



ROLL BACK MALARIA PARTNERSHIP

**Réseau Ouest Africain du Partenariat pour FRP
West African RBM Network (WARN)**



**Cotonou, Benin, Green Horse Hotel
9-11 of February**

ACRONYMS

ACTs	:Artemisin-based combination therapy
ANC	: Antenatal care
CPAs	: Country Partnership Adviser
C-IMCI Illness	: Community Integrated Management of Childhood Illness
DFID	: British Department for International Development
EPI	: Expanded Program on Immunization
GFATM	: Global Funds for AIDS, Tuberculosis and Malaria
IMCI	: Integrated case management of childhood illness
ITNs	: Insecticide treated nets
JHPIEGO, in Gynecology and Obstetrics	:Johns Hopkins Program for International Education in Gynecology and Obstetrics
JHU/HCP	: Johns Hopkins University/ Health Communication Partnership
MoU	:Memorandum of understanding
MSH	: Management Sciences for health
UNICEF WCARO	: United Nation Children Funds , West and Central Africa Regional office
RAOPAG	: Réseau de l'Afrique de l'Ouest pour la Prévention du Paludisme pendant la Grossesse
RBM	: Roll back Malaria
WARN	: West African RBM network
WHO	: World Health Organization

1. Introduction

Initially planned to be held in Lomé 8-10 February, 2005, the fifth WARN meeting was held in Cotonou, 9-11 February 2005 because of the political turmoil that occurred in Togo. It was held at the Green Horse Hotel and attended by 20 participants (annex 1). They are from the following institutions : RBM Secretariat Geneva, WHO AFRO Malaria Inter-country team for the West African bloc, WHO Benin, UNICEF WCARO, ROAPAG, Plan International, MSH, JHU/HCP, Malaria Consortium, NetMark, Vestergaard Frandsen, SANOFI. Some participants who were stuck in Accra could not join the meeting because of the travel ban through Togo while others went back to their duty station due to the uncertainty of the situation in Lomé.

The opening ceremony was co chaired by the Acting WARN Focal Point Dr Tony Musinde-Sangwa, the Representative of the RBM Secretariat Dr Boi-Betty Udom and Dr Dina Gbenou National Professional Officer for Malaria from WHO, Benin. The closing session was honored by the presence of the newly appointed Minister of Health of Benin, Pr Dorothée Gazard, former national Malaria Control Program manager for Benin.

2. Objectives of the meeting

- To report on the implementation of the 2004 plan of action
- To assess needs for partners support to countries in 2005
- To update partners on the new development with regard to RBM
- Share experience on the implementation of integrated strategies EPI-ITNs, ANC+ ITNs, IMCI and C-IMCI/ community based interventions and ITNs.
- Finalize and adopt the 2005 plan of action.

3. Proceedings

The meeting proceeded as planned in the agenda presented in annex 2 but with minor adaptations.

4. Achievements

4.1. Reporting on the 2004 plan of action

The focal point reported on the achievements of the plan of action 2004. (see annex 3). The following objectives were set for 2004: To

- Contribute to the recruitment of the focal point

- Update participants on REAPING exercise and essential actions recommended by the REAPING
- Advocate for the adoption and the implementation of , MIP, IPT
- To support countries in the assessment and capacity building in forecasting, procurement and access to global funds.
- Support countries in the monitoring / evaluation of progress and partnership performance.
- Develop communication strategy for WARN
- Document good practices (telethon in Senegal, Determinants of success in achieving the Abuja targets ,Mali)
- Networking

Most objectives were achieved except the recruitment of the focal point, Monitoring and evaluation, Development of communication strategy.

The main problem encountered in the implementation of the POA 2004 was the absence of a full time focal point. The interim had hard time dealing with his institutional responsibilities together with WARN assignments.

Participants recognized the work achieved, but however noticed the suboptimal functioning of the Subregional secretariat. They recommended that this issue be addressed and resolved as quickly as possible.

4.2. The needs assessment for partners support for 2005

4.2.1. Needs assessed from the National Malaria Control Program Managers' (NMCPM) meeting in Accra in November 2004.

The ICP malaria team leader for the West African bloc presented the needs for support by partners as expressed by the NMCPM meeting in Accra, November 2-5, 2004. These include : the need to accelerate the availability and supply of ACTs, to advocate for the reduction of the cost of ACTs, and to support the implementation of IPT.

The meeting recommended that support be given to the promotion of innovative activities, the development of monitoring and evaluation , sharing experience of good practices, advocate for resources mobilization , and to the evaluation of the Abuja targets.

4.2.2. Needs assessed from the follow up of the implementation of essential actions identified through the REAPING exercise.

Most of the countries have been followed up by various partners. The weakest aspects are the implementation of the essential actions identified through the REAPING exercise. The major problem facing countries are weak partnership structure to follow up on the essential actions, poor monitoring and evaluation systems to capture progress and partnership performance, availability of commodities (ACTs, ITNs). The likelihood of countries to achieve the Abuja target by 2005 is questionable. If we have to evaluate the Abuja targets, which ones are going to be valued, using what tools? Therefore participants have recommended that the partnership plan its actions for beyond 2005 and support the reinforcement of monitoring and evaluation of malaria interventions, including partners performance and follow up of REAPING. A unique tool must be provided for the evaluation of all the countries.

4.2.3. Needs assessed from the Forecasting workshops

Forecasting workshops provided opportunities for WARN to make itself known and introduce the RBM Secretariat, its missions and structures to participants; to reinforce awareness to focus on Abuja targets for RBM key interventions to be implemented (IPT, ITNs and malaria case management); to increase the awareness of the accountabilities of different levels of the health pyramid in the achievement of the Abuja targets and the imminence of showing results. Participants were made aware of the importance of mastering forecasting calculation, procurement process duration and distribution principles in the process of implementing RBM interventions in the framework of Abuja targets. They applied acquired skills to revise their forecasting, supply and distribution plans. They used the results to feed into their proposal to be presented to the Global Fund.

Key issues identified were among others, unavailability of data to ensure accurate forecasting; tax alleviation not necessary applied to ITNs and insecticides; good practices exist but not shared among countries; countries are aware of resistance of malaria to chloroquine, however the policy change is a slow process since there is uncertainty of availability of ACTs and no alternative is offered for the management of malaria treatment at family and community level.

For partners actions, the meeting recommended the continuation of the support to capacity building in forecasting, supply and distribution of malaria control related commodities; to support countries set up a monitoring system, to document the issue of tax alleviation and consider discussing issues related to drugs when addressing this subject during the meeting.

4.3. To update partners on the new development with regard to RBM

4.3.1. Drug policy change for malaria treatment in West Africa.

From the presentation made by the ICP malaria, on behalf of AFRO, it was noted that most countries report resistance to chloroquine higher than 10 %. Therefore WHO AFRO recommends :

- Malaria endemic countries which are experiencing resistance to currently used antimalarial drug monotherapies (chloroquine, sulfadoxine pyrimethamine, Amodiaquine) should change their drug policies to the highly effective artemisinin - based combination therapies .
- The combinations recommended by WHO AFRO are : arthemether/lumefantrine (Coartem), artesunate + SP, and Artesunate + amodiaquine.
- These same ACTs agreed on as first line drug should be made available for community management of malaria.
- The current status in Africa is that, 18 countries have adopted ACTs, among which 5 are in West Africa (Benin, Liberia, Mali, Togo and Sierra Leone).

Participants noted that many countries have or are in the process of changing their malaria treatment policy, but are facing slow implementation process, due to the risk of shortage of ACTs.

The meeting recommended advocacy for the reduction of the cost and assurance of access to new drugs for vulnerable population and their use at the community level.

The representative of Malaria Consortium announced that they would provide TA for countries going in the GFATM round five for the development of drug policy, forecasting and management. Two guidelines were made available to participants. The meeting recommended the inclusion of this activity in the WARN POA 2005.

4.3.2. ITNs production

In the absence of spokespersons for ITNs (UNICEF Supply Division, Copenhagen), partners from Netmark and Westegaart provided information about their capacity of production of ITNs. Westegaart will have reached about 2.5 millions/month by the end of 2005.

4.3.3. Update on the development of partnership

The representative of RBM Partnership Secretariat Geneva, updated participants on partners' working together at global level, resources mobilization, new approaches of building partnership, upcoming events and on the availability of Coartem.

4.3.3.1. WORKING WITH PARTNERS with the Global Fund, the World Bank, and the artists.

The Global Fund : a MoU has been signed between RPS and GFATM for better coordination of GFund supported programmes at country level.

The RBM Secretariat is looking forward working with the World Bank in the context it's revised approach (endorsed by management Dec 2004) and to be launched end March 2005. This strategy is a proactive campaign to close the gap between knowing and doing; enable countries to achieve & sustain large scale impact in malaria control; cost effectively reduce illness, productivity losses in multiple sectors and addresses challenges of regional & global public goods (emphasis on outcomes while building systems, flexibility in approaches, relevant and adaptable to various country-contexts)

Working with Artists: Several artists, through their various initiatives, and in collaboration with the Partnership, are mobilising resources and contributing to social mobilisation for scaling up of Malaria control in the sub-region and countries.

4.3.3.2. Resource mobilisation

Following the last Board meeting in September, huge funding gaps were noted - A special resource mobilisation subcommittee was formed to address this important issue.

DFID renewed financial support for the activities of the Partnership. The new MoU is in the process of being finalised.

RBM Secretariat will work with *Exxon-Mobil*, new partner with matching funds for activities at regional and country level.

The World Bank will provide and leverage resources (financial and technical) from e.g. GFATM, Gates Foundation, Exxon Mobil and other RBM Partners. The possible extension of credits ; Multi-country pre-allocation: the board has set aside funds

to support viable malaria control projects/proposals, combined disease control operations, post conflict/emergency support, enhance PRSCs and Health SWAPs.

4.3.3.3. New approaches

RBM Secretariat has adopted Knowledge management, using a UNAIDS competence assessment tool RBM Partnership is developing a similar tool for RBM partnership competence in malaria control. This is a good method of sharing of information/experience/best practices between partners at all levels (country, regional, global).

RBM Secretariat will deploy Country Partnership Advisers (CPAs) in a limited number of countries where positive and concrete results have been proven in country partnership. This will be done on case by case basis and jointly with country RBM partners.

4.3.3.4. Up coming events

Two events were announced : the Africa Malaria Day 25 April 2005 for which the theme is "Together we can fight against malaria" and the Mega Concert 'Africa Live' with Youssou Ndour and some other 40 artists as run up to AMD 12-13 March 2005 in Dakar Senegal to promote the global Roll Back Malaria Partnership.

4.3.3.5. Update on ACT availability

Coartem will be in shortage due to insufficient raw materials from suppliers. Countries where resistance to current treatment is not too high are encouraged to continue with the drugs used until news of sufficient Coartem is made available. Countries that sent in their Coartem orders before October 2004 are likely to receive them. Those that did not, will only be getting supplies earliest by the end of 2005.

4.4. Sharing experience on the implementation of integrated strategies EPI-ITNs, ANC+ ITNs, IMCI and C-IMCI/ community based interventions and ITNs.

Two experiences were shared. The first is the integrated campaign of immunization with deworming and ITNs distribution conducted in Togo. More than 90,000 ITNs were distributed in one week and almost 90 % coverage of children aged 9 months to 5 years was achieved. The key issue raised is the utilization. It was recommended that a follow up be made and support be given in communication to ensure that the ITNs made accessible are really utilized.

The second experience shared is the integration of polio campaign with the distribution of ITNs using the voucher approach for ITNs. This experience from Ghana was completed with other similar information provided by Netmark in Mali, Nigeria etc..)

The third experience shared is the management of partnership at county level in Benin. Initially informal, the RBM partnership in Benin was initiated on the basis of identified common interests . It was further formalized around clear understanding of partners accountabilities, recognition of the leadership role to belong to the National Malaria Programme Control management, and the agreement of clear coordination mechanism at national, intermediate and operational levels. At national level, 5 specialized committees including that in charge of collaboration and partnership are facilitating the smooth functioning of the partnership. The characteristics of RBM partnership in Benin include the adoption of common objectives and strategies for all partners, members remain autonomous and contribute to the common objectives according to their comparative advantages, continuous sharing of information, mutual respect, confidence and transparency. The results achieved include among others a better coordination of partners and better information sharing; demand creation among partners; resolution of disagreement; avoiding scattering activities, competition and repetitive actions.

Participants noted that there are good practices in the region countries, however communication is pretty weak. They recommended that good practices be documented and shared among countries and that advocacy and program communication be reinforced

5. Finalization and adoption of the POA 2005.

Based on needs assessed above and agreed upon for relevant partnership support, the following objectives were set for WARN POA 2005.

- To render the Subregional Secretariat functional by putting the Focal point in place and make him operational.
- To support REAPING exercise in up to 10 countries including Cote d'Ivoire, Niger and Sierra Leone
- Follow up implementation of essential actions REAPING in five countries: Ghana , Benin, Senegal, Nigeria, Mali and Togo.

- To participate in the preparation and implementation of the integrated campaigns EPI and ITNs in Niger, Benin (Mali, the Gambia)
- DOCUMENTATION / Dissemination of good practices for following :
Situation analysis on ITNs and insecticide tax alleviation, EPI+ ITNs, ANC+ IPT+ ITNs, IMCI + ITNs, Access / utilization PRSP funds and the Coordination of partnership at country level.
- Support to Drug policies change and implementation in 5 countries: Benin, Senegal, Nigeria, Togo, Ghana
- Support to local partnership building (5 countries) Benin, Senegal, Nigeria, Togo, Ghana
- To support forecasting exercise in countries requiring such a capacity
- To continue Advocacy for tax alleviation, simplification of procedures for access and utilization of GF and for resources mobilization for RBM in WA
- To develop Communication strategy for visibility and support RBM strategies
- To monitor and evaluate the Abuja targets and the partnership performance.

For each objective, detailed activities, partners involved and related the cost are summarized in the table below.

6. Next meeting

Vestergaard -Frandsen and NETMARK have proposed to host the next meeting in Bamako in either October 2005 or January 2006. The final date will be communicated later.

WARN POA 2005

Objectives	Activity					Partners involved	Cost in USD
<ul style="list-style-type: none"> To render the Subregional Secretariat functional by putting the Focal point in place and make him operational. 		x				UNICEF WCARO RBM GVA	FM
<ul style="list-style-type: none"> To support REAPING exercise in up to 10 countries including Cote d'Ivoire, Niger and Sierra Leone 	Conduct REAPING exercise	x	x			Niger : WHO ICP , Cote d'Ivoire: Mal Cons, Sierra Leone:mal Cons	25,000
<ul style="list-style-type: none"> Follow up implementation of essential actions REAPING in five countries Ghana , Benin, Senegal, Nigeria, Mali and Togo. 	Working with the local partnership	x	x	x	x	Ghana : Mal Cons Benin: OMS ICP Mal Senegal : UNICEF Nigeria: Mal Consort :WHO +Plan Int Mali :WHO ICP mal Togo	5,000
<ul style="list-style-type: none"> To participate in the preparation and implementation of the integrated campaigns EPI and ITNs in Niger, Benin (Mali, the Gambia) 	FU the planning Process, Participate in planning exercise if possible and in the supervision of the campaigns	x	x	x	x	Niger : UNICEF Benin: WHO ICP mal Mali: UNICEF The Gambia: ICP mal	5,000
<ul style="list-style-type: none"> DOCUMENTATION / Dissemination of good practices for following : (1)Situation analysis on ITNs and insecticide tax alleviation, (2) EPI+ ITNs, (3)ANC+ IPT+ ITNs, (4) IMCI + ITNs, (5)Access / utilization PRSP funds and (6)the Coordination of partnership at country level. 	Consultants : countries to be identified	x	x	x	x	(1) WAHO, Netmark (2) WHO AWARE (3): UNICEF, AWARE, RAOPAG,Plan Int (4) UNICEF, AWARE Mal Cons (5)WAHO,UNICEF (6) Focal point	15,000
<ul style="list-style-type: none"> Support to Drug policies change and implementation 5 countries Benin, Senegal, Nigeria, Togo, Ghana 	5 working days Missions, 1 representative of the FP	x	x	x	x	MAC, RAOTAP I & II Mal Cons	12,500
<ul style="list-style-type: none"> Support to local partnership building (5 countries) Benin, Senegal, Nigeria, Togo, Ghana 	Combination of the exercise with the missions for support to drug policy change	x	x	x	x	MAC, RAOTAP I & II Mal Cons	FM

	Workshop on strengthening partnership at country level. (1 Anglophone, 1 Francophone) (using results of the documentation)		x	x			MAC, Netmark, Sanofi-Aventis, Westergaard Frandsen, Siamdutch	20,000
• To support forecasting exercise in countries requiring such a capacity	Organizing country based workshop on request or identification of the need	x	x	x	x		UNICEF , RPM+	15,000
	Development of a use friendly tool for training and practice by Country RBM staff	x					UNICEF , RPM+	
• To continue Advocacy for (1)tax alleviation, (2) simplification of procedures for access and utilization of GF and for resources (3)mobilization for RBM in WA	Contact with national authorities for (1),Cease opportunity of Board meeting for (2) and local partners for (3)						(1) all partners (2) FP and Partners seating on the Board ; all partners	7,500
• To develop Communication strategy for visibility and support RBM strategies	Consultancy for the development of the internal WARN communication strategy to improve information sharing and visibility	x					FP	5,000
	Support to countries on request for RBM communication strategy development coupled with key event e.g. campaigns	x	x	x	x		HCP	10,000
• To monitor and evaluate the Abuja targets and the partnership performance.	Assessments of countries preparing for the evaluation of the Abuja targets			x	x		FP	FM
	Collect opportunities & tools available for evaluation of the Abuja targets			x	x		FP, RBM Secretariat Geneva, Countries	FM
	Support countries in the strengthening of monitoring : technical and financial	x	x	x	x		FP, Other partners to be determined	15,000
	Develop tools for monitoring partnership performance	x					FP Consultant, 2weeks	3,000
	Monitor partnership performance	x	x	x	x		FP	FM

Ensure timely meeting and wide participations of partners	Annual planning Meeting				Oct or jan 05	PF/ Vestergaart Frandsen/ Netmark	10,000
	WARN Core group meeting			Sept		RBM/SANOFI	5,000
	Participation FP to NMCPM meeting				Nov BM KO	FP /RBM	2,500
	Participation FP to the WAHO meeting			x		FP	2,500
	Participation of FP to Board meeting					FP/RBM GVA	5,000
To facilitate networking	Financial support	x	x	x	x	FP	15,000
Total Budget							178,000