



**SARN- RBM PARTNERS ANNUAL CONSTITUENCIES CONSULTATIVE MEETING
REPORT**

PRETORIA, SOUTH AFRICA

4th to 8th July, 2011

**SARN
Gaborone, Botswana**



1.0 BACKGROUND

The SARN Secretariat in collaboration with SADC Secretariat and partners organizes the SARN General Assembly Annual Constituencies (SADC Secretariat, SARN Steering Committee, RBM Secretariat, Malaria Program Managers, Research and Academic Institutions, Private Sector, Military Health Services, NGOs and UN-Agents) Consultative Meeting every year to share best practices/experiences. The objectives of these meetings are to review progress made in implementation of the SARN Work Plan, Road Maps, RBM targets, MDGs, SADC Malaria Strategic Framework (2007 – 2015), SADC Malaria Elimination Framework, conduct peer review and share best practices/experiences.

The 2011 meeting which was held in Pretoria, South Africa started with a two day RBM USB Key training workshop for program managers from all the African Anglophone countries. The RBM USB Key is a tool that will facilitate data collection from roadmaps making it easy for monthly follow-up/tracking of roadmaps. Program managers also developed the 2011 SADC Malaria Week theme and slogan. The subsequent days included a morning Market Place followed by constituencies meetings. Market place presentations included display of malaria commodities, products and latest technology from the private sector and a presentation on case management by the Medicines for Malaria Vaccines (MMV). A full day was reserved for progress presentations by the program managers and all constituencies. The objective of this session was to track progress made by each country in implementing the roadmap and peer review of same. Presentations by all constituencies were also tailored to report back on implementations of the recommendations of the last SARN meeting held in Zanzibar, in September 2009. The final day was for the SARN Steering committee meeting whose main objective was to review progress made since the Zanzibar 2009 meeting. This was achieved by reviewing and updating the SARN 2011 Work Plan, SARN score card, determining the 2012 activities/priorities and reviewing the draft RBM implementation Bye Laws. The SARN Secretariat outlined the process of TA request and the use of score cards as some of the innovations the Secretariat is introducing to strengthening the quality, detail and uniformity of reporting.

The meeting was attended by the following SADC countries: Angola, Botswana, Democratic Republic of Congo, Malawi, Mozambique, Namibia, South Africa, Swaziland, URT-Tanzania, Zambia, Zimbabwe and URT-Zanzibar. Anglophone countries from other regions included: Eritrea, Ethiopia and Nigeria. A host of partners including SADC Secretariat, MACEPA, Sanofi Aventis, CHAI – SAMEST, MMV, WHO, GMP, HWG, ALMA. VIMA, BAYER, Vestregard Frandsen, Nets for Africa, Arysta LifeScience, Africa Fighting Malaria and Reagent Laboratories

Participation in the USB training by Monitoring and Evaluation officers from the five TZMI countries (Angola, Botswana, Namibia, Zambia and Zimbabwe) was funded by MACEPA.



Group Photo of the SARN General Assembly

2.0 OVERALL OBJECTIVE

The overall objective of the meeting was to provide a forum for strengthening partnerships, roadmap tracking, sharing best practices, reviewing and finalizing strategic SARN outputs.

2.1 Specific Objectives

The specific objectives of the meeting were to:

- a. Provide a forum for partners to share best practices/experiences, peer review and review of program delivery
- b. Develop SADC Malaria week theme and slogan
- c. Discuss 2010 SADC Malaria Report and development process
- d. Review progress and update the SARN 2011 work plan
- e. Review work tools: score cards
- f. Develop SARN 2012 priorities and activates
- g. Carry out training on the RBM USB Key Tool
- h. Review and finalize TZMI Business Plan, hosting arrangement and district work plans



3.0 MAIN OUTCOMES

The main outcomes of the meeting were:

- SADC Malaria week theme and slogan
- 2000 – 2010 SADC malaria report format and development process
- Updated country 2011 roadmaps and score card
- Updated SARN 2011 work plan and score card
- SARN 2012 activities and priorities
- RBM USB Key Tool for monthly Roadmap tracking
- SARN technical assistance format
- RBM implementation Bye Laws (reviewed by all constituencies)
- Final draft of TZMI business plan
- ALMA Malaria Score card
- SARN Constituencies activity presentations

4.0 RBM USB KEY TRAINING WORKSHOP

The workshop for Malaria Control Program Managers on the use of the USB Key Tool for planning and tracking of country road maps implementation took place in Pretoria, South Africa 4 - 5 July 2011. The meeting was jointly organized by Roll Back Malaria (RBM) Secretariat and Southern African Regional Network (SARN). It was opened by Dr. Patrick Moonasar, Director of Communicable Diseases, Department of Health on behalf of Mr. Moeketsi Modisenyane, Director of International Health Liaison, Department of Health, South Africa.

The meeting was attended by Program Managers from Anglophone countries (Angola, Botswana, Eritrea, Ethiopia, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, URT-Tanzania, Zambia, Zimbabwe and URT-Zanzibar). Partners including SADC Secretariat, MACEPA, MMV, GMP and ALMA attended the workshop. To boost the capacity of the Trans-Zambezi Cross-border Malaria Initiative (TZMI), MACEPA funded data/M and E Officers from the five TZMI countries (Angola, Botswana, Namibia, Zambia and Zimbabwe) to attend the workshop.



Group Photo of the participants to the USB Key Tool Workshop held at Burgers Park Hotel, Pretoria, South Africa, 4 - 5 July 2011

4.1 Objectives

The objectives of the USB training were to:

- Review RBM priorities Targets and milestones for 2011-2015
- Review Country roadmaps
- Introduce the USB roadmap tracking tool
- Update roadmaps through data entry
- Introduce the 2012 – 2013 roadmaps

4.2 Outcomes

- Reviewed RBM priorities Targets and milestones for 2011-2015
- Review Country roadmaps
- Introduced the USB roadmap tracking tool
- Updated 2011 roadmaps through data entry
- Developed the 2012 – 2013 roadmaps

4.3 TRANS-ZAMBEZI CROSS-BORDER MALARIA INITIATIVE (TZMI) BUSINESS PLAN SIDE MEETING

The TZMI Business Plan Draft Team took the opportunity of attending the USB Key Tool workshop by holding a lunch hour meeting attended by the five TZMI Program Managers, MACEPA, RBM Secretariat, SADC Secretariat and SARN Secretariat to map the way forward on finalising the TZMI Business Plan and hosting of the TZMI Secretariat. The meeting was held on 4th July 2011 and chaired by Botswana NMCP.



Group Photo for partners to the TZMI Business Plan Meeting held during launch hour at the Burgers Park Hotel, 4th July 2011

Outcomes

- The five TZMI countries will send their comments on the draft TZMI Business Plan by Wednesday, 6th July 2011 to SARN Secretariat who will consolidate the comments and send it to all stakeholders. The document will then be sent to MACEPA by Friday, 8th July 2011 for final editing of the technical aspects of the Business Plan. The MACEPA team was given up to end of July 2011 to submit the edited document.
- Once edited for technical quality, the document will be send to Sanofi Aventis for packaging in terms of its attractiveness as a business plan.



- Zambia NMCP with the support of MACEPA offered to host the TZMI Secretariat and would send a formal offer to SARN Secretariat. The offer was endorsed by the five program managers; and
- The interim committee of the TZMI will be made up of the 5 Program Managers, 5 Districts Health Officers (one from each country) and five partners with RBM Secretariat and SARN Secretariat as ex-officio members of the interim committee.

5.0 THE LUBOMBO SPATIAL DEVELOPMENT INITIATIVE (LSDI) SIDE MEETING

A side meeting of the LSDI countries (Mozambique, South Africa, Swaziland) program managers, Medical Research Council-Durban, South Africa (MRC-Durban) and SARN Focal Point was held during lunch hour on 5 July 2011. In June 2011, the LSDI held a meeting and the objective of this side meeting was to follow up on recommendations of the June meeting and agree on the participants, venue, agenda and funding of the follow up meeting.

Outcomes

- In view of the rising number of malaria cases and deaths in Maputo province, Maputo city and Gaza province of Mozambique and the increase in cross-border malaria in Mpumalanga and Limpopo provinces of South Africa and Lubombo area of Swaziland and the need to resuscitate spraying (IRS) in Mozambique, it was agreed that the meeting will be held in Maputo, Mozambique from 25 to 26 July 2011, funded by SARN and attended by the three program managers, the Director of MRC-Durban and SARN Focal point.
- The program would include: development of an Action Plan and recommendations for the three LSDI health ministers, an IRS plan for Maputo province and city and Gaza province, support required by Mozambique NMCP to ensure IRS is implemented in 2011, discuss the sustainability of the LSDI/cross-border initiatives, absorption of LSDI 2011 activities into the districts operational plans and Mozambique Global Fund Implementation/bottlenecks and resolutions including role of the in-country RBM partners.
- The team will use the mission to review the overall program/roadmap implementation by the Mozambique NMCP and finalization of the USB Key following the Pretoria USB Key training.

6.0 THE MARKET PLACE

The General Assembly Meeting started on 06 July with a Market Place that took place from 09:30 to 12:45 Hrs. The purpose of the market Place was to showcase the SARN partners and provide an open opportunity for them to display malaria commodities and current technologies in malaria control. A total of 12 booths were allocated and participants took turns to pass through each station.



Some of the Malaria control commodities and technologies on display during The Market Pace

7.0 OUTCOMES FROM CONSTITUENCIES MEETINGS

The following constituencies met on 6th July 2011 to review progress in the implementation of the 2011 activities and to develop the 2012 activities and priorities: Program Managers (including Data/M&E Managers), Military Health Services, NGOs, Private Sector, and Research and Academic Institutions.

7.1 Program Managers Constituency

The Program Managers Constituency met on 6th July 2011 to review progress in implementation of the 2011 roadmap/activities and develop 2012 activities and priorities. The meeting was attended by Eleven SADC Member States with the exception of Madagascar which was busy with Malaria Program review.



SADC Program Managers Constituency

The outcomes of this constituency meeting were as follows:

- Developed the 2011 SADC Theme and Slogan for the SADC Malaria Day:
“Be free of Malaria in the SADC region”
“Know the malaria symptoms, Go for testing and treatment “
- Reviewed the format of the 2010 malaria report because of some incoherencies on some indicators and usage of inappropriate technical language for some indicators
- Agreed to use the template as it is and provide some comments on the quality of data, the limitations and the constraints identified in the filling of the template.
- The report will reflect the progress made in the implementation of the SADC Malaria Strategic Framework 2007-2015 and the SADC Malaria Elimination Framework.
- Once finalized, the 2010 SADC Malaria Report will be submitted to Health Ministers for approval in November 2011.
- Three Member States had submitted the 2010 Malaria Reports and the rest promised to submit the week following the meeting.
- Validation of the 2010 SADC Malaria Report would take place in September and this will provide an opportunity for the Malaria managers to provide a global feed back on the template which could facilitate the review of the format by SADC and to share good practices and specific problems in the management of Malaria Programmes.



- Resolved to prepare well in advance for the up coming SADC Malaria Day commemoration to be held in Angola
- Noted country missions undertaken in member states in by SARRN Steering Committee members and that some of the issues identified are still being experienced such as non-disbursement of Global Fund Grant in Zambia.
- The agenda should not focus only on road maps but also on sharing experience/best practices, fund grant performance, lessons learnt from Malaria Programme Reviews (MPRs) and Malaria Indicators Survey (MIS)
- The need for learning from each other for example on how to increase coverage on use of bed nets.
- Progress update on the Elimination Eight (E8) since last meeting held in Mozambique in November 2010.
- For the E8 countries to achieve the process of malaria elimination there is need for strong cross border Malaria collaboration in terms of harmonization of policy and strategies, synchronization of operations/activities and coordination of actions.
- Strengthening the Trans Zambezi Malaria Initiative (TZMI), the Trans Kunene malaria Initiative (TKMI) and the Lubombo Spatial Development Initiative (LSDI).
- E8 meeting will take place in October 2011 in Francistown as planned previously but the Botswana Health Ministry have indicated that the meeting will be held in Maun
- Mozambique and Madagascar were elected new members of the SARN Steering Committee replacing Angola and DRC who are now members of EARN and CARN respectively
- Briefed on domestication of the SADC Policy and Strategic Documents meeting which was taking place concurrently in Johannesburg and convened by ADB Funded Communicable Diseases Project and Member States in terms of how to improve the implementation of these documents especially the SADC Malaria Minimum Standards
- Activities and priorities for 2012

7.2 Data/M&E Managers

As outlined above, the Data and M&E Managers are part of the Program Managers Constituency but met separately to review progress in implementation of the 2011 activities and developed 2012 activities and priorities in data management, monitoring and evaluation which are critical in implementation of program activities. The following Member States were present: Angola, Botswana, Namibia, Malawi, Mozambique, Swaziland, Zambia, Zimbabwe and URT-Zanzibar,



Data/M&E Managers

The outcomes of this constituency meeting were as follows:

- Discussed how to resolve challenges which included lack of funding, human resources (M & E/ Data Managers) at district/ provincial levels, data verification, weak Health Management Information Systems and functional databases, M&E instruments (e.g. data collection tools),
- Discussed ways of sharing best Practices which included functional technical M&E working Committees, SMS based reporting system, weekly based reporting system and feedbacks to districts, active case detection (ACD), GPS (use of GPs to map IRS and LLINs distribution, bio-assay studies), trained M&E staff and participation in the development of the District Health Information System (DHIS)
- Discussed technical support required in areas of DMIS, MPR, data management (set up of databases, data analysis), development of National Malaria Websites, M&E guidelines or strategic plans development, GIS and mapping training, data reviews, surveillance systems and district Staff, SMS reporting system and finance; and
- Activities and priorities for 2012 which would help to resolve the challenges outlined

7.3 Military Health Services (MHS) Constituency

The Military Health Services Constituency met on 6th July 2011 to review progress in implementation of the 2011 activities and developed 2012 activities and priorities.



The SADC Military Malaria (MHS) Constituency

The outcomes of the Military Health Services were as follows:

- Reviewed the function of the constituency and agreed to strengthen the relationship and communication between MHS and NMCPs and among MHS
- The military will continue to support and participate in cross border activities
- Continued support for prevention of parasites movement from endemic areas to near zero districts by screening of soldiers and each military in collaboration with the NMCP will have a trial district screening for parasites and treatment which would be reviewed after six months
- SADC Defence chiefs approved the 2012 Reverse Race Against Malaria and a coordination team of 4 members was selected (Gen Msangi, Col Hendricks, Lt. Col Tafirenyika and Major Fortes) to work with teams from managers/partners and would undertake a driving across borders for malaria elimination awareness during 2012
- The military will provide outreaches using military mobile clinics (road/air/water) to hard to reach areas and increase civilian access to military health care facilities
- Enforcement of international health regulations through space spraying of vehicles/boats /equipment and aircrafts at airports to prevent of cross border movement of malaria vectors
- Strengthen operationalization of Military Malaria Minimum Standards
- Training for Military Malaria Minimum Standards; and
- Activities and priorities for 2012



7.4 NGOs Constituency

The NGOs Constituency met on 6th July 2011 to review progress in implementation of the 2011 activities and developed 2012 activities and priorities.

The outcomes for this constituency were as follows:

- Support resource mobilization
- Support implementation of vector control – LLINs distribution through campaigns
- Support communication and advocacy on net utilization which is on the increase and early treatment seeking behavior
- Support community management of malaria (Prepackaged therapy; leveraging private sector vitality)
- Support Malaria Program Reviews in countries
- Support SARN country missions – constituency involvement is useful in identifying and addressing country level implementation bottlenecks
- Support cross boarder initiatives
- Support operational research and evidence generated by partners to be used to develop evidence-based policies and strategy at country level;
- Support MIS at country level
- Activities and priorities for 2012

7.5 Private Sector Constituency

The Private Sector Constituency met on 6th July 2011 to review progress in implementation of the 2011 roadmap/activities and developed 2012 activities and priorities. The meeting was attended by regional and international companies which included: Vesterguard, Arysta, Anima, ALERE, Magnet, SD Standard, Bayer, Regent Laboratories, MMV, Nets for Africa, Sumitomo, Wefco and Bestnet. In the morning before the meeting, there were market place presentations which included display of malaria commodities, products and latest technology from private sector.



Private Sector Constituency

The outcomes of this constituency meeting were as follows:

- Strengthening of in-country RBM Partnership by constituting in country private sector committees that would discuss issues pertaining to partnership in collaboration with Ministries of Health (MoH)
- Support grant implementation by building capacity in training on how to use the products and setting up standards required by partnership for MoH to trade well with every Partner
- Support waste management by ensuring that tenders include waste collection and product specifications which should be made clear/ or to include waste management which will be paid by ministries /or Donors and discussions would be required to set up logistics for this requirement with Ministries of Health
- Resolution of bottlenecks by holding discussions with MoH on tendering and also by developing a website for Private Sector where companies can talk about their products and where they can be found (countries)
- Support cross border initiatives by involving Private Sector starting from the planning stage, creating a level playing ground for all partners - registering of products and together with Ministries of Health to come up with a list of guidelines required for use
- Private Sector Private Sector endorsed the Market Place and would like more of these during next meetings and would like to align everything with international standards

7.6 Research and Academic Institutions Constituency

The Research and Academic Constituency met on 6th July 2011 to review progress in implementation of the 2011 activities and develop 2012 activities and priorities. The meeting was attended by representatives from Botswana, Malawi, Namibia, South Africa, Zambia, Zimbabwe, URT-Zanzibar and Nigeria as an observer.



Research and Academic Institutions Constituency

The outcomes of this constituency meeting were as follows:

- Reviewed implementation of research areas which included Methods to Improve Adherence to Malaria Interventions: Health Worker and Community Perspective; strengthening Malaria Surveillance in Low Transmission Areas for Better Targeting of Interventions Using Standardised Procedures in the Southern African Sub-Region and Optimizing Impact, Coverage and Best Practices of Vector Control and Case Management Interventions Towards Malaria Elimination for Southern African Countries
- Noted that there is now a strong support for the elimination of malaria on malaria control agenda (nationally, sub-regionally, regionally and globally)
- Noted that Southern African member countries are at different levels of malaria transmission and this poses several challenges towards malaria control and elimination with regard to choice of intervention packages
- Agreed that control/elimination and research are inseparable
- Underscored importance of research and academia institutions in answering operational research questions pertaining to control/elimination

- Activities and priorities for 2012

8.0 SARN GENERAL ASSEMBLY MEETING

The SARN General assembly meeting was attended by all SARN constituencies and partners. The opening address was given by Ms. Martha Mpisaunga who emphasized the need for all partners to participate in the Network activities at country and regional levels. All constituencies presented progress made and outcomes of the back-to-back meetings. The meeting was co-chaired by Namibia and South Africa. SARN Co-chair (Namibia) advised that the emphasis of the constituency presentations was to share the best practices. In view of time constrain, the meeting agreed that from the Program Managers constituency only six countries would present (two each from low, medium and high transmission countries [Swaziland and Zanzibar; Zambia and Zimbabwe; Malawi and DRC] respectively.



The SARN General assembly at work

8.1 SADC MALARIA PROGRAM MANAGERS

8.1.1 SWAZILAND AND URT-ZANZIBAR PRESENTATIONS

Issues from presentations

- Near elimination countries need to monitor and prevent importing Malaria from high risk areas. They need to keep an eye on tourism and epidemics likely to bring parasites to local populations whose immunity against malaria is low.



- Countries are encouraged to take up programmes that are sustainable i.e. use of Mefloquine prophylaxis in Swaziland is expensive and not sustainable
- Need to scale up surveillance programmes and extend them to cover cross border areas
- LLIN's come with the problem of replacement and government procurement process can lead to delays, where possible NMCPs should resort to other avenues to evade stock outs.
- Countries need to look at the case definitions when reporting since reporting of confirmed malaria cases only can result in under reporting of real malaria burden
- Distribution of malaria commodities in countries targeting malaria elimination should not rely entirely on routine methods as this may be disrupted by stock outs
- Countries need to put more resources for surveillance i.e. more than 10% recommended by Global fund

8.1.2 ZAM BIA AND ZIMBABWE PRESENTATIONS

Issues from the presentation

- Countries should indicate national contributions to malaria such as salaries, transport, equipment, as these add up to the total malaria budget which is often left out and yet countries are the major contributors of the total malaria budget
- It's important to indicate achievements in figures so that it is easy to compare between country's efforts
- Alternating chemicals (mosaic strategy) used for IRS can help reduce the incidence of insecticide resistance. Zimbabwe is currently using DDT in none Tobacco areas and Pyrethroids in tobacco growing areas
- Incentives like good healthcare worker's salaries play an important part in the success against malaria and other diseases
- Nets procurement and distribution to be guided by household listings. The target must be 1 net per 1.8 people with variations to cater for cultural limitations
- Availability of funds should not trigger implementation of activities that were not budgeted for and also countries should not plan for activities which are not budgeted for the season
- There is need to strengthen IEC/BCC to increase LLIN usage

8.1.3 DEMOCRATIC REPUBLIC OF CONGO (DRC) AND MALAWI PRESENTATIONS

Issues from the presentation

- Low access to treatment by under five children in the DRC and Malawi
- Research constituency should assist in conducting evaluation especially where programmes are not performing e.g. only 21% of under fives access treatment within 24 hrs in Malawi



- NMCP managers should make timely planning and procurement to avoid stock outs associated with the long government procurement procedures
- There is need for more research in the DRC to determine the extent of *P. Vivax* in that country
- Impacts of interventions will show after several years and it must be noted that diagnostics are not an intervention but rather help improve the definition of a case. Reduction in morbidity and mortality reflects well on the impact of interventions
- Impact of malaria interventions can also be assessed through bed occupancy

8.1.4 MONITORING AND EVALUATION

This is not one of the constituencies, but was allowed to present since they had met to discuss data management and the USB Key.

Issues from the presentation

- Inadequate funds for M&E
- Inadequate human resources for M&E at district and provincial levels
- Lack of data verification
- Weak Health Management Information System (HMIS)
- Problem of M & E instruments (e.g. Data collection tools)
- Lack of functional databases
- Need to share ideas among data officers e.g. teleconferences, participation in review meetings

8.2 RESEARCH AND ACADEMIC INSTITUTIONS

Issues from the presentation

- Funding for research – there has been no funding provided to date for the research topics identified, but there was an attempt by SARN to source funding
- There is need for close collaboration between research and academic institutions and NMCPs for Research to provide answers to questions that arise during the implementation of programs targeting elimination of malaria
- Research and Academic institutions to come up with budgeted proposal for presentation to Global Fund with country proposals or other partners

8.3 SADC MILITARY HEALTH SERVICES (MHS)



Mr. Simon Kunene Receives his Award from the SADC Military

Issues from the presentation

- Military to support delivery of malaria logistics and implementation of interventions in isolated/in-accessible locations especially in the Angola, DRC, Madagascar, Malawi and the TZMI/Zambezi valley/cross-border areas
- Military health facilities currently providing care to civilian communities in areas where there are no MoH health facilities
- MHS to spearhead establishment of cross-border initiatives between the DRC, Zambia and Tanzania and between Malawi, Mozambique and Tanzania (trans-Ruvuma)
- Need to scale up screening of soldiers before, during and after military operations/deployment
- Need to scale up screening of soldiers before, during and after military operations/deployment
- Training of Military Malaria Managers on SADC Military Malaria Minimum Standards is in the planning stage
- A Reverse Racing Against Malaria (RAM) will be carried out in 2012 – a concept note is in the draft stage
- Publication of activities and best practices in a military malaria website – to be developed
- Military Malaria Technical Committee is fully functional
- MHS in all countries are heavily dependent on Ministries of Defence – MHS will develop a business plan for mobilizing additional resources

- Need to print more SADC Military Malaria Pocket Booklet: two hundred copies per country were printed with the support of Sanofi Aventis and are to be distributed to all Member States militaries



Mr. Simon Kunene Receives his Award from the SADC Military

8.4 PRIVATE SECTOR

Issues from presentation

- The market place which allowed private partners to showcase their products and share information with the consumers was highly welcomed by all participants
- A request by private sector to be allowed to present on their products before moving to the market stalls was made.
- There was a general feeling that the private sector needs to elect a committee that will coordinate issues pertaining to the public-private partnership.
- There is need for ministries to adhere to standards they would have set in the tender documents and also stick to set standards rather than switching between products annually and demand for things not originally contained in tender documents.
- There is need for involvement of private sector when planning major projects such as the Cross Border Initiatives.
- There is need for a website where the private sector in the region advertise their products so that Ministries of Health get easy access to products from the private sector



8.5 NGOs

Issues from presentation

- NGO representation at regional network meetings remains poor
- Play a critical role in supporting malaria programs at country level and on the region for resource mobilization in the region

8.6 AQUAMAT STUDY

Issues from the presentation

- WHO recommends IV Artesunate as the first line drug for treatment of severe cases of malaria in children as it reduces mortality by 22.5% compared to quinine
- IV Artesunate to be used until the patient is able to take oral ACTs
- Rectal Artesunate can be used where available and indicated
- Global fund can fund any medicine/drug if there is adequate justification in the proposal

8.7 ALMA

There was a presentation from African Leaders Malaria Alliance (ALMA) on the score card for tracking progress in the fight against malaria in Member States. The score card already approved by the Heads of States will be on a quarterly basis send to them and the Ministers of Health.

Issues from the presentation

- The score cards needs to be shared with programmes before being sent to Heads of States for verification and ensuring quality of data
- The indicators selected are complex and need to consider the stage of the programme in the malaria elimination continuum

8.8 SARN WORK PLAN

The SARN Focal Point presented the SARN work plan and its budget and a colour coded score card to indicate progress on the various activities

Issues from the Presentation

- Teleconferences are a very good way of discussing progress, but there is need to ensure that participants are reconnected as usually if one is disconnected for one reason or the other.
- Accountability of the SARN budget is the responsibility of the chairperson
- Countries should submit their requests for Technical Assistance in time because money not spend will be taken back by RBM Board

- Co chairs of SARN will defend the 2012 budget in Geneva, in September 2011, hence, it is important that all countries submit their 2012 priorities and TAs at the end of the workshop

8.9 CLOSING REMARKS

The SARN Focal Point on behalf of the SARN co-chair thanked all participants who had attended the SARN meeting and above all thanked the representatives from Nigeria who had come to attend the USB training as part of the Anglophone countries and also attended the SARN meeting as observers.

The Nigerian representatives thanked SARN for inviting them to attend the meeting and highlighted that they were pleased to see the progress that has been made by countries in the SADC region towards malaria elimination. They were particularly impressed by the surveillance systems being put in place for malaria elimination.

The meeting officially closed at 1850 hrs

9.0 SARN STEERING COMMITTEE MEETING

The SARN Steering Committee met on 8th July 2011 to review progress made using SARN 2011 Work Plan and score card, updated the 2011 work plan, determined the 2012 activities and reviewed draft RBM implementation Bye Laws.



The SARN Steering Committee with observers from the Nigeria NMCP

Outcomes

- Outlined SARN achievements and Challenges for 2011 up to June 2011
- Updated SARN 2011 work plan and score card
- SARN 2012 activities and priorities
- Reviewed RBM implementation Bye Laws and proposed amendments to the Bye Laws which would be communicated to RBM Partnership Secretariat for consideration
- Welcomed Madagascar and Mozambique as new members to the steering committee replacing Angola and DRC
- SARN Co-chairs to attend a meeting at RBM Partnership Secretariat during the second week of September 2011 to defend budget for the 2012 activities
- Approved funds to hold LSDI (to resolve some bottle necks) and TKMI (to review operational plan) meetings to be held in July 2011
- Approved to hold the SARN Steering Committee meetings in September and December 2011
- Approved that Program Managers should hold a meeting in the third week of August 2011 to finalise 2012 activities and priorities and review 2010 SADC Malaria Report
- Approved funds for the Research and Academic Constituency to hold a meeting to develop a research proposal and the meeting would be held back to back with Program Managers meeting
- Agreed to write ALMA to invite them to be a member of SARN Steering Committee
- Approved that funds for IRS training be used for salary of a WHO M&E Officer as a contribution from SARN
- Agreed that all technical assistance request by countries should be included in their road maps
- Agreed to contact Clinton Foundation regional office in Southern Africa to find out if they would be willing to be a member of SARN Steering Committee as recommended in the Bye Laws that there is need to include a foundation as a member of the committee

10.0 WAY FORWARD/NEXT STEPS

The SARN Secretariat with the support of the SADC Malaria Program Officer and the SADC M/E Officer will carry out a review of all outcomes resulting from the meeting and develop a time line to follow up, monitor and evaluate progress made. SARN will also ensure prompt and timely support in areas where bottlenecks have been identified and maximize involvement of partners/constituencies to provide technical support and mobilization of additional resources to bridge identified gaps. SARN will support in finalization of country road maps using the USB Key to ensure 2011 activities and priority activities for 2012 and 2013 are developed and finalization of the 2000-2010 and 2010 SADC Malaria reports as the main immediate priorities.



General Assembly Photos





Market Place Photos



PARTICIPANTS LIST

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