

# CCoP MEETING GENEVA, SWITZERLAND

May 12-13, 2014



## Background

*On May 12-13, 2014, the first Roll Back Malaria (RBM) Communication Community of Practice (CCoP) Annual Partners Meeting convened in Geneva, Switzerland.*

Organized by the RBM secretariat and the Health Communication Capacity Collaborative (HC3), the CCoP secretariat, the meeting brought social and behavior change communication (SBCC) implementing partners, national malaria control programs, donors, USAID and President's Malaria Initiative (PMI) staff, research institutions and private sector organizations together to review the mission, structure and work plan of the RBM CCoP and to discuss how best to provide countries and partners with guidance and the necessary tools for the implementation of the Global Strategic Framework. The two-day meeting engaged 30 participants from 20 organizations and 13 countries.

The idea for the Geneva Partner's Meeting was first discussed in November 2013, during the initial CCoP revitalization gathering of SBCC partners in Washington, DC. Preparation for the meeting began soon after, with the development of the CCoP Meetings and Conferences Task Force (Rob Ainslie, Pru Smith, Nan Lewicky and Fara Ndiaye). The Task Force and CCoP steering committee developed a list of organizations and individuals to invite that would include people not yet actively involved in the CCoP. HC3 and RBM committed resources to sponsor SBCC practitioners from countries with high malaria endemicity and applications were sent out with the meeting registration request. The CCoP terms of reference, the RBM 2009-2013 External Evaluation and Global Malaria Action Plan were disseminated to the group for review, and a page was set up on the SpringBoard website to guide participants to relevant resources. The same page was used to post meeting minutes, presentations and decisions in a live feed for those practitioners who could not attend the meeting.



CCoP Partners Meeting, Addis, Ethiopia, September 2013

## Meeting Objectives and Highlights



CCoP Partners Meeting, Geneva, Switzerland, May 2014

### The meeting's main objectives were to:

- Create awareness of the CCoP within the context of RBM Working Groups and its role in enhancing implementation of malaria control activities.
- Understand the state-of-the-art SBCC and its impact on malaria prevention, treatment and control through exchanging experiences and lessons learned from the field.
- Advocate for appropriate levels of funding for the CCoP and SBCC malaria activities globally.
- Identify and develop the activities for the CCoP workplan for 2014/2015.

### Meeting highlights included:

The RBM Executive Director convened the meeting. Among her opening remarks was this quote:

*"Behavior is the center of what we are doing. The framework document has been a long process in development and we need to promote this and ensure that it is implemented at country level, even*

*if we don't yet have the formal endorsement of the Board. We need to make ourselves available to the countries for SBCC support. People are so used to malaria that they sometimes don't see the negative impact of malaria. They accept it. But, we do have a wealth of experience to improve the situation in countries."*

The first day included presentations by the Johns Hopkins Center for Communication Programs, USAID Tanzania, the Malaria Consortium, PATH, NMCP Zanzibar, the ACT Consortium, FHI360, NMCP Senegal, PMI and Speak up Africa. Extended discussions ensued around the BCC indicator guide, potential funding sources and the Global Fund's new funding model.

The second day was dedicated to updating and creating work plans for the four CCoP Task Forces: Conferences and Meetings, Knowledge Management, Technical Assistance, Malaria Interventions and Monitoring and Evaluation. Each task force produced an updated work



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*- RBM Executive Director, Dr. Nafu*

plan, activity timeline and scheduled monthly coordinating call time.

Members of the CCoP presented on Social and Behavior Change Communication: Improving Malaria Outcomes at the RBM marketplace the day of the board’s opening.

The meeting was planned to balance updating the group on progress with adequate time for plenary discussion. One full day was dedicated to each priority. When necessary, French translation was provided by participant volunteers to enable all present to present and interact.

## Daily Summary

### Day 1 Outcomes

Participants gained an understanding of:

- The historic context from which the CCoP came into being and detailed list of recommendations (the RBM 2009-2013 External Evaluation) for growth.
- How SBCC is impacting malaria (current interventions in Africa and Asia).

- Thematic updates for SBCC for malaria (future focus).
- CCoP accomplishments to date.
- Innovative financing for SBCC.
- The role of SBCC in the Global Fund’s new funding model.

### Day 1 Discussions

**Session 1:** CCoP co-chairs Rob Ainslie (JHUCCP, Tanzania) and Fara Ndiaye (Speak Up Africa) formally opened the meeting and welcomed participants. Dr. Nafu (RBM Executive Director) was introduced and opened by congratulating those in attendance for being a part of the CCoP’s revitalization.

Pru Smith (RBM) presented data from the World Malaria Report 2013. The presentation brought the group up to date on the state of malaria, challenges faced globally and RBM/WHO targets for the future. Ndiaye and Ainslie then presented CCoP, Historical Context. The presentation highlighted events leading up to and preceding the CCoP’s formation, stressing the importance of the RBM 2009-2013 External Evaluation.

Key in the evaluation were two SBCC-focused points:

- There is no clear way to implement/ operationalize the Global Strategic Framework at the country level.
- There are no clear quantifiable results for getting more funding and assistance for in-county communication programs or encouraging malaria-endemic countries to increase attention and resources to malaria communication programs.

Ainslie went on to say that to date, the CCoP has developed a workplan, elected co-chairs and a steering committee, established a system of regular coordination calls and functions with four task forces. A potential next step is to include looking at the integration of SBCC into the new Global Fund funding model. The Malaria Advocacy Working Group (MAWG), currently working on a similar effort, was mentioned and it was stressed that the CCoP should not duplicate their efforts, but support them.

After Ainslie and Ndiaye's presentation, Louis da Gama initiated a discussion about technical assistance for Global Fund applications. He asked how the CCoP could address national malaria control programs' needs for assistance in such a way that MAWG and CCoP efforts do not overlap. Martin Alilio (USAID/PMI) suggested that national resources are available but not necessarily coordinated, and that the CCoP might be well placed to help with coordination. Dr. Nafu added that the board was currently evaluating its seven working groups to determine whether or not all were necessary. She stressed that in this climate, it is important to note CCoP's status as a group independent of formal Working Groups. She noted that if the CCoPs work plan were presented to the board for funding, the potential for receiving resources was not entirely tied to its status or non-status as a formal working group.

Naomi Kasper (USAID, Tanzania) presented MIP Within a Safe Motherhood Campaign. In the

discussion following her presentation baseline data, outcomes vs. impact and lessons learned were discussed. Following Kasper's presentation, Anna McCartney-Melstad (JHUCCP) presented Malaria Safe, Covering the Private Sector, and Sandrine Martin (Malaria Consortium) presented Positive Deviance Malaria Prevention and Treatment Practices Among Mobile and Migrant Workers in Cambodia. Discussion following Martin's presentation included remarks about program cost and effectiveness, and how Positive Deviance behaviors were identified.

**Session 2:** Scott Wittet (PATH) began the second session with a presentation on Barriers to Expanded Malaria Diagnosis & Treatment. It reviewed an opportunistic study conducted by PATH via a review of the literature followed by 24 key informant interviews. The study identified 68 barriers to test and treat approach, 45 of which were related to SBCC. The main conclusion was that a key barrier to improved malaria control continues to fail in fully transitioning from presumptive diagnosis of malaria to a system of universal testing of suspected malaria cases, followed by diagnosis-guided treatment of disease and subsequent tracking of malaria patients.

The next presentation was by Mwinyi Khamis (NMEP, Zanzibar-Tanzania) who spoke about Messaging in Low Transmission Settings. This study suggested that future behavior change communication campaigns should capitalize on the non-malaria benefits of net use that provide a long-term rationale for consistent use even when the immediate threat of malaria transmission has been reduced.

Session two wrapped up with Angela Acosta (HC3) presenting on Net Care and Repair campaigns in Uganda and Nigeria and Deborah Miranda's (Act Consortium) presentation, SBCC in the ACT Consortium. General discussion following Miranda's session pertained to insecticide, diagnosis and other challenges faced



The first day included presentations by the Johns Hopkins Center for Communication Programs, USAID Tanzania, the Malaria Consortium, PATH, NMCP Zanzibar, the ACT Consortium, FHI360, NMCP Senegal, PMI and Speak up Africa.

by the Zanzibar Malaria Elimination Program.

**Session 3:** Thaddeus Pennas (FHI360) presented details about the CCoP's history and its relation to the strategic framework, and detailed several benchmarks achieved leading up to the current meeting. Ouleye Beye (NMCP, Senegal) then presented on current SBCC activities, programs, challenges and weaknesses. Beye stressed that Senegal NMCP's activities have a very strong community focus. A discussion followed about whether SBCC is prominently included in the Global Fund concept notes and it was decided that SBCC needs to be prioritized strategically in them.

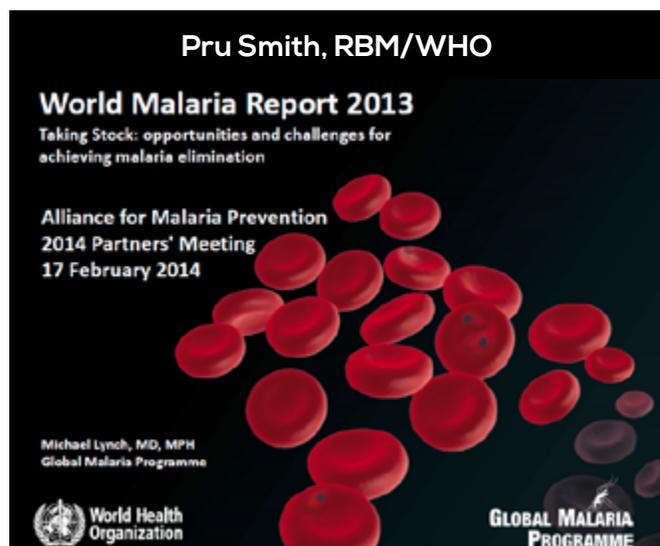
Acosta presented on the progress of developing standardized BCC indicators to help countries improve their monitoring and evaluation. The new "BCC Indicator Guide" serves as a menu of indicators that countries can use in developing their communication Monitoring and Evaluation plans. Indicators are divided into core, supplemental and experimental categories with guidance on their use. It was

emphasized that it is our responsibility to ensure that these indicators get onto key surveys in countries (MIS, etc). The group also heard from Acosta, who presented Recalculating the 'Net Use Gap' ITN Access vs. Use, and saw how a new access indicator gives a more accurate measure of the net use gap than simply looking at net ownership. If you use the proportion of the population that has access to an ITN within their household as the access indicator, the net use gap narrows significantly. This is an important indicator as many people share nets. Angela demonstrated examples of how net use improves as access increases.

Martin Alilio presented on malaria funding and made the point that it is the responsibility of the CCoP to rationalize the use of SBCC for malaria and suggested that tracking malaria resources could be a useful exercise, as would developing a user's guide for accessing malaria SBCC money for country partners. SBCC is seen by donors as an integral part of access. Alilio explained the different categories of SBCC funding and for which activities these funds are usually

used. Funding sources are usually defined by presence and magnitude. Discussion focused on challenges in sustaining funding when malaria transmission drops (even though funding is the most critical at this point, in order to “go the last mile”) and how SBCC needs to be described much more clearly in Global Fund applications (another way in which the CCoP could play an important role).

Pru Smith wrapped up session three with a discussion about the Global Fund’s new funding model, especially what “key affected populations” and “CRG” (Communities, Rights and Gender including the linguistically, socially, politically and geographically marginalized) mean in the



context of malaria. She suggested the group needs to develop a way in which to support countries in the new responsibility to include CRG in their Global Fund concept notes. A three year plan for Global Fund resources to support the CCoP/RBM in this kind of technical assistance needs to be developed (phase one: develop materials; phases two/three: caucus CSOs to build/strengthen engagement in the country dialogue). Discussion included managing CSOs and what CSS is and is not, and identifying which CSS activities are being implemented by partners already. Pru suggested that the group needs to



get those already doing this around the same table.

### Day 2 Outcomes

Participants contributed to develop:

1. Concrete, actionable work plans complete with assigned roles and responsibilities, activity timelines and an established coordinating schedule; and,
2. A cohesive, integrated strategy under which four task forces will operate and contribute to one another’s progress, and the goal of furthering the Global Strategic Framework.

### Day 2 Break-Out Sessions

The second day was dedicated to group break-out sessions. Smith gave the group a brief overview of the CCoP workplan, the strategic framework and how groups and WHO sub-regional networks function. She explained what each CCoP task force’s general objectives were and listed a number of current activities. Some key accomplishments of this past year were highlighted, including:

- Creation of an SBCC malaria listserv, including nearly 200 professionals.
- The collection of SBCC strategic plans from 16 of the 19 PMI countries.
- Development of a CCoP web page on the

## Naomi Kasper, USAID Tanzania



RBM website as a central link for malaria SBCC resources and information.

- Completion of the M&E for Malaria SBCC Indicators Reference Guide.
- Organization of the Annual CCoP Partners' Meeting in Geneva (this meeting).

Participants were then asked to sit with one of four existing task forces and focus on developing a workplan, timeline, roles and responsibilities. The plenary reconvened in the afternoon and each group was given the opportunity to present on their task force discussion.

This newly merged Knowledge Management and Technical Assistance Task Force (presented by Wani Khamis) focused its discussion on ways to establish an up-to-date inventory of SBCC strategies and tools, generating improved knowledge sharing and fostering coordination, dynamic interaction and exchange among all CCoP members. Proposed activities included:

- Collection and dissemination of country-level malaria SBCC documents, strategic plans and malaria in pregnancy documents.
- Collection and dissemination of research and evidence-based findings related to malaria

SBCC.

- Establishment of a better system with which to integrate NMCPs by using sub-regional WHO points of contact.

The Communication and Outreach Task Force (presented by Thad Pennas) (formerly known as Meetings and Conferences) focused on assisting countries with their Global Fund Concept Notes, the facilitation of dialogue with TRP and GF secretariat, and outreach to NMCPs. Proposed activities included:

- Participating in HWG new funding model proposal meeting.
- Initiating country-level Global Fund review meetings to coordinate technical assistance and partner participation.
- Facilitating regional network meetings.
- Providing a series of webinars to disseminate information.
- Providing expert technical expert reviews to NMCPs.
- Conducting monthly calls to stay up to date of upcoming events.
- Exploring possible study tours for underperforming countries.

## Anna McCartney-Melstad, JHUCCP



## Sandrine Martin, Malaria Consortium



**Applying Positive Deviance to Malaria prevention: results from a pilot**

Sandrine Martin, on behalf of Muhammad Shafique  
Malaria Consortium



PREVENTION      DIAGNOSIS      TREATMENT      RESEARCH

**- Positive Deviance Malaria Prevention and Treatment Practices Among Mobile and Migrant Workers in Cambodia -**

An immediate request from this group is for all active CCoP members to identify who from their countries will be attending the upcoming meetings and get on the meeting agenda to introduce the CCoP:

- New Funding Model Mtg (CRG/TWP) in Uganda, Jun 16-20
- ASA Mtg in Zimbabwe, July 7-11
- MIP Mtg in Accra, July 15-17 (Matt Lynch, Anna McCartney Melstad attending)

The Monitoring and Evaluation Task Force (presented by Kathleen MacDonald) focused on encouraging the use of the indicator guide and developing guidance on how to choose an evaluation design depending on specific contexts. They also discussed finalizing a list of operations research questions and fostering greater coordination between group members. Proposed activities included:

On the indicator guide:

- Training HWG consultants and Macro (MIS) developers on its use.
- Disseminating to M & E practitioners of GFATM, WHO, etc.
- Creating a PowerPoint presentation to give to

- a focal person in each country.
- Translating the indicator guide into Portuguese.
- Developing FAQs, tracking and facilitation of a conversation on how the indicator guide has been used or adapted.
- Developing evaluation guidelines.
- Using Survey Monkey to learn/gauge common questions about malaria BCC evaluations.
- Finalizing the operations research agenda and posting it on the RBM website.
- Working with Knowledge Management to disseminate operational research results.

The goal of the Malaria Interventions Task Force (presented by Scott Wittet) is to provide guidance to countries on good practices for design and implementation of communications approaches in support of expanded, proper use of malaria interventions. The group developed concepts and defined teams for six projects:

1. Develop a guide to incorporating SBCC activities into a GF Global Fund Concept Note.
2. Assess what is needed and where there are gaps related to guidance on SBCC for Integrated Community Case Management



**Reducing barriers to expanded malaria diagnosis and treatment— BCC can help!**



Scott Wittet  
swittet@path.org



MalariaCare  
A USAID PARTNER  
PRESIDENT'S MALARIA INITIATIVE

USAID      CDC

The US Agency for International Development (USAID) funded this activity under the terms of Cooperative Agreement No. AID-CDA-11-00000. The information provided in this presentation does not necessarily reflect the views or positions of USAID or the US Government.

RBM BCC Community of Practice Meeting  
May 12, 2014      Geneva, Switzerland

**- Barriers to Expanded Malaria Diagnosis & Treatment -**

(iCCM).

3. Explore ways in which partners can collaboratively expand or amplify work to promote universal adoption of the test and treat paradigm (sometimes called T3 or Test, Treat, Track) based on their own projects/ evidence.
4. Gather evidence on current use of SMC levels of awareness and acceptability and develop SBCC advice for the SMC programme.
5. Review existing literature on communications to marginalized and vulnerable populations, collect examples of specialized BCC and identify gaps.
6. Complete a review on existing malaria in pregnancy literature (started by HC3).

Next steps: this task force will develop project timelines and organize monthly coordination phone calls.

### Day 2: HWG Presentation

Representatives from the CCoP were invited to present at the Harmonization Working Group (HWG) meeting being held during the same time as the CCoP meeting. Pru Smith, Fara Ndiaye and Rob Ainslie led a one hour presentation outlining the TOR and activities of the CCoP and discussing potential collaborative efforts moving forward. The CCOP presentation was well received by the group. Overall they felt there was a need for the CCOP and saw their role in helping move the malaria agenda forward.

There were requests that the CCoP send representation to upcoming meetings such as the Malaria in Pregnancy (MiP) Working group meeting and the Southern Africa Roll Back Malaria Network (SARN) regional meeting in July to provide assistance in the area of SBCC. There was also a lengthy discussion on how the CCoP could support the country level programs, mainly with the development of the Global Fund new funding model concept notes, ensuring that the SBCC component is in the notes and is strategically written with the communication

Naomi Kasper, USAID Tanzania,  
presenting the Wazazi Nipendeni (Safe  
Motherhood) SBCC program results.



plans developed. For the strategic planning we can work with the Sub-Regional Networks (SRNs). The SRNs would also be a good vehicle to work with since they have annual meetings with the country NMCPs.

Also looking to see how the CCoP can contribute with the Pool of Consultants. This would be a good fit with the ongoing work the CCoP is doing with the identification of SBCC consultants. They would also like to see if there is a way that the overall pool of consultants could be trained on SBCC for their work in country with the concept notes.

### Day 2, Session 3: Going Forward

Rob Ainslie lead the final session on moving forward on the the CCoP and Task Force action plans. It was emphasized that each group needs to select a regular day and time for their conference calls. It was agreed that the general CCoP calls would be held every other month on the second Tuesday of the month at 4 p.m. East Africa Time (Nairobi); 2 p.m. West African Time (Abuja); 1 p.m. Greenwich Mean Time (Dakar); 9 a.m. Eastern Daylight Time (Baltimore); 8 a.m. Central Daylight Time (Geneva); and 6 a.m. Pacific Daylight Time (Seattle), as this allowed both

**Mwinyi Khamis, NMEP Zanzibar**

**Messaging for low Malaria Transmission areas.**

By Hannah Koenker, JHUCCP COMMIT.

Presenter: Mwinyi I. Khamis  
Zanzibar Malaria Elimination Programme

- Messaging in Low Transmission Settings -

**Angela Acosta, JHUCCP**

**Net Care and Repair:  
Updates on the Nigeria and  
Uganda pilots**

Angela Acosta  
Roll Back Malaria  
Communication Community of Practice  
May 2014

NetWorks | Roll Back Malaria | Center for Communication Programs | STRENGTHENING COMMUNITIES | USAID

- Net Care & Repair in Uganda & Nigeria -

West Coast US and East Coast Africa a chance to participate. The Task Force leaders will set up more regular calls with their individual groups.

Martin Alilio suggested that other partners assist HC3 with the hosting of the conference calls. It was agreed that the group will rotate the leadership of the calls by Task Forces and have each call focus on a particular topic or discussion area selected by that Task Force. The next call will be hosted either by the M&E Task Force, as they are the most established group, or the Knowledge Management/TA Task Force, as it would be timely for them to lead a discussion around the proposed Global Fund Concept Note SBCC technical assistance and consultant database.

A discussion on the accessibility of the calls resulted in agreement that the current call-in system is free of charge if one uses Skype to call in. HC3 agreed to look into alternative mechanisms for setting up the general and Task Force calls for those people who don't have good Skype connections. It also was agreed that a barrier to participation is having the calls in English only, but that there was not a viable solution at the moment. It was suggested that



through the CCoP to better focus our SBCC efforts to improve programs for the prevention and treatment of malaria.

### Day 3 Outcomes

(CCoP Presentation at RMB Board Meeting Marketplace)

Presenters contributed to increasing RBM board members' awareness of evidence-based SBCC programming and its impact on malaria prevention, control, and elimination.

the group continue to explore the idea that some of the calls be in French only.

Steering Committee calls will be held every other month on the alternating second Tuesday, at the same time as the CCoP calls. It was agreed that:

- Each Task Force must have a representative on the steering committee.
- Each Task Force must have that representative (or an alternate) participate on each of the General CCoP calls with their update.

It was decided that the next annual meeting should be hosted in a malaria endemic country, ideally one where the country's NMCP can show success in malaria SBCC programs, possibly with a site visit. It was agreed that the group would not have this meeting coincide again with the Annual RBM Board Meeting and that the next CCoP meeting will be held either early March or early June 2015. Planning and requests for presentations and papers should begin immediately so as to allow partners adequate time to prepare their work and attendance. Suggested locations included: Senegal, Tanzania, Rwanda, Indonesia, Kenya and Zimbabwe.

Fara Ndiaye, CCoP co-chair closed the meeting. She acknowledged that the group had held two days of rich discussion and learning about innovation in SBCC, what was happening in the field and how the group can work together

- The CCoP was invited to be one of six presenters at the RBM Marketplace, each presenting organization was given 15 minutes to present and then answer questions.
- The CCoP gave 5 presentations (4 in English, one in French) to over 50 attendees.

### Attachment: Meeting Agenda

## Participant List

Name:	Organization:	Country:
Angela Acosta	JHUCCP	USA
Rob Ainslie	JHUCCP	Tanzania
Martin Alilio	USAID	USA
Jaya Banerji	Medecines for Malaria Venture	Switzerland
Ouleye Beye	NMCP	Senegal
Amina Fakar-Knipliler	RBM PSMWG	France
Debbie Gueye	PMI	Senegal
Naomi Kaspar	USAID	Tanzania
Mwinyi Issa Khamis	NMEP	Zanzibar
Wani Kumba Lahai	NMCP	Sierra Leone
Nan Lewicky	HC3	USA
Kate McDonald	PSI	USA
Christelle Maitre-Anquetil	SANOFI	France
Sandrine Martin	Malaria Consortium	Mozambique
Anna McCartney-Melstad	JHUCCP	South Africa
Deborah Miranda	ACT Consortium	USA
Teresia Muchoki	PSI	Kenya
Zacharie Mzeyimana	PSI	Burundi
Fara Ndiaye	Speak Up Africa	Senegal
David Otieno	Kenya Red Cross	Kenya
Thad Pennas	FHI360	USA
Elizabeth Poll	Medicines for Malaria Venture	Switzerland
Pru Smith	RBM	Switzerland
Mike Toso	HC3	USA
Andrea Vasile	RBM	Switzerland
Scott Wittet	PATH	USA
Louis da Gama	Global Health Advocates	UK
Matt Lynch	JHUCCP	USA
David Traynor	Global Fund	Australia