

**RBM PARTNERSHIP TO END MALARIA
MEETING REPORT**

**RBM Country Regional Support Partner Committee Western and Central Africa Sub-Regional
National Malaria Control Programs and Partners Meeting,
Abuja, Nigeria, Nikon Luxury Hotel, 22-25th October 2019**



I. Introduction

The RBM Partnership to End Malaria through the Country Regional Support Partner Committee (CRSPC) organized the second consecutive Malaria Control/Elimination Programmes and Partners meeting for Western and Central African countries, from 22-25 October 2019 in Abuja, Federal Republic of Nigeria. This meeting co-hosted by the Nigerian Federal Ministry of Health convened National Malaria Control/Elimination Programme Managers/Directors, and Malaria Programme staff including M&E Officers, Global Fund focal persons and others from 15 countries of the Western African Region, 7 countries of the Central African Region and 1 country (Djibouti) from the Eastern African Region. Numerous partners including multilateral, bilateral, UN, NGOs, Academia, Parliamentarians, private sector and Civil Society organizations active in Malaria control activities at national, regional and global levels also attended the meeting. The Regional Economic Communities, ECOWAS and the Economic Community of Central African States (ECCAS) and their health organisations were also represented in this meeting as listed in Annex I.

The meeting provided the NMCPs and partners an opportunity to review the status of the implementation bottlenecks that slow down impact at country level, best practices, as well as technical assistance needs to address challenges faced. This was also an opportunity for all stakeholders to be updated on the recent developments in the malaria landscape, including the recent stagnation in progress captured in the WHO World Malaria Report 2018.

This forum also provided an opportunity to follow up on the status of the implementation of domestic resource mobilisation efforts, including commitments made by governments in different forums such as the CHOGM meeting in London, May 2018, and the Sahel malaria elimination initiative. Updates were provided on the joint Malaria Control and Elimination plan to 6 countries from the ECCAS which are: *Cameroun, Chad, Central African Republic, Congo (Rep of), Equatorial Guinea and Gabon*. This strategic plan approved by the Ministers of Health in the margins of WHO Regional Office for Africa 69th Regional Committee by the Ministers of Health will be extended to the 5 remaining ECCAS countries in a near future.

Progress in the *Zero Malaria Starts with me!* global movement endorsed by the AU and the RBM Partnership, to strengthen community engagement and political commitment around malaria control /elimination implementation status and lessons learnt was discussed. Progress on the implementation of the *High Burden High Impact* Approach built around the four key elements of political will, the strategic use of data to drive impact, better guidance and a coordinated response was discussed. In both cases, countries progress was showcased, together with lessons learned and best practices. As next year is the start of the new Global fund funding cycle, national malaria control/elimination programme managers were oriented on the application process, tools and timeline for the 2020-2022 funding cycle proposals development and submission. The Country programmatic and financial gap analysis for 2019-2020 was also updated.

II. Meeting Objectives, Methodology and Participants

1. Main objective

The main objective of the meeting was to engage NMCPs and partners to conduct peer review of the implementation of national malaria control and elimination programs, identify major implementation bottleneck/challenges and solutions adopted, and share best experiences and practices.

2. Specific objectives

The specific objectives of the meeting were to:

- Engage the NMCPs and partners to conduct peer review, identify malaria programme implementation bottlenecks and challenges and share experiences, best practices and propose solutions;
- Provide updates on the Global Malaria Control and Prevention strategy, tools and Perspectives;
- Follow up on the level of implementation of the *Zero Malaria Starts with Me!* campaign that was endorsed by the AU summit in July 2018;
- Follow up on the level of implementation of pledges made by Heads of States during Commonwealth Heads of Governments meeting in London in May 2018;
- Tracking progress and Lessons learned in the HBHI approach;
- Prioritize the malaria program implementation bottlenecks for technical support;
- Orient NMCP/NMEP Managers on the Global Fund application process tools and timeline for the new cycle.
- Define the next steps for the SaME initiative roll out under the leadership of the Technical Committee, WHO, and WAHO;
- Define next steps of the ECCAS Malaria control and elimination strategic plan roll out under the leadership of ECCAS and OCEAC.

3. Methodology

The meeting was organized in a series of presentations and panels discussions, in both plenary sessions and breakout groups. Countries and partners were provided with an opportunity to jointly review the implementation status of their National Strategic Plans implementation and discuss progress against the national, regional and global targets, while sharing valuable lessons learned. Western and Central Africa countries also held separate meetings to discuss their specific regional agenda as well as CHOGM meeting. Also, side meetings were held with individual sub regions, partners, private sector and countries.

4. Meeting Participants

The CRSPC Program Managers and Partners meeting gathered both participants from West and Central Africa countries. In total, 15 countries from West Africa, 7 from Central Africa and 1 (Djibouti) from East Africa attended the meeting. Each country delegation was composed of the NMCPs Manager, the M&E officer, WHO NPO and Global Fund focal point for malaria. In addition, the CRSPC Steering Committee members, the co-chairs of RBM Working Groups, representatives of other partner organizations including WHO, WAHO, UNICEF, USAID/PMI, BMGF, GFATM, ALMA, IFRC, CHAI, PATH, MMV, Malaria Consortium, CS4M, ECCAS, OCEAC, the private sector and other important institutions also participated in the meeting.

III. Opening of the Meeting

The meeting was officially opened by the Federal Republic of Nigeria Hon Minister of Health. He welcomed the participants and expressed the gratitude of the Federal Republic of Nigeria Government to the RBM Partnership to End Malaria for having chosen his country to host the meeting. The Ministry of Health subsequently recognized that progress was made by countries in malaria control, but there is still a lot to be done before the elimination of malaria in Sub-Saharan Africa. He urged countries and

partners that further efforts are needed to end malaria and stressed the responsibility of countries to take the lead. The Hon Minister then officially declared opened the West and Central Africa Program Managers and Partners meeting.

In his address, Dr Abdourahmane DIALLO, Chief Executive Officer of the RBM Partnership to End Malaria focused on the important role of Head of States, Ministers and parliamentarians in the fight against Malaria. The CEO also mentioned that malaria experts and the community they serve should increase their efforts for greater impact of interventions. He also recalled the importance of major on-going initiatives such as the SaME, the HBHI and the ZMSWM and the need for countries and partners to support their roll out. Lastly, Dr Diallo recognized the key role of the Civil Society in engaging the communities in the fight against malaria and the importance of increasing the collaboration with these organizations.

After welcoming the meeting participants on behalf of the WHO AFRO Regional Director, the Nigeria WR recalled the importance of such a forum. He then reminded to the audience that malaria continues to be a major public health issue with more than 90% of the burden carried by sub-Saharan Africa countries. For WHO, this situation needs to be addressed and WHO together with RBM Partnership has launched the High Burden High Impact Approach to help get countries back on track and meet the GTS goals for 2030.

Attending for the first time this forum, Dr Peggy CONJUGO-BATOMA, ECCAS Representative expressed the satisfaction of her organization in being associated in this important meeting. She also thanked the RBM Partnership and ALMA for the MoU signed with ECCAS to strengthen the collaboration and flagged the contribution of these organisations, alongside WHO, in the development of a joint malaria control and elimination strategic plan for 6 central Africa countries.

Pr. Stanley OKOLO, Director General of WAHO, host institution of the RBM Partnership for WCA and the SaME Secretariat, emphasised the importance of working together for success, the need to increase the role of parliamentarians for advocacy and domestic resources mobilisation, the recent successful replenishment of the GFATM, the 20th ECOWAS Ministers of Health Assembly attended by President Jakaya Kikwete former chair of ALMA and some of WAHO ongoing projects with a focus on the pharmaceutical programme aiming at improving the availability of quality drugs. He reiterated the commitment of WAHO to support any joint efforts for the reduction of malaria burden in ECOWAS member states.

Dr Richard KAMWI, former Minister of Health of the Republic of Namibia and current RBM board member mentioned in his speech that Malaria is a technical issue that should and can be addressed if all conditions are met. To reach the common goal of eliminating malaria in Africa, sustainable financing, multi-sectoral approaches, cross-border initiatives, regulation, human resource development, and delivering effective proven interventions are mandatory. Therefore, he urged the Head of States and Governments, the technical and funding partners, the country teams and the communities affected by this burden to continue their efforts for an Africa free of malaria.

IV. Meeting Presentations

Twenty-three countries including: *Burkina Faso, Benin, Cabo Verde, Cameroun, Chad, Central African Republic, Congo (Dem. Rep of), Cote d'Ivoire, Djibouti, Equatorial Guinea, Gambia, Ghana, Guinea, Guinea*

Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, and Togo.) attending the meeting presented their strategic plans implementation progress based on major areas of program implementation. In addition to countries, bilateral and multilateral partners active in malaria control landscape (ALMA, GFATM, MMV, UNICEF, USAID/PMI, RBM Working Groups, WAHO, WHO) also presented technical updates, areas of interest and ongoing activities.

1. Country presentations

1.1 Status of implementation of Malaria Strategic Plan

Malaria morbidity and mortality

Malaria remains a major concern in all the countries despite the progress made. Regarding malaria morbidity, there is an increase in malaria cases in most of the countries. The countries that have recorded a slight decrease or stagnation in malaria cases are Central African Republic (CAR), Cote d'Ivoire, Djibouti, Guinea, Liberia, The Gambia. Cabo Verde which is on the way of malaria elimination hasn't recorded any indigenous case in 2018. Regarding malaria mortality, a tremendous progress was made by the majority of the countries. Countries which are facing an increase in malaria mortality are Cameroon and Senegal.

Coverage of key malaria interventions

Presentatons have showed progress in malaria commodities procurement and availability in all the countries. However, coverage of key interventions remains below targets including for LLINs, intermittent preventive treatment (IPTp), malaria diagnosis (confirmation using RDT) and seasonal malaria chemoprevention (SMC).

1.2. Challenges

The key bottlenecks identified by countries are related to the implementation of malaria interventions, weak surveillance, monitoring and evaluation, insufficient resources, weak coordination and partnership and limited cross border collaboration.

1.3. Gaps

From the country presentations given, it can be noted that all the countries face significant financing gaps for the implementation of their National Malaria Strategic Plan over the period of 2019 to 2021. The gaps for 21 countries in WCA are summarized in the table below:

	LLINs (#)		
Period	Needs	Financed	Gap
2019	122,122,266	103,078,939	19,043,327
2020	80,043,568	48,307,153	31,736,415
2021	58,525,216	5,588,802	52,936,414

	ACT (#)		
Needs	Financed	Gap	
229,064,107	81,290,366	147,773,741	
151,359,140	69,926,120	81,433,020	
151,176,996	12,027,961	139,149,035	

	IRS (\$)		
Period	Needs	Financed	Gap
2019	72,457,990	21,559,776	50,898,214
2020	50,223,905	33,570,578	16,653,327

	SMC (#)		
Needs	Financed	Gap	
65,103,767	21,366,978	43,736,789	
68,164,561	42,459,912	25,704,649	

2021	15,500,909	1,159,529	14,341,380
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64,782,009	0	64,782,009
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	RDT (#)		
Period	Needs	Financed	Gap
2019	124,760,480	88,328,927	36,431,553
2020	108,604,494	92,289,379	16,315,115
2021	110,223,216	11,242,933	98,980,283

	IPTp (#)		
Needs	Financed	Gap	
26,156,650	10,738,812	15,417,838	
34,730,156	15,667,544	19,062,612	
34,469,899	9,535,143	24,934,756	

1.4. Best practices shared

Countries have shared some best practices that could enhance malaria programme implementation towards the MSP objectives. The best practices shared by countries included:

- Cross-border collaboration for the implementation of LLINs and seasonal malaria chemoprevention campaigns,
- Improvement of data management using the DHIS2,
- Use of technologies (mobile money) for the payment of community health workers and to improve LLINs data management,
- Management of malaria commodities using a common basket approach,
- Integration of malaria into broader health programmes including: Reproductive, Maternal, New-born, Adolescent and Child-health, Nutrition
- Expansion of malaria services delivery at community level: IPTp, referral of severe malaria cases by community health workers
- Targeting of malaria interventions to achieve maximum impact,
- Collaboration with the private sector (mines, pharmacy, insurance companies),
- Mobilization of domestic funding,
- Increased communities and leader's engagement in Malaria control activities planning and implementation from the upset,
- Multisectoral collaboration: partnership with the sector of education for SBCC.

1.5. Technical Assistance provided in 2019 and 2020 needs

The TAs planned for 2019 were provided to the programs as planned. These TA needs include support to address bottlenecks in planning and implementation of Long-Lasting Insecticidal Nets (LLIN) campaigns, conducting malaria programme reviews and developing national malaria strategic plans, development of resource mobilization plan, roll out of the High Burden High Impact approach, malaria gap analysis and regional strategic plan development, roll out of the Zero Malaria Start With Me! Campaign, among others.

For 2020 countries indicated their TA needs. Emphasis was made on the need to include the TA needs for Global Fund application proposal requests to be made through 2020.

2. Policy Updates and Partners presentations

Presentations and updates included the following:

- Updates from the Malaria Future for Africa (MalaFA) on domestic and donor commitment towards malaria elimination;
- WHO Technical updates on malaria diagnosis and treatment;
- Progress on the High Burden High Impact (HBHI) approach;

- Political commitment from Parliamentarians to malaria control;
- Updates from RBM Technical Working Groups, Work Streams and Partners: SBCC and Resources Mobilization, Case Management, MIP working group and Vector Control working group;
- Updates from Private Sector Engagement;
- Updates from the regional economic communities (ECOWAS, ECCAS) and regional health communities (WAHO, OCEAC);
- Updates on the implementation of specific initiatives/projects: “Zero Malaria Starts With Me”, Multi-sectoral engagement and cross-border collaborations, New Nets Projects (NNP), the New Generation IRS Projects;
- Orientation on the Global Fund new funding cycle 2020-2022.

3. Region specific parallel sessions

3.1 West Africa

During this session, WAHO presented its work plan, the ongoing efforts and the challenges faced. Given the high burden of malaria and the low coverage of malaria key interventions in the West African region, WAHO developed a strategic plan to boost malaria elimination. This plan focuses mainly on the strengthening of cross-border collaboration and the provision of technical assistance to countries in various areas: malaria surveillance, global fund application process, program review and development of NSP, LLINs campaigns. WAHO will continue to work with the other sub-regional partners to advocate for adequate financial support (domestic funding) to malaria programme, to support the implementation of cross-border activities and initiatives and provide technical assistance to countries.

3.2 Central Africa

The meeting aimed to present the malaria strategic plan of the CEEAC and raise the countries' engagement to achieve malaria control goals and targets at country and sub-regional level. The strategic plan that was developed with the support of WHO and RBM for the period 2019-2023 was shared with the participants. The content focuses on the malaria situation, the development and validation process of the plan, the log frame, the key activities mainly related to cross-border interventions and the budget.

The next steps were defined as follows:

- Disseminate the strategic plan to all the countries by 02 November 2019
- Gather countries' feedback on the document by 30 November 2019
- Update the Regional Strategic plan and the roadmap by 30 January 2020
- Validation of the strategic plan and the roadmap by March 2020
- Validation of the strategic plan by Ministries of Health by April 2020

4. Country Group Consultations

4.1. Sahel Malaria Elimination Initiative Technical committee meeting

This initiative that involves seven countries from West Africa (Burkina Faso, Cabo Verde, Gambia, Mali, Mauritania, Niger and Senegal) and Chad aims at boosting malaria elimination in the Sahel Region through better coordination and the promotion of cross-border initiatives.

The meeting objective was to follow up on the Sahel Malaria Elimination initiative work plan implementation and was chaired by Burkina Faso National Malaria Control Program Manager, SaME technical committee Vice President on behalf of the President. In addition to the NMCP managers of the concerned countries, many key partners including WHO AFRO, WHO IST, WAHO, ECCAS, RBM and other partners were represented. Following the discussions, the underlisted recommendations were made: (a) Discuss in detail the terms of references of the SaME Secretariat and identify partners and their roles and responsibilities in the implementation of the initiative, (b) Finalize SaME draft work plan and extend it to 5 years to match the duration of country plans and share it with all countries and partners, (c) With the support of WHO, conduct a stratification of malaria in the member countries and updates strategic plans to integrate cross border activities.

4.2. Commonwealth countries meeting to follow up on the commitments made in London in June 2018

Five countries (Ghana, Gambia, Cameroun, Sierra Leone, Nigeria) participated in the meeting and they nominated the NMCP Programme Manager as the focal point to follow up and provide update on the CHOGM commitment. This will help having countries working ahead of time in preparation of the next CHOGM meeting planned for June 2020 in Rwanda. RBM-SBCC WG requested to countries to share stories/ best practice which can show the case during the next year meeting. RBM and ALMA will plan a call further to discuss the way forward in the preparation of the meeting.

V. Summary of Key Outcomes

The key outcomes of the meeting are:

- Country participants and partners received an updated information on the technical developments in malaria control;
- Experience on country programme implementation, challenges and best practices was shared;
- The Zero Malaria Starts with Me! Campaign and HBHI progress tracked, as well as progress in the CHOGM pledges by countries;
- Malaria program implementation bottlenecks and technical assistance required for 2020 were identified;
- Country programmatic and financial gap analysis for 2019 - 2021 updated
- Global Fund application process including support that will be provided by the CRSPC shared;

VI. Next Steps and Follow up

The following are the next steps:

1. CRSPC to ensure regular communications with National malaria programme managers for better early detection of major malaria programme implementation bottlenecks resolution;
2. NMCP managers to consult amongst their teams and partners to finalize technical assistance needs for 2020 and share with RBM. CRSPC to compile and further develop all the TA needs FY 2020 for each of the countries and share the final version with the RBM partners;
3. Closely follow up with the malaria programme managers to identify the specific TA needs for the next Global Fund funding application proposal development;

4. The preparation for the GF new cycle preparation should not overshadow the routine implementation of malaria control interventions to increase disbursement rates and avoid losing the funds available;
5. There is no need to align strategic plans with the Global Fund cycle.
6. Follow up the rollout of Zero Malaria Starts With Me! Campaign, implementation of HBHI in DRC-Nigeria-Mali, CHOGM commitments update
7. Align RECs workplan with current RECs malaria activities and follow up on integration and implementation;
8. Follow up with countries on ongoing TA on ITN mass distribution campaign, resources mobilization plan development;
9. Follow up with countries on the nomination of participants who will attend the GF Application Workshop planned in December in Nairobi

VII. Closing of the Meeting

The closing remarks were made by the CRSPC Co-Chairs, CRSPC Manager and the NMEP Manager of Nigeria representing the H.E. Ministry of Health. They thanked the authorities of Nigeria and all the participants for their active participation in the meeting despite some challenges in the logistic arrangements. They reminded the countries about the planning save the date for the Global Funds application orientation meeting planned in December in Nairobi.

Annex 1 – Meeting Agenda

**RBM Country/Regional Support Partner Committee (CRSPC) West and Central Africa Sub-Regional National Malaria Control Program Managers and
Partners Meeting, Abuja, Federal Republic of Nigeria
Nicon Luxury Hotel, 22 – 25 October 2019**

Day 1 – Tuesday 22 nd October 2019			
Date/Time	Details of Activities	Facilitator/Presenter	Moderator
08:00-08.30	Registration	Organisers	
	Opening session		
08:30-08.40	Welcome remarks	Dr Abdourahmane Diallo, CEO, RBM Partnership	Dr Peter Olumese, CRSPC Co-chair
08.40-08.50	Welcome remarks	WHO Representative	
08.50 -09.00	Keynote speech	ECCAS Representative	
09:00-09:10	Keynote speech	WAHO Director General, Pr Stanley OKOLO	
09:10-09:15	Keynote speech	Mr Edward Kallon, UN Humanitarian / Resident Coordinator in Nigeria	
09:15-09:20	Keynote speech	Dr Richard Kamwi, RBM Board Member	
09:20-09:30	Opening remarks	H.E Minister of Health, Federal Republic of Nigeria	
09:30-09:45	Group Picture with Guests of Honour	Organisers	
09:45-10:15	Tea Break	Organisers	

10:15-10:35	Security and administrative briefings	UNDSS/UNOPS	Dr Monique M, WCA Coordinator
10:35-10:40	Objectives of the WCA NMCP managers and partners meeting	Dr Monique MURINDAHABI, WCA Coordinator	
	Country Presentations - Programme Implementation		
10:40-11:00	Panel 1: MalaFA Central Africa findings • Dr Richard Kamwi – RBM Board member • Dr Parfait Toure from Novartis • Matshidiso Masire		Dr Balla KANDEH, NMCP Manager, Gambia
11:00 -11:20	Benin	Pr Aurore OGOUYEMI-HOUNTO, NMCP Manager	
11:20-11:40	Burkina Faso	Dr Yacouba SAVADOGO, NMCP Manager	
11:40-11:50	Discussion		
11:50-12:10	Cabo Verde	Dr Antonio Lima Moreira	
12:10-12:30	Cameroun	Dr Dorothy ATCHU, NMCP Manager	
12:30-12:40	Discussion		
12:40-13:40	Lunch Break	Organisers	
13.40 -14.00	Central African Republic	Dr Christophe NDOUA, NMCP Manager	WAHO Representative
14.00 -14.20	Chad	Dr Ali Djiddi SOUGOUDI, NMCP Manager	
14.20-14.30	Discussion		
14.30 -15.00	Tea Break	Organisers	
15.00 -15:20	Congo (Rep. of)	Dr Jean Mermoze YOUNDOUKA, NMCP Manager	
15.20-15:40	Cote d'Ivoire	Dr Antoine TANO MEAH, NMCP Manager	
15.40-15:50	Discussion		
15.50 -16:10	Democratic Republic of Congo (DRC)	Pr Eric SOMPWE MUKOMENA NMCP Manager	

16.10-16.30	Equatorial Guinea	Dr Matilde RILOHARIVAS, NMCP Manager	
16.30 -16.40	Discussion		
16:40 -17.00	Gabon	Dr Abdourazack SAFIOU, NMCP Manager	
17:00--17:20	Guinea Bissau	Dr Paulo DJATA, NMCP Manager	
17:20-17:30	Discussion		

Day 2 – Wednesday 23rd October 2019

Date/Time	Details of Activities	Facilitator/Presenter	Moderator
	Country Presentation - Programme Implementation		
08:00-08:20	Ghana	Dr Kezia MALM, NMCP Manager	Dr Dorothy ATCHU, NMCP Manager, Cameroon
08:20-08:40	Gambia	Dr Balla KANDEH, NMCP Manager	
08:40-08:50	Discussion		
08.50-09.10	Guinea	Dr Nouman Diakité, M&E Officer	
09:10-09:30	Senegal	Dr Moustapha CISSE, Deputy NMCP Manager	
09:30-09:40	Discussion		
09:40-10:00	Mali	Dr Madina Coulibaly Konate , Head of M&E	
10.00 -10.20			
10.20-10.30	Discussion		
10:30-11.00	Tea Break	Organisers	
11:00-11:20	Liberia	Oliver PRATT, NMCP Manager	OCEAC Representative

11:20-11:40	Federal Republic of Nigeria	Dr Bala Mohamed AUDU, NMCP Manager	
11:40-12:00	Sierra Leone	Dr Samuel Juana SMITH, NMCP Manager	
12:00-12:20	Discussion		
12:20-12:40	Niger	Dr Hadiza JAKOU, NMCP Manager	
12:40-13:00	Sao Tome & Principe	Dr Herodes ROMPAO	
13:00-13:10	Discussion		
13:10-14:00	Lunch Break Targeted session: Sahel Malaria Elimination Initiative Technical working groups meeting. Participants: Relevant countries and Partners	Organisers	
14:00-14:20	Togo	Dr Tina ATCHA OUBOU, NMCP Manager	
14:20-14:40	Djibouti	Dr Hawa GUESSOD	
14:40-14:50	Discussion		
14:50-15:10	<u>Panel 2: Ensure Political Commitment</u> Panellists: Members of Parliaments • Nigeria • TBC • TBC	Scott Boule, Global Fund	
15:10-16:00	<u>Updates from RBM Partner Committees:</u> Panellists: • Dr Sussann Nasr/Marcy Erskine - Implementation support • Dr Peter Olumese and Ms Jessica Rockwood - Country Resource mobilisation • Dr Daddi Wayessa - Country technical assistance requirements	Dr Melanie Renshaw, CRSPC co-chair	

	• Strategic communications PC - • ARMPC - Accessing financing for Malaria		
16:00 -16:20	Tea Break	Organisers	
16:20-17:00	<u>Panel 3: Ensure community engagement</u> Panellists: • Matthew Boslego - updates on the implementation of the Zero Malaria Starts with Me! campaign • Ghana, Sierra Leone, Niger, Senegal: Country experience in rolling out of ZMSWM • Anna McCartney-Melstad - Social and Behavioural Change Communication Working Group		
17:00-17:40	<u>Panel 4: Multisectoral engagement and cross-boarder collaborations</u> Panellists: • WAHO and ECCAS delegates – cross-border collaborations and initiatives • RBM Multisectoral Working Group representative – multisectoral engagement • Business Alliance Against malaria representative – the role of private sectors • ALMA - Scorecards for Accountability and Action/EMCs and End Malaria Funds		

Day 3 – Thursday 24 October 2019

Date/Time	Details of Activities	Facilitator/Presenter	Moderator
08:00-10:00	<u>Panel 5: Technical updates on WHO policies, strategies and guides</u> Panellists: • Introduction – Akpaka Kalu	WHO	

	• Rethinking malaria policy formulation and dissemination – David Schellenberg • Technical update on WHO malaria policies and guidelines - Peter Olumese • Highlights of issues with policy implication arising from country presentations – Spes Ntabangana		Dr Akpaka Kalu
10:00-10:20	Tea Break	Organisers	
10:20-12:00	• Malaria surveillance updates – Abdisalan Noor • Discussions to be moderated by Kalu & Kharchi Tfeil • HBHI overview and progress – Maru Aregawi	WHO	
	Updates from RBM Working Groups		
12:00-13:00	<u>Panel 6: Implementation of High Burden High Impact Approach</u> Panellists: • Dr Melanie Renshaw – CRSPC Co-chair • Ghana • Cameroon • Burkina Faso • Mali • Nigeria • Niger		Gates Foundation
13.15 - 14.15	Lunch Break Targeted session: for Commonwealth countries to follow up on the commitments made in London in June 2018. Participants: Relevant countries and Partners	Organisers	Dr Peter Olumese
14:15 – 15:30	<u>Panel 7: Preliminary orientation of GFATM funding cycle 2021-2023</u> Panellists: • Dr Roopal Patel - Update on the Global Fund application materials and tools		

	GF team		
16 :00-16 :30	Tea Break	Organisers	
16:30-17:30	Panel 7 continued		

Day 4 - Friday 25 th October 2019			
Date/Time	Details of Activities	Facilitator/Presenter	Moderator
08:00 - 09:30	<u>Panel 8: Partners engagement in malaria case management</u> Panellists: - Dr Valentina Buj - IMCI/iCCM and consolidated planning and budgeting for malaria and child health programming particularly in the context of upcoming Global Fund - RBM Case management working group representative - RBM Malaria in Pregnancy working group representative - Dr Hans Rietveld- Severe malaria presentation by MMV and CHAI		Dr André Marie TCHOUATIEU, Associate Director Product Access and Management, MMV
09:30-10:30	<u>Panel 9: Partners engagement in Malaria Vector Control</u> Panellists: - IVCC - New generation IRS project (NgenIRS) - Marcy Erskine - The New Nets Project - RBM Vector Control working group representative - I2I Representative - Updates on Vector Control registration landscape in Africa		Dr Bala Mohamed AUDU, NMCP Manager, Nigeria
10:30-11:00	Tea Break	Organisers	
11:00-12:30	<u>Panel 10: Sub-regional level engagement</u> Panellists: Parallel meetings for Western and Central Africa countries	Dr Brito (ECOWAS Representative) ECCAS Representative	Dr Monique Murindahabi Philippe Batienon
12:30 -13:30	Lunch Break	Organisers	

13:30 -16:00	Panel 10 Continued		
16:00 -16:20	Tea Break	Organisers	
16:20- 16:50	Summary of the key points, recommendations and the way forward	Rapporteurs	CRSPC Co-chairs (Dr M. Renshaw, Dr P. Olumese)
16:50 -17:00	Closing of the meeting	CRSPC co-chairs	

Annex 2: Meeting Participants list

i) Country delegates

Countries	Name	Position	Organisation	E-mail
Benin	Aurore Ogouyemi-Hounto	Coordonnatrice Nationale,	PNLP	aurorefel@yahoo.fr
	Theotime Migan	Chef Service surveillance épidémiologique au PNL	PNLP	theodossa@yahoo.fr
	Sakariah Kpanou	Planificateur et point Focal Fonds Mondial, PNL	PNLP	kalousath@yahoo.fr
Burkina Faso	Savado Yacouba	Coordonnateur,	PNLP	syacouba2002@yahoo.fr
	Dianda Frederic Pinguedbamba	Spécialiste Santé Publique,	PNLP	frederic.dianda@yahoo.fr
	Jean-Baptiste Ouedraogo	Attaché de Santé en Epidémiologie	PNLP	jbpendwende@yahoo.fr
	Jean Pascal Sandwidi	Attaché de sante l'unité Planification, suivi-évaluation et recherche,	PNLP	psandwidi@yahoo.fr
Chad	Djiddi Ali Sougoudi	Coordonnateur	PNLP	sidimi1977@yahoo.fr docteurdjiddi@gmail.com
	Idriss Djaskano Mahamat	Chargé de Suivi Evaluation	PNLP	mahamat.idriss@yahoo.fr
	Absine Taïso Abdoulaye	UGP	Unité de Gestion des Projets	absine@yahoo.fr absinetaisso2006@gmail.com
	Ephraïm Djoumbé	Chef de section de la surveillance épidémiologique du paludisme au PNL	PNLP	ephra1999@yahoo.fr ephraim1999@hotmail.com
Cameroun	Thomas Kombo	Secrétaire Technique du Bénéficiaire Principal du Fonds Mondial		thkombo1@yahoo.fr
	Achu nee Dorothy Kah Fosah	Secrétaire Permanent	PNLP	dollykah@yahoo.com

Countries	Name	Position	Organisation	E-mail
	Jean Fosso	Chef Section Planification, Surveillance et Suivi-évaluation	PNLP	fossojean2015@yahoo.fr
Cape Verde	Antonio Lima Moreira	Coordonnateur	PNLP	antonio.moreira@ms.gov.cv
	Adilson Jose De Pina	Responsable Programme d'Élimination	PNLP	Adilson.Pina@ccssida.gov.cv
	Ngibo Mubeta Fernandes	Coordinateur de	Observatoire de l'Institut National de la Santé Publique	ngibo.fernandes@ms.gov.cv
	Helga Sofia Baptista Barros	Statisticien	Ministère de la Santé	helga.barros@ms.gov.cv
Central Africa Republic (CAR)	Raphaël Mbailao	Directeur General de l'Epidémiologie et de la Lutte Contre les Maladies	Ministère de la Santé	mbailaoraphael@yahoo.fr
	Marie Charlotte BANTHAS BATA NEE SANA IFOLO	Directrice de la Lutte Contre les Maladies Transmissibles	Ministère de la Santé	mariecharlottesana@yahoo.fr
	Christophe Ndoua	Chef de Service de Lutte Contre le Paludisme	PNLP	cndouachristophe@gmail.com
	Jean Charles Tchokote Happy	Responsable du Suivi Evaluation et Surveillance	PNLP	tchokote_jeancharles@gmail.com tcho.happy@gmail.com
Cote d'Ivoire	ANOUAN Jean	Directeur Général Adjoint	Ministère de la Santé	jeananouan2002@yahoo.fr
	Colette YAH Epse KOKRASSET	Coordonnateur Adjoint	PNLP	coletteyah@yahoo.fr
	SEKA Joseph Didier	Chargé de Suivi et Evaluation	PNLP	sekadidier@gmail.com
	Bernadette BOBY	Médecin, point focal RSS au CCM		bernadetteboby@ccm.com
Democratic Republic of Congo (DRC)	Eric Mukomena Sompwe	Directeur	PNLP	ericsompwe27867@gmail.com
	Alain Boseke Bokota	Responsable surveillance épidémiologique	PNLP	alainbokota@yahoo.fr
	Marius Bakuwa Ngoy	Responsable de la planification, au niveau	PNLP	mariusngoy@yahoo.fr

Countries	Name	Position	Organisation	E-mail
Djibouti	Hawa Hassan Guessod	Coordonnatrice PNLP	PNLP	hawahassangue@yahoo.fr
	Mohamed Hamad Badoul	Statisticien Sanitaire	PNLP	medbadoul@gmail.com
	Angela Anna de Tommasi	Program Manager for Global Fund Grants	PNUD	angela.de.tommasi@undp.org
	Djama Elmi Yabeh	Conseiller Technique	Ministère de la Santé	hawahassangue@yahoo.fr
Equatorial Guinea	Matilde Riloha Rivas	Directrice nationale	PNLP	rilocharivas@yahoo.es
	Ramona Mbá Andeme	Coordinatrice dans la région insulaire	PNLP	mba.andeme@yahoo.com
	Teresa Ayingono Ondo Nfumu	Responsable du suivi et de l'évaluation	PNLP	tayingono@mcd.org
	Wonder Philip Phiri	Specialiste Santé Publique	MCD	wphiri@mcd.org
Gabon	Safiou Abdou Razack	Coordonnateur	PNLP	safiouabdourazack@yahoo.fr
	Essanga Ngomo Hugues Ronel	Charge du suivi et evaluation et de surveillance	PNLP	hugues_ronel07@yahoo.fr
	Okome Nze Gyslaine	Charge du suivi - evaluation et de la surveillance	PNLP	okomegyslaine@yahoo.fr
	Andy Igouwe Diane Melanie	Point focal du fonds mondial	PNLP	princessedenandipo@gmail.com
Gambia	Balla Kandeh	Program Manager,	NMCP	ballakandeh@yahoo.co.uk
	Momodou Kalleh	M&E Specialist	NMCP	mmkalleh@gmail.com
	Dawda Ceesay	Permanent Secretary	Ministry of Health	cdawda@hotmail.com
	Lamin Jarju	Medical Entomologist	NMCP	samatehahmadou@yahoo.com lbsjarju@yahoo.co.uk
Ghana	Keziah L. Malm	Program Manager-	NMCP	kezmalm@yahoo.com
	Wahjib Mohammed	Surveillance and M&E Officer	NMCP	wahjibm@gmail.com
	Joel Naa Balbaare	Global Fund Focal Point	NMCP	joelnarh@hotmail.com
	Nana Yaw Peprah	Epidemiologist	NMCP	naya_pep@yahoo.com

Countries	Name	Position	Organisation	E-mail
Guinea				
	Nouman Diakite	Responsable Suivi-Evaluation	PNLP	diakitenouman@gmail.com
	Ibrahima Sanoh	Point Focal Fonds Mondial	PNLP	
Guinea Bissau	Paulo Djata	Coordonnateur	PNLP	paudeni.djata@gmail.com pdjata@yahoo.com.br
	Wica V. Silva	Responsable Sui-Evaluation	PNLP	silvawica1@gmail.com
	John Wonghi NGUM	Responsable de suivi et évaluation	PNUD-Guinée Bissau	john.ngum@undp.org
Liberia	Oliver J. Pratt	Program Manager	NMCP	opratt7@gmail.com
	D. Levi Hinneh	M & E Focal Person	NMCP	dlevi30@gmail.com
	Momolu Massaquoi	Global Fund Focal Person	NMCP	massaquoimomolu@gmail.com
Mali	Madina Konate	Chef de Division planification et S&E	PNLP	dinacoul70@yahoo.fr
	Vincent Sanogo	Chef de Division prévention et prise en charge des cas, Point Focal Mondial	PNLP	sanogovincent@yahoo.fr
Niger	Hadiza JACKOU	Coordinatrice Nationale	PNLP	hadizou_jakou@yahoo.fr
	Issa Amadou	Responsable suivi évaluation	PNLP	mijinya_issa@yahoo.fr
	Saade Souleye DR AFFIZOU	Cadre au PNL	PNLP	saadeso@gmail.com
	Salou MOUNKAILA	Point Focal Fonds Mondial	PNLP	smounkaila81@gmail.com
Nigeria	AUDU Bala Mohamed	National Coordinator,	NMEP	Drbalarzafa2004@yahoo.com
	UHOMOIBHI Perpetua	Head SME	NMEP	
	Ali ARO MODIU	Head PM	NMEP	
	OYALE Philippe	Head IVM	NMEP	
	Tlim OBOT	DD PM	NMEP	

Countries	Name	Position	Organisation	E-mail
	ABDULLAHI Muhammad	PM	NMEP	
	FAGBEMI Tolulope	PM	NMEP	
	Uzoamaka UJAH	Abia State RBM Manager	NMEP	
	Mallam Umar B. ABUKAKAR	Bauchi State RBM Manager	NMEP	
	Olugbenga MOKUOLU	Professor, department of paediatrics and health, University of Ilorin	Illorin States Univ.	mokuolu@gmail.com
Sao Tome & Principe	Herodes de Sousa Pontes do Sacramento Rompao	Coordonnateur	PNLP	herodesrompao@gmail.com
	Carlos Bandeira d'Almeida	Directeur du CNE et chef de la mission		carlosal_64@yahoo.com.br
	Anastacio Tomas da Costa Pires	Charge de Surveillance et de M&E	PNLP	anastaciotomas33@gmail.com
	Agostinho Soares Batista de Sousa	Point Focal Fonds Mondial	PNLP	agostinhodesousa@gmail.com
Sierra Leone	Alhaji S. Turay	Assistant Programme Manager,	NMCP	drasturay@yahoo.com
	John Seppeh	Malaria Surveillance and M&E Officer	NMCP	jseppeh89@gmail.com
	Anitta Renitta Yokoe Kamara	Case Management focal person	NMCP	anittakay@gmail.com
Sénégal	Amadou Doucouré	Directeur de la Lutte contre la Maladie	Ministère de la Santé	drdoucoure@yahoo.fr
	Moustapha CISSE	Coordonnateur Adjoint	PNLP	mcdoussouye@yahoo.fr
Togo	Tinah ATCHA-OUBOU	Coordonnateur	PNLP	atchaoubou@yahoo.fr
	Koku Sika Dogbe	Secrétaire Permanent du Plan National de Développement Sanitaire (PNDS)	PNLP	dksmoda@yahoo.fr

Countries	Name	Position	Organisation	E-mail
	Komi Kusiaku	Point Focal Fonds Mondial	Unité de Gestion des Projets	kkusiaku@ugptogo.org
	Agnidoufèyi Aawi matthieu	Unité prévention	PNLP	mataawi@yahoo.fr

ii) Partners representatives

N°	Organization	Name	Position	E-mail
1.		Ela Obono Camillo	Coordinateur du Programme Sous Regional de lutte contre le Paludisme	ela.camilo2011@gmail.com
2.	Action against Malaria and HIV in Nigeria	Muhammed Dauda Oluwatoyin		olutoyin4real@gmail.com
3.	Akena Associates	Charles Okon		okon.charles2001@gmail.com
4.	Akena Associates	Ocheche Yusuf		ochecheyusuf@gmail.com
5.	ALMA	Clélia-Elsa Froguel	Programme Officer	cfroguel@alma2030.org
6.	ALMA	Charles Paluku	RMNCAH-n and Malaria Technical Advisor	CPaluku@alma2030.org
7.	ALMA	Stephen Rooke		SRooke@alma2030.org
8.	ALMA	Samson Katikiti	Senior Programme Officer	skatikiti@alma2030.org
9.	Bairds CMC	Matshidiso Masire		matshidiso@bridgingdialogue.com
10.	Bairds CMC	Anne Mireille Nzouankeu		annenzouankeu@gmail.com
11.	BASF	Alexander Heimsch	Commercial Manager - Business Management Global Public Health	alexander.heimsch@basf.com jennifer.gerbracht@basf.com

N°	Organization	Name	Position	E-mail
12.	BASF SE	Achim Reddig	Head of Global Business Management Public Health	achim.reddig@basf.com lea.lembach@basf.com
13.	Bayer	Hanif Bazunu Issaka	Business Manager West Africa	hanif.issaka@bayer.com
14.	Bayer Environnemental Science	Ubong Donald	Market Development Manager	ubong.donald@bayer.com
15.	Bayer, United Kingdom	Justin McBeath	RBM Working Group	justin.mcbeath@bayer.com
16.	BMGF	Susan Nazzaro	Senior Program Officer	Susan.Nazzaro@gatesfoundation.org
17.	BMGF	Abigail Pratt	Program Officer, Malaria	Abigail.pratt@gatesfoundation.org
18.	BMGF, USA	Bruno Moonen	Malaria Deputy Director	Bruno.Moonen@gatesfoundation.org
19.	Boston Consulting Group	Takeshi Oikawa	Partner	Oikawa.Takeshi@bcg.com
20.	Boston Consulting Group	Mackenzie Yaryura		Yaryura.Mackenzie@bcg.com
21.	Breakthrough ACTION	Gabrielle Hunter	RBM Working Group	gabrielle.hunter@jhu.edu
22.	Catholic Relief services	Chrestien Yameni	West Africa Regional Technical advisor on Malaria and Health System Strengthening	chrestien.yameni@crs.org
23.	Catholic Relief Services	Suzanne Van Hulle	Senior Technical Advisor – Malaria	suzanne.vanhulle@crs.org
24.	Catholic Relief Services	Zainab Ali	Senior Manager Vector Control	xynapally@gmail.com
25.	Catholic Relief Services	Sonachi Ezeiru		sonachi.ezeiru@crs.org
26.	Centre for Peace Across Borders (CePAB) Nigeria	Clinton Ezeigwe	Senior Program Manager	ezeclintik@yahoo.com
27.	CHAI	Aaron Tjoa	RBM Working Group	atjoa@clintonhealthaccess.org
28.	CHAI	Leila Dore	Malaria vector control associate for WCE, Africa	ldore@clintonhealthaccess.org
29.	CHAI	Theodoor Visser		tvisser@clintonhealthaccess.org
30.	CHAI	Abraham Okita		aokita@clintonhealthaccess.org
31.	CHAI	Omotayo Giwa		ogiwa@clintonhealthaccess.org
32.	CHAI	Tayo Olaleye		tolaleye@clintonhealthaccess.org
33.	CHAI	Andre Graham		agraham@clintonhealthaccess.org
34.	CHAI	Ignacio Cotillo		icotillo@clintonhealthaccess.org
35.	CHAI	Chizoba Fashanu		cfashanu@clintonhealthaccess.org

N°	Organization	Name	Position	E-mail
36.	Chemonics International	Ignace Bimenyimana	Senior Technical Advisor/NMCP Chad	ibimenyimana@hrh2030program.org
37.	CS4ME	Olivia Ngou --	Impact Santé Afrique / Global Coordinator & CS4ME	olivia.ngou@impactsante.org
38.	ECCAS	Peggy Conjugo-Batoma	Chef de Service Sante	pegconj@gmail.com
39.	ECCAS	Gloriose NZINAHORA	Expert Affaires Sociale	nzinahoraglory@gmail.com
40.	FALCOH	Etong Fanny Bessem	Executive Director	info@falcoh.org
41.	Far France	Richard Nkwamen	Malaria Consultant	richard.nkwamen@gmail.com
42.	HRH2030-CBM Chad	Justine Nagorngar	Long Term Technical Advisor	Justine.Nagorngar@gmail.com
43.	HRH2030-CBM Cote d'Ivoire	Ghislaine Djidjoho	Long Term Technical Advisor	gdjidjoho@hrh2030program.org
44.	HRH2030-CBM Cote d'Ivoire	Pepin Miyigbena	Long Term Technical Advisor	gdjidjoho@hrh2030program.org
45.	HRH2030-CBM The Gambia	Dorothy Onyango	Long Term Technical Advisor	donyango@hrh2030program.org
46.	IFRC	Marcy Erskine	Senior Health Officer, Malaria	marcy.erskine@ifrc.org
47.	Impact Santé Afrique (ISA)	Lydie Yabeko	Communications and advocacy manager	lydie.yabeko@impactsante.org
48.	International Water Association, Switzerland	Robert Bos	RBM Working Group	robert.bos53@gmail.com
49.	IVCC	Andrew Saibu	Manager West and Central Africa	Andrew.Saibu@ivcc.com
50.	Jhpiego, USA	Elaine Roman	RBM Working Group	Elaine.Roman@jhpiego.org
51.	Johns Hopkins Center for Communication Programs	Anna Mc-Cartney Melstad	RBM Working Group	amccart7@jhu.edu Amccartney@jhu.edu
52.	June Pharmaceuticals Consultants Limited	Babatunde Aderale	Head of Operations	projectmanagerll@junepharmaconsult.com taderemi@junepharmaconsult.com
53.	Kinshasa School of Public Health	Antoinette Tshefu Kitoto		antotshe@yahoo.com
54.	Kwara State University, Nigeria	Oluwasogo Olalubi		Oluwasogo.Olalubi@kwasu.edu.ng
55.	MACEPA	Duncan Earle		dearle@path.org
56.	Malaria Consortium, UK	Arantxa Roca-Feltrer	RBM Working Group	a.roca@malariaconsortium.org
57.	Malaria No More	Katherine Sotos	Malaria Technical Advisor	kate.sotos@malarianomore.org

N°	Organization	Name	Position	E-mail
58.	Malaria No More	Carrie Nichols	Manager, International Programs	carrie.nichols@malariaanomore.org
59.	Malaria No More UK	Annemarie Meyer		annemarie.meyer@malariaanomore.org.uk
60.	MEASURE Evaluation//ICF International, USA	Allison Schmale	RBM Working Group	allison.schmale@icf.com
61.	MMV	Hans Rietveld	Director, Access & Product Management	rietveldh@mmv.org
62.	MMV	Andre Marie Tchouatieu	Associate Director, Access & Product Management	Tchouatieua@mm.com
63.	MP - Cote d'Ivoire	Hon. Karim Kouyate	MP, Cote d'Ivoire	kouyatek18@gmail.com gorguij@yahoo.fr
64.	MP – France	Hon. Gabriel Serville	Député de Guyane (France)	
65.	MP – Mozambique	Hon. Saimone Macuiana	MP, Mozambique	samamuamb@yahoo.com.br
66.	MP – Nigeria	Hon. Senator Tejuoso	MP, Nigeria	drtejuoso@aol.com
67.	MP – Tanzania	Hon. Oscar Rwegasira Mukasa	MP, Tanzania	ormukasa@gmail.com
68.	MP - Zimbabwe	Hon. Ruth Labode	MP, Zimbabwe	ruthlabode58@gmail.com
69.	MSF	Martin De Smet	Malaria Coordinator, MSF	martin.de.smet@brussels.msf.org
70.	National Malaria Elimination Programme/Nigeria	Victor Iwuagwu	Senior Program Officer	dr.chigozie@gmail.com
71.	Novartis	Rachel Hinder	Head Key Account Management – Malaria	rachel.hinder@novartis.com
72.	Novartis	Wenan Parfait Toure	Head Access programs WCA	parfait.toure@novartis.com
73.	Novartis	Adesola Arowolo		adesola.arowolo@sandoz.com
74.	Novartis	Yewande Obioma	Medical Manager	yewande.obioma@sandoz.com
75.	Novartis Nigeria Limited	Akinolu Oyegun	Product Manager, Novartis Social Business	akinolu.oyegun@sandoz.com
76.	Novartis Nigeria Limited	Tolulope Eyenike	Head of Nigeria Business, Novartis Social Business	tolulope.eyenike@sandoz.com
77.	OCEAC	Awono-Ambene Parfait	Chef Service Recherche et Point Focal Paludisme	hpaawono@yahoo.fr
78.	Ohaha Family Foudation	John Ede	President & CEO	edjohi@gmail.com
79.	Ohaha Family Foundation	Oluwafunmilola Awe	Program Assistant Healthcare	funmiawe2013@gmail.com

N°	Organization	Name	Position	E-mail
80.	Ohaha Family Foundation	Sandra Iwuozor		iwuozorsandra@gmail.com
81.	PATH	Dieye Yakou		ydieye@path.org
82.	PATH	Molly Louise Robertson	PATH Project Director	mrobertson@path.org
83.	PMI Impact Malaria	Keith Esch		kesch@psi.org
84.	Presence Translate and Interact	Ben De Goignies		ben.degoignies@presencegroup.eu
85.	PSI	Christopher Lourenço	Deputy Director, Malaria	clourenco@psi.org
86.	PSI	Valence Nimbona	Regional Technical Advisor/Malaria	vnimbona@psi.org
87.	RBM consultant	Hilaire Zon	RBM consultant	hilairezon@yahoo.fr
88.	RBM CRSPC Co-Chair	Jessica Rockwood	Co-Chair, Country Resource Mobilization and Advocacy workstream (CRSPC)	jrockwood@iphadvisors.com
89.	RBM ESA	Kaka Mudambo	Sub-Regional Coordinator	Kaka.Mudambo@endmalaria.org
90.	RBM Secretariat	Richard Nchabi Kamwi	RBM Partnership to End Malaria Board Member	nchabik@gmail.com
91.	RBM Secretariat	Abdourahmane Diallo	Chief Executive Officer	ceo@endmalaria.org
92.	RBM Secretariat	Daddi Wayessa	CRSPC Manager	Daddi.Wayessa@endmalaria.org
93.	RBM Secretariat	Melanie Renshaw	CRSPC Co-chair	melanie@alma2030.org
94.	RBM Secretariat	Peter Olumese	CRSPC Co-chair	olumesep@who.int
95.	RBM Secretariat	Clara Mathieu Gotch	Chief Operating Officer	Clara.MathieuGotch@endmalaria.org
96.	RBM Secretariat	Matthew Boslego	Policy Specialist	matthew.boslego@endmalaria.org
97.	RBM Secretariat	Laura Davina Kuen	Operations Analyst	Laura.Kuen@endmalaria.org
98.	RBM WCA	Monique Murindahabi	Sub-Regional Coordinator	Monique.Murindahabi@endmalaria.org
99.	RBM WCA	Philippe Batienon	Sub-Regional Coordination Officer	Philippe.Batienon@endmalaria.org
100.	SANOFI	Amy NDAO-FALL	Global Health Medical Lead for Africa	amy.fall-ndao@sanofi.com
101.	SDI	Amina Knipiler	SBCC steering committee member and SCPC focal point	am.knipiler@gmail.com
102.	Shin Poong Pharm	Garam Bang	Pyramax Business Development manager	hugobang@shinpoong.co.kr
103.	Shin Poong Pharm	Vincent de Paul Gobou	Key account manager	vincentdepaul.gobou@gmail.com
104.	Sumitomo Chemical	Abdoulaye Diane	Managing Director	adiane@gen-senegal.com
105.	Sumitomo Chemical Co., Ltd.	Jean Denis N. Elumba		elumba@Sumichem-EastAfrica.com

N°	Organization	Name	Position	E-mail
106.	Syngenta	Hawa Diallo	West & Africa Business Development Manager	Hawa.Diallo@syngenta.com
107.	Syngenta	Robert David Ba		gvs.direction@gmail.com
108.	The Global Fund	Sussann Nasr		Sussann.Nasr@theglobalfund.org
109.	The Global Fund	Roopal Patel		Roopal.Patel@theglobalfund.org
110.	The Global Fund	Scott Boule	Senior Specialist, Parliamentary Affairs	Scott.Boule@theglobalfund.org
111.	UN Resident Coordinator - Nigeria	Edward Kallon		
112.	UN-Habitat, Switzerland	Graham Alabaster	RBM Working Group	graham.alabaster@un.org
113.	UNICEF	Valentina Buj	Global Malaria and Health Partnerships Adviser	vbuj@unicef.org
114.	UNICEF DRC	Rie Takesue	Health Specialist	rtakesue@unicef.org
115.	UNITE network	Amish Laxmidas	Policy & Partnerships Director	Amish.Laxmidas@unitenetwork.org
116.	UNOPS Finance	Ferid Belahouane	Finance Officer	feridB@unops.org
117.	UNOPS UN portfolio	Cecilia Westlund Smith	Portfolio Management Officer	ceciliaws@unops.org
118.	USAID/PMI	Lawrence Barat	RBM Working Group	lbarat@USAID.GOV
119.	USAID/Nigeria	Jose Tchofa	PMI Resident Advisor	jtchofa@usaid.gov
120.	USAID/PMI	Julie Wallace	Malaria Division Chief	jwallace@usaid.gov
121.	Vestergaard	Patrick Sieyes	Head of Global Growth	PS@vestergaard.com
122.	Vestergaard	Alexis Noel Kamdjou	Regional Manager	ank-contracted@vestergaard.com
123.	Vestergaard SA Nigeria & Ghana	Olukayode Obagbemi	Country Head Nigeria - Public Health	oao-contracted@vestergaard.com
124.	WAHO	Stanley Okolo	Director General	sokolo@wahooas.org
125.	WAHO	Brito Carlos	Director of Public Health Department	cbrito@wahooas.org
126.	WAHO	William Bosu	Professional Officer, Non-Epidemics & NTDs	wbosu@wahooas.org
127.	WAHO	Linda Omosefe	Consultant, West Africa Integrated Vector Management (WA-IVM) Program	lindaomosefe@yahoo.com
128.	WAHO	Yvonne CARVER	Executive Officer, Director General's Office	Ycarver@wahooas.org

N°	Organization	Name	Position	E-mail
129.	WHO AFRO	Akpaka Kalu	Team Lead Malaria	
130.	WHO AFRO	Jackson Sillah		sillahj@who.int
131.	WHO AFRO	Ebenezer Baba		babae@who.int
132.	WHO Benin	Déhoumon Louis KOUKPEMEDJI	National Program Officer for Malaria	koukpemedjid@who.int
133.	WHO Burkina Faso	Laurent Moyenga	National Program Officer for Malaria	moyengal@who.int
134.	WHO Burundi	Dismas BAZA	National Program Officer for Malaria	bazad@who.int
135.	WHO Cameroon	Alexis TOUGORDI	National Program Officer for Malaria	tougordia@who.int
136.	WHO CAR	Aristide Desire Komangoya-Nzonzo	National Program Officer for Malaria	komangoyanzonzoa@who.int
137.	WHO Chad	Honore Djimrassengar Daoudongar	National Program Officer for Malaria	djimrassengarh@who.int
138.	WHO Congo	Hermann Judicael Ongoua	Conseiller ATM-WR/Congo	ongouoh@who.int
139.	WHO DRC	Patrick Bahizi	National Program Officer for Malaria	bahizibizozap@who.int
140.	WHO Equatorial Guinea	Ekiri Nguie Ana Bella	National Program Officer for Malaria	ekiringuiea@who.int
141.	WHO Gambia	Sharmila Lareef-Jah	National Program Officer for Malaria	lareefjahs@who.int
142.	WHO Ghana	Felicia Owusu Antwi	National Program Officer for Malaria	owusuantwif@who.int
143.	WHO GMP	Abdisalan Noor	Researcher	anoor@who.int
144.	WHO Guinea	Siriman Camara -	National Program Officer for Malaria	camaras@who.int
145.	WHO IST/CA	Spes Ntabangana	Medical Officer, Malaria Surveillance and M&E	ntabanganas@who.int
146.	WHO IST/WA	Abderahmane Tfeil	Medical Officer, Malaria Surveillance and M&E	kharchia@who.int
147.	WHO Liberia	Adam K. Lincoln	National Program Officer for Malaria	lincolna@who.int
148.	WHO Mauritania	Niang Saidou Doro	National Program Officer for Malaria	niangs@who.int
149.	WHO Niger	Fatima Aboubakar	National Program Officer for Malaria	aboubakarf@who.int
150.	WHO Nigeria	Abdullahi Saddiq	National Program Officer for Malaria	Saddiqa@who.int
151.	WHO Nigeria	Jalal-Eddeen Saleh	National Program Officer for Malaria	salehj@who.int
152.	WHO Nigeria	Iniabasi Nglass	National Program Officer for Malaria	nlassi@who.int
153.	WHO Nigeria	Lynda Ozor	National Program Officer for Malaria	ozorl@who.int
154.	WHO Sao Tome & Principe	Claudina Augusto Da Cruz	National Program Officer for Malaria	cruzca@who.int
155.	WHO Senegal	Ndella Diakhaté	National Program Officer for Malaria	lareefjahs@who.int

N°	Organization	Name	Position	E-mail
156.	WHO Sierra Leone	Louisa Ganda	National Program Officer for Malaria	gandal@who.int
157.	WHO, Switzerland	Maurice Bucagu	RBM Working Group	bucagum@who.int
158.	World Vision RCA	Olivier Byicaza	Directeur du Projet Fonds mondial Paludisme	Olivier_Byicaza@wvi.org
159.	World Vision RCA	Djamine Nontena	Spécialiste Suivi et Evaluation du projet Fonds mondial paludisme	nontena_djamine@wvi.org

Annex 3 – Meeting Evaluation

Participants were asked to rate the content of the meeting on a scale of 1= Poor, 2 = Fair, 3 = Good, 4 =Very Good, 5 = Excellent.

The technical component of meeting evaluation was good. Participants found relevant the topics discussed especially WHO technical update, CRSPC updates and country presentations. They also highlighted the importance of holding such forums that gathers partners and NMCPs. However, the logistics aspects evaluation of the meeting was rated as poor. The major complaints were around the lack of internet and the inadequacy of both meeting halls, the food, the lack of security at the hotel, significant complaints around the rooms for those who stayed at the venue.

