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# SUCCESS STORY

## Strengthening NMCP Partner Coordination and Ownership

**LMG project recommendations help extend and improve participation in malaria task force meetings in Côte d'Ivoire.**



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**With congratulations for advancing coordination between 32 malaria stakeholders in Côte d'Ivoire, National Malaria Control Program Director, Dr. Tanoh Méa Antoine, declared, "Now we have conducted a real task force meeting." At his side on the podium sat Dr. Etekou Akpa of the Director-General of Health and Regional Director, Dr. Coulibaly Soltié.**

"Now we have conducted a real task force meeting," declared Dr. Tanoh Méa Antoine, Director of Côte d'Ivoire's National Malaria Control Program (NMCP), in October 2016. The NMCP introduced semi-annual task force meetings to coordinate national malaria control activities beginning in 2013, but this was the first time all of the country's malaria partners had been invited and had presented their own results. This simple but significant change was the result of a recommendation by USAID's Leadership, Management and Governance (LMG) project.

Coordinating malaria activities has been urgent in Côte d'Ivoire, where in 2015 3,211,468 cases of infection were confirmed and treated in health centers and an additional 91,497 confirmed cases were treated directly in the community. The Government's partners in the fight against malaria include USAID, UNICEF, and WHO, as well as private sector stakeholders like Sanofi and Bayer. Yet, many of them had no voice in the first several task force meetings--both because invitations had been limited to sub-recipients of Global Fund grants, Regional Health Directors, and Ministry of Health and Public Hygiene representatives, and because presentations at the meetings were delivered only by NMCP staff members.

The NMCP was already challenging its ability to coordinate malaria activities by not involving the full range of stakeholders in task force meetings. A considerable extra burden was put on team members who were solely responsible for planning the meetings as well as developing and delivering the full agenda of presentations. NMCP team members openly reported high levels of stress and frequently called in sick in the days following the meetings. Moreover, stakeholders were often very critical of the information being presented by the NMCP about their activities.

In response, the LMG project's Senior Technical Advisor proposed revised terms of reference for the task force meeting that stressed the need to make them more engaging and more effective in reinforcing national-level coordination of malaria control activities. In particular, he recommended extending invitations to all partners beyond Global Fund grantees and suggested requiring each attending organization to present its activities, progress, and results as a way to reinforce ownership and accountability.

Though changes would not come without nearly two years of advocacy from the LMG project, the October 2016 task force meeting indeed included 10 new partners, bringing the total to 32. Especially noting the constructive and motivating feedback they received on their first-time presentations, participants congratulated the NMCP for revising the task force meeting format, and for truly promoting better collaboration and coordination among national malaria stakeholders.