



**Minutes of the SARN Coordination Committee Meeting held by Teleconference
on 15th January, 2013**

SARN

Gaborone, Botswana



PRESENT

1. Program Managers : Ms. Tjantilili Mosweunyane (Chairperson)
2. NGOs : Ms. Tjipo Mothobi
3. UN Agents : Dr. Charles Paluku
4. IFRC : Dr. Michael Charles
5. SARN Secretariat :
: Dr. Kaka Mudambo
: Mr. Daniso Mbewe
: Ms. Boitumelo Lesaso

2.0 APOLOGIES : Dr James Banda

COULD NOT BE REACHED

- Military Health Services : Brigadier General (Dr.) Luhindi Msangi
- NGOs : Mr. Farai Chieza
- Program Managers : Ms Doreen Ali
- Private Sector : Ms. Martha Mpisaunga – Co-chair
- Foundations : Ms. Deepika Kandula
- ALMA : Mr. Samson Katikiti
- Research and Academic : Dr. Davis Mumbengegwi
- : Dr. Sabelo Dlamini

Brigadier General (Dr) Johanesa could not be reached by both e-mail and phone.

3.0 AGENDA

- 3.1 Welcome Remarks
- 3.2 Review and adoption of agenda
- 3.3 Confirmation of new Coordination Committee (CC) Members
- 3.4 Report on developments since last CC meeting
- 3.5 SARN 2012 PWP
- 3.6 SARN 2013 Calendar of events
- 3.7 Review of Gates end of Project Report
- 3.8 Discuss election of Co-chairs
- 3.9 HR issue
- 3.10 Closing remarks



4.0 WELCOME REMARKS

4.1 The meeting started by requesting Ms. Tjantilili Mosweunyane NMCP manager for Botswana to take the chair since Ms. Martha Mpisaunga could not be linked. The Chairperson called the meeting to order at 10:42 hours and welcomed all the members. She wished members a prosperous new year. She said as a region, we had made great strides in 2012 and needed to maintain the rhythm and as countries we needed to put our efforts together with the support of RBM Partnership to achieve our goals.

5.0 REVIEW AND ADOPTION OF THE AGENDA

5.1 The agenda was adopted with no amendment; this was proposed by Ms. Mothobi and supported by Dr. Paluku.

5.2 It was agreed that although the participants did not constitute a Quorum, the meeting should proceed and then endorsement would be sought from the other members after they have gone through the minutes. Connection to those members using mobile phones was difficult on that day which resulted in many members not being reached.

6.0 CONFIRMATION OF NEW COORDINATION COMMITTEE (CC) MEMBERS

6.1 The SARN Coordinator informed the meeting that new members (NGOs- Ms Tjipo Mothobi (GBCHealth) and Dr Efison Dhodho (PSI Zimbabwe replacing Mr. Farai Chieza), Research and Academic - Dr. Davis Mumbengegwi (University of Namibia) and Dr. Sabelo Dlamini (University of Swaziland) and Military Health Services - Brigadier General (Dr.) Johanesa Rakotonirina (Madagascar MHS) had joined the committee.

7.0 REPORT OF DEVELOPMENTS SINCE LAST CC MEETING

7.1 The SARN Coordinator presented a report on progress made since July 2012 in implementation of SARN work plan and actions taken on action points agreed upon in the minutes of CC meeting that was held on 27th July 2012 in Johannesburg, South Africa as follows:

Brief PWP Activity Report

- a. Facilitated and convened the MAZAMO-mi (Malawi, Mozambique and Zambia) cross-border initiative in August 2012 and the outcomes of the meeting were: changed the project name from Trans-Luangwa (TLMI) to MAZAMO-mi; agreed on the Vision – “Malaria/parasite free MAZAMO-mi communities with social and economic prosperity-by 2025” and Goal – “Near zero transmission in MAZAMO-mi by 2020”; finalised MAZAMO-mi concept note, drafted MAZAMO-mi Business Plan, districts budgeted action plans, TA plan and roadmap for the launch and operationalization of MAZAMO-mi; agreed on establishment of a 15 member Technical-Coordinating Committee made up of 5 people from each country, technical advisory sub-committees for various thematic areas such as vector control case management and diagnostics, BCC/IEC and M/E; for the first time, the districts shared presentations which showed that malaria burden was high in all districts, there exists a high risk of cross-border movement of parasites,



barriers to follow up of cases and on-going stock outs of malaria commodities; agreed that the role of community based workers was critical in strengthening surveillance/M&E at community and district levels and to start sharing inter-district Information and best practice immediately.

- b. Facilitated and convened the TKMI cross-border meeting in August 2012 where two Deputy Ministers of Health from Angola and Namibia signed the Ondjiva Declaration for the TKMI in which the two governments made commitments to mobilize resources for implementation of TKMI activities and resolve bottlenecks affecting movement of personnel, vehicles and malaria commodities across the borders of the two countries.
- c. E8 Technical Committee meeting held in September 2012 and the main outcomes were development of a roadmap for the recruitment of the E8 Secretariat Coordinator, selection of a panel for the recruitment of the E8 Secretariat Coordinator, reviewed the job description of the E8 Secretariat Coordinator, constituted E8 Technical Committee and reviewed and updated the E8 Action Plan.
- d. Facilitated and convened jointly with GBCHealth the Elimination 2020 meeting which was attended by Permanent Secretaries and CEOs and the main outcomes of the meeting were development of action plan on the Road to Malaria Elimination 2020, Permanent Secretaries and Chief Executive Officers developed their roadmap/action Plan and the Private Sector pledged to support the Elimination 2020 action plan.
- e. Facilitated and convened the SADC MHS meeting in October 2012 in Victoria Falls, Zimbabwe and the main outcomes of the meeting were approval of proposal for Malaria, HIV and T B Minimum Standards training, operational research activities including work streams for supporting military malaria research, action plan for launching of the Racing Against Malaria (RAM 2) and RAM 2 and EPR concept notes.
- f. Facilitated, coordinated and convened the RBM SBCC meeting in Maputo in November 2012 and the outcomes of the meeting were acknowledgement of the role communication plays in the fight against malaria by the NMCPs, representatives and partners, commitment to support dissemination of the global Strategic Framework by assembled partners and National Malaria Control Programs, reviewed and endorsed Mozambique Communication Strategy, agreed to include communication in country roadmaps for 2013, development of a plan of action for operationalizing/alignment of the Strategic Framework at country and regional level in the SARN countries and 2013 work plan for the RBM Partnership Communication Community of Practice, establishment of a SARN Communication Officers SBCC work stream and development of a Technical Assistance (TA) plan for supporting countries to align national communication frameworks and roll out to all communities.
- g. Swaziland P&I Series was launched and disseminated in November 2012 and the launch was also attended by Yyvone Chaka Chaka.
- h. Participated in the SADC Malaria Day events in Manhica, Mozambique and distributed T-shirts and caps, disseminated the RBM Communication Framework and the Swaziland P&I Series.



- i. Finalized the 2013 PWP which was approved by the RBM Board in Dakar, Senegal and the regional MPR report and TZMI Business Plan were disseminated during the Board meeting.
- j. Participated in the HWG meeting in Dakar, Senegal and it was observed that the gap analyses seemed to emphasise more on nets while IRS and other interventions seem to play a secondary role.
- k. In 2013: Teleconference were held with Mozambique and Zimbabwe program managers; was processing Mozambique request for a costing consultant (Olusola Thomas Ajibona) from Nigeria; draft 2013 SARN Calendar of events was available for review and dates were set for the Mozambique and Zimbabwe missions.

7.1.2 Action Points

- a. **SARN hosting arrangements:** SARN Secretariat settled well at IFRC and conditions were optimal and RBM informed SADC of the new host. Further discussions if necessary would be done during March 2013 face to face meeting.

Comments

- Botswana said that the IFRC offices were very accessible, sociable and welcoming and there was no need to look for another host.
 - IFRC said it was rewarding to hear such remarks and that indeed there were synergies between SARN and IFRC and everything possible would be done to make sure that SARN was comfortable.
 - The Chairperson thanked the IFRC Resident Representative, Dr Charles and the entire IFRC team for the good support rendered to SARN.
- b. **The draft template for use by countries when making presentation during the SARN General Assembly:** Dr Paluku informed the meeting that since July 2012 things had changed and countries were now using the roadmap as a reporting template for presenting progress on implementation of country plans.
 - c. **AWARDS:** SARN would follow up with ALMA in 2013 and SADC MHS chiefs gave awards to: Brigadier General (Dr) Msangi and Col. (Dr) Kaka and others in October 2012.

Comments

- The Chairperson congratulated the MHS for the awards which were given to deserving recipients and said let it be adopted by SADC in other areas as well.
- d. **Draft Regional MPR Report:** The report was printed and disseminated during the Board meeting in Senegal together with the TZMI Business Plan and copies would be sent to countries. SANOFI funded the production of both documents.
 - e. **Gates end-project report:** The report was ready for CC review and endorsement before submission to SADC. The SARN Focal Point informed the participants that a copy with figures, tables and plates is being prepared but the text remains the same as in the Gates report.



- f. **It was resolved that country missions should involve all network members not only the Coordinating Committee:** In 2013 teams will include various experts to meet the requirements of each mission.
- g. **A meeting was planned from 09 to 12 October 2012 in Johannesburg, South Africa where Permanent Secretaries and the Private Sector were brought together to discuss innovative ways of raising funds for malaria activities:** The meeting was done and PSs were now going to arrange in-county PPP meetings and these meetings would be convened during SARN missions to countries.
- h. **Impact series:** Swaziland launched the series in November 2012. Madagascar and Malawi P&I series would be launched in 2013.
- i. **SADC Secretariat stated that cross-border initiatives were weak.** SARN developed and distributed a report on progress made in the implementation of cross-border activities but no report was received from SADC. Zimbabwe NMCP recruited Matebeleland South Elimination Coordinator.
- j. **SARN Secretariat requested the committee to start developing 2013 activities:** Committee members did not contribute except for Laurenceo and Dr Paluku. SARN 2013 PWP was developed and approved by the Board. Col Mudambo appealed to the CC members to honour their responsibilities by ensuring that they attend TCs, develop and/or review documents when requested.

8.0 SARN 2013 PWP

- 8.1 The Coordinator presented the SARN 2013 PWP which was approved by the Board in December 2012 in Dakar, Senegal and the total budget was USD691,628.
- 8.2 Activities funded under this budget included resolution of bottlenecks, joint missions to countries, program managers' meeting, review of Zimbabwe strategic plan and operational costs and other activities in the PWP would be funded through parallel funding.

Comments

- It was proposed that next year this meeting should be held face to face as it was very important.
- GBCHealth offered to identify a company which would host joint CC and Program Managers meeting that would be held in March 2013 and proposed to hold a TC for CC preceding the meeting.
- The suggestions were supported and it was noted that it was important to engage more with the CC; therefore it was necessary to put down something on paper to agree on the way forward.
- GBCHealth offered to support SARN in development of work plan and budget and it was important for the CC to come up with ideas on how to engage.



- GBCHealth informed the meeting that there was a private sector meeting for the region which was being organised which would not only discuss malaria but other diseases as well.

9.0 SARN 2013 CALENDAR OF EVENTS

9.1 The Coordinator presented draft SARN 2013 Calendar of events and said it was the prerogative of the CC to make amendments. The members were requested to review the events and send comments in order to finalise the calendar of events.

Comments

- It was proposed to engage the private sector to support/host other activities apart from hosting the March 2013 meeting.
- The meeting noted that it was fine to hold the March 2013 meeting in Gaborone, Botswana but it was important to consider other venues within Botswana as well.

10.0 REVIEW OF GATES END OF PROJECT REPORT

10.1 The Coordinator said that the draft report was ready and had been sent to CC members for review and comments were expected to be received by Monday, 21st January 2013.

11.0 DISCUSSION ON ELECTION OF CO-CHAIRS

- 11.1 The Coordinator informed the meeting that a new CC committee had come in, therefore there was need to elect co-chairs.
- 11.2 The procedure was that members of the committee should be notified two months before elections are held (SARN did make the announcement end of 2012) and the mode of elections is decided by the committee. Voting could either be done electronically or by secret ballot.
- 11.3 The Coordinator proposed to the CC to hold elections electronically and said that those members of the committee who wished to be considered for the position need to forward their names to SARN Secretariat. Use of the electronic voting system will speed up the elections instead of waiting for March. It was agreed that the voting will be done electronically. Ms. Tjantilili Mosweunyane (Botswana NMCP) and Ms. Tjipo Mothobi (GBCHealth) expressed interest for the position of co-chair.

12.0 HR ISSUE

12.1 The Coordinator informed the committee that due to the ending of the Gates grant which had a provision for the position of Knowledge and Information Management Officer, the position was now being abolished as at the end of March 2013. The RBM Secretariat has informed the Focal point that it would be impossible to continue funding the position due to funding constraints and also due to the fact that SARN is the only network that has such a position.



Comments

- Members expressed concern at the negative impact to the network of losing the position. It was suggested that current funding be re structured to cater for the position for at least a period of two months while alternative means of funding were identified.
- It was agreed that a letter be written to the RBM Secretariat requesting for the network to be given more time to look for alternative funding before phasing out of the position and also to stress the importance of the position.
- A committee made up of the following was set up to look into mobilizing resources from other partners such as the Private sector.

Ms Tjipo Mothobi – Chairperson

Dr Michael Charles

Ms Deepika Kandula

Ms Martha Mpisaunga

Dr Kaka Mudambo

The Coordinator and Dr Michael Charles were tasked with drafting the Terms of References for the Committee.

13.0 CLOSING REMARKS

- 13.1 The Chairperson thanked the members for their participation and also for their continued support in the fight against malaria.