The Global Fund staff. Among the participants were two consultants who have been involved in assisting countries in GF proposal writing and they were additional resources for the workshop.

Key results

The participants were conversant with the underlying principles and the procedures for applying for The Global Fund grants. They were informed of the necessary skills for writing effective proposals that would include MNH service delivery area as a platform for health systems strengthening and linking the activities and interventions to the desired outcomes for one or more of the three disease, a conditionality for The Global Fund proposals to be considered. Using real country data, participants in working groups were systematically exposed to the intricacies and nuances of the process of TGF proposal writing.

Key conclusions and recommendations

- Progress towards achieving MDG 4, 5 and 6 goals require the integration or linkages among PMTCT, MIP and MNH services.
- Collaboration across these programmatic areas is mutually beneficial and makes programmatic and economic sense.
- MNH services provide an important opportunity to address bottlenecks within health systems with additive value for all other primary care programmes including those for HIV and Malaria.
- While the focus of The Global Fund continues to be on AIDS, TB and Malaria, MNH interventions provide additive value in addressing and reducing the spread of these diseases.
- Addressing gender issues and community participation while developing TGF proposals is important.
- Convincing the wider constituency of stakeholders that are involved with The Global Fund on the importance of MNH service delivery area for achieving intended outcomes for the three diseases is critical. Within this, it is important that MNH programme people and advocates are part of the country coordinating mechanisms (CCM) and are equipped with the necessary knowledge and information to argue in favor of MNH service delivery area.
- This workshop is complimentary to the regional capacity building and proposal writing workshops done by WHO/HTM and in no way aims to duplicate efforts.
- The Global Fund provides an important opportunity for much needed financial injection in the area of MNH while at the same time MNH service delivery area can play a catalytic role in accelerating progress towards achieving The Global Fund goals.

Next steps

- Use the learning from the workshop to influence TGF proposal development at country level so that MNH service delivery area is fairly represented.
- WHO MPS to provide need-based support to countries for proposal writing and follow up.
- A pool of regional consultants to be developed for accelerated support to countries in need of technical assistance for TGF proposal writing.
- Organize sub-regional and country level capacity building workshops.¹

¹ The complete report and appendices of the Capacity Building Workshop for Global Fund Proposal Writing To Include MNH Service Delivery Area For Health Systems Strengthening can be found at www.who.int/making_pregnancy_safer/documents/en/
Section 1

Background

HIV and malaria, especially in Africa and Asia, are increasingly impacting the already heavy burden of disease and death that women and children must endure. Over 17 million women are living with HIV, and two million of these women become pregnant each year. HIV increases pregnancy-related complications (anaemia, haemorrhage and sepsis) as well as increasing the risk of death from other factors. In Africa, HIV accounts for 6.2% of maternal deaths. In young children, over 90% of HIV infection is estimated to occur through mother-to-child transmission during pregnancy, childbirth or breastfeeding. HIV AIDS accounts for 5% of all post-neonatal deaths globally, majority of these occur in Sub Saharan Africa.

In addition to acute disease episodes and deaths, malaria contributes significantly to anemia in children and in pregnant women, leading to adverse birth outcomes including spontaneous abortion, stillbirth, premature delivery, and low birth weight, the latter of which contribute to increasing overall child mortality. In sub-Saharan Africa, malaria is estimated to cause 400,000 cases of severe maternal anaemia and 75,000-200,000 infant deaths annually. Malaria related maternal anaemia contributes significantly to maternal mortality and causes an estimated 10,000 deaths per year.

To address the adverse impact of HIV and malaria on maternal and neonatal health (MNH), programmes within countries are trying to integrate prevention of mother-to-child transmission efforts (PMTCT) and prevention and control of malaria during pregnancy (MIP) interventions within MNH programmes, however, there is need to further strengthen these components in order to bring about the desired impact. Little progress has been made in scaling up services for PMTCT and prevention and control of malaria during pregnancy. Current achievements fall far short of achieving the targets set by the United Nations.

Globally, HIV-related services for women remain too few. In 2005, only about 11% of pregnant women living with HIV had access to HIV testing and counseling and antiretroviral prophylaxis and treatment during pregnancy. In addition, most national programmes have paid little attention to primary prevention of HIV in women of childbearing age, to preventing unintended pregnancies among women living with HIV, or to increasing access to antiretroviral therapy for women and children. In terms of malaria prevention, across Sub-Saharan Africa, only about 5% of pregnant women sleep under insecticide-treated nets.

The partitioning of maternal and child health between discrete and vertical HIV and malaria programmes is recognized as a causative factor to the current situation of limited access and low uptake of services for HIV and malaria that are crucial to saving lives.

WHO recommends that prevention of HIV transmission in women, infants and young children, and malaria prevention and control during pregnancy be implemented as integral components of essential MNH services within functioning health systems.

The Global Fund, one of the main mechanisms for financial support in the health sector, has recognized the benefits of investing in health systems and in Round 8 of their grant process encourages candidates to request financial support for strategic actions for HSS. MPS, in collaboration with the WHO Malaria and HIV departments, designed a workshop to help build the capacity of country and regional staff to seize the opportunity of leveraging The Global Fund resources in order to ensure universal access to MNH services, including for HIV/AIDS and malaria in mothers and newborns.
Purpose

The workshop provided guidance and support on how to strengthen health systems to ensure continuum of care and universal coverage of essential MNH interventions using malaria and HIV as entry points. The MPS Department has committed to support country efforts to prepare TGF proposals that include PMTCT and MIP.

Goal

The goal of the workshop was to support countries in achieving the MDGs 4, 5 and 6 by improving maternal and newborn health and health outcomes including Prevention of Mother to Child Transmission of HIV (PMTCT) and prevention, control and treatment of malaria during pregnancy (MIP).

Objectives

General objective
The general objective of the workshop was to enhance the capacity of WHO MPS country and regional staff and consultants to provide technical assistance to countries applying for TGF grants to include the MNH service delivery area for strengthening health systems, while positively affecting PMTCT and MIP outcomes.

Specific objectives

- To enhance capacity of WHO MPS staff and potential consultants to identify the key MNH interventions and strategies that would help in providing integrated service delivery for MNH and PMTCT and MIP interventions within the continuum of care approach. This includes tools for costing of interventions and monitoring and evaluation.
- 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 TGF
- To develop skills for effectively writing proposals that include key MNH interventions that will positively affect PMTCT and MIP outcomes

Taking part in this workshop were participants from ten countries, including Burkina Faso, Burundi, Côte d’Ivoire, Ghana, Niger, Senegal, Togo, Uganda, Zambia, Zimbabwe.
Section 2

Summary of the workshop proceedings

The following report provides a brief description of presentations made to the group during the technical sessions, case studies pursued in working group sessions, and key points of ensuing discussions.

Workshop Agenda

Day 1

Dr Monir Islam, Director, Making Pregnancy Safer welcomed all the participants. In his opening address he said that pregnancy provides an opportunity to do something about HIV, malaria and TB, but so far, we are not taking full advantage of these opportunities. Antenatal care is a success, with 80% of women making between one and three visits to antenatal clinics. However, this is a missed opportunity as there is attrition from 1st to the 4th ANC visit, and further, skilled attendance at childbirth while postnatal care has extremely poor coverage. For those women who do come for ANC, the complete comprehensive package of services is seldom provided. In high prevalence settings for malaria and HIV, ANC provides a unique opportunity for capturing women, and their newborns later on, ensuring that they remain within the system as long as they are in need of services.

Maternal and newborn health is intricately linked to each other. Where there is high maternal mortality there is also high newborn mortality. And where maternal health care is provided, there is a unique opportunity to impact health systems. Strengthened MNH services can have a big impact on strengthening HIV, malaria and TB.

Dr. Islam expressed high expectations for this workshop. This is the beginning of an effective collaboration across these areas that are impacting maternal mortality as well as HIV and malaria outcomes. The inputs of the different programs are key for a successful TGF proposal.

How the workshop will work

Dr. Viviana Mangiaterra, Coordinator, Partnerships, Making Pregnancy Safer department shared the rationale and objectives of the capacity building workshop. The workshop, was in response to requests from countries for assistance in writing TGF proposals. MNH is a multidisciplinary issue and an important platform for strengthening partnerships within WHO departments and clusters which have been working together to develop and deliver the response to reduce the burden of the three diseases. However, this was the first workshop looking at Maternal and Newborn Health area of work in the context of AIDS, TB and Malaria and feedback on this process would be extremely important to guide future work in this area.

Integrated service delivery for MNH, HIV/AIDS and malaria in the context of health systems strengthening

Presentation by Jelka Zupan, MPS/NTC

WHO materials and guidelines are valuable resources for program planning and proposal development. One pertinent example among the series of IMPAC tools and guidelines that is aimed at primary care providers, is the manual "Pregnancy, childbirth, post-partum and newborn care: A guide for essential practice". The fundamental principals underlying this manual, along with its structure,
Capacity building workshop

Outline, layout and content, will be especially useful for proposal developers, particularly because management and treatment of HIV is integrated into MNH care throughout the guide. The CD, Maternal and Newborn Health; Key Publications was distributed that contains all the main resource materials necessary for TGF proposals.

**PMTCT and MIP-Health system strengthening in the context of MNH**

Presentation by Razia Pendse, MPS/PSH

- Health outcomes in general, and for maternal and newborn health in particular, are unacceptably poor across much of the developing world despite the availability of affordable technologies. Many desirable gains in HIV and malaria, as they relate to MNH, have also been elusive. The problem is getting prevention, care and/or treatment – on time, reliably, in sufficient quantity and at reasonable cost – to those who need it. Inadequate health systems are one of the main obstacles to universal access and coverage with evidence-based interventions to make achievement of internationally agreed goals such as the MDGs a realistic prospect.

- To achieve our goals we have to ensure that the health systems are prepared to carry out basic functions, regardless of how they are organized: they have to provide services; develop health workers and other key resources; mobilize and allocate finances, and ensure health system leadership and governance.

- The WHO’s health system framework for action has identified six building blocks and important linkages between them. While the framework is generic, it applies equally well to the MNH service delivery area. Some of the priorities within each of the building blocks include:
  - Service delivery: Essential integrated intervention packages; delivery models; infrastructure; management; safety & quality; demand for care
  - Health workforce: National workforce policies and investment plans; advocacy; norms and standards
  - Information: facility and population based information & surveillance systems; global standards and tools
  - Medical products, vaccines & technologies: Norms and standards, policies; reliable procurement; equitable access; quality
  - Financing: National health financing policies; tools and data on health expenditures; costing
  - Leadership and governance: Health sector policies; harmonization and alignment; oversight and regulation

Selected discussion points:

- HSS is an important entry point for MNH for TGF support.

- ANC has been quite successful, with rates of attendance running from 50%-80%, yet a missed opportunity as very few pregnant women who require PMTCT get it through ANC. And in many countries with high ANC attendance, skilled delivery assistance is still very low. We must address why these gaps exist.

- The process of incorporating MNH in the TGF R8, collaborations with Country Cooperation Mechanisms (CCM) is essential.

- ANC and postpartum services should adopt a more global approach and consider the broader health system to understand what can be contributed by MNH and what can be gained.
Malaria in Pregnancy (MIP): Control strategies
Presentation by Marian Warsame, GMP/CMR
Framework for malaria during pregnancy-Africa Region

In both low and high malaria transmission settings, malaria in pregnancy can affect the mother, the fetus or the infant. The key control strategies for MIP are: case management of malaria, with prompt diagnosis and effective treatment; insecticides treated bed nets (ITNS/LLINs); and intermittent preventive treatment (IPT) in areas of high stable malaria transmission, where the benefits outweigh the risks of malaria. ANC should serve as one of the entry points for the delivery of preventive measures and treatment, including IPT where appropriate. In planning for these elements, capacity building should extend beyond commodity management; capacity must also be expanded in terms of training, logistics and medical management.

Selected discussion points:
- Some countries consider malaria infection during pregnancy as a severe illness and, therefore, do not discriminate between complicated and uncomplicated malaria in pregnancy but hospitalize every pregnant woman with malaria infection. Not all malaria cases during pregnancy are severe or complicated. Malaria disease presentation during pregnancy varies depending on the intensity of malaria transmission at the local level. Many semi-immune women in high transmission areas remain asymptomatic despite parasitaemia. This is not the case in areas of low unstable transmission where pregnant women have little acquired immunity and are more likely to develop severe forms of the disease with potentially fatal consequences for the mother and the fetus.
- According to the current malaria treatment guidelines, for pregnant woman presenting with clinical malaria, effective malaria case management should be provided, not SP-IPT. SP-IPT is not intended for treating clinical malaria during pregnancy.
- Quinine plus clindamycin for 7 days is the recommended treatment for uncomplicated malaria during pregnancy. However, artemisinin based combination therapy (ACT) should be used if it is the only effective treatment available. Research is underway to shed light on the safety of ACT in the 1st trimester of pregnancy.
- TGF will want to understand how MNH can improve outcomes for AIDS, TB and malaria.
- To introduce MNH in TGF proposal process, keep the message simple and clear; communicate clearly about how implementation will take place, outcomes will be achieved, and how success could be measured.

HIV/AIDS in the context of maternal and newborn health
Presentation by Tin Tin Sint, HIV/PHS
Guidance on global scale up of PMTCT of HIV infection

Nearly 50% of new HIV infections are in women; 61% of adults living with HIV are women; and 90% of new HIV infection in children is caused by mother-to-child transmission (MTCT). Transmission of HIV from an infected mother to her baby can occur during pregnancy, labour and delivery and post partum throughout the breastfeeding period. Without any intervention, the risk of transmission is from 20-45% depending on the duration of breastfeeding. PMTCT is critical to stemming the increase in new HIV infections.
While this chart describes HIV transmission across the perinatal period, it also demonstrates entry points for working to prevent transmission (see below). Maternal and child survival is dependent on PMTCT, HIV, MNH, and RH programs working in partnership to effectively reduce HIV prevalence.

Transmission of HIV from mother to child

Interventions to prevent mother-infant HIV transmission, by timing

- **Before pregnancy**
  - Primary prevention: IEC, BCC
  - Family planning counselling and services

- **Antenatal**
  - Avoid episiotomy and forceps
  - ARVs to mother
  - HIV testing & counselling
  - ARV to mother
  - Infant feeding counselling
  - Co-trimoxazole prophylaxis

- **Labor & Delivery**
  - Infant feeding counselling and support
  - Family planning counselling and services

- **Postpartum**
  - ARV to mother
  - ARV to the newborn
  - Co-trimoxazole prophylaxis

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6 Adapted from Sint, Tin Tin. “HIV/AIDS in the context of maternal and newborn health”; presentation at this workshop.
Community involvement in improving MNH-the IFC Framework
Presentation by Annie Portela, MPS/NTC
Operational framework for IFC
http://www.who.int/making_pregnancy_safer/mps_working_with_individuals.pdf

Achieving improvements in maternal and newborn health requires collaboration with women, their family and the community. Health strategies thus must address interventions for improving services as well as to strengthen the capacity of communities to contribute to improved health and to increase use of services. To achieve these objectives, key interventions for MNH have been identified and organized into four priority areas:

1. Develop capacities to stay healthy, make healthy decisions and respond to obstetric and newborn emergencies;
2. Increase awareness of the rights, needs and potential problems related to maternal and newborn health;
3. Strengthen linkages for social support between women, families and communities and with health services;
4. Improve quality of care, health services and interactions with women, families and communities.

The convergence of social and health service networks, e.g., between civil society, health committees, NGOs, health workers, and health facilities, increases the chances for success in addressing important health issues such as HIV/AIDS, TB, malaria and MNH.

It is important that women and communities be involved in the different stages of the health programming cycle, including in assessment of the needs and problems, prioritization, developing strategies and implementation plans, monitoring and evaluation in close cooperation with the formal health sector and other actors. The challenge is in operationalizing and measuring empowerment and community involvement and its effect on health outcomes, and building skills within the community and within the health services to work together.

Selected discussion points:
- Community systems strengthening is a new topic for the TGF Round 8.
- An effective malaria or HIV prevention program cannot occur without community involvement, and in pregnancy, the target group doubles (for mother and child).
- It’s important to concentrate on male partners, especially in the case of HIV. In some places men are not involved in pregnancy, but they must be included in addressing HIV, e.g.: HIV infected women need help to decide about breastfeeding a child.

The Global Fund Round 8 briefing
Presentation by Stefano Lazzari, TGF

Key points to consider in preparing proposals and planning for the grant process for Round 8 of the TGF include:

- Submission deadline for Round 8 is 1 July 2008
- Strong evaluation and measurement framework components are essential to proposals. Disbursement of resources is performance-based (based on evidence of achievement of results).
- A detailed budget is to be submitted for the first 2 years, with an indicative budget for the next 3 years. Unit costs, quantities and assumptions must be clearly described. This budget is to be summarized by service delivery area and cost category.
New topics in Round 8: Dual track financing (inclusion of both government and NGOs as principal recipients); Community systems strengthening; scaling up gender sensitive responses; and health systems strengthening (HSS).

Inclusion of gender sensitive responses is encouraged, though not mandated in R8. Appropriate programs require different approaches for women, men, boys, girls, sexual minorities and others. Consideration should be given to gender issues in the analysis of disease program and health systems weaknesses and gaps. Data disaggregated by age and sex is encouraged, as is clarity about how the proposal enhances gender equality.

HSS intent is to (1) maximize investments; (2) reduce the risks and unintended consequences of investing so much in single diseases; and (3) to achieve the objectives of identifying and removing obstacles or bottlenecks to improving HIV, TB and malaria (HTM) outcomes. HSS outcomes must be specific to HIV, TB, or malaria outcomes.

To address HSS, identify and help remove bottlenecks caused by the biggest constraints to improved HTM outcomes (e.g.: health worker availability and skills; drug procurement and distribution systems; diagnostic services; access — especially financial access; management and coordination of services; information and monitoring systems.

In order to remove unintended barriers to cross-disease responses due to fears of undermining the approval of the disease component, in Round 8 the TRP can review and recommend:

- The whole disease proposal including the cross-disease part, or
- The disease interventions but not the cross-disease part, or
- The cross-disease part but not the disease interventions.

The Technical Review Panel (TRP) process
Presentation by Ilza Kalnina, TRP/TGF

The TGF screening process assesses eligibility by country income level and by applicant eligibility (e.g.: CCM meets minimum requirements). Only eligible proposals are forwarded to the TRP. The TRP looks for proposals that demonstrate soundness of approach; feasibility; potential for sustainability and impact.

Common weaknesses of the proposals submitted in previous rounds include:

- Proposal did not demonstrate synergy or added value and was unclear how the program related or added to existing programs.
- Inappropriate approaches or activities.
- Insufficient detail on proposed activities.
- Did not contain strong situation/gap analysis or program gaps were not well explained.
- Budget information was inaccurate, questionable, and/or not sufficiently detailed.
- Impact/Outcome indicators inappropriate or not clearly defined.
- The budget (therefore the program) was imbalanced (too much or too little allocated to one or more sector activities).
- Inadequate/unclear use of partners.
- Prior TRP comments not addressed
Selected discussion points:

- The Global Fund does not tell countries where to spend their grants, underscoring the importance of dialogue at the country level and across the 3 diseases.
- HIV and malaria programs have much to contribute towards MNH, and the opposite is also true.
- MNH services are an important opportunity to practically address bottlenecks in the health systems.

MNH in The Global Fund proposals: experience from Tanzania
Kenneth Wind-Anderson, RHR
Presentation Tanzania proposal

MNH services provide a logical entry point for preventing sexual and perinatal transmission of HIV given that nearly 80% of HIV is transmitted sexually, and a further 10% transmitted perinatally or during breastfeeding.

In spite of the obvious advantages provided by integrating Sexual and Reproductive Health (SRH) and HIV, e.g.: learning one’s HIV status, promoting safer sex, optimizing the connection between HIV/AIDS and STI services, or integrating HIV/AIDS with MNH, countries have yet to embark upon a common, robust and comprehensive approach to integration. In Round 7, TGF entertained proposals that featured building linkages between SRH and HIV/AIDS.

Tanzania was one of the few countries embracing these linkages in their TGF R7 proposal, which in the Global AIDS Alliance shadow report was mentioned as “Tanzania’s proposal may be viewed as a model for bidirectional integration: HIV/AIDS services into SRH services, and SRH services into HIV/AIDS services”.

In spite of the fact that TRP underscored “The concept and rationale for integration of sexual and reproductive health and HIV services is a good approach which fits well into the countries decentralization through devolution development strategy”, Tanzania was unsuccessful in its application for a TGF grant in Round 7, yielding several important lessons:

- It is necessary to have a conceptual framework, which encapsulate HIV (malaria and/or TB) within a broader MNH framework, to help design the program, show how all the components fit together, and to communicate clearly about why it should be funded.
- Incorporating MNH into a TGF proposal offers an opportunity to promote integration and partnerships between the MoH, the international community NGOs and private stakeholders.
- ANC can serve as an effective entry point to deliver HIV, malaria, TB care for women, children, and entire families.
- It is important to be aware of others in your country that are drawing up TGF proposals (ideally via the CCM). Can the proposals be combined to create greater added value; or at the very least, could they be synergistic?
- Be clear about what other funds are available and what the gaps exist in program needs and funding, so as to complement these with TGF resources. Information about funding by various donors can be difficult to obtain.
- Be sure to build upon a well documented situational analysis and sound need assessment (out rolling the framework into action).


Selected discussion points:

- Keep the proposal writing group to a size that is able to stay focused and come to agreement on what to include. Work with national consultants who are familiar with the health system.
- The CCM is very important; a good relationship with CCM members is crucial. Also, ownership by government is vital to having a consistent, solid proposal.
- CCM level must have consensus on the proposal priorities. Keep the CCM informed with regular provision of information; get frequent feedback from them.
- Objectives are a key component of the proposal. They must be articulated clearly and all activities are to link to other areas via the objectives.

MNH in The Global Fund proposals: experience from Rwanda

Presentation by Maurice Bucagu, MPS/NTC
Link to Rwanda R7 Proposal

For Round 7 of the TGF, Rwanda’s successful proposal included the areas of HIV/AIDS plus MNH plus HSS, with the goal of the 5 year programme being “to improve the reach, coverage, accessibility and quality of HIV/AIDS services for universal access”.

Factors contributing to the success of the Rwanda proposals included:

- The CCM is a participatory national team with a partnership overseeing proposal development and implementation.
- Country programme priorities were decided upon by the stakeholders before beginning proposal writing.
- Innovative, evidence-based and cost-effective interventions were included in the proposal.
- The financial gap analysis clearly demonstrated that the requested funding would complement other efforts involving the government and other partners.

Day 2

Rationale for considering MNH as a key service delivery area for health systems strengthening – guidance note

Presentation by Isseu Toure, FHP/Senegal

The six building blocks of a health care system are important to consider in a situational analysis: service delivery, human resources, medicines and technologies, financing, and information. In mapping MNH interventions, the four key periods to consider are pregnancy, childbirth, postpartum and the newborn periods. These periods can be analyzed in terms of interventions, measures of coverage rates, districts covered, and partners.

A goal that all can work in terms of achieving important MNH indicators through TGF is to achieve universal access to PMTCT and MIP within essential MNH interventions for all pregnant and postpartum women and newborns.
Examples of target objectives that individual countries might adopt in working towards this goal include,
among others:

- Ensure the delivery of comprehensive and integrated PMTCT and MIP interventions within MNH services.
- Increase access to all, including poor populations and those living in rural areas, to PMTCT and MIP within essential MNH interventions.
- Improve the quality of PMTCT and MIP within MNH care.
- Establish a well functioning health information system for production, analysis, dissemination and use of reliable information in a timely manner.
- Increase community participation in the use of health services and improve PMTCT and MIP within MNH.

Examples of activities to consider include:

- Rehabilitate the health infrastructure of primary health and referral levels for delivering the essential package of ANC, skilled delivery, newborn, postpartum care, HIV counseling, testing and treatment, IPT, ITN and malaria case management.
- Reduce stock outs of HIV and malaria medications and supplies in an integrated approach that will benefit all MNH essential medications and supplies.
- Expand coverage of health services.
- Increase community-based services and outreach.
- Develop a national health sector plan that includes MNH, if none currently exists.
- Improve financing system.

Challenges to the success of TGF proposals include:

- Context of each country is specific and priorities differ between countries.
- Demonstrate that the strategies chosen are effective and cost appropriate to achieve the target objectives.
- Articulate clear links between the budget and program goals, objectives and service delivery areas.

**Indicators for monitoring and evaluating implementation progress for TGF proposals within MNH service delivery area**

Anuraj Shankar, MPS/MEV, The Global Fund M&E Toolkit

The Global Fund, which makes funding decisions based on performance, requires a system strengthening plan for monitoring and evaluation to be submitted as a component of the proposal and TGF toolkit should be used to prepare this plan. It is essential for proposal writers to be very familiar with the toolkit and the complete M&E guidance provided by TGF (readily found on The Global Fund website).

In The Global Fund proposals it’s important to demonstrate how M&E will be used to evolve the proposed program over time. M&E should comprise 7-10% of the total budget. The Global Fund grants are to be data driven, to articulate how data will be used to strengthen the system, versus simply being collected and never used.
Approach the challenges of M&E by adopting the approach that “data is for everyone”.

- Involve data beneficiaries to set up the data systems
- Use local expertise
- Keep the process open and transparent
- Provide rapid feedback of analyses to all stakeholders

A separate monitoring system is not required, and coordination with and strengthening of existing national and project data systems is essential. Indicators, which should be kept to a minimum number, must be linked to service delivery areas and should reflect both routine data collection and surveys or sentinel data. A pre-TGF assistance baseline is required. Targets should be described by both numbers and percentages, they should be cumulative and realistic, and reflect the timing of the existing data systems.

In TGF proposals it is important to measure results and to actively use those results, such as through gathering data on indicators addressing:

- Process (activities of the intervention)
- Coverage (proportion of target population reached via processes)
- Impact (changes in health due to coverage)

The Global Fund M&E website highlights selected indicators, some of which are directly related to MNH efforts, for example:

- Number of HIV infected pregnant women receiving ARV prophylaxis to reduce PMTCT;
- Percentage of infants born to mothers who are HIV infected;
- Pregnant women who were tested and know their results;
- Number of ITNs distributed to pregnant women

**MNH costing tools (PMTCT and MIP scenarios)**

Presentation by Maurice Bucagu, MPS/NTC

Costing tools link: http://who.int/pmnch/topics/economics/costing_tools/en/index9.html

Costing the Road Map for Reduction of Maternal and Newborn Mortality in Mozambique (2008-2010) provided an example to describe the tool, methodology and application of the Integrated Health Technology Package (IHTP). The IHTP, which can be used for planning costs of programs for TGF proposals, was developed in collaboration with key stakeholders, including government, private sector (pharma and medical equipment providers), and health facilities—each representative of the typical healthcare delivery scenario.

The IHTP is comprised of four main components:

- Clinical guidelines or scenarios
- Clinical procedures
- Clinical techniques
- Clinical technologies
The costing tool can show the cost for a described “health package”, and can also disaggregate to show unit costs (required for TGF proposals), relative costs per service and per capita costs. The tool focuses on MNH interventions that have not been costed by other tools. It can be used to:

- Determine a budget for MNH interventions.
- SWAp development.
- Requirements for achieving goals and objectives in the implementation of a country road map

**Selected discussion points:**

- Training costs are determined using other existing costing tools and added to the cost of the MNH interventions.
- Costs are based on epidemiological data; coverage targets and unit cost. The challenge is to agree on the assumptions made within the tool with the CCM, then advocate for improved M&E and data systems in order to have better costing evidence.
- A pool of consultants needs to be made available by MPS to support costing analysis for TGF proposals.

**Strategic framework for ensuring gender-sensitive response to malaria, HIV/AIDS and TB**

Presentation by Adepeju Aderemi Olukoya, GWH

The Global Fund is beginning to address gender issues. Gender is an important social determinant of health and evidence exists that gender issues lead to better MNH outcomes, and aid-effectiveness can be strengthened by promoting gender equality.

MNH-related problems include: 17 million women live with HIV; 12% of these become pregnant annually; many of them are exposed to malaria. Attempts to address these (and other) problems have fallen short. 95% of pregnant women do not sleep under insecticide-treated bednets (ITN); many pregnant women living with HIV potentially have access to ART prophylaxis during pregnancy, but only 23% are actually getting it. PMTCT and MIP exist but there has been little progress in scaling up the programmes for many reasons. At the heart of this are gender dimensions that need to be addressed systematically and consistently, including gender issues.

Examples of strategic entry points to include gender equality issues in TGF proposals:

- A gender analysis to be integrated into the situational analysis, including biological factors such as age at pregnancy, HIV prevalence in young women, under nutrition in girls.
- Defining target populations for action, such as pregnant adolescents, HIV-infected women, etc.
- Defining activities such as mechanisms for financing and accountability, capacity building for the integration of gender analysis and actions, promoting economic activities for women, etc.
- Defining gender sensitive output indicators depends on the interventions, eg: PMTCT programme with a male engagement component may measure number of male partners of PMTCT clients who receive HIV counseling and testing.
- Involve implementing partners who are alert to gender issues, such as national AIDS control programmes; ministries of women or gender; UN entities; Civil Society Organizations (CSOs) including People Living with HIV/AIDS (PLWA) networks; human rights NGOs.
Working groups
Two groups were formed to conduct an exercise exploring key elements of TGF proposal development. One group took on Malaria in Pregnancy; the other group considered PMTCT. Each group had the task to develop a proposal outline with key interventions and activities that relate to the MNH service delivery area in the context of HSS. A hypothetical country scenario and key questions were provided to the groups to guide the discussions. Facilitators from different departments (e.g.: malaria HIV, RHR, MPS) sat with each team to help with the preparation of a model proposal. Participants were encouraged to work with the various TGF proposal forms and to become familiar with the various sections of the proposal package.

Each working group developed a proposal outline that was presented and discussed in plenary. The Senegal and Niger programme managers that participated expressed appreciation for the models and were interested in using them with the CCMs in their respective countries.

Day 3

Health systems strengthening: Orientation for Round 8 proposals
Presentation by Mazuwa Banda, HIV/AIDS Department

TGF approach to HSS is centered on overcoming constraints to the achievement of improved outcomes for HIV/AIDS, TB and malaria. So HSS must be described in the context of the response to HIV, TB and malaria.

Important points to include in proposals:

- Who else is working on similar efforts in the country? Is there existing support already available?
- Who is well placed to oversee and manage the implementation of the health system strengthening interventions proposed?
- WHO 6 Health system building blocks is TGF standard approach.

There are three options for addressing HSS cross-cutting responses via the disease program approach:

- Include HSS under one disease
- Include HSS response divided across the 3 diseases
- Describe the HSS cross cutting response in a discrete section, 4.B, which is submitted within one disease area only, despite the fact that the response applies across all 3 diseases. The TRP reviews section 4.B separately.

In order to best make the case for HSS, involve HSS people in planning. Ensure that HSS activities:

- Clearly respond to identified constraints in the proposal
- Are needed to improve / sustain WHO/HTM outcomes
- Fit within the overall national health policy, plans and strategies
- Have been defined in consultation with key HSS stakeholders
- Are clearly defined; of a realistic scale, and credibly costed
- Make the case that returns from investment are possible within a reasonable timeframe
- Progress will be monitored by a small set of credible health system indicators
Section 3

Conclusion session and feedback on the workshop

This session was conducted in the presence of the Regional Advisor for MPS-AFRO, with the Director of MPS, and with the MPS coordinators.

All participants expressed appreciation for how this kind of seminar is helpful in terms of the overall guidance on how to prepare TGF proposals and the detailed guidance from specific sessions (especially for costing, budgeting and monitoring) which make it possible for them to prepare TGF proposals with MNH components.

Summary of participant feedback:
Participants noted that the workshop provided:

- Clarity about what is required and expected in TGF proposal.
- Information will allow for partnerships to be formalized and resources to be integrated in-country concerning malaria, and pregnant women and children.
- Information and examples presented during the course of the workshop would be useful in strengthening the case for MNH within TGF country proposals.
- Presentations and discussions have provided tools and ideas for identifying strategic partners for proposal development and for implementation of programs.
- Clarity on the concepts and processes TGF.
- Insight that the TGF is a great opportunity for getting resources for MNH and this can be effectively advocated and argued for achieving TGF goals.

Summary of the workshop evaluation
An evaluation form was circulated and major points and findings were included in the recommendations. In summary the evaluation indicated:

- 50% of the participants submitting an evaluation had not previously worked on a TGF proposal.
- Two thirds found the workshop “very” useful; the remaining third found it “useful”.
- Participants asked for additional TGF capacity building workshops at country and regional levels, and of longer duration (5 days).
- The compilation of this workshop was appreciated for being “manageable” and regionally focused.
- Participants were ready to return to their countries to build partnerships, develop and brief TGF team members, participate in CCMs and write TGF proposals incorporating MNH for Round 8, or to begin planning and developing alliances for the next round.
Closing session
Viviana Mangiaterra, MPS/PSH

- The regional office of AFRO and the MPS Department have committed support to countries for TGF proposal development.
- Costing and the M&E components are noted to require particular help and support.
- Need to sensitize the WR by circulating the results of this meeting to senior managers.
- There are strong signals that these seminars are important and they will be carried out elsewhere at the request of other countries and regions.
- It is important to maintain regular contact with each other. It is important to share positive and negative experiences at country level on this issue - What are the facilitative elements and the bottlenecks?
- The support from HIV, Malaria, RH, CH, HSS, other parts of MPS and others to participate in this workshop has been very impressive and valuable. We need to work side by side, not alone on these efforts.
- The workshop participants appreciated the technical guidance tool and have provided feedback on how to finalize it.
Key conclusions and recommendations

As a result of this workshop WHO MPS staff and participating consultants became well versed in key interventions and strategies to be incorporated into the design of well integrated MNH “continuum of care” programs and services, specifically incorporating PMTCT and MIP. Workshop participants came to understand what are the fundamental underlying principles and the procedures for applying for The Global Fund grants. They developed skills in writing effective proposals that include important MNH interventions, which enables them to effectively include these MNH elements to proposal applications to the TGF, which, when approved, will result in strong PMTCT and MIP services that achieve the desired outcomes.

Specific workshop conclusions and recommendations include:

- We cannot succeed in achieving the MDG 6 targets without linking MNH services to those of PMTCT and MIP.
- MNH services are an important opportunity to address bottlenecks in the health systems.
- The focus of The Global Fund continues to be on AIDS, TB and Malaria, and MNH must provide additive value to addressing and reducing the spread of these diseases. In developing TGF proposals, which must also incorporate gender equality and involve community as they focus on HSS, it is essential to link HSS outcomes to specific HIV, TB and malaria outcomes.
- Within the context of each country, priorities, strong links, and relations with other stakeholders are crucial to achieving success in incorporating MNH in the Round 8 Global Fund country proposal.
- A pool of consultants needs to be made available by MPS to support countries in developing TGF proposals.
- MNH staff should attempt to become members of the Country Coordinating Mechanism (CCM) or at least have links to this important mechanism for TGF at country level.
- Conclusions and recommendations that relate to the workshop and HQ support process include:
  - The MPS Capacity Building workshop serves as a complementary instrument to the regional organizational workshops routinely organized by WHO, UNAIDS and TGF before each Round.
  - The regional focus and small numbers of workshop participants was felt by the participants to be most productive.
  - Participants requested additional time for this capacity building workshop (5 days versus 3 days).
  - Practical examples are important to be included as case studies.
  - The workshop needs to be followed up with support in-country.
  - TGF is a great opportunity for the MNH area of work and MNH can play a strong leadership role in achieving TGF goals.

Both the Regional Advisor for MPS-AFRO and the Director of MPS endorsed the conclusions and recommendations of this Capacity Building Workshop. They expressed thanks for the idea of and the preparation for the workshop, as well as for the active participation of all the country representatives. Both acknowledged the fact that this is a continuing call for this type of workshop activity and they are willing to respond to calls from countries for support for TGF proposal development.
Annex 1

Process for country capacity building for strengthening health systems to ensure continuum of care and universal coverage of essential maternal and neonatal interventions, including malaria and PMTCT

To capitalize on the HSS opportunity offered by The Global Fund, the Partnerships Unit of the Making Pregnancy Safer department engaged in discussions with key counterparts at The Global Fund to better understand the process and procedures. Once it was clear that the MNH service delivery area for HSS within PMTCT and MIP programmes had a distinct niche, a systematic process was initiated.

Steps in organization of the activity: From December to April we can identify 5 steps:

1 Development of the concept paper and background document including the technical guidelines for proposal writing (December).

   The different activities undertaken were:
   - Discussions within the PSH team
   - Meetings and discussions between HIV/AIDS (PMTCT Unit), TB department and colleagues from MPS Departments.
   - Review of existing tools, guidelines and other relevant documents of MPS, The Global Fund, MIP and PMTCT.
   - It was agreed that direct country support would be provided for including MNH service delivery area for HSS in the Round 8 of TGF.
   - Discussions were held with the regional offices and there was a tremendous response from countries. Twelve countries in Africa expressed their desire to be part of this activity.
   - It was decided that for the first training workshop, the venue would be WHO HQ as expertise from various departments could be pooled for conducting the workshop.
   - Development of draft concept paper, guidelines on proposal writing, and a tentative agenda for the training workshop.
   - Feedback was collected on the draft guidelines and concept paper.
   - Finalization of the workshop agenda after feedback from colleagues.

2 Selection of regions and countries to be involved (see criteria in the concept paper)

   - Information was sent to regions to inform and to involve them.
   - Countries were selected to be supported in collaboration with the regions.
   - Interaction commences with regions and selected countries.
3 Preparation of the workshop (March)

- Meetings with representatives from PMTCT Unit, Malaria, RHR, Nutrition and MPS Departments.
- Finalization of the background of the workshop and the agenda.
- Interaction with regions and selected countries to identify participants.
- Selection of consultants.
- Administrative preparation of the workshop.

4 Holding the workshop (April) and developing a summary of the report.

5 Support countries in proposal preparation
Capacity building workshop for global fund proposal writing to include maternal and newborn health service delivery area for health systems strengthening
1-3 April 2008, Geneva, Switzerland

Day 1 - Tuesday 1 April 2008

08:30  Registration
09:00  Welcoming remark, Monir Islam, Director-MPS
       Workshop objectives, expected outcomes and agenda, Viviana Mangiaterra-MPS/PSH
09:20  Integrated service delivery for MNH, HIV/AIDS and Malaria, Jelka Zupan-MPS/NTC
09:40  PMTCT and MIP strategies and interventions, rational for health system strengthening in the context of MNH, Razia Pendse-MPS/PSH
10:00  Discussion
10:30  Tea break
11:00  Malaria in pregnancy: Strategies, key policy and implementation issues, Marian Warsame-Mal-GMP/CMR, with input from Juliana Yartey-MPS/PSH
11:40  Community involvement in improving MNH - the IFC framework, Annie Portela-MPS/NTC
12:00  Discussion
12:30  Lunch
14:00  Presentation from The Global Fund, Stefano Lazzari, Senior Health Advisor-TGF and Ilza Kalnina-TRP/TGF
       General information: overview of Round 8 and grant process
       Cross/cutting health system strengthening within round 8
       Monitoring & evaluation
       Common weaknesses of the submitted proposals of the previous rounds
15:00  Discussion
15:30  Tea/Coffee
16:00  MNH in The Global Fund proposals: Experience from Rwanda and Tanzania, Maurice Bucagu-MPS/NTC and Kenneth Wind-Andersen, RHR
17:00  Discussion
Day 2 - Wednesday 2 April 2008

08:30  Rationale for considering MNH as a key service delivery area for health systems strengthening: Guidance note, Isseu Toure-FHP/Senegal

09:00  Indicators for monitoring and evaluating implementation progress for TGF proposals within MNH service delivery area, Anuraj Shankar-MPS/MEV

09:30  Discussion

10:00  MNH costing tools (PMTCT and MIP Scenarios), Maurice Bucagu-MPS/NTC

10:30  Tea/Coffee

11:00  Discussion

11:15  Strategic framework for ensuring gender-sensitive response to malaria, HIV/AIDS and TB, Adepeju Aderemi Olukoya-GWH

11:45  Guidelines for working groups

12:00  Working groups to develop a proposal outline with key interventions and activities for inclusion in TGF proposals as they relate to MNH service delivery area in the context of health systems strengthening for improved PMTCT and MIP outcomes.


12.30 Lunch

14:00  Working groups (cont.)

15:30  Tea/Coffee

16:00  Working groups (cont.)

Day 3 - Thursday 3 April 2008

08:30  Working groups (cont.)

10:30  Tea/Coffee

11:00  Report back by working groups and discussion

12:30 Lunch

14:00  Health system strengthening: Orientation for Round 8 proposals, Mazuwa Banda-HIV/PHS

14:30  Feedback on the guide for proposal writing

15:00  Next steps and evaluation

- What guidance do countries need and want?
- How should it be organized and presented?
- What additional materials or support is needed?

15:30 Closing
Annex 3

Capacity building workshop for including MNH issues in the context of health systems strengthening for The Global Fund proposals Round 8

WHO premises, Salle A, Geneva, Switzerland, 1-3 April 2008

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