

REPORT OF THE SADC MHS: CAPACITY FOR JOINT RAPID RESPONSE TO MALARIA/OTHER DISEASE EPIDEMICS, EMERGENCIES AND DISASTERS A PRIORITY FOR THE SADC MILITARY HEALTH SERVICES (MHS)

DAR-ES-SALAAM, TANZANIA, 26 June, 2012: A SADC MHS Troika meeting to review resolutions of the SADC Military Health Services Decisions taken during the 11th Annual General Meeting (AGM) of 2011 was held at the New Africa Hotel, Dar-es-Salaam, Tanzania 25 – 26 June 2012. The meeting was jointly facilitated by the Southern African Regional Network (SARN) Secretariat/SADC MHS Coordinator and the Tanzania MHS (current chair of the SADC MHS). The meeting was attended by the Tanzania Military Health Services Chief and Chairperson of the SADC MHS Brigadier General (Dr) Adam Mwabulanga and his team which included Brigadier General (Dr) Luhindi Msangi who is also a member of the SARN Steering Committee, the Zimbabwe Military Health Services Chief, Air Commodore (Dr) Jasper Chimedza and the Director Zimbabwe National Army Health Services Col. (Dr) Godfrey Mutetse while Col. (Dr) Kaka Mudambo (SARN Focal Point) represented the Southern African Regional Network (SARN) – the Roll Back Malaria (RBM) Partnership in Southern Africa.



Group Photo of the SADC MHS Troika

The Troika endorsed operationalization of the joint SADC Military Epidemics, Emergencies, Disasters Rapid Response Technical Committee (EPR) which was charged with the responsibility of operationalizing and building capacity for joint

regional rapid response. The Troika directed that a budgeted concept note for resource mobilization be developed and finalized by August 2012. On-going operationalization includes development of an operational plan for launching a regional Simulated Exercise to be launched in 2014. The exercise will combine the military, national disaster management organizations, civil society and organizations dealing with emergencies such as the International Federation of the Red Cross (IFRC). The Troika emphasized that the Military Health Services should develop capacity for joint rapid response to malaria and other epidemics including emergencies which are affecting the SADC region every year. The Troika also endorsed the plan to hold a Racing Against Malaria (RAM) campaign in 2013 which will start in Dar-es-Salaam and end at the Angola Namibia Border known as the Trans-Kunene Malaria Cross-border Initiative (TKMI). RAM will emphasize the importance of cross-border initiatives in strengthening the Malaria Elimination Eight (E8) agenda of eliminating malaria in at least 4 countries in the SADC region by 2015. The SADC Military Malaria Technical Committee will finalize the RAM concept note during the SARN Constituencies meeting in July 2012 in Johannesburg, South Africa and share it with all the SARN Constituencies. The Troika also endorsed the training and operationalization of the SADC Military Malaria Minimum Standards which will be supported by the SADC-ADB Communicable Disease (CD) Project. Military Malaria research/publications and Military Pharmaceuticals Technical Committees will start operations with immediate effect as directed. The Troika meeting also dealt with issues related to HIV, TB, NCDs and finalization of the Military Health Services Doctrine. A harmonized mechanism for Military Health Services support during national strikes to ensure basic public health systems are maintained and continued provision of medical care will be discussed during the October 2012 AGM. At the end of the meeting, the Troika signed an Aide Memoire to be distributed to all Member States Military Health Services for follow up.



Brigadier General (Dr) Mwabulanga (Tanzania and Chairperson in dark suit) shakes

hands with Air Commodore (Dr) Chimedza (Zimbabwe) after signing the Aide Memoire
 The SADC MHS Troika meeting signaled the beginning of a joint regional response to epidemics and emergencies which include among other things, malaria epidemics, cholera outbreaks and floods which are affecting the region. In 2012, malaria epidemics affected Madagascar while cyclones and floods affected Madagascar, Mozambique, Namibia and other countries in Southern Africa. Emphasis was put on the military ensuring rapid response to save lives, minimize suffering and deaths. The military will also ensure that all soldiers are screened for malaria before leaving for external military deployment and before returning from these operations in order to minimize the import and export of malaria across the SADC frontiers. As some countries move towards malaria elimination in the E8 region, cross-border malaria control, dealing with malaria outbreaks and ensuring that every malaria case is accounted for are some of the priorities to be implemented by the SADC Military Health Services. The Chairperson concluded by thanking the SARN and RBM Secretariat for the support provided to the Military Malaria Technical Committee and that a letter will be send to the RBM Executive Director. Gen Mwabulanga also thanked the Zimbabwe MHS for accepting to host the 12th SADC MHS AGM during which Special awards will be given by the SADC MHS chiefs.



The Troika during a work session



Displaying signed copies of the Aide Memoire

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