



**SARN- RBM EXPANDED STEERING COMMITTEE MEETING REPORT**

**JOHANNESBURG, SOUTH AFRICA**

**19<sup>th</sup> to 24<sup>th</sup> February 2012**

**SARN  
Gaborone, Botswana**



## **1.0 BACKGROUND**

The RBM Secretariat in collaboration with the SARN Focal Point organized the SARN Expanded Steering Committee meeting. The SARN Steering Committee held its last face to face meeting in October 2011 during which they reviewed and endorsed the SARN 2012 work plan and SARN report to the 21st RBM Board. Both the SARN 2012 work plan and report were approved by the RBM Board in November 2011. Since the Steering Committee provides oversight to the network and the members carry out support missions to NMCPs, SARN Focal Point felt the need for an expanded meeting during which both the program managers and Steering Committee members were updated on the 2012 work plan, participated jointly in the country 2012 roadmap peer review/publication, gap analysis training and development of a comprehensive TA plan. Joint participation also involved sharing experiences on the use of the USB Key Tool, review of the regional MPR report and determination of mechanisms for tracking implementation of the MPR recommendations. Thus, the expanded meeting offered an opportunity for a network team building exercise by bringing together the managers, the Steering Committee members and partners to provide an early boost for implementing the 2012 work plan activities.

The meeting was attended by the following SADC countries: Democratic Republic of Congo, Madagascar, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe. Also in attendance were partners including SADC Secretariat, SADC Military Health Services, Sanofi Aventis, GBHealth, WHO, HWG, ALMA, Avima, Vestregard Frandsen, Military Health Services, Arshan Capital, Wefco, United Against Malaria, Tagros Chemicals, Cropchem, Arshan Health, Labiofam, CHAI, Reagent Laboratories and Sumitomo Chemical.

## **2.0 OVERALL OBJECTIVE**

The overall objective of the meeting was to provide a forum for peer review of updated 2012 country roadmaps, develop a consolidated network TA plan, build capacity for gap analysis, update members on the SARN 2012 RBM Board approved work plan, review and finalize the regional MPR report.

### **2.1 Specific Objectives**

The specific objectives of the meeting were to:

1. Review and finalize the regional MPR report.
2. Determine mechanisms for tracking implementation of the MPR recommendations.
3. Conduct peer review of updated country 2012 roadmaps and publish on the RBM website.
4. Share experiences on the USB Key tool use since its introduction in July 2011, review performance and finalise 2011 performance Score Card for the subregion.
5. Update program managers, Steering Committee members and partners on the 2012 SARN work plan and opportunities for parallel funding and develop a consolidated network TA plan.

6. Build capacity for gap analysis and perform gap analysis for period (2012 - 2013).

### 3.0 MAIN OUTCOMES

The main outcomes of the meeting were:

- Endorsed draft Regional MPR report.
- Mechanism for tracking implementation of the MPR recommendations.
- 2011 roadmap implementation score card and best practices on USB Key Tool use.
- Updated country 2012 roadmaps.
- Consolidated network TA plan and buy-in into the SARN 2012 work plan by partners.
- Plan for the development of comprehensive gap analysis and country financing plans.
- Approved KPIs for the SARN Focal Point.
- Updated 2012 SARN Calendar of Events.
- Partners were updated on the RBM Partnership Operating Framework.

### 4.0 REGIONAL MPR REPORT MEETING

The regional MPR report meeting took place in Johannesburg, South Africa, 19-20 February 2012 to review and finalize the draft regional MPR report. Various groups were assigned to review some areas of the report (Background, Objectives, Purpose, Process, Thematic Areas, End Users; Programme management; Vector Control; Epidemiology; EPR, Advocacy/BCC/IEC, Case Management; and Surveillance, Monitoring and Evaluation). The SARN Focal Point with the support of WHO-GMAP will consolidate and finalize editing the drafting regional MPR report and circulate it to partners for comments.



*Groups reviewing draft MPR report*

## 5.0 SARN EXPANDED STEERING COMMITTEE MEETING

The SARN Expanded Steering Committee meeting took place in Johannesburg, South Africa, 21-23 February 2012. The meeting was jointly organized by Roll Back Malaria (RBM) Secretariat and Southern African Regional Network (SARN). The meeting was opened by Dr Petrina Uusiku, Co-chair of the SARN Steering Committee, welcomed members present and congratulated Swaziland for winning an award for their program, Zambia for bringing the Africa cup of Nations to the SADC region and Sanofi Aventis for supporting regional MPR report meeting. In his opening remarks, Dr. Patrick Moonasar, Director of Malaria, Department of Health on behalf of Mr. Moeketsi Modisenyane, Director of International Health Liaison, Department of Health, South Africa welcomed participants to the meeting and South Africa, and wished them fruitful discussions.



*SARN Co-chairs, Martha Mpisaunga (Centre) and Petrina Uusiku (Right)*

## 5.1 DAY 1

### 5.1.1 RBM PARTNERSHIP OPERATING FRAMEWORK

It was reported that:

- The RBM Board approved the 2012 SARN Work Plan fully as was presented and it was also reported that the 2011 SARN Work Plan was implemented very well.
- Towards the end of 2011 the RBM Board approved an operating framework which would be made available through the SARN Focal Point.
- The framework spells out who can be a member to the network, composition of membership, election process, roles and responsibilities of coordinating committee (steering committee).
- The board is responsible for reviewing performance and reporting period of a network.
- The meeting was updated on the status of SARN Focal Point being hosted by SADC Secretariat.



### **5.1.2 ISSUES ON FRAMEWORK**

- The new change was that the coordinator is responsible to the steering committee
- It was reported that all members of the steering committee received the framework document and that it was necessary for the other members to see it before engaging into the discussion.
- It was reported that the SADC Ministers of Health approved in 2007 that the SARN Focal Point be hosted at SADC Secretariat. Thus, the decision on the future hosting of the SARN Focal Point will be made by SADC Health Ministers and the network should prepare itself for any eventualities.
- The MoU on this arrangement would come to an end in May 2012 and new agreement would have to be made.
- As RBM cannot register as an entity on its own, the SARN Focal Point can only be hosted by a regional entity like SADC, UN Agents and other regional bodies

### **5.1.3 FEEDBACK ON THE REGIONAL MPR REPORT REVIEW**

It was reported that:

- All 10 countries in the SARN region have completed their malaria program reviews
- Major challenges/gaps were on program management and PSM
- All countries have put malaria advocacy very high on the agenda
- 9 out of 10 countries have inscribed malaria in the national health policy
- 2 out of 10 countries have standalone malaria policy
- All countries in the sub region had strategic plans
- 80% of the countries have national organograms
- It was reported that most countries had no information on malaria and economics

### **5.1.4 ISSUES ON REGIONAL MPR REPORT**

- The regional MPR report review meeting after going through the draft report agreed that some gaps existed and they redrafted the report
- It was agreed that programs should beef up the regional MPR report with thematic reports which contain details not reflected in the draft report
- The MPR report is an important document because it which will inform the steering committee in determining priorities for the region, the RBM Board and all stake holders at regional and global levels
- It was clear from the reports that program management needs a lot of investment because there exist a lot of gaps.

### **5.1.5 RBM ROAD MAP AND USB KEY TOOL**

Eight SADC countries presented their 2012 roadmaps and shared experiences on the use of the USB Key Tool and noted the following:

- One common issue that came out in all presentations was that flow of funds is unpredictable which results in delays in implementation of activities e.g. LLINs that were supposed to be procured in 2011, were procured in 2012 ( Malawi and Zambia)

- Programs were requested to identify bottlenecks and define them clearly before submitting requests for technical support to SARN.
- It was reported that for worn out nets there will be a way forward on how to dispose them in due course.
- All Program Managers reported that the updated 2012 roadmaps would be uploaded by end of April 2012.



*Some participants to the SARN Expanded Steering Committee Meeting*

#### **5.1.6 2011 REGIONAL ROADMAP SCORED CARD**

It was noted that all SADC countries had not updated their final 2011 score cards and therefore countries were requested to update their score cards as soon as possible.

#### **5.1.7 2012 SARN WORK PLAN AND OPPORTUNITIES FOR PARALLEL FUNDING**

- The plan was approved for funding by the RBM board in November 2012.
- Funds from other partners have been mobilised and it is appearing as parallel funding in the plan e.g. Sanofi-Aventis, GBCHealth, United Against Malaria
- It was reported that there was funding for launching new cross border initiatives such as the Trans Luangwa (Malawi, Mozambique and Zambia) Trans Ruvuma (Malawi, Mozambique and Tanzania), annual meeting for all constituencies, missions to countries, resolving bottlenecks and technical assistance, attending meetings, steering committee meetings and for salaries for SARN Focal Point staff.
- It was reported that Racing Against Malaria (RAM) Rally was not in the work plan because the activity came after the plan had already been approved – however a concept note has



been prepared on the rally which will be circulated for inputs and be used for mobilization of sources/funding.

- The current process for requesting TAs should be maintained since it is transparent in that it is mandatory for the request to be accompanied by minutes of a meeting conducted for selection of a consultant, budget and TORs.

### **5.1.8 WHO TECHNICAL UPDATES, CHALLENGES AND THREATS TO SUCCESS**

It was reported that:

- Burden of malaria is concentrated in sub-Saharan Africa.
- Malaria Technical Control strategies remain the same.
- Key control Strategies: Prevention, diagnosis and Treatment, surveillance and M/E.
- In MPR reports from this sub-region it was found that referral systems are generally weak
- Epidemic and complex emergencies control and ultimate elimination of malaria requires timely and complete preparedness.
- *Plasmodium falciparum*: pre- elimination and elimination programs must include anti – gametocyte treatment like primaquine (break transmission).
- In pre and elimination stages: treatment of cases should be at health facility so that it can be monitored properly.
- Disruption in services can lead to resurfacing of malaria cases (gain in malaria control is fragile if not sustained: examples Zanzibar, Rwanda).
- Resistance to anti –malarial drugs and insecticides remain major challenges.
- Marketing and use of oral monotherapies can lead to development of resistance.
- The funding for malaria control is not as much as we want it to be- funds will never be adequate.
- Delays in disbursement of funds especially from GF delays implementation of activities.
- Shortage of supplies e.g. ACTs and DDT
- Partially effective malaria vaccine is underway and an earliest decision will be made around 2015/2016 when all the studies would be concluded.

### **5.1.9 ISSUES ON WHO TECHNICAL UPDATES, CHALLENGES AND THREATS TO SUCCESS**

- On Larviciding, it was reported that there are experts to advise a country if it chooses it as a strategy for vector source reduction.
- However it was reported that it will only become a WHO accepted intervention if backed by scientific evidence i.e., Labiofam should publish the impact of Lavicide so that it becomes an accepted method.
- On artemisinin resistance it was reported that at the moment there is nowhere else apart from South East Asia where it has been reported.

## **5.2 DAY 2**

### **5.2.1 PROGRAMMATIC GAP ANALYSIS**

It was reported that:

- Globally, serious gaps exist in terms of commodities such as LLITNs, RDTs, ACTs.

- Gaps also exist in both Human and Financial Resources.
- A gap analysis exercise is an opportunity for resource mobilization from different sources.
- Programmatic gaps analysis should be based on current achievements (baseline) and new objectives and targets.
- Gap analysis should ideally be undertaken for all main interventions; service delivery areas, and programme management requirements.
- Financial gap analysis should be derived from the programmatic gap analysis and not vice-versa.
- Example of gap analysis and assumptions for LLINs was given.
- Populations at risk must be defined.
- National target must be defined - 100% sustained coverage of the targeted malaria risk population.
- Mass distribution campaigns are done every 3 years, target nets are based on 1 net for 2 persons.
- Calculations for quantification for the target population should be based on 1 net for 1.8 persons.
- Comprehensive gap analysis and assumptions for ACTs and RTDs was given.
- **Take home message-** The needs of ACTs and /or RDTs is largely influenced by the assumptions made and used in the calculations.
- Rationale for all assumptions made must be made.
- Assumptions of reduction of ACTs need over a period of time depends on the vector control interventions.
- Assumptions of ACTs need may depend on diagnosis scale up and positivity rate.
- Gap analysis for Human Resource need must also be included.
- Basic minimum staff levels must be defined.



*Some participants to the SARN Expanded Steering Committee Meeting*



### **5.2.1 LABIOFAM IN PARTNERSHIP FOR MALARIA CONTROL IN AFRICA**

A presentation was made by the Enterprise Group Labiofam on Larviciding:

- Libiomfam provides technical assistance and biolarvicides to countries interested in larviciding as a complementary vector control intervention.
- Currently present in Southern Africa (Angola, Zambia) and western Africa.
- During discussions Libiofam was encouraged to publish evidence in support of the impact of larviciding.

## **5.3 DAY 3**

### **5.3.1 FEEDBACK ON GAP ANALYSIS TOOLS**

- Namibia said that the tools were useful and will be discussed with staff in NMCP and partners would be sensitized on the tools.
- In terms of how many structures could be sprayed in a day in vector control, Namibia was advised that it varies from country to country.
- Zimbabwe said the tools were useful as it will assist in the preparation of the next strategic plan for the country.
- Zambia said the tools were useful as would help in deriving financial analysis.
- South Africa said that the tools will be useful at micro level (provinces and districts) but not at macro level (national) and the tools will also be shared with technical experts on IRS.
- Mozambique said that the tools are useful and help in their gap analysis.
- Malawi said that they had done gap analysis up to 2015 and the tools would be useful in gap analysis.
- Madagascar informed the meeting that the tools were useful and would be used in finalizing their strategic plan which was under review.
- Dr Peter Olumese informed the meeting that the tools were still in draft form and would be sent to partners for comments before finalization.

### **5.3.2 ISSUES**

The following challenges were highlighted:

- Quantification of populations.
- Two year life span of ACTs, not long enough.
- TAs for some countries (Madagascar TA in Case Management and DRC will look at the tools and provide feedback).
- IRS Gap analysis required modelling as countries had varying structures.

### **5.3.3 RBM PARTNERSHIP OPERATING FRAMEWORK**

Since many partners present during the meeting had not read the operating framework when a presentation was made on the first day of the meeting, RBM later distributed the framework and highlighted the following:

- The vision, targets, strategy, organizational structure, roles and responsibilities, accountability, partners, constituencies and funding of the RBM Partnership.

- The operating structure of the RBM Partnership, the governing, administrative and advisory bodies that included, the RBM partnership Forum, RBM Partnership Board, the Executive Committee, Board standing Committees, Office of the executive Director, the Secretariat, the Working Groups, Task Forces and Sub-Region Networks (SRNs).
- The Sub-Region Networks (SRNs) roles and responsibilities and their accountability.
- The roles and responsibilities on the SRN Coordinator, the Co-ordinating Committee (Steering Committee) and Co-chairs, and composition of the Co-ordinating Committee.
- It was noted that the framework was generic and the region could change some of the areas to suit the needs of the region.
- RBM Secretariat also highlighted progress on the discussions with SADC Secretariat on hosting arrangements of the SARN Focal Point. SADC Secretariat had informed RBM Secretariat that the hosting MoU of the SARN Focal Point was not going to be renewed and RBM Secretariat and SADC Secretariat were discussing the hosting arrangements of SARN Focal Point on the SADC Principle of Subsidiarity which meant that SARN Focal Point was going to stand on its own not to be hosted SADC Secretariat.



*Some participants to the SARN Expanded Steering Committee Meeting*

#### 5.3.4 ISSUES

- SARN moving out not a favourable decision by secretariat.
- It was noted that there were no consultations with SADC Health Ministers before informing the RBM Secretariat on the hosting arrangements.
- Issues of reporting lines to be streamlined to avoid stepping on each other's toes.
- SADC Military Health Services protested that it felt that SARN was strategically located at SADC Secretariat.

### 5.3.5 DRAFT MECHANISMS FOR TRACKING IMPLEMENTATION ON MPR RECOMMENDATIONS

Dr Paluku outlined the following as outputs of Phase 4:

- SARN countries had finalised and published MPR reports.
- Monitoring of the implementation of the MPR recommendations.
- SARN countries had updated malaria policies and plans.
- SARN countries reviewed MSPs.

He summarized all the recommendations by country which would be implemented by each country and emphasised the need for tracking of the implementation of the MPR recommendations by SARN.

### 5.3.6 CONCEPT NOTE ON GIS TRAINING FOR NMCPs

Dr Paluku presented a concept note on capacity building in Geographical Information Systems (GIS) for the NMCPs which included the background, objectives, justification, expected outcomes, method of work and documents of the training. The training is for data managers and which will be held in July 2012.

- SARN Focal Point informed Dr Puluku to develop a budget for the training so that funds could be sourced to carry out the training.



*Some participants to the SARN Expanded Steering Committee Meeting*



### **5.3.7 SARPAM ACTIVITIES UNDERTAKEN THE SADC REGION**

Southern Africa Regional Programme for Access to Medicines and Diagnostics (SARPAM) outlined activities/strategies it supports in the SADC Pharmaceutical Business Plan (PBP) such as strengthening capacity in supply chain, regulations and providing drug market intelligence. SARPAM had civil society gathering information for this purpose and will receive feedback at the stakeholders' conference to be held in July 2012. SARPAM highlighted possible areas for collaboration with SARN such as capacity building in PSCM (Procurement and Supply Chain Management), essential medicines procurement cooperation among Member States (MS) to achieve cost savings, data access to IPTp and drug availability, MIS data sharing among others.

### **5.3.8 ISSUES**

- He informed the meeting that pooled procurement for the SADC countries has been on the cards for some time and it had implementation challenges but instead pooled procurement would implement procurement cooperation where the countries would negotiate with a supplier (s) and each country would procure commodities based on the agreement with supplier(s) using individual country procurement systems and procedures.

### **5.4 CLOSING REMARKS**

In his closing remarks, Dr. Patrick Moonasar, Director of Malaria thanked all participants, RBM Secretariat, WHO, SARN Focal Point and partners for their contributions and dedication. He emphasised the importance of implementing decisions and actions agreed during the meeting.

The SARN Co-chair, Mrs Martha Mpisaunga thanked South Africa, RBM Secretariat, WHO, ALMA, SARN Focal Point, partners and all participants for their active participation and wished them safe travel to their various destinations. She thanked Sanofi-Aventis for supporting the MPR report review meeting.

### **6.0 SARN STEERING COMMITTEE MEETING**

The SARN Steering Committee met on 24<sup>th</sup> February 2012 to review progress made using SARN 2011/12 Work Plan, reviewed and approved KPIs for the SARN Focal Point for 2012 and reviewed 2012 SARN Calendar of Events and discussed hosting arrangements of SARN by SADC Secretariat.

### **6.1 AGENDA**

- 6.1.1 Welcome Remarks
- 6.1.2 Confirmation of the previous meeting minutes
- 6.1.3 Matters arising from the previous minutes
- 6.1.4 Update by SARN Focal Point on developments including hosting arrangements
- 6.1.5 Review of KPIs for the SARN Focal Point
- 6.1.6 Review of 2012 SARN Calendar of Events
- 6.1.7 Any other business



### **6.1.1 WELCOME REMARKS AND REVIEW OF THE 2012 WORKPLAN**

- 6.1.1.1 The Chairperson called the meeting to order at 09:02 hours and welcomed all the members. She thanked all the members for handling SARN Expanded Steering committee well. The chairperson acknowledged the presence of Dr Peter Olumese, the HWG Co-chair and a member of the GMP.
- 6.1.1.2 The chairperson also welcomed Ms Deepeka Kandula as the new Steering Committee representative of the Foundations from CHAI/SAMEST.
- 6.1.1.3 The meeting was opened with a word of prayer by Dr Susan Mutambu.

### **6.1.2 CONFIRMATION OF THE PREVIOUS MEETING MINUTES**

- 6.1.2.1 The minutes of the previous meeting were confirmed as a true reflection of the deliberations of the meeting and this was proposed by Dr Susan Mutambu and seconded by Brigadier General (Dr.) Luhindi Msangi.

### **6.1.3 MATTERS ARISING FROM THE PREVIOUS MEETING MINUTES**

- 6.1.3.1 The previous meeting agreed that as a cost cutting measure and in line with the RBM By-Laws, future Steering Committee meetings would have only 1 representation of each constituency. In the case of program managers, if Dr Uusiku is chairing then another manager would attend the meeting. During the current meeting, it was resolved that if some members of the steering committee are able to fund themselves, they can attend all the steering committee meetings and partners were encouraged to seek funding for this purpose.

### **6.1.4 UPDATE BY SARN FOCAL POINT ON DEVELOPMENTS INCLUDING HOSTING ARRANGEMENTS**

The SARN Focal Point presented an update of the progress made since the last meeting as follows:

- 6.1.4.1 The Focal point attended the 1st Regional IRS Meeting jointly organized by SARN, GBCHealth and the private sector.
  - a) Dr Richard Kamwi, the Namibia Minister of Health who is also the RBM Board member for Southern Africa addressed the Regional IRS meeting via teleconference.
  - b) The Key Takeaway was that this meeting would now be held annually and funded by the GBCHealth and partners – the next meeting will be held in October 2012.
  - c) Partners pledged to support the SARN activities and this was a clear reflection that the SARN partners' base was widening with addition of the following partners [Sanofi Aventis, GBCHealth, AngloGold Ashanti, BHP Billiton, Pan African Business Coalition (PABC), Konkola Copper Mines (Zambia), ILLOVO, Rio Tinto Coal (Mozambique), Nandos, Standard Bank, Zimbabwe Sugar Triangle, United Against Malaria (UAM) and Best Net].



- 6.1.4.2 The SARN Focal Point attended the SADC Military Health Services Meeting in Dar-es-Salaam Tanzania where he presented progress made by the network in malaria control. The main outputs from this meeting were:
- a) Establishment of the SADC Military Health Services Epidemics and Emergencies Rapid Response Technical Committee – would be coordinated by Tanzania Military Health Services (MHS). The main task was to develop regional military capacity to respond to epidemics and emergencies and linking with the national and regional committees.
  - b) Establishment of the Military Health Services Research Technical Committee – would be coordinated by the Botswana MHS. The main task was to develop regional military capacity for research and linking with the national and regional research committees.
  - c) Establishment of the regional MHS Pharmaceutical Technical Committee – would be coordinated by Malawi MHS. The main task was to develop regional military capacity for pharmaceuticals and linking with the national and regional pharmaceutical committees.
  - d) Approved the development, planning and launch of the 2012 Racing Against Malaria (RAM) from Dar-es-Salaam to the TKMI region. The proposal was that the RAM would carry out activities on cross-borders only. The race would now be done in 2013.
  - e) The Military Health Services Chiefs Committee would give 10 years awards following the example of the SADC Military Malaria Technical Committee.
- 6.1.4.3 The Focal Point attended the MEG meeting in Zanzibar and gave a presentation on Progress towards malaria elimination (E8 and cross- border activities). Global Health Group (GHG) re-affirmed commitment to fund the E8 Secretariat and arrangements were made for Dr R Feachem to brief the health ministers during their Polokwane meeting.
- 6.1.3.4 The SADC and SARN Secretariat supported Botswana NMCP to organize the E8 meeting and provided funding for the E8 managers and the SADC Malaria Manager to attend the meeting in Maun, Botswana. The main outcomes were the SARN Press Release and SADC Annotated agenda for approval by the SADC Health Ministers Meeting in Polokwane, South Africa.
- 6.1.4.5 The SADC and SARN Secretariat supported the South Africa NMCP to prepare the SADC Malaria Day events and SARN Secretariat provided USD 11,000 to the South Africa NMCP which was used for preparation of IEC materials (T-shirts, caps, posters).
- a) The SARN Secretariat (together with the SADC Malaria Manager/member of Steering Committee) attended the SADC Malaria Day events in Polokwane, South Africa.
  - b) The SARN Focal Point gave a pre-Board briefing to the Board Member (Honourable Dr Richard Kamwi, the Namibia Minister of Health). Due to national commitments, the Board Member informed the SARN Focal Point that he would not attend the Board meeting and that he had written formerly to the Board that the SARN Focal Point would represent him at the Board Meeting.
- 6.1.4.6 The Co-chairs and SARN Secretariat finalized the SARN 2012 Work Plan and SARN report that were presented to the Board by the Focal Point in Wuxi, China in November 2012.



- a) The Focal Point successfully presented the work plan and report to the board and both of them were approved.
  - b) The Board approved that at the end of the Gates Fund, SARN would enter the OGAC pool of funding from which all networks were funded.
  - c) Namibia was selected to be a member of the Board Performance Committee.
- 6.1.4.7 The Knowledge and Information Management Officer attended the GF Transitional Funding Mechanism (TFM) (which has replaced R11) meeting in Kenya where he also attended the RBM Gap Analysis training. This meeting was also attended by Botswana, Zambia and Zanzibar from SARN.
- 6.1.4.8 Program managers from the SARN countries attended the APALP meeting in France organized and funded by Sanofi Aventis. The Focal point could not travel but the SARN Secretariat presentation (an update on Cross-border Initiatives: A Strategy for Malaria elimination in Southern Africa) requested by the organizers was presented by Dr Mberikunashe on behalf of the Secretariat.
- 6.1.4.9 SARN Secretariat mobilized funds from Sanofi Aventis to develop the regional MPRs report and mechanisms for tracking implementation of the MPRs recommendations. The funds were to be used by December 2011 but due to lack of time this could not be done. The SARN Secretariat however managed to persuade Sanofi Aventis to keep the funds for use in February 2012. This was accepted and to ensure a draft report was prepared, Dr John Govere was requested to prepare a draft report for presentation during the MPR development meeting. The meeting took place in Johannesburg, South Africa from 19 to 20 February and the final draft would be circulated to partners after finalisation by the SARN Secretariat, WHO-GMAP and partners.
- 6.1.4.10 The SARN Secretariat was informed by RBM Secretariat that they had received communication from the SADC Secretariat informing them that the hosting MOU would not be renewed because SARN was not implementing regional activities, but it was implementing country level activities and therefore SARN had no value addition to the region. This was followed by the RBM Secretariat and SADC Secretariat entering into discussions on the matter. The final agreement was that the issue will be referred to SADC Ministers of Health meeting that will be held in Angola, in April 2012 for their decision following which the RBM Board would make final decision on the matter.
- 6.1.3.11 The SARN Focal Point reported that SARN was on track to meet the annual PWP deliverables
- 6.1.4.12 The SARN Focal Point attended the United Against Malaria Meeting in Johannesburg in January 2012. This meeting again was funded by the partners further confirming that the parallel funding mobilized by the SARN Secretariat is adding value to the network.



## The Key Takeaways

- a) UAM with the facilitation of SARN will now work with NMCPs and linkages with National Football Associations, regional Football Associations (COSAFA, CECAFA) and CAF established.
- b) Preparations for the UAM launch during the 2013 Nations Cup (in South Africa) and the 2014 World Cup (in Brazil) would be organized jointly with SARN.

6.1.4.13 Activities scheduled for January had been completed (2012 Calendar of events, MPR report development meeting, Expanded Steering Committee meeting planning and TLMI meeting) and those for February were under implementation.

### 6.1.4.14 Members agreed on the following Action points:

- a) The discussions on hosting of the SARN Focal Point will be left to RBM Secretariat and SADC Secretariat for finalization. The Members however agreed on the following:
  - I. That the current operational conditions at SADC Secretariat are not ideal for the optimal operations of the SARN because for example, SADC has limited technical committee meetings to one per/year and this will impinge on the SARN work plan which has several meetings per/year.
  - II. In view of this, if SADC Secretariat is not prepared to negotiate for conditions that will allow SARN to implement its work plan as approved by the RBM Board, then, SARN has to seek another host where it will be allowed to operate optimally.
- b) That SARN was adding value to the malaria control in the SADC region both at regional and country levels and should continue operating beyond 2012.
- c) The Members believe that SADC Secretariat should have consulted the Member States before writing to the RBM as it is the responsibility of Member States as per November 2007 Health Ministers meeting record (SADC/HM/2/2007/2). The members mandated the co-chairs to write to the RBM Board Member expressing the Steering Committee's position on the hosting issues.
- d) Dr Paluku would draft a template to be used for presentation by countries during the SARN Annual General Assembly in July 2012.
- e) The SARN Focal Point would write to relevant authorities in order for members of the Steering Committee to be allowed to participate in various activities of the SARN when they were needed.
- f) The need to resume awards for performance for countries as it used to be done in the past.
- g) The need to continue soliciting/mobilizing the private sector for their full support in the implementation of the SARN 2012 Work Plan. The Co-chair representing the private sector will was given this task.
- h) Since the RBM By-Laws stipulate that the Steering Committee will be called the Coordinating Committee (CC), if the SARN want to continue using the current name then the co-chairs have to write to the RBM Board.



### **6.1.5 REVIEW OF KPIS FOR THE SARN FOCAL POINT**

6.1.5.1 The meeting reviewed and approved the KPIs drafted by the Focal Point as per attached list.

### **6.1.6 REVIEW OF 2012 SARN CALENDAR OF EVENTS**

6.1.6.1 The meeting reviewed and updated the 2012 SARN Calendar of events.

### **6.1.7 ANY OTHER BUSINESS**

6.1.7.1 Mr Samson Katikiti updated the steering committee on ALMA activities following the ALMA meeting which was held on 30<sup>th</sup> January 2012 in Addis Ababa, Ethiopia as follows:

- a) President Ellen Johnson Sirleaf of Liberia was elected ALMA Chairperson while President Armando Guebuza of Mozambique was elected as Deputy Chairperson.
- b) Rwanda, Burundi and Mozambique received awards for having banned the importation and use of oral artemisinin-based monotherapies and removal of tariffs on all essential commodities used in the fight against Malaria while Benin, Cameroon, Kenya and the United Republic of Tanzania received awards for having made outstanding progress in malaria control over the last year especially for universal coverage of nets.
- c) ALMA country reports (including score card) were generated and sent to Presidents on a quarterly basis which highlighted progress and successes, identify bottlenecks and include key recommended actions to address these bottlenecks.
- d) The Forum noted that there were financial gaps and these should be covered in order to achieve universal coverage of essential malaria interventions.
- e) The Forum requested the Chair of the African Union, the President of the African Commission and the United Nations Secretary-General to convene a financing conference this year to bring together the world's financial leaders to address the urgent gap in funding for malaria, HIV/AIDS, tuberculosis, and maternal, neonatal and child health.
- f) The next ALMA meeting would be held in July 2012 in Lilongwe, Malawi and the information when the meeting would be held would be communicated to SARN Secretariat and the members would be informed accordingly.

6.1.7.2 The meeting agreed that Dr Paluku would send a budget for GIS training and support to countries for development of database to the SARN Secretariat in order to be assisted in mobilizing funds for the activities from partners.

6.1.7.3 The meeting advised SADC Secretariat Health Desk to source funds for the SADC Malaria Day as it is their responsibility to do so and as such SARN-RBM will not fund the SADC program managers meeting (SARN will fund the Program Managers Constituency together with other constituencies) and the SADC Malaria Day events. During the SADC Malaria day events, SARN will fund a Dinner for the RBM Board member to brief his/her constituency.



### **6.1.8 CLOSING REMARKS**

The Chairperson thanked the SARN Secretariat for the achievements and a job well done despite the difficult hosting conditions and the members for their contribution during the meeting and support to the SARN Secretariat. She emphasised the need for the SARN work to continue and encouraged members to work hard together in order to achieve good results for the network. The chairperson wished all members present safe travel back home. The meeting was closed at 13:24 hours.

### **7.0 WAY FORWARD/NEXT STEPS**

The SARN Focal Point with the support of the WHO-GMAP will finalize editing the regional MPR report and will circulate it to partners. SARN Focal Point will also assist in mobilizing funds for the GIS training and 2013 Racing Against Malaria (RAM).



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