

**Enhancing Integrated PSM Planning for
Increased Reproductive, Maternal and Child Health Impact:
UNICEF - Global Fund - UNFPA MOUs
4 – 6 March, 2015
Scandinavia House, New York
MEETING REPORT**

I. BACKGROUND

In 2014, the Global Fund signed Memorandum of Understandings (MOUs) with the United Nations Population Fund (UNFPA) and with the United Nations Children's Fund (UNICEF) to synergize efforts to support national governments to reach the goals of eliminating new HIV infections in children and adolescents, reducing deaths from HIV and malaria and keeping mothers, children and adolescents living with HIV alive and free from stigma and discrimination. **To achieve these goals, the three organizations committed to working together with programme countries to maximize the opportunities for synergies between the Global Fund HIV/TB, malaria, and HSS grants and UNFPA's and UNICEF's broader related efforts to improve reproductive, maternal, newborn, child and adolescent health (RMNCAH).**

While the Global Fund-UNICEF and Global Fund-UNFPA MoUs are complementary, each also has its own focus and emphasis. The Global Fund-UNICEF MoU seeks to help governments secure additional basic maternal and child health commodities and make them available in a way that complements the Global Fund's HIV and malaria commodity investments. The commodities and health products specified in the MoU include: (a) pre-natal interventions for pregnant women such as the provision of micro-nutrients (e.g., iron and folic acid), tetanus vaccination, syphilis screening and treatment, and deworming interventions; and (b) child interventions such as pneumonia diagnosis and treatment with amoxicillin, and the provision of oral rehydration salts and zinc for diarrhea as part of integrated community case management of childhood illnesses (iCCM). The Global Fund-UNFPA MoU focuses on "strengthening integration of sexual and reproductive health (SRH) interventions" "to realise equitable access to integrated SRH services that are anchored in human rights and are gender responsive; to prevent new HIV infections, eliminate stigma and discrimination, increase access to antiretroviral drugs, and prevent AIDS related morbidity and mortality, particularly among women, girls, adolescents and key populations (sex workers, men who have sex with men, people who use drugs, and transgender people) among others; and also to prevent malarial and TB morbidity and deaths, including among pregnant women."

Improving procurement and supply chain management (PSM) is a key component of achieving the targets and objectives set out in both MOUs including aligning national leadership, optimizing plans and policies, mapping capacity needs, providing technical assistance and guidance, and facilitating the effective co-ordination of the in-country supply chain. To this end, the Global Fund, UNFPA, and UNICEF issued a joint PSM communiqué in

December 2014 emphasizing the importance of strengthening supply chains for essential health commodities to improve RMNCAH. The PSM communiqué builds upon the Joint Vision Statement of the Inter-Agency Supply Chain Group (Global Fund, UNFPA, and UNICEF are all active participants of this group), which calls for all parties to improve coordination by "identifying areas of convergence, optimizing synergies across supply-chains, and focusing efforts toward advancing country-led national systems to meet future demands."

There are currently 25¹ priority countries for the UNICEF-Global Fund MoU and 13² priority countries for the UNFPA-Global Fund MoU (TB/HIV, malaria, and HSS grants) where the Global Fund is already working with both UNICEF and UNFPA to operationalize the MoU. **The countries that overlap both MoUs are Chad, Cote d'Ivoire, Ethiopia, Mozambique, Nigeria, Tanzania, Uganda, and Zambia.**

II. MEETING OBJECTIVES

It was agreed that in order to be able to implement the MoUs, synergise efforts, and provide optimum support to countries, there is a need to better understand the current status of country engagement in Global Fund processes and ongoing PSM activities vis-a-vis Global Fund country teams, Country Coordinating Mechanisms (CCMs) as well as UNICEF and UNFPA Regional (ROs) and Country Offices (COs).

To this end, on 4-6 March 2015, UNICEF and UNFPA HQ and regional staff, the Global Fund, and a wide cross-section of partners (iCCM Financing Task Team, SIAPS, WHO, RMNCH Trust Fund, USAID, JSI and others) met in New York City to discuss how to operationalise the PSM components of the UNICEF – GF – UNFPA MoUs. There were 35 participants from HQ offices in New York, Washington DC, Geneva and Copenhagen as well as Regional Advisors from both West and Central Africa and Eastern and Southern Africa.

The purpose of the meeting was to understand the current status of country Global Fund applications and PSM activities through consultation with relevant parties, and for Global Fund, UNICEF, and UNFPA supply and programme staff, to develop an informed strategy for PSM engagement to operationalize the MOUs at the country level.

For both malaria and TB/HIV (or HIV) concept notes, countries were categorized into two groups: countries already in grant making (Phase 2) and those still in concept note development (Phase 1)³. See table below. Countries that have also submitted HSS concept notes have asterisks. **The workshop primarily focused on countries that clearly indicated they would be including integrated RMNCH activities in their Global Fund applications, with particular focus on Phase 2 countries.**

¹ The 25 priority countries for the Global Fund-UNICEF MoU are Angola, Burundi, Burkina Faso, Cameroon, Chad, Comoros, Cote D'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Malawi, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Somalia, Sudan, South Sudan, Tanzania, Uganda, Zambia

² The 13 priority countries for the Global Fund-UNFPA MoU are Bangladesh, Chad, Cote d'Ivoire, Ethiopia, Eritrea, Indonesia, Mozambique, Nigeria, South Africa, Tanzania, Togo, Uganda, and Zambia.

³ Phase 1 countries have submitted a concept note as of 30 January or intend to do so in the coming months.

Malaria		TB/HIV	
Grant making Phase 2	Concept Note Phase 1	Grant Making Phase 2	Concept Note Phase 1
Burkina Faso* Cote d'Ivoire DRC Ethiopia* Ghana Mozambique Nigeria Somalia South Sudan Uganda* Zambia	Burundi Kenya Madagascar Malawi	Chad DRC Eritrea Ethiopia* Mozambique Nigeria Tanzania Togo Uganda* Zambia	Burundi Cote d'Ivoire Indonesia Malawi South Africa

More specifically, the objectives of the meeting were to:

- 1) Engage a wide cross-section of partners, such as WHO, USAID, and the RMNCH Trust Fund to synergize global support to countries in PSM-related activities in the context of the Global Fund grants;
- 2) Review PSM trends and challenges in implementation of integrated RMNCAH and malaria, HSS, and HIV/TB programming;
- 3) Review the current Global Fund grant status (HIV/TB, malaria, and HSS grants) and RMNCAH PSM initiatives for the focus countries where UNICEF, UNFPA, and the Global Fund are working to operationalize the MOUs, and to establish a mechanism to continually update these country status reports;
- 4) Define the approach for UNICEF and UNFPA global and regional engagement to operationalize the PSM components of the MOUs, including possible TA requirements; and
- 5) Review the PSM guidance documents and agree on the strategy for dissemination.

At the end of the three-day meeting, the team expected to achieve the following outcomes:

- 1) Finalize country mapping of Global Fund processes and RMNCAH PSM initiatives/projects and their respective timelines;
- 2) Draft UNICEF and UNFPA PSM global engagement strategies to support PSM in the context of the Global Fund UNFPA UNICEF MoUs;
- 3) Draft next steps/action plans for regional offices to support and engage country offices to operationalize the PSM-related activities of the Global Fund-UNICEF and Global Fund-UNFPA MOUs, including roles and responsibilities; and

- 4) Draft TOR and agenda for a follow-up meeting with the country teams (Side session to be held on Day 3).

III. MEETING SUMMARY

DAY ONE (March 4th)

Day One of the meeting was focused on developing common understandings on what we mean by integrated RMNCAH programming and the importance of integrated PSM for RMNCAH service delivery by engaging a wide cross-section of partners and participants in active discussions.

It was structured around two panel discussions. A brief explanatory session on the UNICEF-GF-UNFPA MOUs and new funding model process was also held.⁴ The first panel discussion framed the issues conceptually, while the second session focused on sharing lessons from the field. Key discussion and action points emanating from the two panels follow below.

Session One: Framing the discussion on PSM for Integrated Programming

Chair: Renee Van de Weerd (UNFPA)

Topic: Framing PSM for integrated RMNCAH programming in the context of the Global Fund: perspectives, challenges, innovation, and opportunities –

Presenters: Hitesh Hurkchand (RMNCH Trust Fund), Helen Petach (USAID), Lisa Hedman (WHO), Musonda Kasonde (UNICEF)

Topic: Global Fund-UNICEF-UNFPA MOUs

Presenters: Lynn Collins (UNFPA), Mickey Chopra (UNICEF), Sophie Logez & Olga Bornemisza (Global Fund)

Summary of Discussion and Key Action Points:

- **PSM investments are strong, but coordination needs to be better.** There's good work and various initiatives happening on the ground, but partners sometimes work at cross-purposes, and not always in partnerships with national governments. Collaboration and communication are central for success. To move forward, we need to know who's doing what, where, and how in order to optimize synergies and minimize duplication. This point is relevant at all levels (national, regional, and global).
- **The Inter-Agency Supply Chain Group (ISG) brings together the big investors in PSM systems, and is a network that can be leveraged to facilitate our joint work.** ISG is a partnership of major actors involved in providing supply chain support to countries (including the Global Fund, USAID, DfID, WB, GAVI, UNICEF, UNFPA, WHO, BMGF, Norway, Canada, German Development Bank), with an aim to communicate about various

⁴ A summary of the MoUs is not captured herein. Both MoUs are included in the meeting Dropbox folder. See https://www.dropbox.com/sh/fryjkk2b75qoig/AACBN_SfTgmkgAOG65tyyKbYa?dl=0. The Dropbox folder will be accessible until May 31 2015.

investments and work in PSM and to align impact. The ISG can take a global leadership role in disseminating tools widely, coordinating donors, improve sharing between partners, and increase transparency. UNICEF, UNFPA, and the Global Fund are all already active on the ISG and moving forward agency focal points can ensure there is cross-fertilization and sharing of information.

- **It is important to take a strategic and informed approach.** When considering interventions to strengthen/improve/ optimize supply chains, it is important to consider whether the cost to change is worth the benefit that it brings. It is also important to consider in country at what level of the supply chain we are really influencing, and the implications therein. **Data is essential to measure the success of integration.**
- **Technical assistance should be country-defined and led.** What do countries want and how can we support country-led programming? Integrated service delivery is meant to increase ease of management and efficiency, but increased efficiency doesn't necessarily mean increased availability and improved health outcomes. Implications at the country level must be kept front and centre of our work to not cause disruption and overload staff with multiple programs and demands.
- **There are various existing tools, which can inform the operationalisation of the UNICEF-GF-UNFPA MoUs.** For example, supply chains are at the core of UN Commission on Life-Saving commodities for Women and Children recommendations. To support implementation of the Commission's recommendations, technical resource teams (TRTs) were created drawing on the expertise of implementing agencies and partners. Importantly, they have also developed various tools, which are in accordance with MoU PSM efforts (see Meeting Dropbox).
- **It is necessary to think through what we mean by 'integration' and also to take a phased approach.** Some governing principles for integration include: making all commodities available at service points; ensuring long term sustainability; identifying points of convergence (integration where it makes sense to do so – where there are natural synergies); and using integration to strengthen health systems (HSS).
- **It is important to position integrated programming and PSM as part of broader health systems strengthening (HSS) efforts, which include community health and community systems strengthening.** It is also however recognised that there is an enduring tension between programmes needing to achieve disease-specific outcomes, which contributes to the verticalization of programmes and supply chains rather than a more holistic HSS approach.
- **Document process and results:** Focus on a few countries to do case studies of process and conduct operations research to see if integration (programmatic and PSM) produces results, selecting a combination of both fragile and more established countries.

Session Two: PSM Lessons Learned for Integrated Programming

Chair: Thomas Sorenson (UNICEF)

Presenters: Dardane Arifaj-Blumi (Global Fund), Jane Briggs (SIAPS program of MSH), Alexis Heaton (JSI/SC4CCM), Benjamin Schreiber (UNICEF)

Summary of Discussion and Key Action Points:

- Donor and partner alignment is critical and begins at the global level to develop common vision, tools and standards across partners.
- **There is a great deal to be learned from existing partnerships, initiatives, and assessments to optimize/strengthen supply chain.** For example, the Immunization and Supply Chain Logistics (ISCL) hub, co-convened by UNICEF and WHO, was created to address a number of acute challenges pertaining to vaccine supply chains including fragmented evidence on vaccine supply chain topics for countries; the need for coordinated technical assistance and historical challenges in coordinating partners. One of the key activities of the Hub is to support the implementation of the Effective Vaccine Management (EVM) assessment which helps countries diagnose, prioritize, plan and implement change for their immunization supply chain improvements, EVM assessments have been conducted in many countries and these findings could be used as proxy for overall functioning of the PSM system.
- **Global Fund plays an instrumental role in funding commodities and supply chain systems strengthening in high impact countries.**
 - 70-80% of the Global Funds' grants' in High Impact countries are spent on health commodities.
 - Increased demand (ART scale-up, changes in ART guidelines, new diagnostic technologies, expansion of treatment centers, adherence support, QA, etc.) can burden already constrained PSM systems, in particular at decentralized levels.
 - Impressive gains made in the last few years in improving infrastructure and integration of vertical programmes and coordination, mainly in High Impact countries.
 - In High Impact countries where GF funding on commodities is significant, GF advised CCMs/PRs/ CMSs to develop/update PSM System Strengthening Strategies and costed implementation plans. **National PSM Coordination Groups are the key forum to push the PSM agenda forward.** National ownership is essential.
 - Opportunity for follow up and action in High Impact countries where concept notes have substantial PSM components include: Zambia and Zimbabwe (grants signed) as well as Nigeria, Mozambique, Ethiopia, Kenya (in grant making).
- **There are numerous lesson learned from iCCM implementation to date that can inform future efforts.**
 - Strong coordination mechanisms and oversight with ownership from MOH are crucial.

- PSM is more than logistics – involves strengthening the entire system from procurement to logistics to distribution, training and use. **A holistic systems strengthening approach is needed.**
 - Commodity availability at community level is a function of the strength of the PSM system at the national level.
 - **The supply chain for community health should not be considered as separate or a sub-system, but part of the entire PSM system.**
 - Improving the supply chain to the community level for iCCM requires careful design and consideration. It should not be an afterthought. It should be demand-based, but appropriate for CHWs and the local iCCM context.
 - Ideally forecasting and supply planning for iCCM would be integrated with other programs and disease areas to help facilitate coordination and ensure quantities of products procured are sufficient for all levels/indications so that products reach the community level.
 - Evidence-based monitoring at the community level is an important entry point for strengthening PSM.
 - Emergency situations demand need to revisit PSM plans and to strengthen PSM to withstand shock.
- **Integration of PSM can improve efficiency, transparency, cost savings, and availability of medicines (e.g. Dominican Republic and Uganda)**
 - Integration relies on improved interconnections of all levels and functions of the supply chains and is characterized by clear roles and responsibilities, streamlined processes, increased data visibility, agility, trust and collaboration, and common objectives all along the supply chain.
 - **Additional focus and investment is needed in Francophone countries i.e. West and Central Africa**

DAY TWO (March 5th)

There were three sessions on Day Two of the PSM meeting - all with considerable group work.

The key priorities for Day Two of were to:

- Gain a better understanding of PSM technical and human resources to support the operationalization of the UNICEF-GF-UNFPA MoUs
- Review the PSM guidance documents and agree on the strategy for dissemination
- Review the current Global Fund grant status (HIV/TB, malaria, and HSS grants) and RMNCAH PSM initiatives for the focus countries where UNICEF, UNFPA, and the Global Fund are working to operationalize the MOUs, and to establish a mechanism to continually update these country status reports

Session Three: Review of PSM technical and human resources

Chair: Pierre Robert (UNFPA)

Presenters: Sophie Logez (Global Fund), Atieno Ojoo (UNICEF Supply Division), Rene van de Weerd, Lynn Collins, and Bidia Deperthes (UNFPA)

Summary of Discussion and Key Action Points:

- While countries are encouraged to include HSS investments in their Global Fund submissions, countries have the flexibility to decide how much to allocate to HSS (this happens during the discussions about disease split). There is pressure however to show results quickly.
- **All funding requests should be based on national strategic plans or national investment cases.** This general principle applies equally to PSM.
- **PSM preparation for the Concept Note is essential.** This includes developing national supply chain strategies and pharmaceutical/supply chain strengthening plans (with costed implementation plans and short/long term priorities), conducting gap analysis, and identifying potential sources of TA.
- Various tools were shared with participants (in Dropbox and with links below)
 - **The PSM sub-group of the iCCM Financing Task Team has developed a PSM package to support the operationalization of the PSM components of the UNICEF-GF MoU.** The package contains:
 - PSM checklist
 - iCCM PSM guidance
 - UNICEF iCCM product selection guide
 - UNICEF Maternal and neonatal product selection guide
 - CCM central (www.ccmcentral.com) of the iCCM Task Force also has further tools for iCCM as well as specific PSM tools, contributed by the supply chain management sub-group.
- In addition to the materials shared via the Supply Chain TRT of the UN Commission on Life-Saving commodities for Women and Children (in meeting Dropbox), UNFPA also discussed the following tools:
 - AccessRH (www.myaccessrh.org): UNFPA procurement and information website for reproductive health commodities
 - PSM toolbox (psmtoolbox.org)
 - SRH & HIV Linkages Resource Pack (srhhivlinkages.org)
 - Other integration tools to come, including: Country HIV and SRHR linkages/integration infographic snapshots; HIV and SRHR linkages/integration Index/scorecard; Commodities linked to each intervention of EMCT Job Aid http://srhhivlinkages.org/wp-content/uploads/2013/10/IATT_EMCTJobAid_WEB.pdf; toolkit for HIV and SRHR linkages, including EMCT

- As part of Session 3, participants broke up into workgroups to review the tools in greater detail and offered the following feedback on how to improve and disseminate the materials.
 - **On the iCCM PSM package of materials:**
 - The tools and guidance are adequate for iCCM, but may not be adequate alone to strengthen PSM capacity in Ministry. The document should be reviewed from country perspective with broader maternal and child information integrated
 - A landscaping of existing tools (beyond this package) would be helpful.
 - PSM Checklist: Review and potentially re-order items
 - Participants were requested to review the package further after the meeting and send in comments. Package will be shared with countries to get more input on their use and applicability.
 - **Knowledge Management and Dissemination Strategy:**
 - Translation is necessary
 - Use Community of Practice email distribution list
 - Call it a “knowledge management” strategy, rather than a dissemination strategy
 - Use partnerships, physical media (CDs, flash drives), meetings/conferences to share resources, as Internet access can be difficult for countries.

Session Four: Country mapping of Global Fund processes & RMNCAH PSM initiatives

Chair: Valentina Buj (UNICEF)

Summary of Discussion and Key Action Points:

- Information presented in this session was gathered through conversation with Global Fund Health Product Management (HPM) Specialists as well as some added information from MSH and JSI country teams to better understand where MoU priority countries were in the GF application process and PSM planning.
- **Key takeaways from country mapping exercise:**
 - Where countries are in the GF funding process is a constantly moving target.
 - Process tracking requires sustained engagement.
 - Each country is different (Global Fund requirements, country capacity).
 - Optimal time for support may vary from country to country.
 - Efficient health systems are inextricably linked to performing PSM systems.
 - PSM is often an afterthought - there is significant room for improvement.
 - If a country doesn't have a full PSM investment planning at the time of the concept note preparation, the country should still indicate the estimated budget and key activities for PSM strengthening to earmark the budget and work the details after grant signature
 - Systems improvement is required, not just PSM trouble-shooting.
 - Coordination is critical and often weakest link.

- LMIS, logistics, and distribution – particularly last mile distribution – are recurring challenges across countries.

After Elena Olivi provided an overview across the various countries for which data was collected (noted below), participants were broken up into 4 work groups: West and Central Africa; East Africa I; East Africa II; and Southern Africa. Work groups were asked to review country-specific information and reflect upon the following four questions:

- 1) Are there any regional PSM trends related to integrated programming?
- 2) What is UNICEF and UNFPA capacity and mandate to resolve PSM bottlenecks and trends at the regional and country level?
- 3) What is the country prioritization for opportunities for intervention going forward (consider GF timing, scope, SWOT)?

Themes that emerged during report back include:

West and Central Africa (Ghana, Nigeria, Chad, Burkina Faso):

- Many French-speaking countries in the region have a cost recovery mechanism to finance ED and operational costs of their district level system (Bamako Initiative). When “free” commodities are given for treatment, this weakens the health facilities as they lose part of their revenue.
- Central Medical Stores (CMS) are mostly functioning and playing a big role in the national PSM system. There is an association of CMS (ACAME) which plays a coordination role in the region and can be used for advocacy and training.
- **Urgent need:** Support installation of LMIS in countries. This requires harmonization of the existing tools (FP, RMNH, HIV, ICCM, Malaria, TB) and adaptation with any pre-existing tools utilized by the national system
- Support strengthening or development of effective, MoH/National regulatory PSM coordination mechanisms to follow, inform, coordinate the different steps of the PSM cycle from forecasting, procurement, stock management and use.
- Would be useful to organize country exchange visits of good practice through ACAME or WAHO: e.g. Burkina Faso has a lot to show to other WCAR countries
- **Priorities countries for support** could be the weakest ones (e.g.) Chad or the ones with weak system and opportunities for development (e.g. Togo, Sierra Leone, Guinea, Niger) or/and the ones with relatively good system or being developed as (e.g. Burkina Faso, Ghana, DRC and Nigeria)

Southern Africa (Malawi, Mozambique, Zambia, Madagascar):

- Various PSM initiatives underway in the region and significant resources that can be leveraged: DFID working at regional level; PMI countries with significant USAID investments, EU grant in Zambia; innovations around eLMIS and m-health.
- **Key actions moving forward:** Work towards strengthening/establishing PSM coordination committees at the country level
- **Country prioritization:** Zambia and Mozambique have strong systems to move forward with joint work.

East Africa I (Uganda, Ethiopia, Burundi, Somalia):

Uganda

- LMIS is in place in Uganda, but iCCM is not integrated. There are many disparate NGO programs, but they are not linked to the national PSM system.
- There is a lot of 'innovation' in Uganda, e.g. use of mobile technologies that could be leveraged for PSM work.
- There was a UNICEF piloted program in 2014 to assess 'feasibility and scalability of distribution of iCCM commodities through NMS.' The results of this pilot will be important to inform PSM planning.
- There is a draft implementation plan in place for iCCM in 33 GFATM districts – need more detailed work plan with quantification of medicines and supplies for iCCM
- Strong UNICEF country office involvement in iCCM in Uganda - capacity and mandate for identify and resolve bottlenecks for scale-up, including PSM

Ethiopia

- There is a strong consortium working on PSM in Ethiopia, as well as strong integrated pharmaceutical logistics system (in which iCCM) is integrated
- May also be some work on LMIS

East Africa II (Kenya, Tanzania, Eritrea, and South Sudan):

- There is good momentum on the PSM agenda and increased global interest in PSM.
- Need to leverage global interest and opportunities for downstream work and results
- Human resources critical issue and bottleneck in PSM – requires collective focus and prioritization
- South Sudan – extremely fragile; could use experiences from other contexts to support building of systems.

Session Five: Developing a Global PSM Engagement Strategy

Chair: Lisa Hedman

Presenters: Musonda Kasonde

A draft global engagement strategy was briefly presented to participants and all were invited to comment and propose additions and revisions. Participants offered numerous suggestions for improvement. The revised engagement strategy is attached as Annex 2, and was used as a reference document on Day Three when participants discussed practical steps to translate the global PSM strategy into regional action plans.

DAY THREE (March 6th)

Session Six: Creating Regional PSM Action Plans

Chair: Mark Young (UNICEF)

Presenters/Facilitators: Group work, Olga Bornemisza (Global Fund),

Meeting Summary: Valentina Buj

The participants broke into groups to discuss regional engagement strategies: a French-speaking group, and 2 ESARO groups.

The following action points were discussed as key priorities:

- Develop a subset of countries to intensify efforts to support operationalization of PSM components of MoUs and conduct joint missions⁵.
- Develop a clear advocacy and communications strategy to countries for the MoUs using multiple communication channels and clear follow-up.
- Map what exists in country offices for the priority countries from agency databases. For example: are there PSM coordination mechanisms, PSM policy strategic documents, supply plans, leadership from the MoH etc.?
- Support countries to include elements of the respective MoUs in their annual work plans, and if relevant Country Programme Documents
- Work with and leverage existing PSM strategies and coordinating mechanisms including regional mechanisms (e.g. ECOWAS, WARO, SADC)
- Take a systems strengthening approach, and prioritize interventions that strengthen the system as a whole rather than focusing only on MoU commodities
- Use existing joint national plans and M&E frameworks to report on the MoUs as well as the KPIS of the ISG (currently under development).
- Work together at regional level to develop solutions to common challenges (e.g. syphilis testing and treatment in WCARO)

At the end of the three-day meeting, participants agreed upon the following next steps to operationalize the PSM components of the UNICEF-GF-UNFPA MoUs:

1) Support national efforts to strengthen PSM systems for improved and sustainable integrated PSM

- Promote alignment/integration of PSM systems rather than vertical or parallel supply chains for improved efficiency, transparency, cost saving, and improved availability of essential health products.
- Consider the role of Central Medical Stores - including in the context of public-private partnerships – in PSM strengthening efforts.

2) Position efforts to align and integrate PSM systems within a broader health systems strengthening (HSS) agenda

- Promote the integration of vertical supply chains under the MoU within the context of the broader health systems strengthening strategy to ensure sustainability.

⁵ It was initially thought that this meeting would be followed by a country workshop in Nairobi in April 2015 where select country teams would be brought together to discuss the practicalities of implementing the MoUs and integrating/aligning programmes and supply chains. However it was agreed that joint missions for support in 5-7 countries were more relevant in the immediate term, and a country workshop to share best practices would be more productive later in 2015 (possibly Quarter 4), once a sufficient sub-set of countries had moved through the GF grant-making process and begun implementation. Implementation experience from these countries could then inform similar processes in MoU countries that submitted concept notes in later NFM windows.

- Support the development and implementation of national supply chain improvement plans and MoH oversight and ownership of PSM strengthening and integration activities.
- Consider PSM at the inception of any effort to develop/integrate programs or strengthen health systems, which includes reviewing PSM procedures and assessing the training, supervision, and support needs for the PSM system to work efficiently.
- Support the development of strong LMIS, coordinated with the HMIS, including the use of innovative approaches (m-health; c-stock) for monitoring stock and data collection from the most peripheral service delivery points (e.g. CHWs) for more proactive decision making
 - Advocate for community service delivery (iCCM, CHWs) to be seen as part of the continuum of the health system

3) Improve harmonization and coordination at all levels (national, regional, global) to minimize duplication, synergize efforts, and identify areas for focused action

- Map out key players - national, bilateral, multi-lateral – at the various levels and identifying what PSM support is available and what existing mechanisms/policies/plans are in place to leverage results.
- Develop a common vision among partners and use existing platforms (e.g. Inter-agency Supply Group at the global level and PSM coordination committees at the national level) to drive results. Where PSM coordination committees do not exist, it will be critical to strengthen or develop country platforms.
- Build consensus on a standard set of PSM tools and guidance to be used at all levels of the national system
- Identify areas for convergence among partners and where gains can be made
- Share assessments among agencies and use them to develop solutions to bottlenecks
- Consider at what level of the supply chain we are influencing, and whether it is the right level at the right time
- Take a phased approach (short, medium, and long term goals) to implementing PSM strengthening approaches and activities.

4) Conduct joint missions of GF, UNICEF and UNFPA and document process and results in a sub-set of MoU countries

- Jointly identify 5-7 countries (both fragile and more established countries) to do case studies of process and operations research to see if integration produces results
- Increase focus in Francophone countries in West and Central Africa
- Conduct joint missions (GF, UNICEF, UNFPA, and partners) to support national governments to develop country-specific, tailored action plans for integrated PSM capacitation/strengthening.
- Develop and implement a knowledge management and research strategy to document the process of operationalizing the UNICEF-GF-UNFPA MoUs (both in terms of programme and PSM integration), with an emphasis on results achieved

ANNEX 1: AGENDA

DAY 1: WEDNESDAY, 4 MARCH 2015

Time	Topic	Speakers/Facilitators
08:30 - 09:00	Registration	
09:00 - 09:40	Opening remarks	Ted Chaiban (UNICEF) Jagdish Upadhyay (UNFPA) Sophie Logez (Global Fund)
09:40 - 10:00	Meeting objectives, participant introductions, and expectations	Musonda Kasonda (UNICEF) Upjeet Chandan (UNICEF)
Session One: Framing the discussion on PSM for integrated programming Chair: Renee Van de Weerd (UNFPA) Specific Objective #1		
10:00 - 11:00	Panel: Framing PSM for integrated RMNCAH programming in the context of the Global Fund: perspectives, challenges, innovation, and opportunities	Hitesh Hurkchand (RMNCH TF) Helen Petach (USAID) Lisa Hedman (WHO) Musonda Kasonde (UNICEF)
11:00 - 11:30	Tea/coffee break	
11:30 - 12:15	Q&A discussion of panel	Same as above
12:15 - 13:00	Global Fund-UNICEF-UNFPA MOUs	Lynn Collins (UNFPA) Mickey Chopra (UNICEF) Sophie Logez & Olga Bornemisza (Global Fund)
13:00 - 14:00	Lunch	
Session Two: PSM Lessons Learned for Integrated Programming Chair: Thomas Sorenson (UNICEF) Specific Objective #2		
14:00 - 15:15	Panel: PSM lessons learned in the context of integrated programming.	Dardane Arifaj-Blumi (Global Fund) Jane Briggs (SIAPS)
15:15 - 16:00	Q&A discussion of panel	Alexis Heaton (JSI/SC4CCM) Benjamin Schreiber (UNICEF)
16:00 - 16:30	Tea/Coffee break	
16:30 - 17:00	Summary of day, next steps	Mark Young (UNICEF)

DAY 2: THURSDAY, 5 MARCH 2015

Time	Topic	Speakers/Facilitators
09:00 – 09:15	Opening Remarks, Summary of Day 1	Upjeet Chandan
Session Three: Review of PSM technical and human resources Chair: Pierre Robert (UNFPA) Specific Objective #3 and #5		
09:15 – 9:45	Review of Global Fund application process and GLOBAL FUND PSM resources (documents and tools)	Sophie Logez (Global Fund)
9:45 – 10:15	Review of other PSM technical and human resources <i>Tool dissemination strategy discussion</i>	Lynn Collins & Renee Van de Weerd (UNFPA) Atieno Ojoo (UNICEF)
10:15 – 11:00	Break out groups to review resources and report back	
11:00 – 11:30	Tea / Coffee Break	
Session Four: Country mapping of GLOBAL FUND processes and RMNCAH PSM initiatives Chair: Valentina Buj (UNICEF) Expected Outcome #1		
11:30 – 12:00	Review of country mapping	Elena Olivi (iCCM FTT Consultant)
12:00 – 13:00	Regional break out groups for detailed review of country-by-country status, PSM weaknesses, and TA needs.	Led by UNICEF and UNFPA Regional Offices
13:00 – 14:00	Lunch	
14:00 – 15:00	Short presentations by groups	
Session Five: Developing a Global PSM Engagement Strategy Chair: Lisa Hedman (WHO) Expected Outcome #2		
15:00 – 15:30	Presentation of draft UNICEF and UNFPA PSM global engagement strategies	Musonda Kasonde (UNICEF) Renee Van de Weerd (UNFPA)
15:30 – 16:00	Plenary discussion on PSM global engagement strategy and priorities	
16:00 – 16:30	Tea/Coffee break	
16:30 – 17:00	Summary of the day	Maurice Hours (UNICEF)

DAY 3: 6 MARCH 2016

Time	Topic	Speakers/Facilitators
Session Six: Creating Regional PSM Action Plans Chair: Atieno Ojoo (UNICEF) Expected Outcome #3		
09:00 - 10:00	Group work: Transforming UNICEF and UNFPA PSM global engagement plans into detailed regional action plans including roles and responsibilities	Led by UNICEF and UNFPA Regional Offices
10:00 - 10:45	Presentations of group work and feedback	Led by UNICEF and UNFPA Regional Offices
10:45 - 11:15	Tea / Coffee Break	
11:15 - 12:00	Plenary discussion: Accountability plan for PSM action plans. How to keep momentum going? How to support future GLOBAL FUND applicant countries?	Olga Bornemisza (Global Fund)
12:00 - 12:30	Summary of meeting outcomes and next steps	Valentina Buj (UNICEF)
12:30 - 13:00	Meeting Closure	UNFPA, UNICEF, Global Fund
13:00 - 14:00	Lunch	

Side Session: Creating Agenda for Nairobi country engagement meeting Chair: TBD Participation: Regional and Global UNICEF SD and PD, GF leads, UNFPA SD and PD leads Expected Outcome #4		
14:00 - 15:00	Review of draft Nairobi meeting TOR <i>Discussion on objectives, expected outcomes, agenda, and participants</i>	
15:00 - 16:00	Create next steps for meeting planning, including assigned accountability for each country, item, open issue, etc.	
16:00 - 16.30	Summary and next steps	