EARN EASTERN AFRICA ROLL BACK MALARIA REGIONAL NETWORK
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website; www.rollbackmalaria.org
Covering: Burundi, Comoros, Djibouti, Ethiopia, Eritrea, Kenya, Rwanda, Somalia, Sudan, South Sudan, Tanzania, Uganda and Yemen

13th EASTERN AFRICA SUB-REGIONAL NETWORK (EARN) ANNUAL MEETING

GENERAL ASSEMBLY MEETING

3-7 SEPTEMBER, 2012

NAURA SPRINGS HOTEL, ARUSHA, TANZANIA

Compiled by: Joaquim Da Silva, EARN Coordinator

CONTENTS

ABBREVIATIONS

ACSM	advocacy, communication and social mobilization
ACTs	artemisinin-combination therapies
ALMA	African Leaders Malaria Alliance
AMFm	affordable medicines facility – malaria
ANC	antenatal clinic
AQ	amodiaquine
BCC	behaviour change communication
CHW	community health workers
CQ	chloroquine
DFID	Department for International Development, UK
EARN	Eastern Africa Roll Back Malaria Network
ECC	Executive Coordination Committee
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GFR8	Global Fund Round 8
GIS	geographic information systems
GMAP	Global Malaria Action Plan
HAMSET	HIV/AIDS, Malaria, STDs and Tuberculosis Control Project
HEWs	health extension workers
HMIS	Health Management Information System
HMM	home management of malaria
iCCM	Integrated Community Case Management
IDSR	Integrated Disease Surveillance & Response
IDPs	internally displaced persons
IEC	information education and communication materials
IPT	intermittent preventive treatment
IPTp	intermittent preventive treatment in pregnancy
IRS	indoor residual spraying
IVM	integrated vector management
KEMSA	Kenya Medical Supplies Agency
LLINS	long lasting insecticidal nets
LMIS	Laboratory Management Information System
M & E	monitoring and evaluation
MIP	malaria in pregnancy
MIS	Malaria Indicator Surveys
MPR	Malaria Programme Review
mRDT	malaria rapid diagnostic test
NHPSPs	National Health Policies, Strategies and Plans and costing
NEMA	National Environmental Management Authority, Kenya
NMCP	National Malaria Control Program
PCR	polymerase chain reaction
PD	Programme development
PM	Programme management
PMI	President's Malaria Initiative
QNN	quinine
RBM	Roll Back Malaria

RDT	rapid diagnostic tests
SISCom	Système Informatique de Santé Communautaire
SP	Sulfadoxine-Pyrimethamine
T3	Test, Treat, Track
TET	therapeutic efficacy test
TFM	transitional funding mechanism
THMIS	Tanzania HIV/AIDS and Malaria Indicator Survey
UCC	universal coverage campaign
WMD	World Malaria Day

ACKNOWLEDGEMENTS

The 13th Eastern Africa Sub-Regional Network (EARN) Annual Meeting was attended by over 100 participants representing 13 national malaria control programs, as well as global, regional and national partners. EARN would like to thank the following institutions and individuals for their support, dedication and commitment, without which the success of this meeting would not have been possible. These include:

- *Honorable Dr. Hussein Ali Mwinyi, Minister of Health and Social Welfare, Tanzania, for taking time out of his busy schedule to grace this occasion and officially opening the meeting*
- *Dr James Banda for his wonderful support and great contributions throughout the entire proceedings*
- *National Malaria Control Programs, in particular program managers who personally attended*
- *The RBM/EARN Secretariat for its financial and administrative support*
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- *WHO-AFRO & GMP for key technical presentations*
- *UNICEF-ESARO for the administrative arrangements and hotel bookings*
- *Country representatives, members of EARN and the RBM Partnership for their enthusiastic support*
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We would also like to thank the Ministry of Health of Tanzania for facilitating the immigration process and thus making it that much easier for delegates to attend the meeting. Additionally, we would like to thank all the private sector companies that include Novartis, Standard Diagnostics, Olyset East Africa, BASF, Vestergaard Frandsen, Best Net, Sanofi-Aventis and AVIMA, who provided complementary financial and logistical support to the meeting, and whose enthusiastic participation and great exhibitions contributed to the current report and the meeting's great success!

EARN Coordination Committee

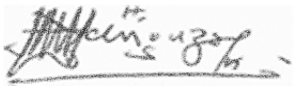
Names	Organization	Position
Dr. Corine Karema	Rwanda NMCP	Co-Chair
Mr. Athuman Chiguzo	KENAAM	Co-Chair
Ms. Grace Nakanwagi	Malaria Consortium	Member
Dr. Barnabas K. Bwambok	Vestergaard Frandsen	Member
Mr. Bernard Oduor	SANOFI	Member
Dr. Mohamed Ali / Renata Mandike	Tanzania NMCP	Member
Dr. David Soti	Kenya DOMC	Member
Dr. Khalid Elmardi	Sudan NMCP	Member
Dr. Affane Bacar	Comoros NMCP	Member
Dr. Agonafer Tekelegne	CAME ETHIOPIA	Member
Dr. Rory Nefdt UNICEF	ESARO	Member
Dr. Ambrose Talisuna	WWARN	Member
Dr. Charles Paluku / Josephine Namboze	WHO IST Harare	Member
Dr. James Banda	RBM Secretariat	Member
Richard Carr	RBM Secretariat	Member
Dr. Joaquim Da Silva	EARN / RBM Secretary	Secretary

FORWARD

EARN held its 13th General Assembly meeting in Arusha, Tanzania, from 3rd to 7th September 2012, under the theme***: "Sustain Gains, Save Lives: Invest in Malaria"*** and the slogan: ***"Malaria Control for Sustainable Development in Eastern Africa!"*** to review the progress of country roadmaps towards full implementation of the Global Malaria Action Plan (GMAP) in East Africa. Delegates to the meeting and the RBM Secretariat addressed issues that included updates on country malaria control roadmaps, management of Artemisinin resistance containment, and management of malaria vector insecticide resistance. The meeting also reviewed the status of community management of malaria and M & E surveillance systems, AMFm transition planning, and the need to strengthen in-country and cross-border malaria partnerships as a way to improve the use of an already dwindling resource through the creation of synergistic partnerships within countries and in the sub-region.

Delegates from the various countries used the roadmaps to assess their and others' achievements with regards to 2010 GMAP targets, and also went on to establish new targets and milestones towards their 2015 goals. The 13th General Assembly Meeting therefore provided a forum for different NMCPs and partners to share information and best practices as well as to discuss factors that could influence or limit the implementation of country roadmaps. From the outset, the meeting acknowledged the need to focus on major bottlenecks hindering implementation of national malaria control work plans and provided solutions that could be used to overcome these. This meeting was particularly helpful in equipping countries with tools such as the gap analysis, NetCalc and iCCM, to update their malaria control reports and work plans for 2012-2013 whilst also identifying the necessary technical assistance needed from EARN partners. A summary analysis of the country roadmaps is included herein. Delegates rated the meeting as successful and useful according to the post-meeting evaluation, which is included in this report.

As many parts of East Africa have recently experienced significant reduction of malaria morbidity and mortality, EARN still looks forward to continuing working with countries as well as supporting them to tackle their ambitious but realistic plans of reducing the socio-economic burden of malaria, promoting development and reaching near zero deaths by 2015. We remain honored to be associated with the success of this invaluable meeting, and commend all partners on the excellent gains achieved thus far.



Dr. Corine Karema

EARN Co-Chair

Mr. Athuman Chiguzo

EARN Co-Chair

INTRODUCTION

The theme for World Malaria Day 2012 was "Sustain Gains, Save Lives: Invest in Malaria" and it has reflected a relatively successful decade with realization of substantial reductions in malaria morbidity and mortality in many countries including those of Eastern Africa. However, these gains are threatened due to the current changing financial landscape and it is against this background that the ECC of the Eastern Africa RBM Network (EARN) convened its 13th General Assembly meeting at Naura Springs Hotel, Arusha, Tanzania from 3rd to 7th September 2012. Delegates reflected on the progress of East Africa country roadmaps and deliberated on the challenges of delivering malaria control in a financially constrained environment.

Also discussed were program achievements to date, together with planned activities for the following year. The forum was hailed as an excellent setting that allowed peer review of each other's achievements, exchange of ideas and a great opportunity for sharing best practices (Annex 1).

General Objective

The main objective of the General Assembly was to provide a forum for the partners to coordinate their malaria control efforts and ensure that resources deployed are used optimally with minimal waste.

Specific Objectives

The specific objectives of the meeting were as follows:

1) Review EARN-RBM Work plan implementation performance
2) Gauge progress in terms of implementation of malaria roadmaps towards the GMAP
3) Provide technical updates in various fields of malaria control
4) For countries in the region to share best practices and experiences
5) Countries/partners share information on how to overcome specific challenges
6) Discuss the programmatic implication of the changing global financial environment for malaria control in Eastern Africa and the way forward
7) Countries and partners to develop joint 2013 plan to address the needs and achieve goals/targets
8) Elect new constituency representatives of the EARN-ECC

Expected Outputs

The expected outputs of the meeting included:

1) EARN-RBM Work plan implementation performance reviewed
2) Progress assessment in terms of implementation of malaria roadmaps towards the GMAP measured
3) Malaria technical updates provided to countries
4) Technical assistance needs identified
5) Best practices shared among EARN countries
6) GFATM and the programmatic implication of the changing global financial environment for malaria control in Eastern Africa discussed and recommendations on the way forward provided
7) EARN 2013 partnership work plan to address the needs and achieve goals/targets developed

Meeting Structure

The meeting utilized plenary presentations followed by interactive discussions and group work. Poster presentations by the private sector were show-cased. Proceedings were conducted in English with simultaneous translation into French.

Meeting Proceedings

The meeting was attended by delegates from the 13 East African NMCPs (Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, Sudan, South Sudan, Tanzania, Uganda and Yemen) as well as delegates from other organizations which included in-country and regional RBM partners both regional and global, particularly from UN agencies and multilaterals, NGOs in malaria, private sector, academic and research institutes (Annex 2).

The meeting took place over 4 days (Annex 3). During the first 2 days, each country gave an update of their respective roadmap implementation and progress status to June 2012. Country reports focused on the following themes: malaria epidemiology; intervention progress; monitoring & evaluation (M & E); best practices; challenges faced; and perspectives for the future.

Additionally on Day 2, there was: an update from MMV; a brief on the RBM Partnership - Progress and Impact (P and I) Series and the launch of Tanzania's P and I; an overview and in-depth look into Gap Analysis followed by an overview of the Kenyan experience by Dr Soti. Day 3 commenced with a wrap up of the versatility of this tool in terms of its use in iCCM by Mr. Rabaira. Country participants, during breakaway sessions on day 4, were then able to test the Gap Analysis Tool under supervision. Finally on Day 2, partners shared their experiences in the malaria field during the Market place presentations, which culminated with the market place being opened to all participants.

Day 3 was further enriched with presentations from WHO (Malaria strategic & operational planning; Key technical updates on GPARC; update on GPIRM Surveillance in malaria control & elimination- an introduction to WHO operational manuals; LSM; Scale down VC interventions); GF transformation & access to funding for malaria; PMI; DFID; and time for EARN constituencies meetings with the malaria market place running in the afternoon.

Day 4 began with a brief from the various constituencies - NMCPs, academia, UN EARN, and then presentations on the introduction to tools for continuous distribution of LLINS; private sector case management strategy & AMFm transition planning- sustaining access to diagnosis and treatment as outlined in the Agenda (Annex 2).

Following the breakaway sessions, countries gave a summary report on their prospective plans and main recommendations including the way forward. Final discussions were carried out prior to the meeting being officially closed.

OPENING SESSION (Day 1)

The 13th Eastern Africa Sub-regional network (EARN) annual meeting session began with welcome remarks by Dr. Da Silva (UNICEF-ESARO and EARN Coordinator). He then went on to outline the meeting objectives and expected outputs. The proceedings were then officially opened by Honorable Dr. Hussein Ali Mwinyi, Minister of Health and Social Welfare, Tanzania. The chair invited the members to introduce themselves, and thereafter presentation of country progress reports commenced.

A summary of the presentations is provided below. Note that all country data and maps presented herein are produced by each respective country).

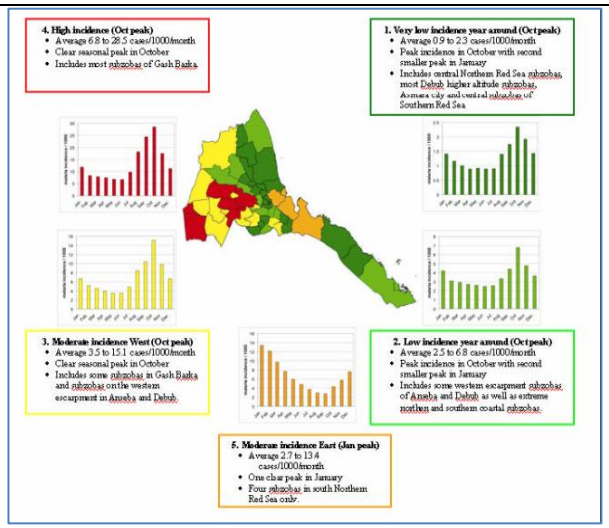
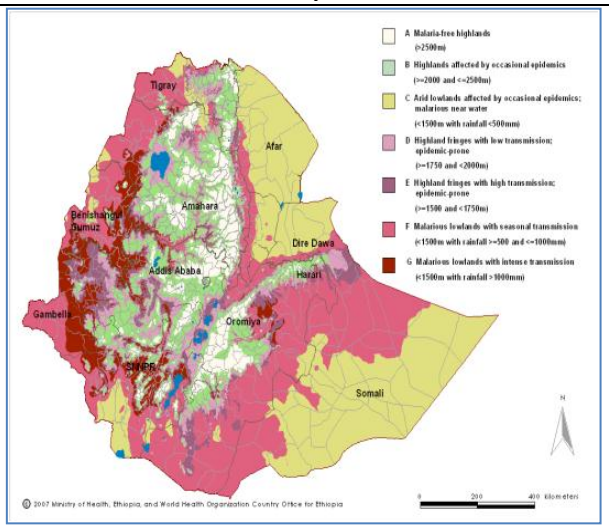
The full presentations are available at (http://www.rbm.who.int/countryaction/index.html) except for Djibouti for which no up-to-date status report was issued.

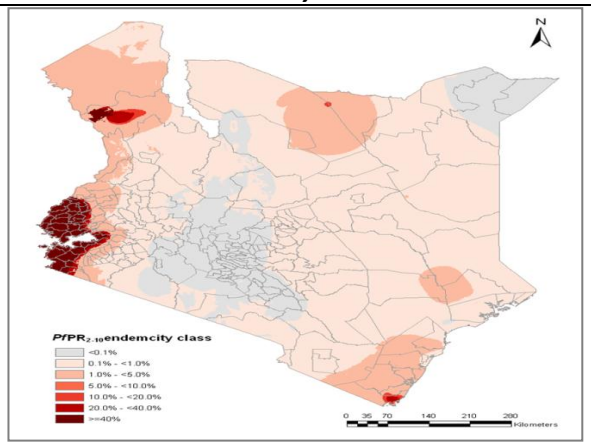
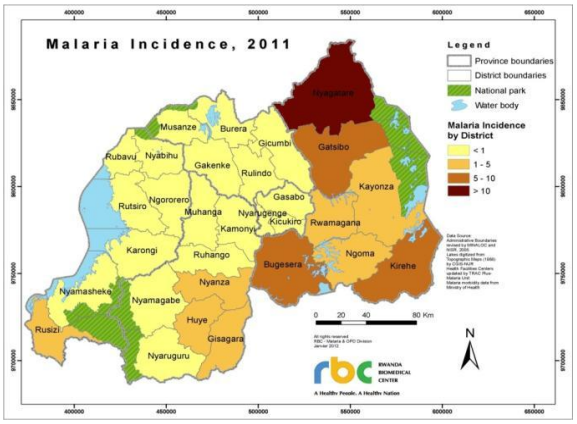
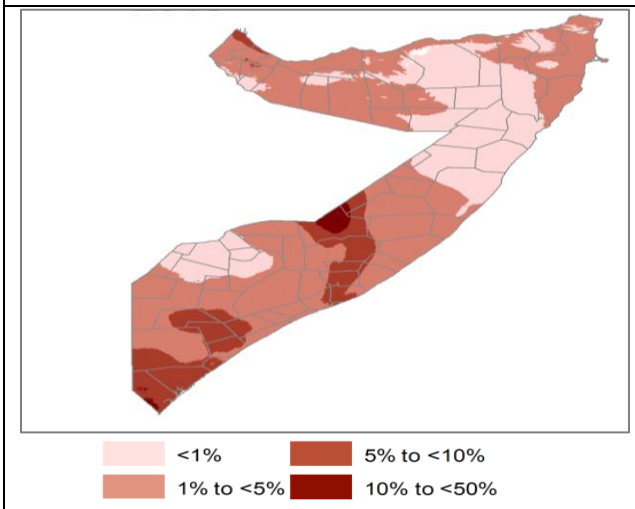
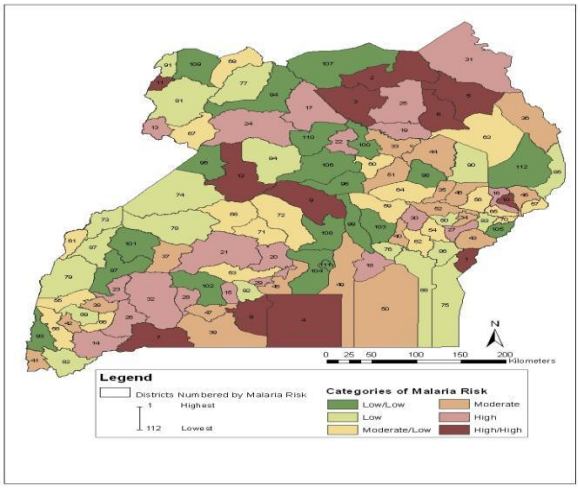
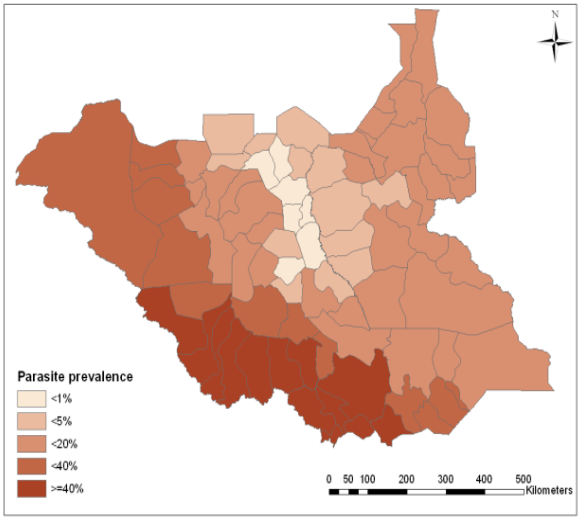
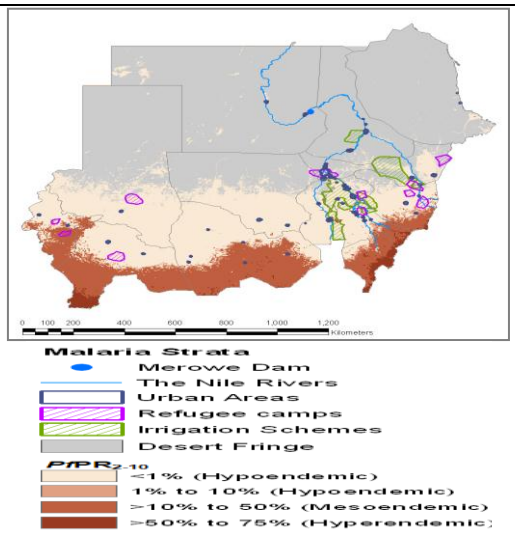
Photos of the proceedings are accessible here: https://www.dropbox.com/sh/ln6zpo2ze1lgm2c/lPyi5Uef7p

GLOBAL MALRIA ACTION PLAN: COUNTRY PROGRESS REVIEWS (Days 1 & 2)

MALARIA EPIDEMIOLOGY

Country malaria risk maps depicting the relative intensity of malaria incidence as presented in country progress reports are included below. Rwanda also presented malaria morbidity and slide positivity rates by health centre for 2011. In each country, 'hot spots' still exist and perhaps more focused and targeted interventions in these particular areas would aid greatly in identifying the determinants of transmission with the hope of impacting on a downward trend in malaria incidence in these areas.

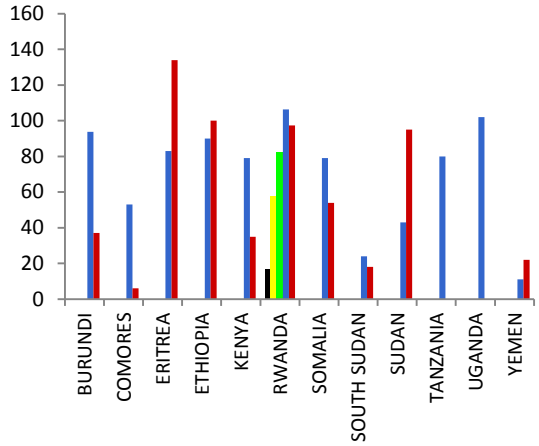
Eritrea	*Ethiopia*
	

Kenya	Rwanda
	
Somalia	**Uganda**
	
South Sudan	**Sudan**
	

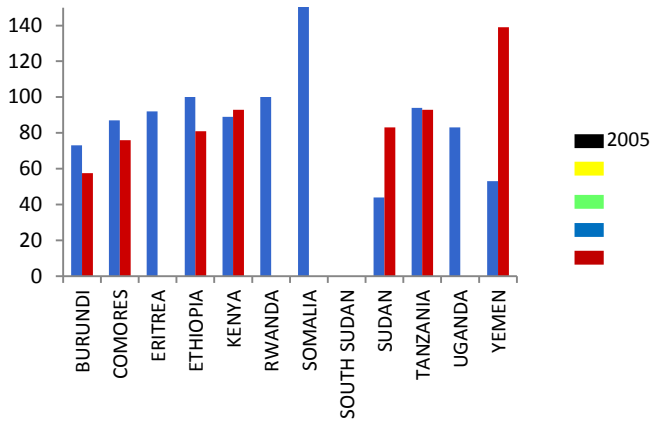
PROGRESS IN INTERVENTIONS

Countries presented vector control intervention coverage rates based on distribution of LLINS and implementation of IRS activities. Ethiopia, Sudan, Rwanda, Uganda and Eritrea, attained 100% or over 100% LLINs coverage respectively in 2011 and 2012. All remaining EA countries are yet to achieve 100% coverage. Somalia and Yemen reported over 100% IRS coverage in 2011 and 2012 with IRS coverage in the remaining countries steadily rising towards universal coverage as depicted below.

Percentage distribution of LLINS



Percentage coverage of IRS

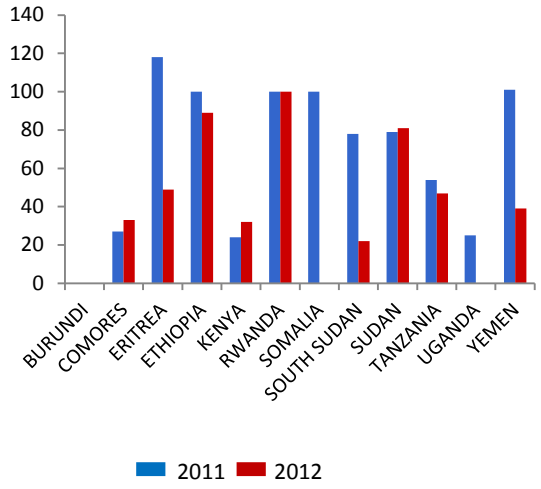


Tanzania also reported on progress of its integrated vector management strategies per region with indication of impact of combined vector control interventions particularly around the Lake Victoria region.

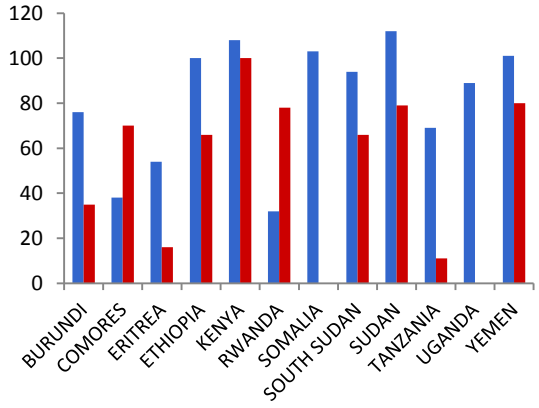
The case management for malaria per country during 2011-2012 shows that all countries attained 100% distribution of the targeted RDTs in 2011 with the exception of Comoros and Kenya. There is a problem of trusting the RDT results in Comoros, while in Kenya delays in procurement of RDTs was reason behind not achieving the intended target. Similar, the 2012 targets are still to be realized by Ethiopia, Somalia, South Sudan, Uganda and Yemen. However, Eritrea and Yemen are projecting full distribution by the end of the year.

The distribution of ACTs by mid-2012 had not yet reached 100% for Burundi, Eritrea, Somalia, Tanzania and Uganda, although most countries reported that activities were currently being carried out.

Percentage distribution of RDTs



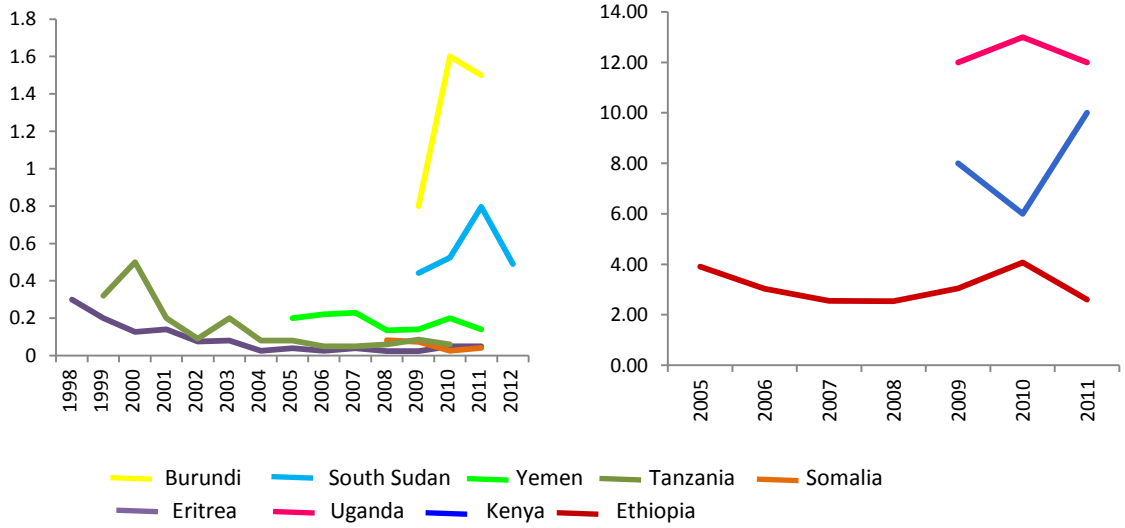
Percentage distribution of ACTs



Also illustrated were clinically and laboratory confirmed malaria cases as well as the deaths that occurred as a result of malaria. A steady decline in malaria cases was noted for Eritrea, Somalia and Yemen. However, peaks have been noted in the period 2010-2011 for South Sudan, Burundi, Ethiopia, Kenya and Uganda and this could be attributed to:

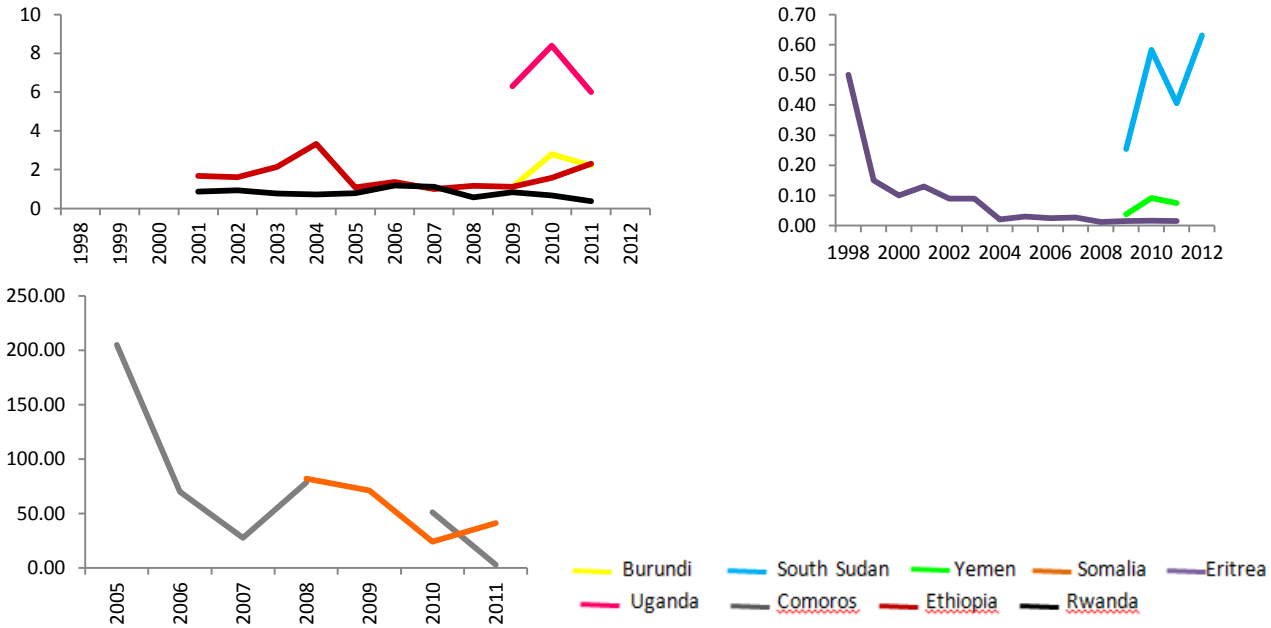
- an increase in reporting rates;
- an increase in access and utilization of health centers , or
- an actual increase in morbidity.

Prevalence of malaria cases, clinical and laboratory confirmed (millions)



Over the years, a decline in malaria deaths has been noted for the majority of countries, except for Burundi, Ethiopia and Uganda where increases in deaths were noted between 2010-2011. With regards to South Sudan, the trend in deaths due to malaria appears to be erratic, being on an upward rise from 2011.

Deaths due to malaria (thousands)



MONITORING & EVALUATION

Countries also explained their M & E, IEC/BCC and programme development (PD) and programme management (PM) plans and outputs for the period January- December 2011 and January- June 2012. For more information, refer to Annex 4. Countries like Rwanda, Somalia, and to some extent Ethiopia, Kenya and South Sudan have been able to realize their targets in a timely fashion.

BEST PRACTICES

Each country also outlined their best practices during the progress review.

Burundi

Burundi suggested the following as necessary to achieve consistently good results: malaria programme review (MPR); political commitment in the form of regular attendance by the Head of State to malaria special events, including global subsidies of ACTs especially for severe malaria in vulnerable populations (pregnant women and children under five years); close follow up of bed net use at the household level with the help of community based organisations; integrated epidemiological surveillance quarterly

bulletins; participatory planning with all in-county RBM partners; and following recent updates to the malaria treatment guideline such as the use of injectable Artesunate for severe malaria treatment.

Comoros

The Comoros country report suggested that more research on active malaria cases is needed. Also, involving the Association of Wise women in research activities geared towards pregnant women and the use of IPTp is important. It is necessary for some regions to have weekly notifications of malaria cases. It is also important to put structures in place in both the public and private health facilities which allow for free diagnosis and treatment of uncomplicated malaria cases. Finally it remains imperative to allow the participation of the majority of the private sector in the distribution of free anti-malarials.

Djibouti

Djibouti reported the following: through the larval programme, control and destruction of vectors has been a success as previously reported (2008-2009). Additionally, the training of health officers and members of the community in terms of spraying techniques contributed to the success of the programme. Collaborations throughout the national territory and the presence of the operational community health agents in the regions of the Interior are factors that have favored the implementation of interventions for vector control. Finally, with continued collaborations, with The Disease Control Arm of the Department of Public Health and Sanitation, this will result in favorable outcomes.

Eritrea

The team from Eritrea noted that the malaria program benefits from the multi-partnership established under HAMSET project from national to sub-regional levels. Furthermore, the use of ACTs and RDTs at community level was beneficial. Community involvement in larval habitat management was also deemed essential. It was further proposed that a strong surveillance system by IDSR and regional malaria focal persons with weekly reporting and regular operational research, especially monitoring efficacy levels of drugs and insecticides, would strengthen malaria control in the country.

Ethiopia

Scale up of interventions which would include LLINs, IRS and better diagnosis and treatment was advocated for. Furthermore, involvement of HEWs was central to malaria prevention and control. Other best practices seen as critical in Ethiopia were: community empowerment; the existence of program guidelines; regular MPRs and Malaria Indicator Surveys (eg MPR 2011, MIS 2011); up-to-date malaria risk maps (2011/12); training especially in the areas of vector control, case management, epidemic prevention & control; iCCM for the majority of HEWs (>21,000); and timely fund mobilization (TFM and GFR8 phase II).

Kenya

Critical factors for malaria prevention and control in Kenya were identified as being: the existence of dashboards to regularly check progress and performance; the existence of SMS for life for logistics

management; the use of a simplified orientation package and well trained "clinical mentors" to conduct short whole-site orientation of service providers; and the use of CHWs to register all pregnant women in their CUs and follow-up with them to remind the latter of the services which they are next due for at the ANC, as well as reminding them of the importance of LLINs.

Rwanda

For Rwanda, the collection of data to support evidence-based decisions especially via drug efficacy monitoring, LLINs durability surveys, insecticide efficacy surveys would be important components. Other best practices are: the regular and consistent confirmation of malaria cases at all levels- all health and community-based facilities; focalized LLINs distribution and monitoring by CHWs such as via monthly household visits; close follow up of the commodities procured and stocks on hand; quarterly meetings with DH on DQA; and strong HMIS and SISCom.

Somalia

Identified best practices for malaria prevention and control included: coordinated team work between health authorities and partners; capacity building of NMCPs; transparent selection of SRs; quick response to detected malaria cases in Northern areas; a strong HMIS in northern zones; community support to malaria interventions; and the introduction of dual RDTs for the containment of *Plasmodium falciparum* and the detection of *Plasmodium vivax*.

South Sudan

Mass distribution campaigns, such as the 2008 campaign in which 7million LLINs were distributed which resulted in an increase in ownership from 5% in 2005 to 53% of households owning LLINs was seen as critical to malaria prevention. The introduction of community-based management structures for malaria across the 32 counties was also identified as a critical. South Sudan is currently conducting its MPR.

Sudan

Enhanced malaria control in Sudan was based on monitoring insecticide resistance and incorporating vector surveillance, in addition to supporting implementation units (localities/districts) at the lower level (ie decentralization). Vector control targets for 2011-2012 (IRS, Larviciding, LLINs) have been achieved in Sudan. Sudan is currently conducting its MPR in collaboration with the National Institute of Public health and partners in country. GFATM round 7 is rated A2 and the round-10 started its implementation from April 2012.

Tanzania

An update on the country's best practices to date was presented. Tanzania has achieved universal coverage of LLINs and equity in LLIN access. The use of a consultative process has allowed for the determination of a keep-up strategy after the universal coverage campaign (UCC), including mobilisation of funds with local partners. The need for generation of a mid-term MPR to inform the development of a new strategic plan was highlighted. A further suggestion was to for secondary data analysis to assess the

impact of malaria interventions scaling up on under-five all-cause mortality that has been on decline in the last decade. During the period 1992-2010, the country realized about 50% reductions in under-five all-cause mortality. Additionally, the 2nd THMIS was combined with HIV/AIDS and was recently completed. An update on Tanzania's performance is to follow. Roll out of mRDT to cover 19 regions is projected to be fully completed before the end of October. In the meantime, mRDT lot/batch testing was undertaken. A diversity of community-based interventions were also rolled out and comprised CCAs, schools (THT), mass media (Patapata programme) etc. The country has been able to offer ALMA office space.

Uganda

The contingent from Uganda made the following suggestions: having joint annual review and planning meetings with partners; the involvement of the private sector through public-private partnership e.g. recent launch of the Private Sector Health Common Fund; having quarterly meetings of the RBM Partnership Forum to review programme performance; putting into place insecticide resistance monitoring and regular vector bionomics monitoring; and ensuring that sentinel site surveillance is completed on a regular basis and in areas of different epidemiological settings. Additionally, it was highlighted that funding for LLINs was optimized by rationalizing the net height from 210 cm to 170 cm and switching to bulk packaging during mass distribution campaign, which resulted in cost savings. This eliminated the hang up campaigns.

There were suggestions of distributing LLINs without packaging to eliminate waste disposal issues, environmental concerns and this would limit the net's resale value Another suggestion was the employment of IRS spray operators from villages who would use their own bicycles or rent it for $1/day, to ensure that the many rural areas that are difficult to access because of poor roads are reached. Using bicycles in these areas has proven to be more efficient and more cost-effective than using trucks. Another best practice was the establishment of an innovative mobile phone based information system (mTRAC) to use real time data to monitor stock outs of ACTs and RDTs and report community concerns. Uganda now regularly produces bulletins to update all stakeholders on surveillance data and ongoing events to increase advocacy, and has involved celebrities and top political leaders – the Speaker of Parliament is the patron of the Uganda Parliamentary Forum on Malaria and is championing the fight against malaria. Finally, Uganda has developed one comprehensive National Malaria Control Policy for all intervention areas.

Yemen

Yemen mentioned to have good disease mapping and GIS capabilities that can be availed to support other EARN countries on demand. No further suggestions were offered by Yemen.

CHALLENGES

Countries also gave an overview of the bottlenecks encountered during implementation of the respective roadmaps with respect to GMAP. Cross-cutting issues were identified and these are listed below:

- A pressing need to ensure consistent parasitological diagnosis of malaria before treatment through the scale-up of RDTs and quality microscopy.
- Continued capacity building at all operational levels, due to usually high turn-over of Programme Managers which results in the loss of institutional memory.
- Poor vector control systems include emergence of insecticide resistance, and other issues hampering sustained coverage eg erratic LLINs supplies
- Incomplete data reporting
- Limited financial partners and delayed GF funds disbursements
- Weak health systems
- Soaring costs of RDTs, antimalarials, IRS, procurement bottlenecks
- Lack of regional harmonization of malaria control interventions including cross-border control
- Lack of a clear picture for the way forward for private sector ACT subsidy post December 2012
- Lack of properly maintained databases
- Lack of political goodwill

In particular for Somalia and Yemen, the political instability has hampered the implementation of malarial prevention and control strategies.

PERSPECTIVES FOR THE FUTURE

Finally, each country representative presented the country's perspectives for the future as outline below:

Burundi

Burundi will strive to keep up with the MPR report, as this is an important tool for dialogue with partners, planning and advocacy. Additionally, implementation of MPR recommendations will be crucial for the gathering of baseline data that will act to guide rational strategic planning. The country noted that both strengthening and reforms in the health system have contributed in the improvement of malaria indicators such as taking pheripheral blood films and relating this to LLIN routine distribution at health centres. It was further noted that the development of a new strategic plan, setting up and continuing with MIS, TET, putting in place strategies that allow for continuous LLIN distribution (social marketing), scaling up RDTs and ensuring QA/QC in microscopy would improve outputs from the implementation of their roadmap.

Comoros

The country report emphasized the need for the development of a plan to mobilize resources; advocacy for increased funding from the State; strengthening skills of medical personnel through training and regular supervision through a decentralized system at all levels; implementation of a database and the subsequent training of the end users; advocacy for strengthening the health system; and advocacy for increased personnel at NMCPs.

Eritrea

Eritrea's country report recommended the need for intensive IEC/BCC activities to combat complacency. It was further suggested that technical assistance would be required to establish a functioning malaria database and to build capacity in GIS/mapping and malaria early warning systems for epidemics detection and response. To further strengthen the capacity of staff involved in malaria work, a short course in-country on malariology facilitated by WHO was requested. Finally, Eritrea will try to strengthen its components of M&E, LMIS and drug supply management.

Ethiopia

The team will strive to improve on and strengthen partnerships and coordination techniques. They reiterated that the recommendations from the MPR evaluation had helped give insight into the way forward. The importance of evidence based IRS operations with regards to insecticide resistance was stressed, as well as vector resistance management strategies which should be put in place to strengthen this arm of malaria prevention. It was also noted that there remained a need for increased resource mobilization efforts.

Kenya

Kenya's perspective was that the use of trained "Clinical Mentors" in the dissemination of simplified MIP guidelines contributed to the transfer of quality and standardized knowledge to service providers. Additionally, home-based malaria management could accelerate access and coverage with regards to quality malaria case management. It was thought that wider stakeholder consultations at every stage would create understanding and ownership of programmatic processes and outputs. Forging a partnership with non-health actors in IVM to actualize and report on environmental management for malaria control was of utmost importance. Moreover, there was a need to lobby for support in ACSM especially in Nyanza and Western Kenya, as well as lobby for funding for ACTs in face of waning GF support. This is especially important in light of the AMFm soon drawing to a conclusion. The country asked what possible alternative remedies are available. There also remains a need for global negotiations to further reduce the cost of ACTs, support for local manufacturers of ACTs to achieve ACT pre-qualification and support for malaria diagnostics in terms of possible options that would allow for malaria diagnostics subsidies to facilitate increased uptake of diagnosis before treatment. Lastly, it also remains imperative to strengthen systems for effective M&E, in addition to placing emphasis on better tools for forecasting and quantification of needs, to enable better planning.

Rwanda

The Rwanda country report focused on the development of sustainable plans; an increase of domestic funding; a request to funding partners to respect their commitments; exploration of innovative mechanisms to monitor both insecticide and drug resistance; and lastly, they proposed that both surveillance for the epidemiological and entomological arm of the Malaria Program should be strengthened.

Somalia

The report called for: proper forecasting and gap analysis; an increase in NMCP incentives to support malaria control efforts; training(s) on case management; and engagement of the private sector especially with regards to malaria case management.

South Sudan

South Sudan required technical assistance with regards to MPR, gap analysis, BCC, and revision of LLIN distribution strategy. Additionally, there is a need to improve in-country coordination by conducting regular coordination meetings. More funds need to be mobilized for IRS and larviciding and to carry out MIS. The country report emphasized that LLIN distribution should be accompanied by a comprehensive BCC to ensure correct use. Indeed, MOH/Government structures should be put in place to ensure their participation in all aspects of program implementation e.g. iCCM. The issues surrounding the high cost of ACTs in the private sector, which thus encourages continued use of non-effective and cheap antimalarial drugs such as AQ, CQ, SP etc, requires urgent attention. Finally, South Sudan stressed that there was need for greater investment in building the state and county level capacities to enable proper planning and coordination of malaria intervention strategies.

Sudan

Sudan is currently conducting the MPR that will lead to the mid-term review of the current malaria strategic plan (2011-2015). Support to improve in-country partnership mechanism requested to EARN.

Tanzania

The country report from Tanzania highlighted that public-private partnerships have been central to UCC and other achievements in malaria control to date. The involvement of local leaders and community members was equally key to the success of the UCC. Furthermore, stakeholders felt a sense of satisfaction for having been recognized and they felt that they were the most suitable persons to implement the campaign. The country report stressed that quantifications should also be based on projections from the National Bureau of Statistics. There was a need for mRDT roll out and provider compliance, while working closely with HMIS and DHIS_2 to ensure timely availability of data from HF. Strengthening coordination with partners would ensure timely quantification, procurement and distribution of ACTs and mRDTs, as well as ensure availability of consumption data and tracking of commodities. The establishment of functional district-based mRDT QA systems and increased provider compliance to mRDT results remained mandatory.

In addition, the establishment of a scheme for ACT subsidies post AMFm is needed. The Tanzania report indicated the need to finalize planning and put in place a pilot school net distribution project. There is also a need to: finalize insecticide resistance mitigation plans; intensify entomological and insecticide resistance monitoring; continue with the second phase of the development of the financial sustainability plan; conduct therapeutic efficacy studies in four additional sentinel sites; engage the community more by increasing awareness and use of recommended interventions; put in place phase 2 of the financial sustainability plan. It was also necessary deemed necessary to: develop new strategic plans and undertake epidemiological analysis and stratification critical for targeting future malaria interventions.

Uganda

The Uganda report stressed the continuity of MPR as this had helped identify specific challenges that were required to refine and re-define the strategic direction and intervention focus, *i.e.* evidence-based planning and management. They advocated for the creation of strong partnerships which remained critical for supporting the program and enabling it to achieve targets despite existing challenges. The establishment of a fully functional national Malaria database would also accelerate achievements. It was also highlighted that there was a need for the rapid scale-up of parasitological testing in the context of T3. The country's perspective for better and sustained malaria control throughout the country was through strengthening routine malaria surveillance in inpatients and outpatients, both in public and private health facilities. Additionally, it remained essential to conduct more studies on insecticide resistance, and the government must commit more domestic funding for malaria whilst exploring innovative mechanisms for further funding. More collaboration with the private sector providers with regards to malaria case management and data collection was a must. Finally, there was a need to conclude ongoing transition planning before the culmination of AMFm in 2012.

Yemen

Reservations were expressed that successes realized in malaria control and prevention thus far in Yemen could be regressed due to the political and security situation. Additionally, sustainability of interventions could not be ensured as long as NMCP programs continued to depend on external funds, more so because of the Global financial crisis. Therefore, investment in developing health information system remained highly important. Moreover, the operation of the 27 new malaria units as a hub for malaria intervention at district level, and the sustained improvement achieved in the malaria information system, would further strengthen malaria control and prevention efforts. Yemen also reiterated the importance of implementing new strategies to ensure the Hadramout area (3 governorates in eastern part of Yemen) remained free of malaria. In all this, the involvement of the private sector will remain crucial.

Day 2 Afternoon

During the afternoon of Day 2, presentations from the private sector and on the RBM Progress and Impact series were given, as summarized below:

Medicines for Malaria Venture (MMV)

- Provided an update on the MMV product portfolio in particular the ACTs: DHA-PQP (Eurartesim®) and Pyronaridine Artesunate (Pyramax®) that were both approved by the European Medicines Agency March in Nov 2011 and February 2012, respectively. Additionally, injectable Artesunate for severe malaria treatment was rolled out following WHO prequalified in November 2010 which led to a revision of WHO guidelines in April 2011.
- MMV asked that countries should quantify their AS needs by using the available tool: http://www.mmv.org/sites/default/files/uploads/docs/access/Injectable_Artesunate_funding_calculator.xlsm
- Additionally, countries should include their estimated severe malaria burden for 2012/2013, their planned treatment (AS and QNN proportions) and the quantities of rectal Artesunate for 2012/13
- Efforts are underway to open up the market to other suppliers

RBM Progress and Impact Series

- This was launched in March 2010 to benchmark progress and document impact, in order to drive future investment and action, and to secure high levels of commitment to malaria control among donor countries, international health organizations and governments of endemic and epidemic countries, as well as to inform vigorous advocacy for sustained or increased malaria control resources and prioritization at the national and global levels.
- Reports focus on global interest topics and country reports; to date, 7 Thematic and 4 Country Reports have been produced
    - TZ had launched PI series earlier this year and an executive summary was presented by Dr Namboze.
- PI series reports are available online.

Modeling Tools for Malaria Control Strategies

Three tools were discussed on days 2 and 3 by various presenters and are presented together down below. These included the Gap analysis, iCCM and NetCalc

GAP Analysis Methodology (Drs Melanie Renshaw, Peter Olumese, David Soti)

- The talk covered what a gap analysis is and how it can be used as an opportunity for resource mobilisation from different sources, how to link programmatic and financial gap analyses, total national strategic plan budget, current and expected domestic resources, current and expected external sources total and planned resources with regards to the financial gap

- Also presented was the role of harmonization working groups in developing comprehensive programmatic gap analyses based on national strategic plans and sustained financing plans to ensure sufficient resources are available to fill outstanding gaps
- Guidance was provided on how to conduct the gap analysis for the various thematic areas and what pitfalls to look out for, stressing that each programme should be tailored to the local situation
- Countries that attended Dakar Meeting had well advanced Gap analyses with the rest yet to catch up; all countries are to submit analyses that will be shared at high level meetings in September and October 2012
- GAP analysis example of Kenya shared

Evidence-based Budgeting for Malaria Control and iCCM (Mr. Ribaira)

- Progress towards achieving 2010 MDG 4 of reducing child mortality in the WHO African Region was presented
- Rationale for conducting iCCM was also presented- the greatest unmet gap is the need for treatment of diarrhea, pneumonia and malaria
- Comprehensive tool developed to assist countries to estimate the unmet needs (which include HR, commodities and operational costs) for iCCM implementation
- This exercise revealed large funding gaps for iCCM in the region

Continuous distribution of LLINs

- Consensus statement on continuous distributions systems of LLINs made in June 2011 (by the RBM Vector Control Working Group)
- Mass campaigns best methods for rapid LLIN scale-up
- Need for mixed model distribution (campaign combined with increased LLIN availability)
- NetCalc modeling tools discussed
- Provides quantification of LLINs under several scenarios (based on country LLIN data and situation)

Market Place

This was the second year of the Market Place and great progress was noted since its inception last meeting. The essence of the market place it to expose all stakeholders in malaria control to new technologies and control products on the market, in an attempt to have industry, academia, NMCPs and other key players in the region interact and advance progress on malaria control utilizing state-of-the-art products (hard and software, medicines, diagnostics etc). To this end, Partners shared information on malaria as such:

- Insecticide Resistance Action Committee (IRAC) provided the industry's coordinated response to insecticide resistance (http://www.irac-online.org/)
- Vestergaard Frandsen demonstrated the IR Mapper, a new tool to guide insecticide resistance management (http://www.irmapper.com/)
- SD Bioline shared their malaria products line and production process

- NMCP Uganda shared their study findings on Pyrethroides resistance and susceptibility status of *An. gambiae* to LLINs in different malaria transmission zones in Uganda
- Labiofam entrepreneurial group showcased their work using larvicides across Africa
- Sumitomo shared the efficacy of the new generation "Olyset Plus" LLIN
- JHPIEGO shared the Successes and challenges for Malaria in pregnancy programming and the pre-service education on malaria in Tanzania

Presentations were followed by opening of the market place to all participants.

Key take-home messages/conclusions from the day's discussions

1. There is a need to support and strengthen capacity of countries that are not faring well in terms of supply chain management, handling emergency situations, program management and documentation of best practices.
2. The ban on the use of monotherapy applies to uncomplicated malaria. Injectable AS is to be used as an emergency /rescue treatment for severe malaria, and once patients stabilize, this should be followed by oral administration of ACTs.
3. WHO malaria treatment guidelines are to be reviewed next year and will include any new medicines.
4. Uganda was asked to share its LLINs gap analysis with partners so that they can move forward with their gap analysis as a matter of priority, and all stakeholders can be involved in closing the LLIN gap.
5. AMFm: letters have been sent to countries concerning the end of Phase one and countries have to plan to handle the phase out or a continuation. Country consultations will be undertaken.

TECHNICAL UPDATES & MALARIA FINANCING SESSION (Day 3)

Presentations included the following information and/or key messages:

Malaria Strategic and Operational Planning

- Sound national health policies, strategies and plans and costings (NHPSP) are important for malaria control programs, hence the need to align these programs with the country NHPSPs. An awareness of the whole health sector is crucial
- Sound NHPSP framework should be comprehensive, coherent and balanced in scope and depth
- Features of successful strategic planning, strategic planning process and malaria strategic plan outline
- WHO malaria strategic plan guidelines have been developed
- Comparison between malaria strategic and operational plans

WHO Key Technical Updates on GPARC

- Current antimalarial interventions and strategies alongside an updated list of resources Goal of T3
- GPARC action pillars and classification by the tier system
- Guidance on efficacy and resistance monitoring

- Resistance to existing tools, resource constraints and inadequate technical capacity are the leading challenges to malaria control

WHO Key Updates on GPIRM

- Update on vector resistance in the WHO AFRO region and on-going efforts to combat it The objectives and strategy for the Global plan for Insecticide Resistance Management
- Urgent, concerted and maintained action for regional insecticide resist management in EA is required
- Regional platforms to be created by partners working together would aid in better sharing of information and best practices which would increase awareness and better outcome of vector control, as would convening coordinated management of insecticide resistance
- Circumstances under which larval control is best utilized

WHO Surveillance Guidelines for Control/Elimination Programs

- Objectives of surveillance systems
- Malaria control in different transmission settings and phases of control
- Features of malaria surveillance systems in the control phase in low, high and moderate transmission settings
- Surveillance indicators in malaria control and elimination

GAFTM Transformation and Access to Funding for Malaria Control

- Current malaria funding portfolio
- Global fund transformation in terms of structure, strategy (2012-2016) and access to funding
- Transitional funding mechanism

PMI Funding Portfolio 2015 Horizon Update

- PMI's approach and keys to success including targeted technical support to build local capacity
- PMI's progress to date , which involved a steady increase in funding from 3 countries in 2006 to 19 countries in 2012 in Africa (& Mekong Delta regional program)
- Key areas of action following the external evaluation of first five years of PMI
- PMI's priority focus through 2014
- Many lessons learnt from Tanzanian impact evaluation and this is to be sustained and expanded to include remaining countries
- Strategies and approaches will be adjusted as progress is achieved and malaria transmission falls
- Help strengthen malaria surveillance

DFID Malaria Funding Portfolio 2015 Horizon Update

- DFID funding portfolio (willing to fund regional platforms for insecticide resistance and antimalarial coordinated activities)
- Role of evidence based strategy and planning with government stewardship
- Importance of strengthening regional platforms in malaria control and elimination
- We must adopt, adapt, act and account

RBM Strategic Framework for Malaria Communication at Country Level

- Strategy launched and partners tasked with aligning their support within this framework

Key take-home messages/conclusions from day's discussions

1. Research is a critical component of malaria prevention and control.
2. The number of sentinel sites is country-dependent and should be representative of the transmission settings.
3. There is a need to establish regional mechanism to harmonize and share information about in-country GPIRM and GPARC related activities
4. Since IPTp is delivered by reproductive health departments of MoH, NMCPs should collaborate with them at country level in order to increase its uptake.
5. NHPSP are the parent of malaria strategic plan hence NMCPs must be involved in the planning process for countries.

COUNTRY PLANNING AND TECHNICAL ASSISTANCE NEEDS & COUNTRY PLAN SESSION (Day 4)

Constituency meetings

These were held during the afternoon of the 3rd day and the resulting deliberations were highlighted on the morning of Day 4.

Academia and Research constituency

- Progress to date was discussed and this included:
- Improvement of collaboration between research and academia for each technical working group (areas-PM, CM, IVM, MIP, EPR, ACSM, PSM, HSS, surveillance, M & E/OPs research)
- Creation of a database for research groups generating evidence-based information/ platform at country level

The way forward and this included:

- Regional and multi-country platforms have to understand and work effectively with country level regulatory frameworks such as data transfer and material transfer agreements (DTAs and MTAs)

NMCPs constituency

- Progress to date highlighted that most countries have to update the malaria strategic plans, although South Sudan has a 2 year implementation plan already drawn up and Comoros and Rwanda are in the middle of finalizing theirs
- A majority of countries have carried out the MPR, with the exception of Djibouti, Sudan and South Sudan who have to yet implement their plans and Somalia and Yemen who are yet to draw up plans
- The way forward included: countries finishing their GAP analysis and implement iCCM

- Technical assistance was requested for South Sudan and Comoros

UN constituency

- Progress to date identified 7 issues and ways to resolve them.
  The issues included:
- TA harmonization and coordination
- New/emerging orientation and strategic planning
- iCCM; HBMM; integrated IMCI harmonization
- Preparedness for Post AMFm period
- Resource mobilisation
- GPIRM/GPARC
- UN's gap analysis
  The way forward would be to:
- Identify and develop terms of references of the UN to ensure expected outputs are achieved
- Iron out challenges encountered at the country level during the support of malaria programmes, so as to ensure they do not create bottlenecks during future implementation plans

Private sector case management strategy & AMFm transition Planning

- A global decision making process which was on-going
- Countries at various stages of private sector case management development strategies
- Development of integrated private sector case management strategy to build up AMFm gains, Tanzania given as an example of Phase 1 country

MAIN RECOMMENDATIONS AND WAY FORWARD/DISCUSSIONS

From the final deliberations with all stakeholders, the following key issues and action points were brought up during the 13th EARN annual meeting:

Malaria Control Strategies

- In the context of the T3 initiative, countries should rapidly adopt, adapt and scale up diagnostics and surveillance tools.
- Concerns were raised with regards to the single prequalified supplier of injectable Artesunate. The meeting underscored the importance of opening up the market to more suppliers instead of relying on a single manufacturer.
- In order to gauge the demand for injectable Artesunate, countries should quantify their injectable AS needs for 2012/13 using the tool available at: (http://www.mmv.org/sites/default/files/uploads/docs/access/injectable_artesunate_funding_calculator.xlsm)
- In light of increasing insecticide resistance, countries should, based on the guidance in the GPIRM, strategize on how to limit and control the effects of insecticide resistance by developing insecticide resistance monitoring and management plans and by using available tools such as rotation, mosaic, mixture and combination.
- The RBM strategic framework for malaria communication at country level was launched at this meeting. Partners should therefore work with NMCPs to strengthen malaria communication using this strategic framework to operationalize the country's communication strategy and implementation plan.

Program Management

- Countries should populate, update and upload their road maps on the RBM website before the end of this meeting.
- Every country should update and upload their roadmaps on a quarterly basis as agreed in the ECC and managers meeting in Kigali, Feb 2012.
- Country malaria strategic plans need to be updated with current guidelines on malaria control strategies, available technical resources and the current situation on malaria in respective countries together with the overarching country NHPSPs.
- EARN should inform the GF Board through ALMA, MoH and RBM secretariat that countries are facing challenges in the implementation of program activities due to delayed disbursement of GF funds.
- Clear guidance on the post AMFm period is dependent on the decisions from the GF Board meeting slated for October 2012.
- Countries need to document and disseminate their best practices.

Malaria Control Financing/Resource Mobilization

- A comprehensive tool developed to assist countries to estimate their unmet needs (HR, commodities and operational costs) for iCCM implementation was been shared and this will be used to update the country case management gap analysis.
- In view of the changing funding landscape and reduced resource budget globally, all countries should submit their programmatic and financial gap analyses that will be shared at high level meetings in September and October 2012. This will act as a tool for resource mobilization domestically and internationally and will be important in highlighting country needs and demand, and in ensuring sufficient resources are mobilized.
- Countries need to prepare to access GF funding given the current thinking as they await the GF Board decision.
- EARN should guide countries in the establishment and strengthening of regional platforms as these are important in malaria control and elimination e.g. drug and insecticide resistance monitoring.
- Regional mechanisms to support countries to develop evidence-based strategies and planning including adopting, adapting, acting and accountability with regards to global initiatives should be initiated, taking advantage of the resource envelop available through DFID.

EARN Performance and Meeting Evaluation

Network performance

- The EARN annual review and planning meeting was commended as an excellent opportunity for sharing experiences. It also brought the malaria partners together for better information exchange.
- EARN should ensure that all member states attend EARN meetings.
- Partners such as PMI should join one of the constituencies.

Activities that EARN is not doing well/areas requiring improvement

- EARN should help ensure that countries' voices are heard in global arena e.g. GF board, etc.
- An information sharing forum on malaria-related commodities is required. A network that monitors the status of stocks across the region for better stock management of supplies needs to urgently be put in place.
- EARN must involve political leaders as malaria is a political-economic issue.
- Civil society organizations should get involved in EARN review and planning activities.
- Monitoring of planned activities and pledged technical assistance should be undertaken in between annual meetings.

Tasks that need to be incorporated into the current EARN plans

- Advocacy for local production of malaria commodities.
- Coordination of research activities across the region.
- Impact of malaria in the region must be documented and shared in EARN meetings. To this end, EARN needs to involve the East African Community (EAC) and the African Union in such meetings. Higher level MOH dignitaries should also be invited to attend for better understanding and commitment.

ACTIONABLE RECOMMENDATIONS

Rwanda and Somalia have been able to execute their country road maps in exemplarily fashion and are saluted for their efforts. Similarly, Ethiopia, Kenya and South Sudan are on the right track, but for a few bottlenecks, and we recognize their efforts. It is suggested that universal targeting should continue, but also focalized interventions can be instigated in 'hot spots' to ascertain the determinants of transmission. Most importantly, there has to be harmonization of insecticide resistance and drug resistance monitoring that cuts across borders. In other words, cross-border partnerships have to be urgently strengthened!

However, it is with great concern that the EA member states voiced their apprehensions that this goal will not be fully realized without Djibouti coming on board urgently and playing their part to catch up and hence execute the country's roadmaps including carrying out their GAP analysis, putting into place tenable work plans and executing them in a timely fashion. Being a fairly small country, it is feasible that with great effort from their side and with cross-border collaborations, they may reach elimination phase. Towards full implementation of the GMAP in East Africa, all countries and partners are urged to execute the following recommendations:

Recommendation	Responsibilities	Timeline
Put in place training guidelines to train new managers (fast track their understanding of programme)	All countries	January 2013
Set up monthly teleconferences between EARN RBM member states	EARN/countries	Ongoing to be continued
Set up task force to: • Identify bottlenecks that are causing delays in GF disbursement • Source information on status of GF (will funding go up and remain constant) • Provide feedback to countries	ALMA/HWG/EARN	Ongoing basis
iCCM support for countries • Define how many countries to be supported (6?)	EARN	To be included in 2013 EARN PWP
Complete and forward to EARN revised country work plans and needs for technical assistance (2012-2013). Include: • GAP analysis • Plans to adopt T3 • iCCM model to be adapted	All countries	immediately
Make decision with regards to AMFm and provide feedback to all delegates	Pending GFATM Board meeting resolution EARN to share the information with all delegates	January 2013
Provide guidance on how to start sourcing for domestic funding	ALMA	Immediately

Recommendation	Responsibilities	Timeline
Submit requests for antimalarials requirements: • Injectable & rectal AS • QNN	MMV/All countries/ EARN	

CLOSING CEREMONY

Drs Banda and Karema applauded 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.

Tanzania was especially 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 to continue to impact on the fight against malaria. They were also reminded to work on their GAP analyses.

Last but not least, a big thank you was given to the private sector for their great support, and to managers for being in attendance. The meeting was then officially closed.

EARN ECC MEETING (Day 5)

EARN ECC members met on Day 5. The minutes of the meeting are not included in this reported but here is a summary of the proceedings and their deliberations:

- Within the context of GMAP alignment with national strategic plans, several countries have not been visited yet. There is need to widen the eligibility criteria for EARN members who can be part of these missions as part of an acceleration plan to meet the target set in the PWP
- The previous resolution also applies to the in-country RBM partnership review missions
- It was reiterated the need to undertake at least the 2 planned visits per year to countries but not more than a total of 15 mission per year
- By January 2013 EARN to announce the country that is going to host the next general assembly meeting. Sudan has offered to host the meeting
- ECC members went through an prioritization exercise to select relevant activities to feature in the 2013 EARN PWP
- There is a need to high profile delegation visit to Djibouti to assess the challenges faced by the NMCP that would include the current status of the delayed conclusion of the MPR started in 2011 and discuss issues related to the signing of round-9 malaria GFATM grant

- The ECC decided the its next meeting will be combined with malaria managers meeting and shall include malaria/health officer in-charge of cross border control activities. The meeting must take place during the first fortnight of December 2012 in a country to be announced
- Reconsider wider distribution of in-country partnership review team in order to achieve the set target by the EARN ECC
- Yemen must update 2012 roadmap
- Comoros and Tanzania best reporting systems
- TA request and support to be highlighted in monthly reports to ECC
- More visibility for EARN network discussed
- Progress update: more collaboration between Secretariat and Academia
- Systems need to be implemented to follow up on key recommendations for each country

Briefing from constituencies to the board captured:

- Programme Managers - delayed GF disbursement causing disruptions to country implementation efforts; stock outs; AMFm processes
- Small task force to be set up to identify bottlenecks, draft a note and report back
- Research constituency - database of researchers in place (see above); improved regional support for improved coverage and quality monitoring of insecticide and drug resistance management
- NGO constituency - reorganize country constituency, generate database of NGOs for each country; highlight good work of NGOs (2011-2012)
- Private sector- existence of many tools may cause confusion, draw up guidelines

ANNEX

Annex 1: Evaluation matrix

EARN NETWORK EVALUATION MATRIX

EARN Convene Sub-Regional Partners?

Score	Frequency	Percentage
1	0	0
2	4	8
4	38	76
5	8	16
Total	50	

EARN coordinate partner's efforts to control and eliminate malaria?

Score	Frequency	Percentage
1		
2	7	14.3
4	35	71.4
5	7	14.3
Total	49	

EARN coordinate implementation support?

Score	Frequency	Percentage
1	1	2.1
2	8	17.1
4	33	70.2
5	5	10.6
Total	47	

EARN help countries to respond to Global Implementation Barriers?

Score	Frequency	Percentage
1	1	2.2
2	9	20.0
4	28	62.2
5	7	15.6
Total	45	

EARN support endemic country representation on the RBM Board?

Score	Frequency	Percentage
1	1	2.4
2	11	26.2
4	22	52.4
5	8	19.0
Total	42	

EARN partners communication and a forum for mutual learning?

Score	Frequency	Percentage
1	1	2.0
2	9	18.0
4	33	66.0
5	7	14.0
Total	50	

EARN better facilitate peer support and shared learning?

Score	Frequency	Percentage
1		
2	11	22.9
4	26	54.2
5	11	22.9
Total	48	

How well does EARN disseminate Partnership consensus statements?

Score	Frequency	Percentage
1		
2	10	22.2
4	28	62.2
5	7	15.6
Total	45	

How well does EARN facilitate best practice sharing?

Score	Frequency	Percentage
1		
2	6	12.8
4	31	65.9
5	10	21.3
Total	47	

EARN communication with RECs pto keep malaria high on their agendas

Score	Frequency	Percentage
1	0	0
2	14	28.0
4	29	58.0
5	7	14.0
Total	50	

EARN Functionality: Communication within network

Score	Frequency	Percentage
1	1	2.0
2	9	18.0
4	33	66.0
5	7	14.0
Total	50	

Quality of support received

Score	Frequency	Percentage
1	0	0
2	10	23.3
4	24	55.8
5	9	20.9
Total	43	

Mobilization financial and other support for EARN activities

Score	Frequency	Percentage
1	1	2.1
2	11	23.4
4	26	55.3
5	9	19.2

Responsiveness of EARN Coordinating Committee

Score	Frequency	Percentage
1	1	2.3
2	7	15.9
4	23	52.3
5	13	29.5

Responsiveness of EARN Secretariat

Score	Frequency	Percentage
1	1	2.3
2	5	11.4
4	25	56.8
5	13	29.5

How well does EARN perform overall against its terms of reference?

Score	Frequency	Percentage
1	0	0
2	5	11.1
4	31	68.9
5	9	20.0

Total 47	Total 44	Total 44	Total 45
How relevant is EARN to your overall malaria control efforts?			
Score **Frequency** **Percentage** 1 0 0 2 1 2.1 4 33 68.7 5 14 29.2 Total 48			

- **The scale is from 1 to 5, being one the minimum and 5 the maximum**

Question #1: Convening

Q2. Coordination

Q2.2. How well does EARN coordinate implementation support?

Q2.3 How well does EARN help countries to respond to Global Implementation Barriers

Q24. How well does EARN support endemic country representation on the RBM Board

Q3. Facilitate Communication

Q3.1 Overall how well does EARN facilitate communication between partners and provide a forum for mutual learning?

Q3.2 Does EARN better facilitate communication through peer support and shared learning

Q3.3 How well does EARN disseminate Partnership consensus statements

Q3.4 How well does EARN facilitate best practice sharing?

Q3.5 How well does EARN facilitate communication with local economic and political organizations to keep malaria high on their agendas and retain political support for malaria control and elimination efforts

Q4.1 EARN Functionality: Communication within network

Q4.2 Quality of support received

Q4.3 Mobilization of support (financial and other support, e.g. in-kind) for EARN activities

Q4.4 Responsiveness of EARN Coordinating Committee

Q4.5 Responsiveness of EARN Secretariat

Q.5. Overall EARN Performance

Q5.1. How well does EARN perform overall against its terms of reference

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Annex 3: AGENDA

Day 1: Monday, 3 September

	MC: Dr. B. Bwambok	
	Chair: ECC- Co Chair Dr Karema/ Mr. Athuman Chiguzo	
	Rapporteurs: Khoti Gausi and Joaquim Da Silva	
Time	**Activity**	**Facilitator / Presenter**
Session 1: Opening of the Meeting		
08:30	Arrival and Registration and Administrative Issues	Dr. J Da Silva
09:00	Welcome remarks and introductions	Dr. C. Karema/Dr. J. Banda
09:10	Objectives and Expected Results conference methodology	Dr. J Da Silva
09:20	Official Opening Ceremony & Remarks from the RBM EXD via Skype	MoH/NMCP Tanzania/EARN
09:30	Administrative Announcements/Group photo	Dr. J Da Silva/L. Mabonga
09:40	**Tea Break**	L. Mabonga
Session 2: GMAP Country Progress Review & Performance Report: Country Roadmap Tracking		
10:00	Burundi Progress and Performance Report	NMCP Burundi
10:20	Comoros Progress and Performance Report	NMCP Comoros
11:40	Djibouti Progress and Performance Report	NMCP Djibouti
11:00	Discussion, Q&A	
11:20	Ethiopia Progress and Performance Report	NMCP Ethiopia
12:40	Eritrea Progress and Performance Report	NMCP Eritrea
13:00	Discussion, Q&A	
	Lunch Break	
14:00	Kenya Progress and Performance Report	DOMC Kenya
14:20	Rwanda Progress and Performance Report	NMCP Rwanda
14:40	Somalia Progress and Performance Report	NMCP Somalia
15:00	Discussion, Q&A	
15:20	**Tea Break**	L. Mabonga
15:40	South Sudan Progress and Performance Report	NMCP South Sudan
16:00	Sudan Progress and Performance Report	NMCP Sudan
16:20	Tanzania Progress and Performance Report	NMCP-Tanzania
16:40	Discussion, Q&A	
17:00	Facilitators meeting	Dr. C. Karema
17.30	End of the Day Sessions	
18:30	Cocktail/Dinner	Courtesy of Std. Diagnostics

Day 2: Tuesday, 4 September

	Chair: Dr. Renata Mandike	
	Rapporteurs: Selam, Joaquim Da Silva and Grace Nakanwagi	
Session 3: GMAP Country Progress Review: Country Roadmap Tracking &EARN Report & Evaluation		
Time	**Activity**	**Facilitator / Presenter**
08:30	Feedback and recap from day #01 working sessions	Dr. Meyers
09:00	Uganda Progress and Performance Report	NMCP Uganda
09:20	Yemen Progress and Performance Report	NMCP Somalia
09:40	RBM Progress and Impact Series	Mr. Gausi
10:00	Discussion, Q&A	
10:20	**Coffee Break**	
Session 4: Malaria Market Place and EARN Constituencies meetings		
11:00	Gap Analysis methodology	Dr. Melanie Renshaw
12:00	Gap Analysis Example of Kenya	Dr. David Soti
12:30	Discussion, Q&A	
13:00	**Lunch Break**	
14:00	Market Place Presentations	Dr. B. Bwambok
15:00	Opening of the Market Place	
16:00	Constituencies meeting	Constituencies Chairs
17:00	Facilitators Meeting	
19:00	Cocktail/Dinner	Courtesy Olyset E. Africa

Day 3: Wednesday, 5 September

	Chair: Dr. Majeed	
	Rapporteurs: Rose, Selam and Grace	
SESSION 5: TECHNICAL UPDATES		
Time	**Activity**	**Facilitator / Presenter**
08:30	Feedback and recap from day #02 deliberations	Grace
08:40	Malaria Strategic and Operational Planning	Dr. Namboze
09:00	WHO Key Technical updates on GPARC	Dr. Peter Olumese
09:40	WHO Key Updates on GPIRM	Dr. B. Ameneshewa
10:20	WHO Surveillance guideline for control/elimination programs	Dr. Tuseo
10:40	Discussion, Q&A	
11:00	**Coffee Break**	WHO-IST
11:20	GFATM Transformation and its Impact on Malaria control funding	Dr. Marcel Lama
11:40	PMI funding portfolio 2015 horizon update	PMI
12:00	DFID Funding malaria funding portfolio 2015 horizon update	DFID
12:20	Evidence budgeting for malaria control and ICCM	E. Ribaira
12:40	Discussion, Q&A	
13:00	RBM Strategic Framework for Malaria Communication at country level	Mr. Athuman Chiguzo
13.30	**Lunch Break**	
SESSION 6: Malaria Control Financing		
14:30	Malaria Managers constituency meeting	Dr. C. Karema
14:30	Other constituencies	Constituencies Chairs
16:00	**Coffee Break**	

17.30	Facilitators meeting	ECC Co-Chairs
18:00	Reception	RBM Communication WG
19:00	Cocktail	Courtesy of Vestergaard-Frandsen

Day 4: Thursday, 6 September

	Chair: Dr. Mohamed Ally	
	Rapporteurs: Khoti Gausi, Joaquim Da Silva and Grace Nakanwagi	
SESSION 7: COUNTRY PLANNING AND TECHNICAL ASSISTANCE NEEDS		
Time	**Activity**	**Facilitator / Presenter**
08:30	Feedback from day #03 deliberations	Mr. Gausi
08:40	Overview of 2012 PWP performance and challenges: EARN Report	Dr. J. Da Silva
09:00	Briefing from the Private Sector Constituency	Private sector
09:10	Briefing from Bilaterals and donor countries Constituency	Bilaterals
09:20	Briefing from the Academia Constituency	Academia
09:30	Briefing from Multilaterals Development partners Constituency	Multilaterals
09:40	Discussion, Q&A	
10:00	**Tea Break**	
SESSION 8: EARN PWP AND COUNTRY PLANS		
10:20	Tools for assessment of LLINs routine distribution (NETCAL)	Malaria Consortium
10:40	Breakaway sessions: Country Roadmaps and Gap analysis Facilitation	P Olumese/M. Renshaw
12:00	Launch of the RBM Communication strategy at country level	FHI
16.00	Reconvening and summary reports from countries planning seasons	G.N. Sekabira
16:40	EARN Meeting Evaluation Report	G.N. Sekabira
17:00	Main Recommendation and way Forward and discussions	Mr. Marcel Lama/Da Silva
17:30	Closing Ceremony	Dr. James Banda
18:00	Facilitators Meeting	Dr. Karema
19:00	Social Event	Courtesy of AVIMA

Day 5: Friday, 7 September

	Chair: Dr. Corine Karema & Mr. Athuman Chiguzo	
	Rapporteurs: Dr. J. Da Silva	
EARN ECC MEETING		
Time	**Activity**	**Facilitator / Presenter**
08:30	Opening remark and welcome ECC Members	Dr. C. Karema
09:00	Briefing from Constituencies	Representatives
09:30	EARN performance priorities and reporting to the next Board meeting	Dr. C. Karema/ECC
10:30	Tea Break	
11:00	EARN PWP 2013: Priority outputs	Dr. J. Banda /constituencies
11:30	Preparations for the 2013 EARN Elections	constituencies
12:00	Lunch Break	
13:00	EARN Secretariat Performance evaluation and recommendations	constituencies
14:00	AOB	
15:00	Closing remarks	Dr. C. Karema/Dr. J. banda
16:00	End of the Day	

Annex 4: M & E; IEC/BCC and PM/PD Country Plans

Note: Proposed activities/indicators are indicated in black text and status is indicated in blue text

COUNTRY	Jan-Dec 2011			Jan-Jun 2012		
	M & E	IEC/BCC	PM/PD	M & E	IEC/BCC	PM/PD
Burundi	-	-	-	Main activities are ongoing (TET, MIS etc)	Ongoing, 44% of funds received	-
Comoros	• Implementation of a data management database Not achieved due to lack of technical assistance • Training of managers to carry out M & E Completed • Annual review 2010 and planning for 2011 Completed • MIS Completed, but report not yet available	• Communication plans Plans already drawn up • Awareness campaigns in 320 villages Completed, 333 villages targeted	• Programme review Completed	• Annual review 2011 and planning for 2012 Completed	• Awareness campaigns in 80 villages Completed, 86 villages targeted	• Revision of strategic plans In the process of being completed; technical & financial assistance from partners • Revision of M & E plan In the process of being completed; technical & financial assistance from partners
Eritrea	• Supervision to sentinel sites etc, OR, training in RB M&E, quarterly review/planning meeting, establish malaria dbase All completed, except some studies postponed, and dbase not established	• Produce & distribute audiovisual & print materials; air audio/visual spots Completed (Challenge: malariology course postponed to 2013 due to funding constraint)	• Training in WHO-malariology course; training of health professional in different areas Training of HWs completed (Challenges: Technical assistance on stratification/mapping not received)	• Monitoring of activities, training in RB M&E, & IDSR modules Completed	• Study relative effectiveness of IEC/BCC channels; production of print materials, radio/TV spots Draft report received; IEC/BCC materials partially delivered)	• Training on case management; re-stratification of malaria endemicity Completed
Ethiopia	• Supervision ,training for supervisors, commodity	• EC materials production and		• Supervision, training for supervisors,	• EC materials production and	

COUNTRY	Jan-Dec 2011			Jan-Jun 2012		
	M & E	IEC/BCC	PM/PD	M & E	IEC/BCC	PM/PD
	micro planning, malaria risk mapping, operational studies 82% achieved	distribution, dissemination via Radio Spots through National and Regional radio & Training of HEWs on IEC/BCC 82% achieved		commodity micro planning, malaria risk mapping, operational studies 62% achieved	distribution, dissemination via Radio Spots through National and Regional radio & Training of HEWs on IEC/BCC 91% achieved	
Kenya	• Malaria support supervision in all provinces This was done at national, provincial and district level • Conduct a research to policy Malaria forum Conducted in last quarter of 2011 • Conduct 2 quality of care surveys QOC 2 and 3 conducted • Conduct phase 1 &2 PMLIIN survey PMLLIn survey conducted partly (Challenges: ¾ of Phase 1 and 2 was done due to a delay in the mass LLIN distribution exercise)	• To strengthen advocacy, communication and social mobilization capacities for malaria control to ensure that at least 80% of people in malarious areas have knowledge on prevention and treatment of malaria by 2014. Developed messages; developed essential malaria Actions for families in Kenya; WMD commemorated (Challenges: Huge funding gap 6.3/6.9 million KES)		• Complete malaria supervision manual Completed • Complete the PMLLIN survey Completed report being finalized		• Meet 13 CPs Met 9 • Recruit and deploy 17 Key management positions Filled 8 (Challenges: Recruitment still in process due to delayed funding from PR) • 1 contractual agreements with SR Achieved 1 • 238 SSR (districts) complete reports Obtained 167 (Challenges: Split of districts and lay-off of data clerks at KEMSA) • Budget & Procurement of health products Spent beyond budget for period in question • Maintain 6 month buffer stocks of ACT 1 out of 4 (Challenges: Delay in GF declaration in

COUNTRY	Jan-Dec 2011			Jan-Jun 2012		
	M & E	IEC/BCC	PM/PD	M & E	IEC/BCC	PM/PD
						AMFm subsidy)
Rwanda	• Supervision of the implementation of malaria activities at district level Completed • Supervision of the ownership & use of LLINs at community level by CHWs Completed • Supervision of the community by the health center Completed • Monitoring of LLIN Completed • Monitoring of entomological activities at sentinel sites level Completed • Conduct the malariometric survey Completed • Conduct malaria data quality Audit Completed	• Sensitization meetings and campaigns Completed • Production and distribution of IEC materials Completed • Diffusion of malaria radio spot, drama, sketches, songs Completed • IEC/BCC for LLINs use Completed • IEC and community mobilization for IRS Completed • BCC for effective case management Completed	• Coordination meetings with partners Completed • Working group session on the malaria case management Completed • Implementation of the MPR Completed	• Supervision of the implementation of malaria activities at district level Completed • Supervision of the ownership & use of LLINs at community level by CHWs Completed • Supervision of the community by the health center Completed • Monitoring of LLIN Completed • Monitoring of entomological activities at sentinel sites level Completed • Conduct the malariometric survey To be done • Conduct malaria data quality Audit To be done	• Sensitization meetings and campaigns Completed • Production and distribution of IEC materials Completed • Diffusion of malaria radio spot, drama, sketches, songs Completed • IEC/BCC for LLINs use To be done • IEC and community mobilization for IRS To be done • BCC for effective case management To be done	• Coordination of all division and decentralized activities at all level of health care Completed • Finalization of MSP (IVM, M&E Plan,) Finalization stage • Forum on Program re-orientation Meeting Ongoing
Somalia	• 1 Malaria surveillance in Moscow Completed • CSR weekly data Completed	• WMD Completed • 120 CHWs Completed • Com. Dialogue &	• NMCP monthly support Completed • Quarterly meeting at zonal level	• 1 Malaria surveillance in Moscow Completed • CSR weekly data Completed	• WMD Completed • 60CHWs Completed • Com. Dialogue &	• NMCP monthly support Completed • Quarterly meeting at zonal level Completed

COUNTRY	Jan-Dec 2011			Jan-Jun 2012		
	M & E	IEC/BCC	PM/PD	M & E	IEC/BCC	PM/PD
	• Lab & Entomology supervision visits Completed • NMPC supervision Completed • Thirty party monitoring visit Completed • AMD efficacy Completed • Vector susceptibility testing Completed • MCIS 2011 Completed	malaria field days Completed	Completed	• Lab & Entomology supervision visits Completed • NMPC supervision Completed • Thirty party monitoring visit Completed • AMD efficacy Completed • Vector susceptibility testing Completed • MESST workshop Completed • MSc degree for 3 candidates Ongoing • Final operational research for Rd 6 Ongoing	malaria field days Completed • Hanging up campaign To be carried out in Q4	
South Sudan	• Supportive supervision visits to 10 states 7 states visited (Challenges: lack of funds)	• Conduct BCC Community & outreach and mass media, etc. Only BCC completed. (Challenges: lack of funds)	• 4 consultant positions to be recruited (PM, CM, VC, M&E). 1 position filled. (Challenges: lack of funds) • Program vehicles provided to 10 states 6 vehicles already dispatched to states • Oriented all state coordinators on	• 144 health workers to be trained on malaria sentinel surveillance 108 trained • Plan to conduct TET study Ongoing • Vector susceptibility and mapping study Stalled. (Challenges: delay in funds	• World Malaria day commemoration Completed • 2-Consultant to develop BCC strategy Did not materialize. (Challenges: lack of funds) • 3-Conduct BCC Community & outreach and mass	• MPR to be conducted Delayed. (Challenges: Delay in funds disbursement from GFATM) • 13 state positions and 3 central positions to be recruited All positions filled • 4 NMCP vehicles to be procured 2 NMCP vehicles

COUNTRY	Jan-Dec 2011			Jan-Jun 2012		
	M & E	IEC/BCC	PM/PD	M & E	IEC/BCC	PM/PD
			malaria policies and strategies including M&E requirements Completed	disbursement)) Ongoing	media, etc. Ongoing	procured. (Challenges: Lack of funds) • Supportive supervision to 10 states Delayed. (Challenges: Lack of funds) • Reactivate malaria TWG and coordination meetings Completed
Sudan	• Strengthening M&E capabilities, Acquisition of funds & planning	• Community Outreach: Interpersonal communication. Acquisition of funds & planning • Mass media: Intensive Radio and Television Broadcast Acquisition of funds & planning		• Strengthening M&E capabilities To be done • Operational Research, database and Data Reporting System Ongoing • Malaria drug efficacy, & insecticide monitoring To be initiated in September • Conduct MIS 2012 Ongoing	• Community Outreach: Interpersonal communication. Completed • Mass media: Intensive Radio and Television Broadcast Completed	• Conduct MPR 2012 To be done
Tanzania	• Conduct THMIS Analysis ongoing (survey combined with HIV/AIDS) • Conduct impact evaluation 2000-2010 Report available showing achievements from 2000 to 2010	• Production and airing of messages through radio and TV spots Radio and TV spots aired different messages. Patapata children radio programme (265	• Strengthened supervision by Malaria Focal Persons at regional levels 25 vehicles procured and distributed; zonal meetings to review status of malaria	• Work with IDSR to strengthen monitoring of epidemics Ongoing	• Production and airing of messages through radio and TV spots Aired 1275 spots on LLIN use and 12432 spots on ACT promotion.	• Development of operational manual for larviciding Ongoing • Mobilisation of funds Consultative meetings to plan for PMI funding for FY13 developed

COUNTRY	Jan-Dec 2011			Jan-Jun 2012		
	M & E	IEC/BCC	PM/PD	M & E	IEC/BCC	PM/PD
	• Conduct Malaria Programme Review Final report is currently being printed for dissemination • Therapeutic efficacy testing in 4 sentinel sites Testing was completed at 4 sites, PCR to be carried out. • Monitoring insecticide resistance in sentinel districts Evidence on emergence of Pyrethroid insecticide resistance- a mitigation plan is being developed • Harmonize malaria indicators in HMIS strengthening initiative New HMIS tools contain key malaria indicators. (Challenge: Provider compliance to new definition of malaria, completeness and timely reporting)	episodes): 4 national and 7 regional radio stations • Reaching rural communities with malaria messages 774 MVU shows completed in 19 regions; community change agents implement activities at ward level in 20 regions • Printing and dissemination of malaria communication strategy 300 copies distributed to all districts	implementation at regional and district levels; developed supervision guidelines at regional and district levels • Capacity building NMCP staff Short term training (3 staff) on planning and implementation; long term (1 staff) training on M & E • Partner coordination Coordination meetings and technical working group meetings • Conduct supportive supervision at regional and district levels Supervision was performed, analysis is ongoing		Patapata children radio spots continued, 78 at national radio station and 52 at local radios • Reaching rural communities with malaria messages 921 MVU shows in 20 regions; 500 cultural shows conducted; training of religious leaders on malaria using sermon guide in 4 districts: Masasi, Lindi Rural & Songea Rural; CCA activities continued in 11 out of 20 regions	• Coordination and technical working group meetings Routinely performed to discuss implementation status and harmonisation of activities • Preparation and submission of PUDRs
Uganda	• Strengthen data management Completed a Malaria program review. (Challenges: database not established) • Establish a mechanism for data collection and reporting from private	• Develop the Malaria communication strategy Malaria communication strategy and guidelines for advocacy and social mobilization in place. (Challenges: IEC materials that are in	• Development and dissemination of Policies, Plans and Grant Proposals Developed new malaria control policy; high turnover of managers affected planning • Hold/ attend Key			

COUNTRY	Jan-Dec 2011			Jan-Jun 2012		
	M & E	IEC/BCC	PM/PD	M & E	IEC/BCC	PM/PD
	sector health care facilities Developed a new strategic plan and M & E plan • Operationalize the NMCP composite malaria database Improved data collection reporting and quality assessment through the development of the District Health Information system II	place are not focused and seldom in local languages) • Establish the advocacy and social mobilization working group at national level The advocacy and social mobilization working group at national level established. (Challenges: Operational research to guide IEC/BCC lacking) • Revive the Malaria newsletter and notice board Malaria newsletter (bulletin) and notice board has been revived. (Challenges: IEC/BCC implemented on ad hoc basis hence weakening its impact)	Coordination meetings for NMCP and Partners Attended key coordination meetings • Support Capacity Building Processes for NMCP Completed • Commemorate International/ Regional Malaria events Commemorated World Malaria Day • Provide Technical Assistance for NMCP (Revitalized malaria Zonal Coordination mechanism) • Provide Transport and Logistics Completed			
Yemen	91% achieved; updating the national M&E plan (2011-2015)	To be done; IEC materials printed to be distributed to 3.2 million students; health education campaign on LLINs	Equipment of malaria units procured and under distribution	73% achieved; Preparing to implement the second MIS (Oct 2012)	Plan to distribute the materials during the last quarter of 2012	Preparing to establish 27 new malaria units; implementation of quality assurance programs in 67 health facility in 7 governorates