THE EXTENDED EASTERN AFRICA RBM SUB-REGIONAL NETWORK (EARN) ECC AND NMCP MANAGERS 2013 FIRST QUARTER MEETING

HOTEL CLUB DU LAC TANGANYIKA
BUJUMBURA BURUNDI

APRIL 15-17 2013

Report compiled by
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EARN Coordinator

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MEETING GOALS AND OBJECTIVES

Goal

- To evaluate the progress of implementation of the first quarter progress on implementation of 2013 EARN partnership workplan (PWP)
- To agree on the modalities to establish a regional malaria knowledge and information platform to guide impact analysis and future control/elimination planning in Eastern Africa

Overall Objective

- To share ideas on how to align research outputs in Eastern Africa with the evidence needs of national malaria control programs.
- To launch a platform of regional cooperation among NMCPs, research community and WHO that will produce valuable knowledge to malaria control in Eastern Africa.
- To Evaluate the performance progress of the 2013 PWP
- To identify bottlenecks and propose solution in order to speed up the implementation of malaria control activities in countries towards quality achievement of GMAP in East Africa.

Specific Objectives

1. To agree on the data requirements for understanding the epidemiology of malaria to guide impact analysis and future control/elimination planning in the region.
2. To agree on the modalities for the harmonization of the tools for monitoring, surveillance and response, and the extent of deployment of malaria interventions.
3. To develop a regional plan of action for the mapping and tracking of antimalarial drug resistance and resistance of the mosquitoes to insecticides.
4. To establish a mechanism to provide technical support to national and regional programs and provide a framework for advocacy for malaria control/elimination through well informed multi-year strategies.
5. To identify the resources (human and financial) and critical gaps available in the region to support the region-wide activities.
6. To develop a sustainable capacity building agenda to facilitate the control/elimination of malaria within region involving research institutes, academic intuitions, government departments, private sector, bilateral and UN agencies.
7. To Identify bottlenecks in roadmap implementation and their solutions

Expected outputs:

1. Data requirements for understanding the epidemiology of malaria to guide impact analysis and future control/elimination planning identified.
2. Modalities for the harmonization of the tools for monitoring, surveillance and response formulated.
3. Novel interventions for surveillance, monitoring and evaluation to be deployed region-wide agreed and shared with all countries.
4. Lead agencies identified to develop fundable regional plan of action for the mapping and tracking of antimalarial drug resistance and resistance of the mosquitoes to insecticides.
5. Robust mechanism to provide technical support to national and regional programs and provide a

framework for advocacy for malaria control and elimination is established.

6. Capacity building agenda to facilitate the control and elimination of malaria within region formulated.
7. Critical gaps and strategy for mobilizing resources developed.
8. Countries' roadmap updates
9. Bottlenecks threatening roadmap implementation identified and solutions proposed
10. Technical assistance needs updated

Participants:

- ECC Members and Co-Chairs
- EARN Countries NMCP Managers
- Leading research institutes (IHI, KEMRI, and Wellcome Trust)
- Development partners (DFID, the Global Fund, the World Bank and PMI)
- National Research Institutions from Eastern African countries

Methods of Work:

- Plenary presentations on critical areas, followed by interactive discussions to identify problems and gaps
- Group discussions followed by plenary discussion to gain consensus

1. Acknowledgements

The first quarter extended Eastern Africa Regional Network (EARN) was attended by NMCP managers representing 11/13 malaria endemic countries and all representatives of all EARN constituencies. EARN would like to take this opportunity to thank the following institutions and individuals for their support that contributed for the success of the meeting:

- Honourable Sarah Opendi, the State Minister of Health for Primary Health Care, Honorable.
- Dr. Jean-Claude Nkurunziza, the National Malaria control Program, Burundi
- UNICEF Country Office, Burundi
- WHO-IST-AFRO
- Dr. James Banda, RBM-CST Secretariat
- NNCP Managers from all EARN countries
- Members of ECC
- Hotel Club du Lac Tanganyika

2. Context and Rationale:

The scale-up of malaria interventions during the last decade has contributed to a broader shift in malaria epidemiology and transmission intensity across Eastern Africa. Countries, such as Zanzibar, Eritrea, Ethiopia and Rwanda, have witnessed major reductions in malaria, but it remains stubbornly high in parts of Tanzania, Kenya and Uganda. The changing epidemiology has resulted in diverse ambitions within East Africa. Countries, such as Zanzibar and Rwanda are aiming at elimination, yet for their neighbors, malaria elimination is currently not technically, operationally or financially feasible as they must sustain the path of scaling up for impact in order to reduce the disease from highly endemic levels to very low levels.

Value for money:

A "one size fits all" technical approach for malaria control is no longer the most efficient use of scarce resources provided for malaria control particularly when international funding is dwindling. It was understandable to address the epidemic during the late 1990s by a rapid escalation of malaria-specific development assistance – but is not sustainable, particularly as future funding for malaria remains uncertain. Global funding for malaria control is expected to remain significant, but fall short of the $5-6 billion needed annually to achieve global malaria targets. From the $2 billion peak in 2011, malaria funding decreased slightly in 2012 and 2013, and likely drop further to an annual US$ 1.5 billion by 2015. In this context it is vital both to maximize value for money – by more intelligent targeting of the most vulnerable populations – and to justify the health and economic benefits of sustaining control so that financial support is maintained.

Evidence based planning:

Evidence-led planning of malaria control can be used to maximize investments in order to accelerate and sustain countries' gains. Making country-level malaria policy, practice and resource allocation based more on evidence requires a transformational shift in the culture of decision-making. There is need to identify evidence gaps, analyze and use information for strategic planning and stronger systems for systematically collecting quality data. Malaria risk mapping and stratification can help targeting different epidemiological context with appropriate and technically sound malaria control strategies. Data on malaria transmission can also guide introduction of new strategies relevant to malaria epidemiology and transmission intensity. Additional layers of information on the mosquito, parasite and people's behavior, intervention coverage and quality of health services can also be used to define national malaria strategies and guide cost-effective allocation of health sector resources.

Regional Cooperation and Cross Border Malaria control:

As malaria programs develop comprehensive pictures of their epidemic, data sharing across East Africa will be valuable to respond to emerging opportunities and challenges within national boundaries and beyond. This includes the threat of drug and insecticide resistance. In recent decades the development of new antimalarial drugs made and kept effective treatment of malaria possible, even when parasite resistance to existing drugs emerged. Artemesinin-based Combination Therapies (ACTs) are currently effective medicines to treat malaria – but with no new effective drugs to replace ACTs, discovery of parasites resistant to Artemesinin in South East Asia is of particular concern. Meanwhile 45 countries have identified resistance to at least one of the four classes of insecticides used for malaria vector control; 27 of these are in sub-Saharan Africa. Better entomological data, resistance mapping and relevant vector behavior will need to be tracked across Africa and used to harmonize cross border strategies.

It with this context that EARN intends brought together ECC members, NMCP managers and the research community to discuss ways of improving the use of research evidence for malaria policies, allocated efficiencies, program prioritization and therefore value for money in a resource constrained environment. The meeting also discussed modalities of regional cooperation between NMCPs and research community. As the resources for malaria are decreasing, these approaches certainly will benefit all countries in the region irrespective of their current malaria control context and ambitions.

The RBM-EARN first quarter meeting 2013 that traditionally brings NMCP Program Managers convened in Bujumbura to review progress on the implementation of EARN Partnership Work Plan (PWP), identify bottlenecks faced by countries while implementing their malaria program and identify technical assistance needs. This year the research community from Eastern Africa joined the meeting to discuss

how to improve the use of research findings for malaria control prioritization in a resource constrained environment. For details see the concept note developed by research constituency in attachment. It is envisioned that a regional strategy for malaria knowledge and information platform should act as a catalyst for harmonization of evaluation, implementation, deployment, integration and monitoring of malaria interventions and management strategies in line with National, regional and global agenda exploiting the resources available within the region.

The key stakeholders for establishing the regional malaria knowledge and information platform will be research groups, National Malaria Control Programs (NMCPs), development partners, non-governmental organizations (NGOs) and collaborators in the region to optimize and maximize the gains that can be achieved with resources available in the region. The regional information platform will be hosted by the RBM-EARN secretariat in close collaboration with WHO-AFRO and the overall coordination of information collection and collation will be done by a selected steering committee selected annually during the RBM-EARN annual meetings with rotational chair and co-chair and steering committee members from various constituencies.

The meeting will also evaluate the degree of implementation of East African countries roadmaps towards the achievement of the RBM Global Malaria Action Plan (GMAP) and coordinate actions to support countries to address major bottlenecks through provision of quality technical support.
Kigali, Rwanda.

3. Attendance

- Chair: Dr. Corine Karema, Rwanda
- Endemic countries: Burundi, Comoros, Eritrea, Ethiopia, Rwanda, Somalia, Sudan, South Sudan, Tanzania, Uganda, Yemen,
- Northern NGO: Malaria Consortium
- Southern NGO: CAME
- Multilateral Development Partners: UNICEF and WHO;
- Private Sector: Vestergaard-Frandsen SA, and SANOFI
- Research and Academia: WWARN, Welcome Trust
- RBM Secretariat Geneva
- EARN Secretariat
- Absent with regrets:, Djibouti and Kenya

Day#01:

4. Day One Proceedings-15/04/2013:

Session 1: Official opening an meeting procedures

The meeting opening was presided by Honorable Dr. Sabine Ntakarutimana, Minister of Public Health and Fight against HIV/AIDS, representing the Government of the Republic of Burundi. The Honorable Minister was accompanied by Dr. Dionis Nizigiyimana, Permanent Secretary of the Ministry of Health and Fight against HIV/AIDS, Republic of Burundi and Dr. LIbori Ngirigi, Director General for Health Services and fight against HIV/AIDS, Republic of Burundi alongside

the World Health Organization (WHO) and UNICEF representatives to Burundi. The Minister after welcoming the participants and organizers to Burundi emphasized the importance of evidence for malaria control programming and having the research community helping the NMCPs to answer the major challenges of malaria control at the moment fact that would help to target interventions and achieve better value for money in malaria control in Eastern Africa. The Minister also appreciated the good work being done by the network in the fight against malaria in the region and stressed the importance of maintaining the gains made in malaria control in the last decade as well as the need to continue supporting countries during the processes of GFATM transition funding mechanisms applications.

The Minister before declaring the meeting officially opened reiterated that Burundi was honored to host the EARN ECC and NMCP managers meeting in Bujumbura and wished a successful discussion and fruitful deliberations and was looking forward to receive the main recommendation and action points from the meeting. The Minister was joined by the dignitaries and participants for a group photo. For details of the speech please refer to the annex#01.

Session 2: Country roadmap implementation: First quarter updates

- The meeting was called to order and chaired by Dr. Corine Karema who confirmed the presence of a Quorum for the meeting to proceed.
- Djibouti and Kenya were not able to attend the meeting due to conflicting priorities and excuses were presented to the EARN Secretariat
- The technical content of the meeting was started after the coffee break that followed the official opening by the Honourable Minister of health and the fight against AIDS, Burundi Hon. Dr. Sabine Ntakarutimana
- Meeting objectives, outputs presented by Dr. J. Da Silva, the EARN Coordinator
- Administrative arrangements and housekeeping issues were shared with participants by L. Mabonga

Burundi

- 15% IRS implementation gap for 8 provinces
- Inadequate HR (technical staff) e.g. pharmacists, epidemiologists/M&E etc.
- Lack of a LLIN distribution strategy
- Need to strengthen the malaria case referral system

Comoros

- Delayed GF funding disbursements with resultant implementation challenges
- Needs support from EARN to engage with GFATM and pre-empt ACTs stock outs in the country
- Need to strengthen surveillance activities

Ethiopia

- No gaps mentioned
- Insecticide resistance remains a challenge
- Ethiopia to hold a vector resistance monitoring conference
- Fund mobilization and sustainability is critical

Sudan

- LLINs gap of 4 million
- Larval source management gap of 2million
- IRS gap of 7million
- Pyrethroids insecticide resistance remains a challenge

South Sudan

- Delays in the NMCP staff recruitments process
- M&E gaps due to delays in GF disbursements
- IRS and IEC/BCC gaps due to lack of funds
- Health system components strengthening is very critical

Day#02:

5. **Day One Proceedings-16/04/2013:**

- Started with a recap of day#01

Eritrea

- No significant gaps presented
- Complacency in preventing malaria and early treatment
- M&E activities need boosting
- TA needs for 2013 presented (MPR phase 3)

Somalia

- Had positive variances for ACT, IRS (expected to be used in the current epidemic)
- Require more funds for IEC/BCC
- High HR turnover
- Lack an EPR plan
- Need to conduct a gap analysis

Tanzania

- PSM bottlenecks with resultant stock outs
- Currently experiencing RDTs stock outs
- 9 regions not covered by IEC/BCC due to GF RCC funding delays
- QA of malaria diagnosis both microscopy and RDTs
- TA request for the development of the MMTSP 2013/2020

Uganda

- LLINs distribution delays due to challenges around funding modalities
- ACTs gap of 61.6%
- MIS postponed to 2014
- HR shortage within the program
- Need for TA for IEC/BCC , development of IVM strategy and MTR of the strategic plan

Yemen

- LLIN gap to cater for universal coverage
- TA to strengthen the surveillance system and to draw the malaria risk map, MPR

Rwanda

- Noted increase in malaria cases
- LLIN gap to be finalized prior to additional procurement
- Need TA for MSP costing
- Cross border collaboration

Session 3: Update on country gap analyses

- 3.8bnUSD: as a region for after 2013
- Eastern Africa 2013-2015 900 million gap
- Gap analysis and roadmap data should be consistence
- Gap analyses guide donor resource distribution
- Burundi, Rwanda, Tanzania, and Yemen to be targeted soon
- Last quarter of 2013 to be used to equip countries in time for the new funding modalities

Session 4: Research & academia constituency session

- Introduction to the dialogue NMCPs and Research community in Eastern Africa
- Need to improve collaboration between NMCPs and researchers
- NMCPs to explore developing data sharing agreements with researchers and to own their data
- WWARN showed a good example of data sharing
- Need for political commitment in order to have cross border collaboration

Day#03: 17/04/2013

- Day two Proceedings recap
- Started with a recap of day#02
- MMV showcased the Antimalarial R&D pipeline and the process of identifying and moving levers of acceptance and uptake of recommended QA-pACTs
- NMCPs tasked with using in-country research community to generate evidence for overcoming barriers to adoption of recommended pACTs

Country cross border collaboration

- The impact of the "Sudan-Egypt cross border collaboration" experience was shared
- Reduced imported malaria cases in Egypt and reduced local transmission in North Sudan
- Expansion of project to other areas of Sudan using the resources generated by the project
- Impact of the "Yemen-Saudi Arabia-Oman" cross border collaboration experience shared with resultant move to creation of malaria free areas
- Increased political commitment
- Increased private sector & local NGO involvement

Programs & Research

- NMCPs should pay attention to their epidemiological contexts before channelling interventions
- Research needs for the countries mentioned
- Call to organize a sub-regional meeting of NMCPs and researchers to agree priorities

Action points

- EARN to track GF funding disbursements to Comoros
- EARN to provide TA to complete the South Sudan country gap analysis
- South Sudan to submit NSP TA request to EARN
- Countries to map insecticide resistance
- Documentation of Insecticide resistance management lessons learned
- EARN ECC to review and update progress with 2012 TA requests from the countries
- EARN secretariat to consolidate country TA requests for 2013
- Countries to finalize and upload their road map
- How best can we share and use the country best practices?
- List of research needs from the meeting to be finalized by the research & academia constituency
- List will be part of the meeting report and the prioritized in collaboration with the NMCPs
- Annex#02 includes the descriptive report and recommendation generated derived through the discussions between NMCPs and Research community in Eastern Africa.

Session 5: Closing

Dr. James Banda and Dr. Corine Karema congratulated the meeting participants, declaring how good and highly productive it had been. They individually expressed their gratitude and appreciation to the meeting organizers and all participants for their enthusiastic participation which had thus led to the meeting's great success.

Burundi was thanked for hosting the meeting, and making delegates feel at home. The RBM secretariat was congratulated for the great organization and execution of all activities and for an excellent meeting. Countries were reminded to continue in the same Great Spirit to achieve the goals of their roadmaps whilst strengthening partnerships with research community to continue to impact on the fight against malaria. They were also reminded to work on their GAP analyses. The meeting was then officially closed.

Output #2: Funds disbursed to countries and utilized by countries in a timely and effective manner in accordance with the agreed milestones

Rating: **Fully Achived**

Activities:

- Support partners at country level to perform joint review of the implementation of the roadmaps
- identify bottlenecks impeding progress and adopt corrective measures including requesting support from EARN in a timely manner
- Provide early warning and TA to solve bottlenecks encountered during grant implementation
- EARN contributes to the successful implementation of the "three ones" at country level as well as coordination of Eastern Africa malaria endemic countries representation on the RBM Board
- Report back on implementation of the 2013 PWP approved by the November 2012 RBM Board Meeting in Dakar
- Highlights of the achievements and constraints faced during the implementation of its main outputs and activities
- Facilitate the coordination of TA by partners at sub-regional level to promote effectiveness, efficiency and timeliness in responding to country needs
- Support the adoption of best practice to minimise bottlenecks in the implementation of country malaria roadmaps and other grants
- An overview of the GFATM grants of the EARN countries indicates a gap of 308 million LLIN, 518 million RDTs and 559 million Acts to achieve and sustain universal coverage and maintain the gains made in malaria control as well as to provide the essential services to countries
- There is a need for a comprehensive gap analysis and to consider alternative sources of funding including domestic funding.

Output#5: Country plans (strategic, operational and workplans) aligned with the Objectives, Targets of GMAP.

Rating: **Partially Achived**

Activities:

- Support Malaria Program Reviews and Development of National Malaria Strategic Plans in North Sudan, Eritrea, Somalia, Eritrea, Somalia and Yemen
- Sudan and Eritrea are still to conclude their MPRs, Somalia just started preparing to conduct their MPRs
- Facilitate peer review of country malaria control plans and exchange of best practice, sharing of consensus statements and RBM board directives to improve achievements of RBM goals and targets
- Facilitate the harmonization of TA support to countries with the HWG

Output#21: Effective governance of RBM Partnership implemented

Rating: **Fully Achived**

Activities :

- Staff Salaries (Coordinator and Finance and Admin Officer)
- Hosting arrangements and hosting agreement
- Hosting fees
- Staff Travel

Output#22: Executive direction and efficient and effective financial and administrative management implemented

Rating: **Fully Achived**

Activities:

- Travel of the Coordinator to annual planning meeting

5.1 Workplan Implementation Narrative by output and activity:

Activities:

- Tanzania and Burundi received support to negotiate for the phase-2 of their global fund grants that were successfully submitted to the GFATM
- Sudan, South Sudan and Eritrea were supported in the conducted their malaria program reviews (MPRs)
- Djibouti finalized its MPR and the National Strategic plan
- All MPRs were conducted in closer collaboration with WHO AFRO and EMRO after signing MoU with the WHO country representatives
- Comoros supported to resolve issues related to phase-2 signing
- Missions to Kenya and Somalia to support the in-country partnership
- Regular monthly teleconferences took place with NMCPs and in-country partners to identify constraints in malaria control implementation and propose their solutions

EARN ECC Meeting

Attendance

- Chair: Dr. Corine Karema, NMCP Rwanda
- Endemic countries: Comoros, Rwanda, Sudan and Tanzania
- Northern NGO: Malaria Consortium
- Southern NGOs: CAME
- Multilateral Development Partners: UNICEF and WHO;
- Private Sector: Vestergaard-Frandsen SA, SANOFI
- Research and Academia: WWARN
- RBM Secretariat Geneva
- EARN Secretariat
- Absences with regrets: Kenya and KENAAM

Agenda

1. Opening remark and welcome of the new ECC members
2. Overview of the 2013 EARN first quarter Work plan implementation
3. Briefing of the constituencies
4. Eastern Africa Representation to the RBM board
5. AOB

Min#1: welcoming remarks by the co-chairs

The chair started by asking the members present on whether they constituted a quorum, out of the 11 members who 10 were present and the quorum was met as per the constitution. The chair asked the members to do self-introduction.

The co-chair invited Dr. Banda to welcome both the old and new members of the ECC. He further welcomed new members for accepting to be member. The chair further thanked the secretariat for successfully organizing the 12th General assembly.

Previous minutes

- Dr. Agonafer was present (not absent)
- Paluku should be WHO-IST (not AFRO)
- Deliberations - Minute 3 last bullet point – PMI/DFID to join new constituency within ECC. Bilateral constituency exists.
- Action # 1: Country PMI participation in each EARN meeting to be ensured in the next meetings
- Action # 2: At the next AGM invite bi-laterals to identify one representative for bilateral constituency
- Among the Bilaterals PMI was present in the meeting in Entebbe and we expect DFID to join
- Adoption: vote by Talisuna and Seconded by Khalid

Min#2: Briefing from Constituencies

- Endemic constituencies highlighted the need to continue to support the MPR and NMSPs development
- Need to improve data reporting from countries to populate the roadmaps on time
- Not all malaria cases in the region are confirmed through biological diagnosis with direct consequences on quality malaria surveillance
- Countries are encouraged to implement the T3 WHO strategies to overcome some of the challenges posed lack of complete parasitological diagnosis
- Establishment of a regional platform to operationalize GPARC and GPIRM and other relevant evidence with implications in malaria control programming as operationalization of the Bujumbura meeting between NMCPs and Research community
- Sustainability of malaria control financing continues to be a challenge

- Other constituencies reiterated their support to the upcoming annual meeting in Khatoum, September, 2013.
- EARN PWP implementation progress appreciated and the secretariat instructed to develop an in-country partnership review and support mission to start in June.
- Next ECC meeting to take place in July, Nairobi

ACTION POINTS:
EARN secretariat to engage with countries to plan for the in-country missions and draft plan circulate to countries during the month of May

Challenges and Constraints

- Difficulties in engaging with EAC and IGAD that would be essential for regional harmonization of malaria control interventions including cross-border control

Discussions and concluding remarks Concluding remarks

- Continue to support Sudan, Eritrea, Somalia and Yemen to conclude their MPR
- The Chair closed the session thanking the participants for the rich dialogue and reiterated the key take-home messages: Share best practices across countries and peer exchange among EARN countries, engage with in country research community, commitment at country level and leadership in continuing using the power of strategic plans, roadmaps and gap analysis to pursue successful financing and implementation of malaria control in Eastern Africa
- The Chair stressed on the total commitment of EARN to support countries to solve bottlenecks hindering malaria implementation in countries, provide sound technical support as well as assist on resource mobilization to sustain the gains made during the last decade.
- Need to get the perspective of countries what they key issues are including the different aspects of collaboration with research and cross border initiatives
- What kind of evidence will be needed for the region and then WHO could discuss how best to fit into these areas
- The research community to follow up on operationalization of deliberations from the interaction and dialogue with research community
- Disseminate the meeting report to managers and RBM partners for comments and buy in.

ANNEX#01: DISCOURS D'OUVERTURE DE LA TRIMESTRISTRIELLE ELARGEI DU COMITE DE COORDINATION DU RESEAU AFRIQUE DE L'EST DE FAIRE RECULER LE PALUDISME DU 15 AU 19 AVRIL 2013.

Bujumbura, Hotel Club du Lac Tanganyika, 15 avril 2015

Monsieur le Représentant de l'OMS,
Monsieur le Représentant de l'UNICEF,
Monsieur le Représentant de l'USAID,
Mr le délégué du Secrétariat du Partenariat RBM à Genève
Monsieur le coordinateur du Réseau Faire Reculer le Paludisme en Afrique de l'Est,
Mesdames, Messieurs les coordonnateurs des programmes de lutte contre le paludisme dans les pays de l'Afrique de l'Est,
Chers partenaires de la lutte contre le paludisme au Burundi

Permettez-moi de prime à bord de m'acquitter de mon devoir de vous souhaiter la bienvenue au Burundi et dans sa capitale, Bujumbura. Profitez de votre ici séjour pour joindre l'utile à l'agréable, si bien entendu votre agenda le permet, pour découvrir l'hospitalité légendaire des Burundais et burundaises, la beauté de notre environnement géophysique et pourquoi pas de contempler les quelques attractions touristiques qui nous entourent.
Le Gouvernement du Burundi, à travers le MSPLS voudrait remercier sincèrement les organisateurs de cet évènement d'avoir choisi le Burundi pour abriter la réunion élargie du comité de coordination du réseau d'Afrique de l'Est pour Faire reculer le Paludisme. Ce choix est sans nul doute un signal fort d'un retour à la paix et un encouragement renouvelé au soutien de la lutte contre le paludisme au Burundi.

Mesdames, Messieurs les partenaires,
Distingués invités,

L'environnement actuel de la lutte antipaludique au niveau national et sous régional est tel que, la prise en compte de certains facteurs dans les stratégies de lutte est devenu un impératif, notamment les effets de la perméabilité des frontières, la croissance démographique, les migrations, l'urbanisation, les situations d'urgence humanitaires complexes, les déplacements des vecteurs du paludisme, sans oublier les conséquences politiques et géographiques de changements climatiques.
Le contexte actuel de crise financière mondiale attire notre attention sur l'impérieuse nécessité de l'efficience, de transparence et de recevabilité dans la gestion technique, managériale et financière de programmes nationaux de lutte contre le paludisme. Alors que 2 milliards de dollars américains ont été mobilisés en 2011 pour la lutte contre le paludisme au niveau mondial, le financement de la lutte anti paludique a légèrement diminué en 2012 et 2013 et une réduction annuelle de 1.5 milliards USD est encore attendu jusqu'en 2015. La faiblesse des systèmes de santé dans la plupart des pays de la sous-région est un handicap évident à la mise en œuvre des interventions techniques de lutte contre le paludisme et d'autres maladies, raison pour laquelle une synergie d'action s'impose à travers une

collaboration et intégration avec les autres programmes tel que le PEV, le programme de santé de la reproduction, la prise en charge intégrée des maladies de l'enfant, etc. Ces derniers temps, le développement et la propagation de la résistance des parasites aux antipaludiques et des vecteurs du paludisme aux insecticides constituent un défis majeur qui risque d'annihiler les efforts de prévention et de gestion des cas de paludisme, si des mesures urgentes et adaptées à chacun de nos pays et ne sont pas prises.

Au Burundi, le paludisme demeure un problème majeur de santé publique et compte parmi les principales priorités nationales en matière de santé puisque cette maladie compte pour 50% des consultations, 45% des hospitalisations en 2012
Ces dernières années, d'importants efforts et progrès ont été enregistrés dans le cadre du contrôle du paludisme. En effet, trois campagnes successives de distribution de masse des moustiquaires imprégnées d'insecticides pour la couverture universelle ont été organisées entre 2009 et 2011 et le pays s'apprête à faire une campagne de renouvellement en 2014. Les résultats atteints montrent que dans les ménages ayant une moustiquaire, 78% des enfants de moins de cinq et 88% des femmes enceintes les utilisent pour se protéger contre le paludisme selon le rapport sur l'enquête les indicateurs du paludisme de 2012. Depuis la mise à échelle des tests de diagnostic rapide, la confirmation des cas avant traitement est passée de 45% à plus de 80% entre 2010 et 2012.

Toutes ces interventions ont conduit à un impact significatif démontré à travers une réduction drastique des cas de plus de 22% des décès liés au paludisme de plus de 10% entre 2010 et 2012.

Mesdames, Messieurs les partenaires,
Distingués invités,

Parmi les facteurs de succès du Burundi, nous pouvons signaler un engagement politique au plus haut niveau. A ce titre, je suis heureuse d'indiquer que la mesure présidentielle de rendre totalement subventionnés les soins aux enfants de moins de ans et aux soins liés à l'accouchement est appliqué depuis 20016. De plus, le traitement du paludisme simple est gratuit pour toute la population depuis 2009 et nous nous apprêtons aussi à rendre gratuit le diagnostic biologique par sa mise à échelle préconisé dans les nouvelles directive de traitement du paludisme en cours de dissémination. Depuis les trois dernières années, le chef de l'Etat en personne a été régulièrement présent aux cérémonies de commémoration de la Journée mondiale de Lutte contre le paludisme. Cette bonne volonté politique et réalisations du Burundi ont valu au Président de la République du Burundi, S E Pierrre Nkurunziza un prix d'excellence 2012 décerné par African Leaders Malaria Alliance (ALMA) pour le leadership dans la lutte contre la malaria en Afrique. Je saisis cette opportunité pour féliciter et encourager les 3 pays de la sous-région qui figurent parmi les 13 pays ayant obtenu le prix ALMA 2013 à savoir le Rwanda, le Kenya et l'Ouganda. Une mention particulière va au Rwanda qui a obtenu les deux catégories de prix d'excellence en l'occurrence la catégorie « politiques » et la catégorie « impact et mise en œuvre »

Le partenariat agissant dans la lutte contre le paludisme au Burundi est une réalité comme en témoigne l'implication de tous les partenaires à tout le processus de planification, de mise en œuvre et de suivi évaluation des activités de lutte contre le paludisme. Un témoignage éloquent est l'exercice de la revue de la performance de programme national de lutte contre le paludisme au Burundi sous la guidance technique de l'OMS et qui a abouti à la signature d'un aide-mémoire en octobre 2011, gage d'un engagement des partenaires au soutien du plan stratégique subséquent. Je salue encore une fois le partenariat national, le partenariat régional, le partenariat mondial de Faire reculer le paludisme et ce à travers cette sagesse africaine qui dit « if you want to fast, go alone ; if you want to go far, go with others », autrement dit « si vous voulez aller rapidement, vous y allez seul, mais si voulez aller plus loin, allez-y avec les autres. C'est simplement dire que si les PNLP veulent atteindre des résultats et impacts durables, ils ont l'obligation d'associer tous les partenaires

Le même processus participatif de la revue de programme est utilisé en ce moment pour l'élaboration d'un nouveau plan stratégique de lutte contre le paludisme de 3ème génération qui prend en compte les défis, faiblesses et leçons apprises du passé aussi bien au niveau national que régional et mondial afin d'aligner nos stratégies à la vision actuelle de contrôle/pré élimination

Mesdames, Messieurs les partenaires,
Distingués invités,

Cette réunion intervient à la veille de la célébration de la journée mondiale de lutte contre le paludisme ayant comme thème « investir dans le future, vaincre le paludisme » lequel va nous guider tout au long de la période 2013-2015. Elle coïncide avec le début de la campagne « 1000 jours » pour l'atteinte des OMD. Nous sommes donc à la croisée des chemins et chaque responsable de programme paludisme ici présent doit répondre à la question ci-après : « quel est le niveau d'atteinte des cibles des OMD relatifs au paludisme ? » , « quelles stratégies et interventions à mettre en œuvre pour accélérer l'évolution vers l'atteinte des OMD pendant les 1000 jours qui nous séparent de l'échéance butoir ?», « quels sont les goulots d'étranglements à lever ? », sera-il possible d'atteindre « zéro décès lié au paludisme en 2015 » , etc, autant de questions et réflexions qui guideront vos discussions au cours des 3 jours de l'atelier.

J'ai indiqué précédemment que le chemin vers le contrôle ou l'élimination du paludisme est parsemé de beaucoup de défis. Alors que très peu de pays sont très avancés vers les niveaux de pré élimination, la majorité d'entre nous sommes encore classés dans les « hight burden malaria endemic countries » où l'accent doit être mis sur la mise à échelle des interventions. De plus, les progrès et efforts en matière de lutte contre le paludisme sont très fragiles si des efforts et ressources additionnelles ne sont pas mobilisés pour maintenir les acquis.
Au cours de cette réunion qui regroupe les membres du comité de coordination, les responsables des programmes nationaux de lutte contre le paludisme des 11 pays de la sous-région et la communauté de chercheurs, vous discuterez des voies pour améliorer l'utilisation de l'évidence basée sur la recherche pour orienter les politiques et priorisation dans un contexte de contraintes en ressources. Vos échanges se focaliseront notamment sur les

objectifs ci-après:

- échanger les idées sur l'alignement des résultats de la recherche avec les besoins des PNLP dans la génération de l'évidence en Afrique de l'Est
- lancer une plateforme de coopération régionale parmi les PNLP, la communauté de recherche et l'OMS en vue de générer les connaissances sur la lutte contre le paludisme dans la sous-région ;
- évaluer la performance dans la mise en œuvre du plan de travail 2012-2013
- identifier les goulots d'étranglement et proposer les solutions en vue d'accélérer la mise en œuvre des activités des pays d'Afrique de l'Est dans le cadre du Plan d'Action Mondial de lutte contre le paludisme

Je ne doute pas qu'avec la diversité d'expertise et la diversité de partenaires représentés (institutions de recherche, partenaires au développement) seront capitalisées pour atteindre les objectifs et résultats attendus de cette réunion. Je souhaite un plein succès à cette réunion élargie du comité de coordination du Réseau Est africain de Faire reculer le Paludisme
Vive la coopération dans la lutte contre le paludisme en Afrique de l'Est et la solidarité internationale !
Vive la santé pour tous !
Nous vous remercions.

ANNEX#02: REPORT RBM-EARNCONSULATION ON THE BUSINESS CASE FOR A REGIONAL STRATEGY FOR KNOWLEDGE AND INFORMATION MANAGEMENT TO SUPPORT BETTER MALARIA PROGRAMMING IN EASTERN AFRICA

Executive summary

The scale-up of malaria interventions during the last decade has contributed to a broader shift in malaria epidemiology and transmission intensity across Eastern Africa. Countries, such as Zanzibar, Ethiopia and Rwanda, have seen big reductions in malaria, but the disease remains stubbornly high in parts of Kenya, Tanzania main land and Uganda. The changing epidemiology of malaria in the region has resulted in diverse ambitions within East Africa. Countries such as Zanzibar and Rwanda are aiming at elimination, yet for their neighbours, malaria elimination is currently not technically, operationally or financially feasible as they must sustain the path of scaling up for impact in order to reduce the disease burden from high to low levels.

It with this context that RBM-EARN in collaboration with the UK's Department for International Development (DFID) and the World Health Organization regional office for Africa (WHO-AFRO) brought together, in April 2013, national malaria control (NMCP) programme managers and the key researcher groups from the 12 RBM-EARN member countries to discuss ways of improving the use of research evidence for malaria policies and program prioritization and therefore improve value for money in a resource constrained environment. The meeting also discussed modalities for regional cooperation between NMCPs and the research community.

The meeting was unanimous that there is a strong justification for a regional strategy for information and knowledge management. Further, the meeting emphasized the need to learn from existing data repositories such as the Worldwide Antimalarial Network (WWARN) and the falciparum malaria parasite prevalence repositories. In addition, it was agreed that from the outset, there must be clear rules for data ownership, data sharing and publication policies and that the data repositories should be owned by country ministries of health.

For the regional strategy to succeed and be sustainable, there will be a need for better in-country partnerships between researchers/academia and NMCPs within the existing RBM partnerships. While the meeting recognized the importance of cross border malaria initiatives, it also noted that such initiatives require very good political commitment. A long list of priority evidence/information needs was identified. However, further prioritization will be conducted through a rapid survey among the broader RBM partnership in countries.

The priorities on the long list include: Better epidemiological contextualization to better target interventions; better understanding of the patterns of malaria transmission across borders in relation to inland; malaria impact assessments and evaluations; measuring the economic burden of malaria, better documentation of the availability of insecticide treated nets in relation to use; insecticide and drug resistance profiles; better evidence on the durability of insecticide treated nets in different contexts; evidence of the impact of vector interventions on the vector biting patterns; better evidence on the quality of malaria case management (uncomplicated and severe malaria); better evidence to interpret the observed trends in the

malaria caseloads in health facilities; better malaria risk maps with layering of populations and service availability; better evidence for the additional benefit of using both IRS and insecticide treated nets especially after achieving universal coverage with ITNs and better maps for the distribution of vectors and their behaviors.

1.0 Background

1.1 Context, rationale and value for money

As the resource landscape for malaria changes, there will be a need for malaria endemic countries irrespective of their current malaria control context and ambitions to improve their malaria programming. A "one size fits all" technical approach for malaria control is no longer the most efficient use of funding. While such as an approach was understandable to address the malaria "epidemic" during the late 1990s, it is likely not sustainable, particularly as future funding for malaria remains uncertain and other threats such as drug and insecticide resistance become real. Global funding for malaria control is expected to remain significant, but is likely to fall short of the $5-6 billion needed annually to achieve global malaria targets. From the $2 billion peak in 2011, malaria funding will slightly decrease in 2013 and 2014, and will likely drop further to an annual US$ 1.5 billion by 2015.

In this context it is vital both to maximize value for money – by more intelligent targeting to justify the health and economic benefits of sustaining control so that financial support is maintained. Evidence-led planning of malaria control can be used to maximize investments in order to accelerate and sustain countries' gains. Making country-level malaria policy, practice and resource allocation based more on evidence requires a transformational shift in the culture of decision-making. There is a need to identify evidence gaps, analyze and use information for strategic planning and stronger systems for systematically collecting quality data. Malaria risk mapping and stratification can help targeting different epidemiological context with appropriate and technically sound malaria control strategies.

Data on malaria transmission can also guide introduction of new strategies relevant to malaria epidemiology and transmission intensity. Additional layers of information on the mosquito, parasite and people's behaviour, intervention coverage and quality of health services can also be used to define national malaria strategies and guide cost-effective allocation of health sector resources.

1.2 The business case for a regional strategy

As malaria programs develop comprehensive pictures of their control efforts, data sharing across Eastern Africa will be valuable to respond to emerging opportunities and challenges within national boundaries and beyond. This includes the threat of drug and insecticide resistance. Thanks to the Medicines for Malaria Venture, in recent decades the development of new antimalarial drugs has kept effective treatment of malaria possible, even when parasite resistance to existing drugs emerged.

Artemesinin-based Combination Therapies (ACTs) are currently the only effective medicines to

treat non complicated malaria – but with no new effective drugs to replace ACTs, discovery of parasites resistant to the Artemesinin class of drugs in South East Asia is of particular concern. Meanwhile 45 countries have identified resistance to at least one of the four classes of insecticides used for malaria vector control, 27 of these are in sub-Saharan Africa.

Better entomological data, drug and insecticide resistance mapping and relevant vector behaviour will need to be tracked across Africa and used to harmonize cross border strategies. It within this context and background that RBM-EARN in collaboration with UK's DFID, and the WHO convened a meeting for NMCP managers and key research groups to share ideas on how to align research outputs in Eastern Africa with the evidence needs of national malaria control programs.

The meeting was a consultation on what is required to improve regional cooperation among NMCPs, the research community and WHO that will produce valuable knowledge to malaria control in Eastern Africa. It is envisioned that a regional strategy for malaria knowledge and information management will act as a catalyst for evidence-led implementation and deployment of interventions, better monitoring of programme implementation, harmonization of impact evaluations, harmonization of risk mitigation and management strategies in line with national, regional and the global agenda, as well as better use of the available resources and expertise to optimize and maximize the gains that can be achieved with the resources available in the region. The key stakeholders for the regional malaria knowledge and information management strategy will be, NMCPs, research groups, development partners, non-governmental organizations (NGOs), other networks and collaborators in the region.

2.0 MEETING GOALS, OBJECTIVES AND OUTPUTS

2.1 Goal

To agree on the modalities to establish a regional malaria knowledge and information management strategy to guide impact analysis and future control/elimination planning in Eastern Africa and to share ideas on how to align research outputs with the evidence needs of NMCPs.

2.2 Specific objectives

1. To agree on the modalities and timelines to develop a regional strategy for:
a. Understanding the epidemiology of malaria to guide impact analysis and future control or elimination planning in the region.
b. Mapping and tracking resistance to antimalarial drugs and resistance of the mosquitoes to insecticides.
2. To agree on a clear regional framework for governance and advocacy for the regional knowledge management and support strategy that will facilitate well informed multi-year strategies.
3. To identify potential available resources (human and financial) and critical gaps to support the region-wide activities.

2.4 Expected outputs:

1. Agree on the modalities and set concrete timelines to develop a regional strategy for:
a. Understanding the epidemiology of malaria to guide impact analysis and future control or elimination planning
b. Mapping and tracking resistance to antimalarial drugs and resistance of the mosquitoes to insecticides
2. A clear framework for governance and advocacy for the regional knowledge and information management strategy that will facilitate well informed multi-year strategies established
3. Potential resources (human and financial) to support region-wide activities identified

3.0 MEETING PROCEEDINGS, OUTPUTS AND RECOMMENDATIONS

The meeting utilized plenary presentations on critical areas, followed by interactive discussions to identify problems and gaps and gain consensus.

3.1 SESSION 1: Setting the stage for a regional knowledge and information management strategy to support better programming. During this session the chair persons gave a brief overview of the session's aims, basically highlighting the importance of bridging research findings with their potential significance with implementation in the field. This session aimed to provide the response to the question–What is the evidence required by NMCPs?

This was followed by a plenary presentation that provided the context and rationale, value for money, the role of evidence based planning, regional cooperation and cross border malaria control. Participants were reminded of the need for collective action in aligning research outputs with the evidence based needs of NMCPs so as to better target interventions. Broad objectives and expected outputs were also shared.

Further, the session highlighted the need for data driven evidence to track progress and trends in malaria related morbidity and mortality as well as the changes in time and space for the coverage of interventions. The second plenary presentation was about the WHO-AFRO program for strengthening the use and availability of data and information for evidence based decision making in the African region.

The African health observatory (AHO) that aims to make information readily available was presented. The AHO is hosted by WHO AFRO and can be assessed at http://aho.afro.who.int. The AHO serves as a data repository for the African sub-region and includes data for multiple diseases including: malaria, TB, HIV/AIDs, non-communicable diseases-NCDs and several other diseases. The AHO data are reviewed at multiple levels for quality checks before inclusion into the repository. The general approach is that the data are managed centrally at WHO and made available to country ministries of Health, NMCPs and other key partners. Also presented was the Real-time strategic information system for disease prevention and control (rSiS). The rSIS was developed by the disease prevention and control cluster of WHO with the goal of creating

smart decisions and better presentation of results. By and large AHO and RSIS are data management programmes to facilitate better decision making and operational problem solving.

Key issues from the session discussions

The following issues were raised in the plenary discussion: How is equity addressed in the WHO database? What would happen in the future when the new version of the database is introduced especially with respect to linkages with other systems already operational in-country and developed by other partners in terms of harmonization, fitting into "one system? WHO clarified that the AHO is an internal WHO AFRO system for its consumption as the existing information systems were not robust enough to help address the need. Participants expressed some concerns because the role of the countries/ NMCPs was not very clear with respect to this database system.

Further concerns were related to data quality as well as the business case for the rSiS because it was not clear why WHO AFRO was developing this as a regional data platform. In addition, participants also noted that the annual WMR always has missing data on malaria outcomes and wanted to know how AHO would work with EARN to help remove the column "insufficient data to show trend".

Finally, it was noted that the current data situation was generally viewed as "a glass half full" given the current achievements and attempts to collate and combine data from different sources will be required. It was generally noted that this was a tremendous improvement from the past years. Another concern raised was the multiple data requests/requisition to countries. It was agreed that this should be discussed with countries to improve the handling of these multiple requests. Given that there are multiple and similar datasets and repositories, it will be challenging to determine which of these multiple sources would be used as a reference source.

SESSION 2: Data requirements and data sharing to understand the epidemiology of malaria to guide impact analysis and future control/elimination planning in the region based on historical and contemporary data

During this session the meeting was presented with examples of how data can be utilized across countries to report on disease morbidity and intervention coverage in time and space. The meeting was informed that for outputs to be achieved, data need to be made available readily to NMCPs. It was noted that the region probably needed these data as early as 1999. The general consensus was that data needs remain critical even currently.

During the discussions that following the critical issues that need to be resolved from the outset were identified, including: The concern that researchers sometimes refuse to share data with NMCPs and they issue of trust that have to be addressed; the need for better communication between in-country research groups and NMCPs and getting solutions to this potential limitation early; including the need to have all research sanctioned by the MOHs, as well as the on-going need to ensure that data sharing agreements are signed; National ownership of the data and the ability to analyze the country data and greater interaction with national partners;

The importance of regional data analysis and reviews to guide regional decision making; Taking into consideration the different country experiences on how best to share data. For example countries like Tanzania reported good previous experiences, while Somalia and Rwanda reported some negative experiences.

SESSION 3. The value of data repositories: Lessons from the Worldwide Antimalarial Network (WWARN) in confronting the threat of antimalarial drug resistance

During his session WWARN shared their experiences in trying to address the threat of Artemisinin resistances that has been reported in parts of SE Asia. Using multiple data sources WWARN has standardized data with the aim of having better intelligence to detect and prevent the potential spread of Artemisinin resistance. WWARN has since received significant amounts of data and is now able to demonstrate the power of data sharing in being able to pick up even early trends that may be arising.

Different study groups have been formed to work on different thematic areas including: the ACT Africa early parasitological response study group, the ACT dose impact pooled analysis, the Artemisinin parasite clearance pooled analysis and parasite clearance estimator and management of Artemisinin resistance. Results of some of the analyses were presented that demonstrated the high cure rates with DHA/PQ and the particularly better results seen with fixed dose AQAS combinations. For the parasite clearance analysis it was noted that more frequent parasite sampling is needed in areas with no resistance to be able to pick up any signs of resistance/delayed parasite clearance whereas less frequent sampling should suffice in areas with established resistance.

Issues arising from the discussion: Participants noted that the WWARN model demonstrates that there is hope for data sharing initiatives and suggested that the regional strategy draws some lessons from the success of WWARN with respect to data sharing agreements -DTAs, trust building, publication policies.

Session 4. Cross border malaria control (CBMC): planning and implementation

During this session the generic activities for typical cross border collaboration were presented and what considerations should be taken into account for the different phases of malaria elimination. The different points at which cross border activities are to be implemented were considered. Key strategies for cross border malaria control were shared especially the cross border initiatives like harmonization of policies, utilization of preventive interventions like LLINs, and treatment protocols.

Critical requirements for CBMC in particular an enabling environment and the challenges that might be encountered were reviewed. The overarching goal of coordinated efforts was also highlighted. Country experiences from Sudan and Yemen were shared. In the Sudan, there a long history of cross border collaboration with Egypt. First malaria control work in Sudan initiated in 1904. 1970 malaria control collaboration was signed between the two countries

called the Gambia project – in reference to anopheles gambiae. With the main aim of eliminating malaria from Egypt and eliminate transmission of malaria across the border from North Sudan.

The main interventions are: Extensive IRS using DDT then Pyrethroids, spraying all transport means, Larval Source management (LSM), LLINS, improvements in access to diagnostics and treatment of cases, annual vector and parasitological surveys, trends in case loads and entomological surveillance, training of malaria staff in both countries, Supporting and strengthening programme capacity, annual planning, review and coordination meetings, joint implementation, supervision and collaboration. This cross border collaboration has haved impact because Egypt and North Sudan are almost free of malaria.

The project expanded to two additional states in Sudan. The YEMEN – SAUDI ARABIA collaboration started in 2004 – North of Yemen and South of Saudi- Arabia areas of high burden malaria. In 2011 the two parties met and agreed on the target areas, GIS updates and epidemiological data. Implementation of vector control measures by each country was initially done independently. In 2003 and 2004, joint activities started with joint vector control and joint supervisions and training were initiated.

This cross border initiative shifted to become a Regional initiative to make the Arabian Peninsula free form malaria in Feb 2006. In 2007 implementation of the biggest campaigns in Yemen with support from Saudi Arabia – increased coverage from 16,000 houses in the border areas to cover 74,000 in 3 governorates. This collaboration lasted till 2010 when a war broke out and the security situation hindered further progress. However significant support provided by Saudi Arabia including donations of cars, microscopes led to impact-SPR decreased from 13% in 2002 to 4.5% in 2009. Multiple infrastructure improvements with several malaria centers established

Issues arising from the discussion: The Sudan-Egypt and Yemen and Saudi Arabia CBMC offers several lessons for RBM-EARN. There is a need institute a system to deal with receptivity which requires robust surveillance. In addition, political commitment is paramount in achieving CBMC. CBMC requires strong political commitment and joint annual planning with joint supervisions and coordinated work plans. In Eastern Africa there will be a need for government commitment and funding.

Session V. The MMV workshop on barriers to access to paediatric formulations

In this session MMV presented the finding of a study in 6 Franco phone countries on the barriers to access to paediatric formulations. The barriers have been categorized into: 1)Availability of the evidence to support the paediatric products; 2) policy adoption and uptake, 3) procurement supply chain management, 4) legal and regulatory framework, 5) availability of financing (domestic and international), 6) health system barriers, and 7) awareness and demand by providers and consumers.
After the MMV presentation there was a panel discussion by NMCP managers that raised

several issues including the need to take into consideration other barriers such as local pharmaceutical company capacity. It was agreed that MMV should organize separate meetings with key stakeholders at country level to fully under all the barriers as some barriers are country specific.

Conclusions and Way forward

The meeting resolved that there is a strong justification for a regional strategy for information and knowledge management. However the business case needs to be clearly articulated, including: value for money, threats like insecticide and drug resistance. Further, there is a need to draw lessons from existing repositories such as WWARN and the falciparum parasite prevalence repositories. From the outset, there must be clear rules for data ownership, data sharing, and data access as well as publication policies.

The data repositories should be owned by country ministries of health and there should be better in-country partnerships between researchers/academia and NMCPs within the existing RBM forum. The meeting resolved to start small and scale up drawing on the lessons learnt. Cross border malaria initiatives should be initiated, but they will require good political commitment. As a next step, for the development of the strategy, the region should get a clear perspective of what the country needs are in terms of information and evidence, including the different aspects of collaboration and cross border initiatives.

The meeting proposed a long list of the priority information requirements that will be further re-prioritized using a structured survey among all country stakeholders and they include:

1. Program management

Research institutes should support NMCPs to compile and archive in paper based and electronic formats historical and contemporary program management documents such as: strategic plans, malaria policies and guidelines, monitoring and evaluation plans, implementation progress reports, and annual reviews reports. In addition they should compile information on the economic burden of malaria to guide advocacy for funding.

In terms of governance, the role of research institutes in supporting the NMCP needs should be highlighted at country level with clear governance and accountability mechanisms so that the previous challenges between NMCPs and research institutes can be improved.

2. Better epidemiological contextualization to better target interventions

The meeting agreed that this is priority area where evidence makes a difference because countries need to defend their strategies. The epidemiological contextualization should be broad including malaria risk maps, vector distribution and behaviou, environment, and parasite parameters. Countries should update their malaria risk maps with layering of populations, health facility availability and service availability.

3. Vector control

The following evidence/information needs were identified for vector control: Information on the availability of insecticide treated nets and how this relates to use; temporal and spatial data

on insecticide resistance for different insecticides; evidence on the durability of insecticide treated nets and their impact on the biting patterns; impact of insecticide resistance on the efficacy and utilization of different vector control interventions; in the context of universal coverage with ITNs and IRS in the country, is there an additional benefit of using both IRS and bed nets especially after achieving universal coverage with ITNs; historical and contemporary information of the malaria vectors; malaria vector maps; Insecticide resistance data and its impact on intervention efficacy; information on the durability of LLINs; Mapping of the anopheles/vector distribution, including any behavioural variation of anopheles at the country level that could guide interventions

4. Surveillance, monitoring and evaluation

Countries should document the impact of malaria interventions. These impact evaluations should be synchronized across multiple countries. In Burundi, there is a need to conduct operational research to determine the impact of IPTp with SP on maternal mortality. Researchers should assist NMCPs to document the morbidity and mortality trends due to malaria and furnish explanations for the trends.

5. Diagnosis and treatment

With respect to diagnosis and treatment the following were identified: Spatial and temporal information on the quality of malaria case management (uncomplicated and severe malaria); information on the consumption of antimalarial drugs, because it appears that the numbers of patients diagnosed with malaria are declining but the procurement of antimalarial drugs keep increasing. So we need to be sure that we are targeting treatments to people who really need it.

Countries need to integrate malaria management with the management of fevers, so as to reduce the antimalarials dispensed to patients with no malaria. So the information and evidence for the changing diagnostic practices in the public and private sectors needs to be compiled; the spatial and temporal information on the quality of antimalarial drugs on the market, the spatial and temporal data that supports monitoring the implementation of WHA resolution to ban oral Artemisinin monotherapies – there is currently no data to show how this policy is being monitored and there is an urgent need to plan how to systematically collect and share these data; generate and compile the evidence that supports the safe use of Primaquine to interrupt malaria transmission in countries aiming for elimination, including compiling profiles for G6PD deficiency.

Countries need to compile data on the malaria case management practices in the private sector and at community level. Countries need to compile temporal and spatial data on drug resistance. Large exploratory studies are needed to understand the low uptake of IPTp-What are the barriers to uptake of IPTp.

6. Cross border collaboration

There is a need to better understand the patterns of malaria transmission across borders in relation to the rest of the country. For example what is the cause of the increasing numbers of

malaria cases noted across the borders in Rwanda-we need to understand what the real cause of this increasing trend. A simple was to initiate cross border collaboration is to begin to understand in a descriptive way what's happening.

Conclusion

After the completion of the structure survey for reprioritization, a second meeting between NMCPs and research groups should be organized so that they can decide and discuss as a group what the information priorities should be for the national and regional level. The second meeting should also agree on the coordination and governance structure as well as the resource mobilization strategy to support the regional strategy. Once the strategy is funded, country research groups would then generate the priority information for each country and provide the evidence to NMCP. However there will be a need to have funding to follow up with these outputs.

ANNEX#03: List of Participants:

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37	Celestin Traore	Chief Health UNICEF Burundi	ctraore@unicef.org
38	Ignace Bimenyimana	Caritas	bimenyimana@yahoo.fr
39	Tessa Knox	VESTERGARDEN FRANDESEN	tk@vestergaard-frandsen.com
40	Minkoulou Etienne	WHO-AFRO	minkouloue@afro.who.int

41	Melanie Renshaw	ALMA	Melanie@amelior.org
Local RBM Partners			
42	Lievin Nsabiyumva	USAID	
43	Eleonor Rabelahasa	USAID	
44	Aline Mukerabirori	MSH/SPS	
45	Berth Broogard	PSI BURUNDI	
46	Barbara Pose	PASS	
47.	Novat Twungubumwe	INSP	
48.	Barutwanayo Mariane	Consultant NMCP	
49.	Gasogo Anastasie	Université du Burundi	
Invited for the Opening Ceremony			
50.	Hon. Dr. Sabine Ntakarutimana	Minister of Health	
51.	Babacar Drame	WHO Burundi Representative	
52.	Dionis Nizigiyimana	SP MOH	
53.	Ngirigi Liboire	GD MOH	
54.	Anselme Kayiyunguruza	RED CROSS Burundi	
55.	Jean Rirangira	SEP/CNLS	
56.	Irenee Ngabagiye	DPPS MOH	
57.	Feleicien Ndayizeye	Assistant Coordinator NMCP	
58.	Bisore Serge	M&E GF	
59.	Ntakarutimana Dorothée	GD MOH Plantification	
60.	Ndayishimiye Anatolie	NMCP/Vector Control	
61.	Nkurunziza Maurice	NMCP/Case Management	
62.	Barancira Richard	NMCP/Admin-Finance	
63.	Nimbona Valence	GF Malaria Program coordinator CARITAS	
64.	Sinkenguburundi Goreth	NMCP/IEC/CCC	

ANNEX#04: Meeting Agenda

Day#01: 15th April, 2013

8.30-8.45 Participant registration- **Lilian Mabonga RBM-EARN/Burundi NMCP**

8.45-9.00 Introductions

9.00-10.00 ***Session I: Official opening***

Chairs: Athuman/Dr. Corine Karema

Welcome remarks: **Programme Manager, NMCP Burundi**

Meeting objectives and outputs: **Dr Joaquim Da Silva/Dr. Ambrose Talisuna**

Official opening: **Honorable Minster of Health Burundi**

10.00-10.30 Coffee/tea break

10.30-12.30: Session II A: Presentation by National programs on status of intervention coverage (roadmap updates/TA needs)

Chair: Dr. Corine Karema/Athuman Chiguzo

10.30-10.45: Burundi
10.45-11.00: Comoros
11.00-11.15: Djibouti
11.15-11.30: Eritrea

11.30-12.00: Session IIB Q & A and discussion

12.00-12.15: Ethiopia
12.15.12:30: Kenya
12.30-12.45: Rwanda
12.45-13.00: Somalia

13.00-14.00: ***Lunch Break***

14.00-14.30: Session IIB Q & A and discussion

14.00-17.000: Session II B: Presentation by National programs on status of intervention coverage (roadmap updates/TA needs)

Chair/Co-chair: Dr Corine Karema/Athuman Chiguzo

14.00-14.15: South Sudan
14.15-14.30: Sudan
14.30-14.45: Tanzania
14.45.15.00: Uganda
15.00-15.15: Yemen

15.15-15.45: Session IIB Q & A and discussion

15.45-16.00 Coffee/tea break

16.00-17.00: Technical needs updates and finalization of roadmaps on the USB Key

17.00: End of Day#01

Day#02: 16th April, 2013

8.15-8.30: Recap of Day 1-Rapporteurs

08.30-10.30: Session III. Setting the stage for the content of the regional strategy for knowledge and information platform

Chair/Co-chair: Dr. Barnabas Bwambok/Dr. David Soti

08.30-09.00: Understanding the epidemiology of malaria to guide impact analysis and future control/elimination planning in the region, including mapping the disease burden (case load, parasite prevalence and vector distribution) in the region based on historical and contemporary data and filling the existing gaps through generation of new critical missing data- **Pr. RW Snow.**

09.00-09.30: Mapping and tracking of antimalarial drug resistance/GPARC/Kigali Call for Action- **WHO-AFRO**

09.30-10.00: Mapping and tracking resistance of the mosquitoes to insecticides-**WHO-AFRO**.

10.00-10.15: Session IIIA Q & A and discussion

10.15-10.30: Coffee/Tea Break

10.30-11.30: Planning and implementing Cross Border Malaria (CBM) interventions-**WHO-AFRO**.

11.30-12.00: Cross border initiatives, novel interventions for surveillance, monitoring and evaluation to be deployed region-wide agreed and shared with all countries- **Dr. Corine Karema.**

12.00-12.15: Sudan-Egypt cross-border experience

12.15-12.30: Yemen-Saudi Arabia cross-border experience

12.30-13.00: Session IIIB Q & A and discussion

13.00-14.00: ***Lunch Break***

Session IV: Preparation for the uptake of new interventions

Chair/Co-Chair: Dr. Ambrose Talisuna/Dr. Albert Peter Okui

14.00-15.00: New interventions (vaccines, drugs and diagnostics and vector control tools) currently in development-**MVI, FIND diagnostics, IVM network**

15.00-15.15 Session IV Q & A

15:15-15.30 Coffee/Tea Break

15:30-17.00: Session IV - WWARN study groups, country drug resistance profiles and the EAPHLNP

Chair/Co-Chair: Dr. Renata Mandike/Dr. Salim Abdulla

15.30-15.45: The Africa ACT early parasitological response study group and Uganda Drug resistance profile – **Dr. Ambrose Talisuna**

15.45-16.00: ACT dose study group – **Dr. Christian Nsanzabana**

16.00-16.15: Artemisinin parasite clearance study group and the parasite clearance estimator - **Dr. Christian Nsanzabana**

16.15-16.30: Planned studies under the East Africa Public Health Laboratory Network Project-**Dr Omar Sabah**

16.30-17.00 Session IV Q & A

17.30-18.00: End of Day#02

Day#03: 17th April, 2013

Session IV: Plenary Discussion and report back from working groups

09.00-10.00: Deliberations on the content of the regional strategy for knowledge and information platform (working groups followed by plenary- ToRs to be developed for each working group)

Working group 1: Understanding the epidemiology of malaria to guide impact analysis and future control/elimination planning in the region, including mapping the disease burden (case load, parasite prevalence and vector distribution) in the region based on historical and contemporary data and filling the existing gaps through generation of new critical missing data
Moderators-Pr. RW Snow

Working Group 2: Mapping and tracking of antimalarial drug resistance/GPARC/Kigali Call for Action-
Moderators: Dr. Josephine Namboze/Dr. Ambrose Talisuna

Working Group 3: Mapping and tracking resistance of the mosquitoes to insecticide
Moderators- Barnabas Bwambok/-WHO-AFRO.

Working group IV: Cross border initiatives, novel interventions for surveillance, monitoring and evaluation to be deployed region-wide agreed and shared with all countries
Moderators Dr. Corine Karema / Dr. Joaquim Da Silva.

10:15-10.30 Coffee/Tea Break

10.30-11.00: Critical gaps and strategy for mobilizing resources for the regional and country knowledge management and support systems- **Dr. Alistair Robb/Prof. Snow/Dr. B Ogutu/Dr. Salim Abdulla**

11.00-11.15 Meeting summary and way forward

- **Ambrose Talisuna/Josephine Namboze/Salim Abdulla/B Ogutu/Joaquim Da Silva**

11.15-11.30: MMV study on barriers to access to pediatric antimalarial in 6 francophone Africa countries – **Dr. F Camus-Bablon**

11.30-11.45: Best practices, barriers and priority activities to facilitate the use of recommended antimalarials – **Dr. F Camus-Bablon**

11.45-12.30 Interaction with NMCPs: country perspective on best practices, barriers and priority activities – **Dr. F Camus-Bablon**

12.30-13.00 Closing ceremony

- Rapporteurs-recommendations/way forward
- Ambrose Talisuna

- Josephine Namboze
- Joaquim Da Silva

12.00-13.00: ***Lunch Break***

14.00-17.00: ECC MEETING

Dr. Corine Karema — Mr. Athuman Chiguzo

EARN Co-Chair — EARN Co-Chair