



**EARN**

**EASTERN AFRICA ROLL BACK MALARIA REGIONAL NETWORK**

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Covering: Burundi, Comoros, Djibouti, Ethiopia, Eritrea, Uganda, Kenya, Rwanda, Somalia, Sudan North, Sudan South, Tanzania, Zanzibar



## **EARN Joint Partners and NMCP Managers Consultation**

*On*

*Support for Implementation of Country roadmaps; Malaria Programme reviews; Updating of Strategic Plans and Evaluation of Country Achievements on 2010 Goals and Targets*



**Entebbe, Uganda: 3<sup>rd</sup> -7<sup>th</sup> May 2010**

**FULL REPORT**

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## TABLE OF CONTENTS

|   |    |
|---|----|
| ACRONYMS .....  | 3  |
| Acknowledgements.....   | 4  |
| FOREWORD .....  | 5  |
| EXECUTIVE SUMMARY .....                                       | 6  |
| Main Objectives of meeting.....                               | 6  |
| MEETING PRESENTATIONS .....                                   | 9  |
| DAY 1.....  | 9  |
| MEETING PROCEEDINGS.....                                      | 13 |
| Emerging Issues arising out of the Country presentations..... | 13 |
| DAY 2.....  | 14 |
| DAY 3.....  | 18 |
| DAY 4.....  | 20 |
| DAY 5.....  | 23 |
| CONCLUSIONS AND RECOMMENDATIONS.....                          | 23 |
| APPENDIX 1: COUNTRY ROAD MAP UPDATES .....                    | 25 |
| BURUNDI.....  | 25 |
| ETHIOPIA .....  | 26 |
| KENYA.....  | 28 |
| RWANDA.....   | 31 |
| SOMALIA .....   | 34 |
| SOUTH SUDAN .....   | 38 |
| ZANZIBAR .....  | 40 |
| TANZANIA.....   | 43 |
| UGANDA.....   | 45 |
| COMORES.....  | 47 |
| SUDAN NORTH .....   | 49 |
| APPENDIX 2: AGENDA OF THE MEETING .....                       | 51 |
| APPENDIX 3: EARN MEETING PARTICIPANTS.....                    | 55 |
| APPENDIX 4: EARN MEETING PARTICIPANTS' EVALUATION.....        | 61 |

## ACRONYMS

|                |   |
|----------------|---|
| <b>ACT</b>     | Artemisinin-based combination therapy   |
| <b>AFRO</b>    | WHO Regional Office for Africa  |
| <b>AL</b>      | Artemether-lumefantrine   |
| <b>AQ</b>      | Amodiaquine   |
| <b>ARPM</b>    | Annual Review and Planning Meeting  |
| <b>BCC</b>     | Behaviour Change Communications   |
| <b>CHA</b>     | Community Health Agent  |
| <b>DDT</b>     | Dichloro-diphenyl-trichloroethane   |
| <b>DHS</b>     | Demographic Health Survey   |
| <b>EAC</b>     | East African Community  |
| <b>EARN</b>    | Roll Back Malaria East Africa Regional Network                                    |
| <b>EMRO</b>    | WHO Regional Office for the Eastern Mediterranean                                 |
| <b>GFATM</b>   | The Global Fund to Fight AIDS, Tuberculosis and Malaria                           |
| <b>GMP</b>     | Global Malaria Programme  |
| <b>HPR</b>     | Health Promotion  |
| <b>IEC</b>     | Information Education Communication   |
| <b>IPT</b>     | Intermittent preventive treatment   |
| <b>IRS</b>     | Indoor Residual Spraying  |
| <b>IST-ESA</b> | World Health Organization Inter-Country Support Team for East and Southern Africa |
| <b>ITN</b>     | Insecticide Treated Net   |
| <b>JICA</b>    | Japan International Cooperation Agency  |
| <b>LFA</b>     | Local Funding Agent   |
| <b>LLIN</b>    | Long-lasting insecticidal nets  |
| <b>M&amp;E</b> | Monitoring and Evaluation   |
| <b>MDG</b>     | Millenium Development Goals   |
| <b>MIS</b>     | Malaria Indicator Survey  |
| <b>MMV</b>     | Medicines for Malaria Venture   |
| <b>MOH</b>     | Ministry of Health  |
| <b>MPR</b>     | Malaria Programme Review  |
| <b>NMCC</b>    | National Malaria Control Centre   |
| <b>NMCP</b>    | National Malaria Control Programme  |
| <b>PMI</b>     | United States of America President Malaria Initiative                             |
| <b>QA</b>      | Quality Assurance   |
| <b>QC</b>      | Quality Control   |
| <b>RBM</b>     | Roll Back Malaria   |
| <b>RDT</b>     | Rapid Diagnostic Test   |
| <b>SADC</b>    | Southern Africa Development Community   |
| <b>SARN</b>    | Roll Back Malaria Southern Africa Regional Network                                |
| <b>SPR</b>     | Slide Positivity Rate   |
| <b>TWG</b>     | Technical Working Group   |
| <b>UN</b>      | United Nations  |
| <b>UNICEF</b>  | United Nations Children's Fund  |
| <b>WARN</b>    | Roll Back Malaria Western Africa Regional Network                                 |
| <b>WB</b>      | World Bank  |
| <b>WHO</b>     | World Health Organization   |

## Acknowledgements

The 10th Annual Review and Planning Meeting for Roll Back Malaria in Eastern Africa was attended by more than 123 participants representing 13 national malaria control programmes, as well as global, regional and national partners. EARN would like to thank the following institutions and individuals for their support, dedication and commitment without which the success this meeting would not be possible;

- National Malaria Control Programme, Ministry of Health, Uganda
- The RBM Secretariat for financial support
- WHO Uganda office
- WHO-AFRO for key technical presentations
- The rapporteur Peter Mbabazi Kwehangana for capturing and preparing this report.
- Country representatives, members of EARN and the RBM partnership for their enthusiastic support

Lastly, we would like to thank all of the National Malaria Control Programmes and the manufactures and exhibitors for their enthusiastic participation, exhibitions and engagement.

### ***EARN Coordination Committee***

| <b>Name</b>              | <b>Organisation</b>  | <b>Title</b> |
|--------------------------|----------------------|--------------|
| Dr. Corine Karema        | Rwanda NMCP          | Co-Chair     |
| Dr. Barnabas K. Bwambok  | Vestergaard Frandsen | Co-Chair     |
| Mr. Athuman Chiguzo      | KENAAM               | Member       |
| Ms. Clare Riches         | Malaria Consortium   | Member       |
| Dr. Alex Mwita           | Tanzania NMCP        | Member       |
| Dr. Josephine Namboze    | WHO IST Harare       | Member       |
| Dr. Tewolde Ghebremeskel | Eritrea NMCP         | Member       |
| Dr. Kesete Admasu        | Ethiopia NMCP        | Member       |
| Dr. Agonafer Tekelegne   | CAME                 | Member       |
| Dr. James Banda          | RBM Secretariat      | Member       |
| Mr. Peter Mbabazi        | EARN/RBM             | Member       |

## FOREWORD

This is the full report of the 10<sup>th</sup> EARN joint partners and NMCP managers consultation meeting that was held in Entebbe Uganda on 3<sup>rd</sup> -7<sup>th</sup> May 2010. It is indeed timely that we had this meeting in May 2010 – the international milestone for providing universal access to malaria prevention, diagnosis and treatment and for reducing malaria deaths by half of the 2005 levels, we must show just how far we have come and how far we still have to go to make good on pledges of the African Heads of State, expressed in the Abuja Declaration of 2000 and 2005.

In this meeting participating countries had an opportunity to review and benchmark the progress achieved from the roadmaps set in July 2009 in Windhoek Namibia. Each country gave an update on how far they had gone in achieving the targets set, the underlying challenges as well as the targets yet to be achieved. A separate summary analysis of the country roadmaps and a summary report have been prepared.

Participants also had exposure to the process and planning for Malaria Program Reviews, and Malaria Strategic planning. This was particularly helpful in equipping the countries in preparing their malaria control reports and work plans.

RBM set the goals of halving the burden of malaria between 2000 and 2010, and as we work towards achieving this target the global community is also focused on the impact of reducing the malaria burden as a key component of achieving the Millennium Development Goals (MDGs). This report will be a pointer to how the EARN has performed particularly in achieving the MDG 6 (Specific disease reduction including malaria).

We are indeed honoured to be associated with the success of this invariable meeting.

We wish you good reading.

.....  
Dr Corine Karema  
EARN Co-Chair

.....  
Dr Barnabas Bwambok  
EARN Co-Chair

## EXECUTIVE SUMMARY

The 10<sup>th</sup> EARN Annual Review and Planning Meeting was held at The Imperial Resort Hotel, Entebbe, in Uganda on 3-7 May 2010. The meeting was attended by 123 participants from the 13 countries of the EARN. The representation of the participants was diverse and included representatives from the WHO AFRO and EMRO regions, NMCP managers, Malaria NPOs plus potential national and international consultants as well as EARN partners.

This EARN meeting was a follow up of the 9<sup>th</sup> Annual Review and Planning Meeting held in Windhoek, Namibia on 6-10 July 2009. The need for the meeting came up following the launch of the Roll back Malaria Initiative in 1998, where African countries were supported by WHO and other partners to undertake a situational analysis of their malaria control activities, and develop a national malaria strategic plan. By 2006, many countries had developed their second generation national strategies to guide their malaria control programs. Majority of the strategies are five-year plans running from 2006-2010 and therefore needed to be reviewed and revised. In addition, some countries had scaled up the package of malaria control tools and were moving towards sustained control, calling for adjustments to their malaria control programs. The EARN member countries needed to assess their readiness for pre-elimination.

There are still a number of countries facing a number of challenges like the lack of comprehensive policies and strategies to scale-up malaria interventions, slow implementation of treatment with ACTs, inadequate human resource capacity and weak PSM and M&E systems. All these challenges undermine the optimal use of available resources.

The meeting in Entebbe, Uganda was a response to the support offered by the World Health Organization (WHO) together with the Roll Back Malaria Partnership (RBM), and the GFATM with the national malaria control programs in Sub-Saharan Africa to update their strategic/operational plans for the next 5-year cycle.

The meeting focused on reviewing country programme implementation progress and operational plans ("road map") set in the 9<sup>th</sup> EARN meeting in Windhoek for the achievement of the 2010 Universal Coverage Targets.

### ***Main Objectives of meeting***

The **main objectives** of the meeting were to orient and prepare programme managers and consultants on support for implementation of Country roadmaps; Malaria Programme reviews; updating of Strategic Plans and Evaluation of country achievements on the 2010 goals and targets.

### **Specific objectives**

- a) Assess progress on implementation of 2010 roadmaps
- b) To Orient Participants on the process and planning for Malaria Program Reviews
- c) To Orient Participants on Malaria Strategic planning
- d) To update Participants on the 2010 Malaria reports
- e) To operationalise the RBM board approved EARN work plan

### **Expected outcomes**

1. Progress on implementation of 2010 roadmaps assessed
2. Participants oriented on the process and planning for MPR
3. Participants oriented on Malaria Strategic planning
4. Participants updated on the 2010 Malaria reports
5. RBM board approved EARN work plan operationalised

### **Method of work**

The participating countries presented their country road maps and reviewed their malaria programs. The meeting was arranged in such a manner as to allow for plenary presentations that mostly covered the presentation of the guidelines and the lay out. Participants were divided into groups where they went into greater detail about the intricate MPR, & Strategic plan processes. They also updated their country road maps and oriented them on the new technical updates. Participants prepared MPR and Strategic plan updates and proposals. Session group work was done by country and thematic areas with participants selected based on areas of expertise.

### **Recommendations**

On the whole, the meeting achieved all its intended objectives. Below are the conclusions and recommendations of the meeting.

1. The meeting was useful for sharing experiences between countries. The technical updates from the individual countries were particularly very helpful in assessing the status of implementation of the Road maps set earlier.
2. There is need for more sessions on how to strengthen in-country partnerships

### **Progress on implementation of 2010 roadmaps**

1. Roadmaps are a good tool for reporting on progress and harmonization of support. However, there is need to speak more about the roadmaps and more details on interventions are required in future
2. There is need for more consistency on country roadmap reporting
3. In-country tracking of roadmap implementation is very important and needs to be emphasised in NCP implementations

4. Monthly teleconferences are a useful tool for tracking roadmap implementation progress and ensuring countries receive necessary support

#### **Process and planning for Malaria Program Reviews**

1. Countries need more guidance on how to improve performance of the National malaria control programs
2. Countries need support to improve performance and attract additional resources from Funding Partners
3. There is need for more participation at meetings by implementing partners and to track impact at regional level over time

#### **Malaria Strategic planning**

1. WHO tools are useful and need to be finalized and disseminated as soon as possible to all countries in the AFRO region to facilitate standardisation in Malaria Strategic Planning
2. Upcoming EARN meetings should be structured as review and planning meetings to enhance experience sharing among countries.
3. RBM in-country partners should meet regularly (and especially before EARN meetings) to update themselves of what is going on in their respective countries
4. Local HR should be developed and utilized whenever possible
5. Partnerships need to be strengthened at country level; some country partnerships are weak and are not functioning well

#### **Updates on the 2010 Malaria reports**

1. Meetings such as the EARN meeting help countries to coordinate partnership. From these partnerships, there is a lot to learn from other countries and sharing of experiences

#### **Operationalisation of the EARN work plan**

1. There is need to clarify on the types of technical support required by different countries, when it is needed, and who will deliver it to the different countries
2. There should be efforts to engage the World Bank country offices in work plan development for malaria prevention

**Next EARN NMCP-Partner meeting will be held on 15<sup>th</sup> -19<sup>th</sup> November 2010 in Kigali, Rwanda**

## ***MEETING PRESENTATIONS***

### **DAY 1**

#### **Introduction**

The 10<sup>th</sup> EARN Joint Partners and NMCP Managers consultation Meeting was held at the Imperial Resort Hotel, Entebbe, in Uganda on 3<sup>rd</sup> -7<sup>th</sup> May 2010. The Malaria review and planning meetings (ARPM) are convened each year. In addition to reviewing program achievements of the previous year and planning for the next year, the meetings also provide an opportunity for countries to jointly discuss cross cutting malaria control challenges. Crucial among the current challenges is the suboptimal uptake of available malaria prevention and treatment interventions. Anecdotal evidence strongly suggests that the observed low uptake of interventions is a result of limited malaria IEC/BCC activities which have not matched the scaling up of interventions.

The meeting in Entebbe, Uganda was a response to the support offered by the World Health Organization (WHO) together with the Roll Back Malaria Partnership (RBM), the GFATM with the national malaria control programs in Sub-Saharan Africa to update their strategic/operational plans for the next 5-year cycle, with an emphasis on ensuring proper review of the previous plan and alignment with current WHO technical guidelines and the strategies of the Global Malaria Action Plan.

The **main objective** of the meeting were to orient and prepare programme managers and consultants on support for implementation of Country roadmaps; Malaria Programme reviews; updating of Strategic Plans and Evaluation of country achievements on 2010 goals and targets.

#### **Specific objectives**

- a) Assess progress on implementation of 2010 roadmaps
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#### **Expected outcomes**

1. Progress on implementation of 2010 roadmaps assessed
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### **Method of work**

The meeting was arranged in such a manner as to allow for plenary presentations that mostly covered the presentation of the guidelines and the lay out. Participants were divided into groups where they went into greater detail about the intricate MPR, & Strategic plan processes. They also updated their country road maps and oriented them on the new technical updates. Participants prepared MPR and Strategic plan updates and proposals. As appropriate the group work may be done by country and thematic areas with participants selected based on areas of expertise.

### **Participants**

About 123 participants mainly from 11 countries in the AFRO and EMRO sub-regions attended the meeting. Each country was represented by at least 3 participants who included the Malaria Programme Managers, the GFATM country Principal Recipients and the malaria NPOs. There were also representatives of partners from both the, EARN and private manufacturers from the USA, China, RSA and France. The detailed list of participants and the meeting agenda is shown in Annex 3.

### **OPENING CEREMONY**

The RBM Board decisions at the recent meeting held in Rio Brazil were read out to the participants by Dr. James Banda, The RBM Country Facilitation Coordinator.

He informed the meeting that Board members (composed of countries and institutions) serve as representatives of their constituencies. Members may appoint one alternate member to serve in their stead. Constituencies determine rotational or renewable status. The Board members sit on the Board for two years.



*Dr. James Banda delivering his presentation at the 10<sup>th</sup> EARN Meeting in Entebbe, Uganda*

He said that the RBM Board had hired an external consultant to evaluate the RBM partnership and review its achievements and organization, as it is coming to 10 years of existence. The external evaluator had made observations which included the following;

1. A strategy of global advocacy has resulted in greater attention to the problem of malaria than ever before.
2. International expenditures on malaria control have doubled. There is widespread agreement on the set of priority interventions that are required to make progress in the area of malaria control and prevention. It is possible that without RBM we would not now have a Global Fund for AIDS, Malaria and TB (Global Fund).
3. The absolute and overriding priority for RBM should be to demonstrate a significant reduction in the global burden of malaria.

To get progress quickly underway, the Evaluation Team recommended the following major reforms of the RBM global setup. It recommended:

1. The reorganization of the RBM Secretariat;
2. Creation of an independent governance board for the RBM;
3. Reconstitution of the Technical Support Network (TSN);
4. Selection of eight to twelve focus countries that show a high degree of commitment and can make rapid progress in the next three years; and
5. Appointment of Country Champions to provide dynamic leadership in these focus countries.

Dr. Banda told the meeting that the RBM Board was still reviewing the recommendations of the external Evaluation team and would soon come up with a position on the recommendations.



**Opening remarks** were given by Dr. Korine Karema, Program Manager – Rwanda on behalf of the WHO Representative. In her presentation, Dr. Karema emphasised the need for participants (partners and NMCP Managers to deliberate on key support elements that their countries may require. She said, with the focus on **”Counting Malaria Out”** and this year’s slogan of **”Communities**

**Engage to Conquer Malaria”**, there is need to urgently review the country specific tools and ways of doing business differently if the proven malaria control interventions are to reach all the people who need them.

## **Official Opening of the EARN Meeting**



Dr George Mukone, from the NMCP –MOH of Uganda opened the meeting on behalf of the Minister of Health. He thanked the organizers of the meeting for choosing Uganda as the venue for the 2010 EARN Meeting. He noted that well as there has been some considerable progress in controlling the malaria rates in some countries, there was need to share experience and plans so as to harmonise the proven intervention in malaria control so as to meet the MDGs and other

Global targets. He emphasised that in this vein, this meeting was therefore important in that it sought to identify the bottlenecks and their solutions towards achieving the 2010 RBM targets.

After his remarks, Dr. Mukone officially opened the meeting and the participants took their group photograph outside the meeting venue.



*EARN meeting group photograph*

## MEETING PROCEEDINGS

The meeting started with presentation of country Road maps updates. There were a total of 11 country presentations, and 2 absent. Somalia was particularly commended for their progress despite the challenging environment in their country at present. Each country presented their country summary, road map evaluation of LLIN, ACT, RDT, IRS, limiting factors, and TA needs.

### *Emerging Issues arising out of the Country presentations*

- Each country needs to identify their funding gaps for the benefit of the funding partners
- Delays in funding disbursements, lead to delays in commodity procurements (GF)
- There is need to identify TA needs and soliciting TA to review MSPs to for 2010 targets
- There is need to update the IEC/BCC strategy (EARN); submission of GF Round 10; development of EPR strategy; or in insecticide and drug resistance monitoring
- Technical clarity with respect to universal coverage of LLINs (sleeping spaces vs people) needs to be refined in most country presentations
- Robust monitoring including in the private sector: Ensuring Partner adherence to one M&E plan
- Inadequate Human Resources affects quality of health services especially for Malaria in Pregnancy
- Prioritizing cost effective interventions for integrated vector control is required for effective interventions in malaria control. Larviciding, universal coverage for both IRS and LLINs everywhere should be evaluated for their cost effectiveness; are they speeding up insecticide resistance?
- As regards Health information systems, there is need for more training in data management for effective implementation of HIS
- In most countries, there is inadequate supply chain management
- Inadequate management and leadership at lower levels is a challenge that cuts across countries
- There is no clear strategy on Epidemic Preparedness and Response for some countries. This needs to be emphasized for effective malaria control responses
- There is need for countries to harmonize their M&E and utilization of tracking systems.
- Coordination with other ministry departments to rule out other causes of fever as incidence goes down should be emphasized in countries.

## **DAY 2**

The day's presentations began with a paper by Dr. Stanley Sonoiya, a Principal Health Officer, East African Community , Arusha, Tanzania titled **Proposed "East African Community Regional Malaria Control Programme: 2012 – 2016"**.

He told the meeting that Article 118 (Chapter 21) of EAC Treaty emphasizes that EAC Partner States undertake to take joint action towards the prevention and control of communicable and non-communicable diseases and to control pandemics and epidemics of communicable and vector-borne diseases such as Malaria, among others; that might endanger the overall health and welfare of the residents of the Partner States.

The EAC Treaty is strong on regional cooperation on Health issues. Chapter 21 (Article 118) of the EAC treaty concerning health issues in the Partner States covers nine (9) priority health activities including the harmonization of drug policies, registration and regulation, harmonization of drug registration procedures and standards and harmonization of national health policies and regulations and promote the exchange of information on health issues.

As a result, the EAC has come up with disease prevention and control initiatives which include establishment of the "East African Integrated Disease Surveillance and Response Network (EAIDSNet)" since 2003 which targets eighteen (18) priority diseases including, Malaria, among others; established the "EAC Regional Plan of Action for the Prevention and Control of Human and Animal Transboundary Diseases in East Africa: 2007 - 2012 since March 2007.

He singled out the EAC Epidemic Prone Diseases (8) as;

- Cholera
- Cerebro-spinal meningitis
- Rabies
- Bacillary dysentery
- Measles
- Plague
- Yellow fever
- Viral Haemorrhagic Fevers (VHFs)

A meeting of the EAC Technical Working Group on prevention and control of communicable and non-communicable human and animal diseases in East Africa was held at EAC headquarters in Arusha, Tanzania from 6th to 7th October 2008 and recommended the following steps;

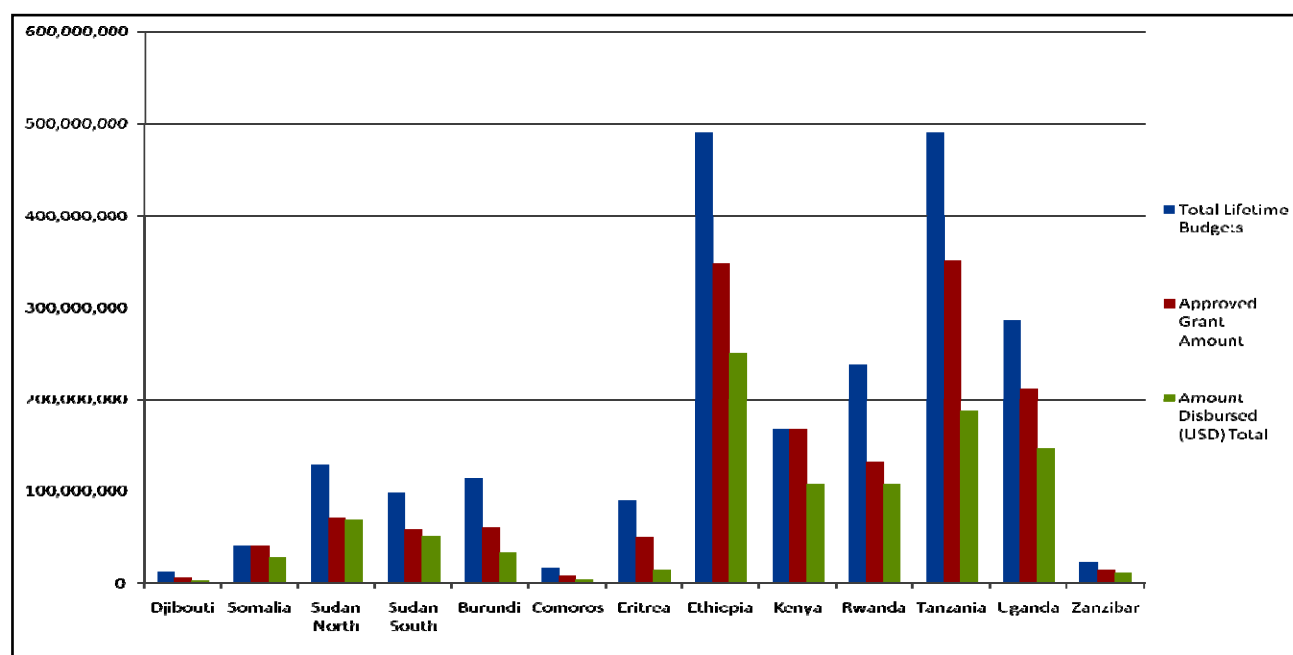
- Revitalising Malaria in EAC at regional level
- Integration of EARN/RBM into the EAC by hosting the EARN secretariat
- Development of the EAC Malaria Strategic plan in line with RBM GMAP
- Prioritizing malaria in the country budgets
- Operationalising the GMAP & Regional Malaria proposals
- EAC countries harmonizing policies, interventions including timing
- Malaria control for the Long distance (Northern Corridor) truck drivers: Mombasa-Bujumbura

- Hosting EARN in the EAC secretariat (EARN/Malaria Unit in EA Health Dept)
- Putting Malaria high in the EAC agenda (report malaria achievements in all EA meetings)
- Concept paper of EARN for hosting arrangements need to be developed and send to countries for review and adoption before submitting to the EAC secretariat before Feb 2009 for the Minister's endorsement in March 2009

He told the meeting that the EAC Technical Working Group on prevention and control of communicable and non-communicable human and animal diseases in East Africa recommended the following;

- Sustaining effort to elimination by aligning GMAP to EAC
- EAMAP developed and approved by EAC Council of Ministers by 31st March 2011
- EAC to request technical support from RBM/WHO for development of EAC MAP
- EAC and IGAD to jointly develop and sign a Memorandum of Understanding (MoU) on regional disease control initiatives to include hosting and integration of EARN coordination and operations by March 2011
- EAC/IGAD Minister's endorsement in 2011
- Harmonise all EAC Partner States' National Malaria Action Plans and Activities
- Strengthening National Disease Surveillance Systems and Networks through involvement of all multisectoral stakeholders at all levels, including the research community, disease control groups from the Ministries of Health, non governmental organizations and professional health associations as well as local communities, etc;
- Utilization of epidemiological information and preventive methods as recommended;
- Strengthening cross-border district capacities for data management and use to recognize impending epidemics and setting the support systems early enough,
- Enhancing synergistic actions and the development of functional alarm systems,
- Promoting use of Geographical Information Systems for malaria control and response
- Regional Integrated Pooled Bulk Procurement of Malaria Control and Treatment Products and Supplies

The **EARN Global Fund Grants Performance** was presented by Mr. Peter Mbabazi Kwehangana, Regional Coordinator, EARN - RBM. In his presentation, he noted that many countries in the EARN had not had all their approved grant amounts disbursed to them yet. As shown in the table below, only a fraction of the total country budgets have been disbursed.



As of 30<sup>th</sup> April 2010, the approved undisbursed funds per country stood as follows;

| Country               | Undisbursed (USD) Phase 1 | Undisbursed (USD) Phase 2 | Undisbursed (USD) RCC 1 | Total              |
|-----------------------|---------------------------|---------------------------|-------------------------|--------------------|
| Djibouti              | -                         | -                         | -                       | -                  |
| Somalia               | 169,955                   | -                         | -                       | 169,955            |
| Sudan North           | 2,953,704                 | 162,411                   | -                       | 3,116,115          |
| Sudan South           | 7,397,501                 | 405,342                   | -                       | 7,802,843          |
| Burundi               | -                         | -                         | 5,485,059               | 5,485,059          |
| Comoros               | 3,863,736                 | 63,407                    | -                       | 3,927,143          |
| Eritrea               | -                         | 3,199,601                 | -                       | 3,199,601          |
| Ethiopia              | 60,910,911                | 36,650,832                | -                       | 97,561,743         |
| Kenya                 | -                         | 59,637,928                | -                       | 59,637,928         |
| Rwanda                | 16,849,924                | 499,860                   | 6,182,908               | 23,532,692         |
| Tanzania              | 79,497,199                | 1,000,000                 | 7,857,823               | 88,355,022         |
| Uganda                | 12,593,241                | 53,614,699                | -                       | 66,207,940         |
| Zanzibar              | 3,442,623                 | -                         | -                       | 3,442,623          |
| <b>REGION TOTALS:</b> | <b>184,236,170</b>        | <b>155,234,080</b>        | <b>19,525,790</b>       | <b>358,996,041</b> |

Mr. Peter Mbabazi Kwehangana, also presented the **EARN Road Map Teleconference schedule & Meetings**. He took the participants through the planned quarterly in country RBM partnership meetings, quarterly EARN ECC Meetings and the EARN calendar.



The objective of the EARN Teleconferences & review meetings was to review country road maps so that EARN can periodically report to the RBM Board on the progress towards the 31st Dec 2010 targets.

He emphasized that the monthly teleconferences are to be attended by the RBM Secretariat, EARN Coordination Office, RBM harmonization working groups and NMCP

Day 2 also saw the presentation of the **MPR review tools**. Participants were introduced to the MPR thematic reviews by Dr. Nathan Bakyaite, SME/MAL/AFRO. These are reviews of a program or a project using available reports, data and anecdotes.

Dr. Bakyaite also presented the MPR planning process, data collection tools, proposal development, report writing and field reviews. The WHO MPR proposal formats were also discussed during the presentations.

### **Emerging issues**

- All counties are urged to establish and functionalize RBM Partnerships that should meet quarterly at prescribed regular intervals.
- The membership of those partnerships should be all partners at country level involved in either supporting or implementing malaria related preventive/control activities. This arrangement will ensure the implementation and observation of the “3 ones” & jointly monitor/report progress
- Countries may consult Uganda (if necessary) where this RBM partnership Forum is already functional with prescribed dates of meetings.

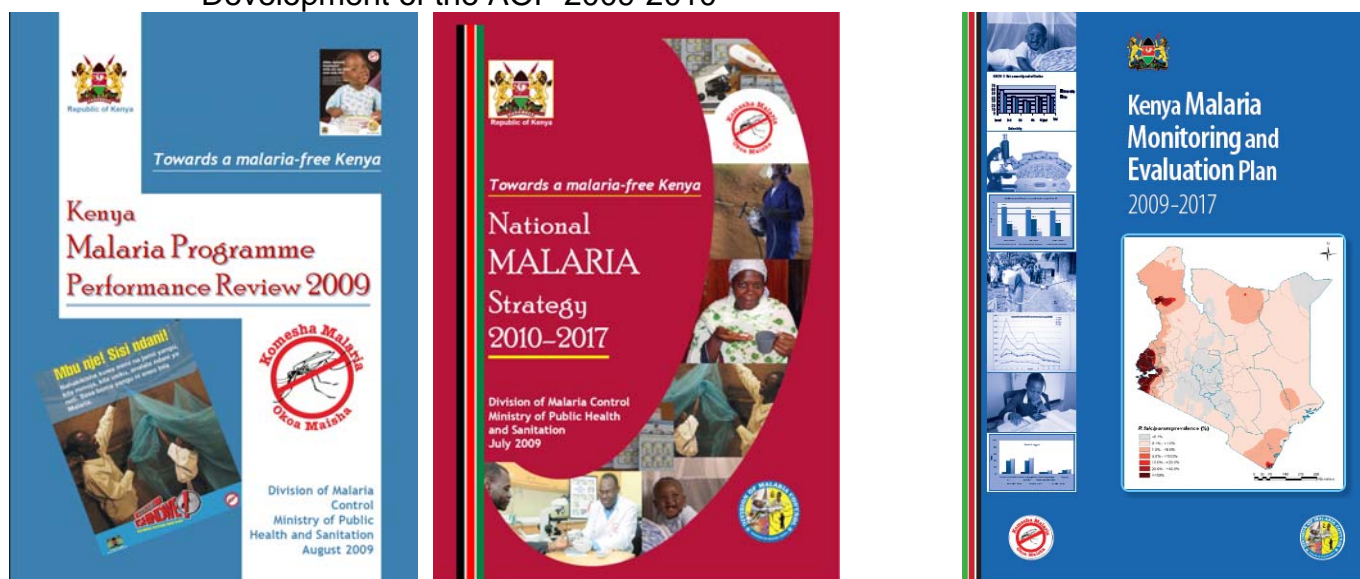
## DAY 3

The day's presentation began with the **country experience of conducting a MPR, a case study of Kenya** presented by Dr. Elizabeth Juma, Program Manager of the NMCP, Kenya.

Conducted from January to June 2009, the MPR review was prompted by the need to develop a new National Malaria Strategy in line with new global targets and interventions, and also by the need to do a SWOT analysis of malaria control in Kenya especially after the 2006 mid-term review of NMS 2001-2010 elaborated only achievements

The MPR was undertaken in 3 phases;

- Phase I & II involved
  - Preparation, planning, organization and management
  - Protocol prep and Resource Mobilization
  - Desk Reviews and surveys
- Phase III involved
  - Conducting the review
  - Validation of desk reviews
  - Final thematic review reports
  - MPR Report and Aide Memoire
- Phase IV involved
  - Follow up of the review
  - Development of a new NMS 2009-2017
  - Development of the AOP 2009-2010



Some of the outputs of the Kenyan MPR.

### Group work

Participants were later divided into groups by country and were to come up with country plans on malaria control. This presentation was chaired by Khoti Gausi.

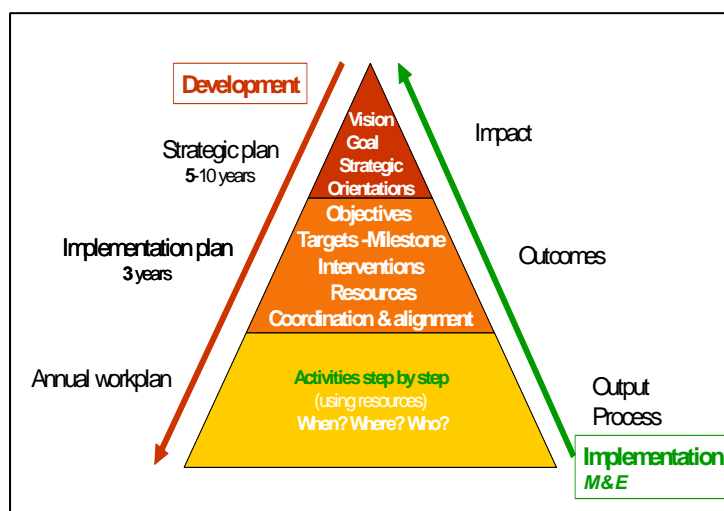
The countries were grouped thus;

1. Rwanda, Uganda, Zanzibar
2. Ethiopia, Somalia, NSD
3. SSD, Kenya, Tanzania
4. Burundi, Comoros

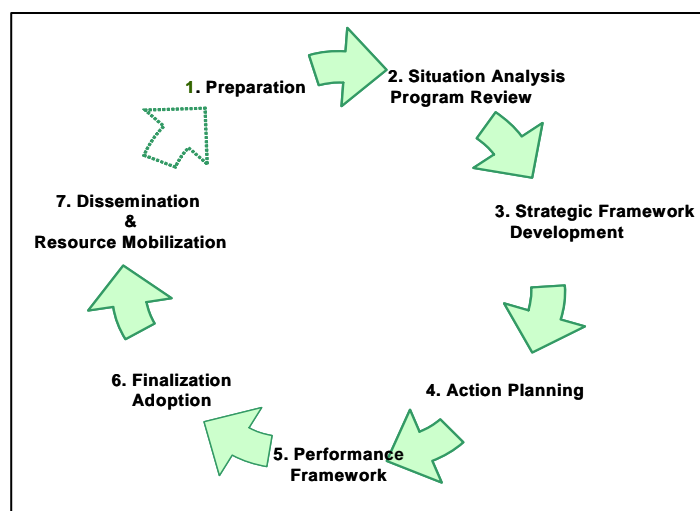
Specifically, the groups came up with updates on the following aspects of malaria control;

- Where are you in terms of MPR and SP
- Phases 1, 2, 3, 4.
- What needs to be done?
- Timelines and TA needed
- Attempt to work on a proposal

After the various groups made their presentation, the day's last session was on development of plans (NSP). A presentation was given which highlighted the different types of country plans, logical hierarchy and link between the different types of plans, National MSP development process and the various phases for malaria strategic planning.



Logical hierarchy and link between the different types of plans



National MSP development process

A set of questions were given to the participants as a case study to help them appreciate the overall National Malaria Strategic planning process.

## Emerging Issues

- Countries resolved to conduct MPR in 2007 during the Malaria Annual Review & planning meeting
- 3 countries so far done MPR (Kenya, Botswana & RSA)
- MPR necessary to assess current strategies/activities with a view of re-strategizing and or strengthening the programme or systems
- MPR is an extended SWOT analysis of the programme (is not a survey but can feed into the surveys)
- MPR is country led and therefore a primary responsibility of NMCP (PM) as a coordinator
- MPR not a fault finding process but a way of providing evidence for advocacy and more support from partners
- NMCP Focal point officers to lead their respective thematic reviews
- Possibility of soliciting local TAs to support the process (WHO to provide international TAs if requested)
- The products of MPR will depend on the objectives of the review
- The following are the generic basic products/outcomes of MPR
  - Aide memoire
  - MPR Report
  - Thematic Review reports
  - Updated Malaria Strategic Plan
  - ( Updated Malaria Policy)
- All countries should have a malaria strategic plan (MSP), operational/implementation/business plan and Annual work plan. Having MSP without the other plans is poor planning
- M&E plan and PSM plans after the development of MSP
- Process for development of MSP is very crucial/important for all partners to buy-in and respect the plan
- The process of developing the MSP should be highly consultative, all inclusive by involving all relevant malaria partners
- MSP development should be a country led process and use of consultants should be avoided as much as possible
- MSP development should always be preceded by reviewing the previous MSP or MPR

## ***DAY 4***

**M & E Plan Development** was presented by a representative from WHO. He pointed out that it is important to have a strategic plan against which an M and E plan can be developed. He advised that it is important to have one agreed action framework that forms the basis for coordinating the partners. The various components of an M and E plan were presented and the presenter summarised the steps to be followed in developing an M and E plan. The importance of having a log frame in any M and E plan was emphasized and if not available, it should be derived from the strategic plan document.

He advised that M and E budgets be well-done as one of the necessary conditions for its efficient operationalisation and eventual purpose.

Dr. Ebony Quinto, M&E Specialist, NMCP – Uganda gave a presentation on the **M&E strategic plan 2008-2010: Uganda NMCP Implementation Experience**. In his presentation Dr. Quinto highlighted the steps taken in M&E plan development, implementation, challenges and next steps. He underscored that the M&E Plan is part of the “3 ones” that countries should have, and this should include

1. One Strategic plan (including operational plans)
2. One Coordination mechanism
3. One M&E plan

Dr. Betty A.T. Mpeka, Regional Coordinator- CLOVER HSS programme, Malaria Consortium shared their practical experience in **Health Systems Strengthening for Equitable Access to Malaria and Communicable Disease Control**. She said CLOVER is an Irish Aid funded health systems strengthening programme implemented in four countries of Ethiopia, Mozambique, Uganda and Zambia and it is running in 3 Phases over 7 years.

Dr. Mpeka gave the participants the WHO definition of a health system as...the sum of all organizations, institutions and resources whose primary purpose is to improve health. She also gave the meeting the WHO - Health Systems Building Blocks as;

- **Service Delivery:** Health services must be efficient, effective, and accessible.
- **Health work force:** A number of well-trained staff should be available.
- **Information:** Health information systems should generate useful data on health determinants and health system performance.
- **Medical products, vaccines & Technologies:** Access to medicines, vaccines, and medical technologies must be equitable.
- **Financing:** Health financing systems must raise adequate funds for health, ensuring that people can access affordable services.
- **Leadership:** Leadership must guarantee effective oversight, regulation, and accountability.

**An overview of the Global Fund PSM Policies and the Pharmaceutical & Health Product Management Country Profile** was given by Mr. Joseph SERUTOKE, Pharmaceutical Management Advisory Services at the Global Fund in Geneva. In his presentation, he gave the Global Fund's approach to PSM and underscored the importance of procurement and supply chain management

Dr. Karema Corine from Rwanda and Murakoze Kanze from Burundi shared their **countries' experience with using the PAM in malaria prevention**. Afterwards, the different country group work reports on MPRs that had been assigned on Day 3, were presented to the participants.

## Emerging Issues

### M&E Plans

- M&E plans must be prepared against a Malaria Strategic plan (MPR-----MSP-----M&E Plan)
- There is need to involve all partners in the development process of the plan to capture all relevant indicators from partners
- NMCP should ensure that malaria data bases are functional to provide a one point repository of data for all partners
- The plan should include all the components; including wider dissemination, roles/responsibilities of each stakeholder (Template available in the RB tool kit at RBM web site)

### PSM Plans & GF orientation

- GF policy on PSM
  - Should be country owned
  - Build on existing system
  - Buy Quality assured products
  - Lowest price
  - Compliant to national & international laws
  - Transparent process and competitiveness
- New approaches (regarding country profile, revised PSM plans and standard PSM plans)
- Currently GF requires PSM Plan, performance frame work, wkplan & budget for reach GF proposal,
- But now: moving towards use of country profile & Revised PSM plan to simplify work and avoid duplication.
- If a country submitted a PSM in the existing GF grant, only a revised PSM plan & country profile shall be required in subsequent proposals
- A revised PSM plan is simplified and excludes the narrative part.
- Revised PSM only includes
  - List of health products to be procured with grant resources (quantities & unit costs)
  - Procurement schedule
  - Forecasting methodology
- A revised PSM plan must be submitted with a country profile
- Country profiles must include all the 3 diseases (ATM)
- All countries not submitting the two docs above will continue to submit the standard PSM plans

- Inclusion of 10% of LLINs as losses in the PSM plan is not allowable unless a justifiable explanation is included (like population increase)

### HSS country experiences

- It was observed that there is great opportunity with GF grants to strengthen systems (citing a good example presented by Rwanda), hence countries should endeavor to write convincing HSS components
- Considering the importance of HSS, the consultants used to write HSS section should be HSS experts but not necessarily the disease specific officers who sometimes fail to write a well linked HSS components.

### Country MPR, MSP preparations

- Timings/schedules should be done
- Needs for TAs noted
- There is need to
  - Inform country partners (RBM partnership/stakeholders) and bring them on board
  - Inform TWGs and Top Mgt of MOH
  - Develop costed MPR workplan
  - Mobilize resources from national partnership and external partners as required

## **DAY 5**

The participants were guided to come up with the EARN Work plan update (May – December 2010) by Mr. Peter Mbabazi Kwehangana, Regional Coordinator, EARN RBM.

Participants were also given forms to evaluate the whole organisation of the meeting. Different aspects of the meeting that included the conference logistics - travel arrangements from the airport to hotel, organisation of the meeting, accommodation, composition of participants, and the meeting sessions. A complete analysis of the participants' responses is hereby attached in Annex 4.

## **CONCLUSIONS AND RECOMMENDATIONS**

The following were the conclusions by the participants of the EARN meeting;

1. The meeting was useful for sharing experiences between countries. The technical updates from the individual countries were particularly very helpful in assessing the status of implementation of the Road maps set earlier.
2. There is need for more sessions on how to strengthen in-country partnerships

## **Recommendations**

### ***Progress on implementation of 2010 roadmaps***

1. Roadmaps are a good tool for reporting on progress and harmonization of support. However, there is need to speak more about the roadmaps and more details on interventions are required in future
2. There is need for more consistency on country roadmap reporting
3. In-country tracking of roadmap implementation is very important and needs to be emphasised in NCP implementations
4. Monthly teleconferences are a useful tool for tracking roadmap implementation progress and ensuring countries receive necessary support

### ***Process and planning for Malaria Program Reviews***

1. Countries need more guidance on how to improve performance of the National malaria control programs
2. Countries need support to improve performance and attract additional resources from Funding Partners
3. There is need for more participation at meetings by implementing partners and to track impact at regional level over time

### ***Malaria Strategic planning***

1. WHO tools are useful and need to be finalized and disseminated as soon as possible to all countries in the AFRO region to facilitate standardisation in Malaria Strategic Planning
2. Upcoming EARN meetings should be structured as review and planning meetings to enhance experience sharing among countries.
3. RBM in-country partners should meet regularly (and especially before EARN meetings) to update themselves of what is going on in their respective countries
4. Local HR should be developed and utilized whenever possible
5. Partnerships need to be strengthened at country level; some country partnerships are weak and are not functioning well

### ***Updates on the 2010 Malaria reports***

1. Meetings such as the EARN meeting help countries to coordinate partnership. From these partnerships, there is a lot to learn from other countries and sharing of experiences

### ***Operationalisation of the EARN work plan***

1. There is need to clarify on the types of technical support required by different countries, when it is needed, and who will deliver it to the different countries
2. There should be efforts to engage the World Bank country offices in work plan development for malaria prevention

## ***APPENDIX 1: COUNTRY ROAD MAP UPDATES***

### **BURUNDI**

It was presented in French.

#### ***Ressources disponibles pour réaliser les cibles 2010 pour les MIILDA***

| <b>FONDS DISPONIBLES (\$ US)</b> | <b>SOURCE</b>       | <b>COMMENTAIRE</b>   |
|----------------------------------|---------------------|--|
| 16 036 814                       | Fonds Mondial       | RCC & proposition R9   |
| 1 000 000                        | UNICEF              | UNICEF a planifié ce montant pour la campagne 2010   |
| 2 700 000                        | USAID               | USAID a planifié d'acheter 545000 MIILDAs  |
| 600 000 MII                      | Croix rouge Burundi | 100 000 étaient prévues pour la campagne de 2009 mais seront distribuées au cours de la campagne 2010. |
| 150 000                          | RSS-GAVI            | 25000 MIILDAs  |

#### ***Road map May 2010 Evaluation-LLIN***

| <b>INTERVENTION: LLINS</b> | <b>Activity implemented (Yes/No)</b> | <b>Is the activity achievable by Dec 2010? (Yes/No)</b> | <b>Can coverage be achieved by Dec 2010? (Yes/No)</b> | <b>Universal be</b> | <b>Comments</b>  |
|----------------------------|--------------------------------------|---|---|---------------------|--|
| Quantities                 | Oui                                  | Oui   | Oui   |                     | Dépend de la rapidité de décaissement et livraison des MII/VPP du R9 en cours de négociation |
| Dates d'achat              | Non                                  | Oui   | Oui   |                     | Novembre 2010  |
| Date de livraison prévue   | Non                                  | Oui   | Oui   |                     |  |
| Date Campagne              | Non                                  | Oui   | Oui   |                     | 4ème trimestre 2010  |
| BCC/Community mobilization | Oui                                  | Oui   | Oui   |                     |  |
| Distribution               | Non                                  | Oui   | Oui   |                     |  |

|                           |         |     |     |  |
|---------------------------|---------|-----|-----|--|
| Monitoring and evaluation | and Non | Oui | Oui |  |
|---------------------------|---------|-----|-----|--|

### Road map May 2010 Evaluation-IRS

| INTERVENTION: IRS         | Activity implemented (Yes/No) | Is the activity achievable by Dec 2010? (Yes/No) | Can coverage be achieved by Dec 2010? (Yes/No) | Universal Comments             |
|---------------------------|-------------------------------|--|--|--------------------------------|
| Besoins en Pyrethrinoïdes | Non                           | Non  | Non  | Fonds disponibles insuffisants |
| Planning des achats       | Non                           | Non  | Non  |                                |
| Formation                 | Non                           | Non  | Non  |                                |
| CCC/IEC                   | Non                           | Non  | Non  |                                |
| Pulvérisation             | Non                           | Non  | Non  |                                |
| Suivi et évaluation       | Non                           | Non  | Non  |                                |

### Résumé des facteurs limitant l'accélération au cours des 16 prochains mois

| Problèmes  | Solutions  |
|--|--|
| Insuffisance de ressources financière ( gap est de 28 160 984 USD) | Plaidoyer et mobilisation des ressources, maintien de la bonne performance du projet du FM |
| Faible Capacité technique du personnel du PNILP                    | Renforcement des capacités techniques et managériales des cadres du PNILP                  |
| Temps limité par rapport à l'échéance de fin 2010                  |  |
| Hypothèse d'acceptation de la proposition R9                       |  |
| Instabilité du personnel   | Politique de stabilisation du personnel en cours d'exécution.                              |

## ETHIOPIA

Country Summary: Population at risk: (68% of 79,835,354 = 54,288,040)

| Intervention             | Need to 2010 | Already covered | Funded and expected to be distributed before end 2010 | Gap       |
|--------------------------|--------------|-----------------|---|-----------|
| LLINs (Universal Access) | 23,101,294   | 7,213,975       | 13,870,000  | 2,017,319 |
| ACTs                     | 12,000,000   |                 | 12,000,000  | 0         |

|                                     |                       |  |            |            |
|-------------------------------------|-----------------------|--|------------|------------|
| IRS (using Deltamethrin 2.5% in Kg) | 1,250,000             |  | 920,000    | 330,000    |
| RDTs                                | 16,000,000            |  | 14,500,000 | 1,500,000  |
| IPTp                                | (women to be treated) |  | NA         | NA         |
| M&E*                                | 24,027,347            |  | 4,800,665  | 19,226,682 |
| BCC/IEC*                            | 30,218,318            |  | 22,619,147 | 7,599,171  |
| Human Resources (Capacity Bldg)     |                       |  | 3,392,180  |            |
| Other                               |                       |  |            |            |

ACT resources available to achieve the 2010 targets

| FUNDS AVAILABLE (US \$) | SOURCE   | COMMENT   |
|-------------------------|----------|---|
| 6,000,000               | GFATM R5 | 6 million ACT CE forwarded, waiting for release of fund by GFATM to UNICEF-SD |
| 2,100,000               | PMI      | Fund received in last week of April 2010, on procurement process by UNICEF    |
| 4,000,000               | UNITAD   | CE approved by FMOH, on procurement process by UNICEF                         |
| 12,100,000              | Total    | No gap for 2010.  |

IRS resources available to achieve the 2010 targets

| FUNDS AVAILABLE (US \$) | SOURCE   | COMMENT                 |
|-------------------------|----------|-------------------------|
| 5,610,000               | PMI      | PMI allocated resources |
| 6,663,516               | GFATM R8 | For 2010                |

Summary of rate-limiting factors over the next 8 months

- Delay in disbursement of GFATM funds
- Still have financial gap to reach universal coverage
- Resistance of vectors to IRS chemicals
- Logistic and supply management
- Utilization of interventions

**KENYA**Country Summary

| Intervention   | Need to 2010    | Already covered | Funded exp to be distributed end 2010 | GAP b4                    |
|----------------|-----------------|-----------------|---------------------------------------|---------------------------|
| LLIN           | 11 million LLIN | Nil             | 1 million                             | 10 million*               |
| ACT            | 12 million      | 12 million      | -                                     | Nil                       |
| IRS            | 21,000 kg       | 10,500kg        | 10,000                                | Nil (epidemic prevention) |
| RDT            | 12 million      | 2,128,000       | 2.1 million                           | 10 million                |
| IPTp           | 400,000         | 400,000         | -                                     | -                         |
| S,M&E          | US \$ 7.8mill   | US \$ 2.6 mill  | -                                     | US \$ 5.2 mil             |
| Human Resource | US \$240,000    | -               | -                                     | US \$240,000              |

Road map May 2010 Evaluation-LLIN

| INTERVENTION: LLINS         | Activity implemented (Yes/No) | Is the activity achievable by Dec 2010? (Yes/No) | Can Universal coverage be reached by Dec 2010? (Yes/No) | Comments                             |
|-----------------------------|-------------------------------|--|---|--------------------------------------|
| Quantities                  | 3,100,000                     | Yes  | No  | No funds for LLINs for mass campaign |
| Procurement dates           | Jul 09 Mar 10                 | Yes  |   |                                      |
| Expected delivery           | Jan – Jul 2010                | Yes  |   |                                      |
| Campaign Date               | On going                      |  |   |                                      |
| BCC                         | On going                      |  |   |                                      |
| Community mobilization      | N/A                           |  |   |                                      |
| Distribution                | On going                      |  |   |                                      |
| Mechanisms of distribution. | Routine clinic                |  |   |                                      |
| Monitoring and evaluation   | Continuous                    |  |   |                                      |

Road Map May 2010 Evaluation-ACT

| INTERVENTION: | Activity implemented | Activity not implemented | Is the activity achievable by Dec 2010? (Yes/No) | Can Universal coverage be reached by Dec 2010? (Yes/No) | Comments |
|---------------|----------------------|--------------------------|--|---|----------|
|---------------|----------------------|--------------------------|--|---|----------|

|                            |                                |   |     |     |   |
|----------------------------|--------------------------------|---|-----|-----|---|
| ACTs required              | Yes 12 million doses           | - | Yes | Yes | ACT free in all gov't and FB health facilities since 2006 |
| Procurement schedules      | Jun – Nov 09<br>May 2010 (HMM) | - | Yes | -   | HMM in malaria endemic districts through AMFm             |
| BCC                        | On going                       | - | Yes | -   | -   |
| Mechanisms of distribution | Health facilities              | - |     | -   | -   |
| Drug Efficacy Monitoring   | On-going                       | - | Yes | -   | -   |
| Monitoring and evaluation  | On-going                       | - | Yes | -   | -   |

### Road Map May 2010 Evaluation-RDT

| INTERVENTION:              | Activity implemented | Activity not implemented | Is the activity achievable by Dec 2010? (Yes/No) | Can Universal coverage be reached by Dec 2010? (Yes/No) | Comments  |
|----------------------------|----------------------|--------------------------|--|---|---|
| RDTs required              | Yes, DFID/GF         |                          | Yes  | No  | Mobilizing resources to implement diagnosis based testing |
| Procurement schedules      | May 2010             |                          |  |   |   |
| BCC                        | Yes                  |                          |  |   |   |
| Mechanisms of distribution | Yes                  |                          |  |   |   |
| Drug Efficacy Monitoring   | Yes                  |                          |  |   |   |
| Monitoring and evaluation  | Yes                  |                          |  |   |   |

### Road map May 2010 Evaluation-IRS

| INTERVENTION: IRS     | Activity implemented | Is the activity achievable by Dec 2010? (Yes/No) | Can Universal coverage be archived by Dec 2010? (Yes/No) | Comments  |
|-----------------------|----------------------|--|--|---|
| Pyrethroids required  | Yes                  | Yes  | N/A  | IRS for epidemic prevention, IRS in 10 districts for disease burden reduction |
| Procurement schedules | Jun – Sep 09         |  |  |   |
| Training              | March 2010           |  |  |   |
| BCC                   | March 2010           |  |  |   |
| Spraying              | April – May 2010     |  |  |   |

Monitoring and evaluation Aug/ Oct 2010  
(*bioassays, insecticide resistance etc*)

### Road map May 2010 Evaluation-Other Core interventions

| INTERVENTION: LLINS  | Activity implemented (Yes/No) | Is the activity achievable Dec 2010? (Yes/No) | Can coverage be reached by Dec 2010? (Yes/No) | Universal coverage by Dec 2010? | Comments                            |
|--|-------------------------------|---|---|---------------------------------|-------------------------------------|
| IPTp Implementation Evaluation WHO Sept 2009                               | Yes                           | Yes   | N/A   |                                 | Recommendations incorporated in NMS |
| IEC campaigns Net hanging and use Aug – Nov 2009                           | Yes                           | Yes   |   |                                 |                                     |
| "Haraka Upesi" – call to prompt treatment seeking behaviour Aug – Nov 2009 | Yes                           | Yes   |   |                                 |                                     |
| M&E 2010 MIS Jul – Aug 2010  | On-track                      | Yes   |   |                                 |                                     |

### Road map May 2010 Evaluation- Limiting Factors (Mitigation)

| Limiting factor                           | What mitigation measures taken?           | are Still limiting factor | Is the activity achievable Dec 2010? (Yes/No) | Can coverage be reached by Dec 2010? (Yes/No) | Universal coverage by Dec 2010? | Comments                               |
|---|---|---------------------------|---|---|---------------------------------|--|
| Funding gap for commodities               | -   | -                         | -   | -   | -                               | -                                      |
| LLINs (US\$ 140 million 2010 )            | Resource mobilisation from other partners | Yes                       | No  | No  | -                               | -                                      |
| IRS (US\$ 9.5 million 2010)               | Funding from PMI GF R4                    | No                        | Yes   | N/A   | -                               | -                                      |
| RDTs ( Nil)                               | -   | -                         | -   | -   | -                               | -                                      |
| IEC/BCC                                   | -   | -                         | -   | -   | -                               | -                                      |
| M&E                                       | -   | -                         | -   | -   | -                               | -                                      |
| Procurement bottlenecks                   | -   | -                         | -   | -   | -                               | -                                      |
| • Long processes                          |   |                           |   |   |                                 |  |
| • Delayed disbursements from Global Funds | Negotiations                              | No                        | Yes   | N/A   | -                               | Universal coverage not part of Round 4 |
| Human resource needs                      | 2 new staff                               | -                         | -   | -   | -                               | -                                      |
| • M&E                                     |   |                           |   |   |                                 |  |
| • Logistics                               | Partners to support                       | Yes                       | Yes   | -   | -                               | -                                      |
| • Planning and coordination               | and-do-                                   | Yes                       | Yes   | -   | -                               | -                                      |

Road Map May 2010 Evaluation- TA needs

| INTERVENTION:  | Did you receive planned TA (Yes/No) | If not, did you make a formal request either to WHO or EARN (Yes/No) | If yes, was TA on time? (Yes /No) | If Yes, Level of satisfaction<br>1-Non Satisfied<br>2-Average<br>3-Very satisfied | Comments  |
|--|-------------------------------------|--|-----------------------------------|---|---|
| Planning for mass net distribution to meet universal coverage in 2010 (if nets become available) | Yes, UNICEF, WHO                    | N/A  | Yes                               | 3   | Plan of action in place including development of LLIN tracking tool |

**RWANDA**Country Summary

| Intervention                                     | Units used          | Need to 2010           | Already covered | Funded and expected to be distributed before end 2010 | Gap                           |
|--|---------------------|------------------------|-----------------|---|-------------------------------|
| LLINs (Universal Access – avg 1 net for 2 pp)    | Nets                | 11,946,968             | 7,318,225       | 4,628,743   | 2010 targets will be achieved |
| ACTs   | Treatments          | 6,596,775              |                 | 6,596,775   | 2010 targets will be achieved |
| RDTs   | Number of tests     | 1,147,625              |                 | 1,147,625   | 2010 targets will be achieved |
| IPTp   | Women to be treated | Revision of the policy |                 | NA  | NA                            |
| IRS  | Financial / USD     | 5,157,147              |                 | 2,525,000   | 2,632,143                     |
| M&E  | Financial / USD     | 15,253,628             |                 | 7,626,814   | 7,626,814                     |
| BCC/IEC  | Financial / USD     | 8,808,048              |                 | 8,808,048   | 2010 targets will be achieved |
| Human Resources (incl Capacity Bldg as training) | Financial / USD     |                        |                 | 1,588,562   |                               |

Road map May 2010 Evaluation-LLIN

| INTERVENTION: LLINs | Activity implemented (Yes/No) | Is the activity achievable by Dec 2010? (Yes/No) | Can Universal coverage be achieved by Dec 2010? (Yes/No) | Comments   |
|---------------------|-------------------------------|--|--|--|
| Quantities          | Yes                           | Yes  | Yes  | 580000 HH Jan 10<br>1,8 Millions in U5 April 10<br>campaign<br>374000 for ANC in may |

|                            |  |     |     |   |
|----------------------------|--|-----|-----|---|
|                            |  |     |     | 1.7 Millions Sept-Dec 10                                  |
| Procurement dates          | The contract of 2.5 Millions is already signed | Yes | Yes |   |
| Expected delivery          | Yes  | Yes | Yes |   |
| Campaign Date              | Yes  | Yes | Yes | Campaign in April and Quarter 4 2010                      |
| BCC                        | Yes  | Yes | Yes |   |
| Community mobilization     | Yes  | Yes | Yes |   |
| Mechanisms of distribution | Yes  | Yes | Yes | Household distribution,integrated mass campaign           |
| Monitoring and evaluation  | Yes  | Yes | Yes | DHS, monitoring of the efficacy of insecticide, HH visits |

### Road Map May 2010 Evaluation-ACT RDT

| INTERVENTION:              | Activity implemented (Yes/No) | Is the activity achievable by Dec 2010? (Yes/No) | Can Universal coverage be achieved by Dec 2010? (Yes/No) | Comments  |
|----------------------------|-------------------------------|--|--|---|
| ACTs required              | Yes                           | Yes  | Yes  | The private sector is not covered for adult group                                       |
| RDTs required              | Yes                           | Yes  | Yes  | The private sector is not covered and some districts not supported by the GF            |
| Procurement schedules      | Yes                           | Yes  | Yes  | The delay in the procurement process due to WHO (change of RDTs) Direct to supplier     |
| BCC                        | Yes                           | Yes  | Yes  | Health providers and CHWs are trained and sensitized on the new malaria case management |
| Mechanisms of distribution | Yes                           | Yes  | Yes  | Health facilities and community   |
| Drug Efficacy Monitoring   | Yes                           | Yes  | Yes  | Protocol in devpt   |
| Monitoring and evaluation  | Yes                           | Yes  | Yes  | DHS, Pharmacovigilance system   |

### Road map May 2010 Evaluation-IRS

| INTERVENTION: IRS         | Activity implemented (Yes/No) | Is the activity achievable by Dec 2010? (Yes/No) | Can Universal coverage be achieved by Dec 2010? (Yes/No) | Comments Discussion on insecticide longevity 6-9 Months |
|---------------------------|-------------------------------|--|--|---|
| Total Households targeted | No                            |  |  | Negotiation with PMI on insecticide longevity           |
| DDT required (quantities) | N/A                           | N/A  | N/A  |   |

|   |  |     |     |   |   |
|---|--|-----|-----|---|---|
| Pyrethroids required (quantities)                                 | Under procurement 15000 sachets for Round 1          |     |     |   | Negotiation with PMI on insecticide longevity |
| Distribution (Locations)  | 2 Districts for round 1<br>1/2 districts for round 2 |     |     | ? | Negotiation with PMI on insecticide longevity |
| Training (dates)  | yes  | yes | yes |   |   |
| BCC / IEC (dates, types)  | yes  | yes | yes |   |   |
| Spraying (dates, locations)                                       | Only 1 full round for Negotiation for round 2        |     |     |   | Negotiation with PMI on insecticide longevity |
| Monitoring and evaluation (bioassays, insecticide resistance etc) | YES  | yes | yes |   |   |

### Road map May 2010 Evaluation-Other Core interventions

| INTERVENTION: LLINS                                       | Activity implemented (Yes/No) | Is the activity achievable by Dec 2010? (Yes/No) | Can coverage be achieved by Dec 2010? (Yes/No) | Universal coverage be achieved by Dec 2010? (Yes/No) | Comments   |
|---|-------------------------------|--|--|--|--|
| IRS: cross border interventions                           |                               |  |  |  |  |
| Community based management (RDT extension in 18 district) | Yes                           | Yes  | Yes  |  | 7 districts  |
| Review of malaria strategic plan                          | Yes                           | Yes  | Yes  |  | May-June 2010  |
| Development of malaria strategic plan 2011-2015           | Yes                           | Yes  | Yes  |  | May-June 2010  |
| BCC campaign  | Yes                           | Yes  | Yes  |  | Finalization of the strategy, training of health workers |

### Road map May 2010 Evaluation- Limiting Factors (Mitigation)

| Limiting factor                  | What mitigation measures taken? | Still a limiting factor   | Is the activity achievable by Dec 2010? (Yes/No) | Can Universal coverage be archived by Dec 2010? (Yes/No) | Comments |
|----------------------------------|---------------------------------|---------------------------|--|--|----------|
| Delays in disbursements of funds | Yes                             | Yes                       | Yes  | Yes  |          |
| Procurement delays               | Yes                             | Depending on channel used | Yes  | Yes  |          |

|   |                               |     |     |  |
|---|-------------------------------|-----|-----|--|
| Availability of LLIN production commodities on the market | Yes depending on manufacturer | Yes | Yes |  |
|---|-------------------------------|-----|-----|--|

### Road Map May 2010 Evaluation- TA needs

| INTERVENTION:                               | Did you receive planned TA (Yes/No) | If not, did you make a formal request either to WHO or to EARN (Yes/No) | If yes, was TA on time? (Yes /No) | If Yes, Level of satisfaction<br>1-Non Satisfied<br>2-Average<br>3-Very satisfied | Comments |
|---|-------------------------------------|---|-----------------------------------|---|----------|
| End –use verification of antimalarial drugs | Yes                                 | Yes   | Yes                               | 2   |          |
| BCC strategy                                | Yes                                 | yes   | Yes                               | 3   |          |
| Need assessment/Programme review            | Not yet                             | yes   | Yes                               | -   |          |
| Support of drug quality assurance           | Yes                                 | yes   | Yes                               | 3   |          |
| Assessment of RDT on the community level    | Not yet                             | WHO assessment for CCM  | Yes                               | 3   |          |
| Environmental Compliance                    | Yes                                 | yes   | Yes                               | 3   |          |
| PCR/Elisa Technical Lab                     | yes                                 | yes   | Yes                               | 2   |          |
| HFS   | Yes                                 |   |                                   |   |          |
| DHS   | YES                                 | yes   | Yes                               | Yes   |          |

## SOMALIA

### General Context

|                    |  |
|--------------------|--|
| 3 distinct areas:  | 1. Somaliland,<br>2. Puntland,<br>3. Central/South Somalia   |
| Health indicators: | UMR: 225 (per 1,000)<br>- MMR: 1100 (per 100,000)<br>- Malaria prevalence 5 – 10%  |
| Political / Social | Population – approx 8 million  |
| Insecurity         | Population health displacement workers<br>Few health workers<br>Health system is fragmented & under financed   |
|                    | <ul style="list-style-type: none"> <li>Currently funded under the GF Rd 6 from Nov 2007 to Oct 2012. <ul style="list-style-type: none"> <li>Phase 1: Sept 2007 to Oct 2009 - 13million</li> <li>Phase 2: Nov 2009 to Oct 2010 - 14million</li> </ul> </li> </ul> |
|                    | <ul style="list-style-type: none"> <li>Implementation of activities guided by the National Malaria Strategy 2005 to 2010</li> </ul>  |

|   |   |
|---|---|
|   | <ul style="list-style-type: none"> <li>Just revised the NMS / M&amp;E Plan (2010 to 2015) <ul style="list-style-type: none"> <li>Courtesy of the EARN/RBM support to finalize and endorse (March 31, 2010)</li> </ul> </li> </ul>   |
| <ul style="list-style-type: none"> <li><i>Case Management</i></li> </ul>                          | <ul style="list-style-type: none"> <li>Introduction of ACT/RDT started in 2006, covering all Hospital &amp; MCH</li> <li>Guidelines in place BUT need revision</li> <li>Just introduced ACT/RDT at the lower Health post levels (2009)</li> <li>No funding Gap</li> </ul>   |
| <ul style="list-style-type: none"> <li><i>Malaria prevention</i></li> </ul>                       | <ul style="list-style-type: none"> <li>1.2 Million LLINs planned for distribution under Rd 6 ending Nov 2012</li> <li>715,000 distributed: 50,000 procured and planned for distribution</li> <li>76,800 ordered &amp; expected in September 2010</li> <li>Balance to be procured – 358,200: Gap of 1.1 million</li> <li>So far coverage is estimated at 40 to 45 %</li> </ul> |
| <ul style="list-style-type: none"> <li><i>IEC</i></li> </ul>                                      | <ul style="list-style-type: none"> <li>Implementation guided by Malaria communication strategy (2006/2010)</li> <li>Malaria Communication strategy needs to be updated</li> <li>Activities – Trained 30% of HWs on communication techniques: Community dialogue: Conducting malaria field days and annual World Malaria Day</li> </ul>  |
| <ul style="list-style-type: none"> <li><i>Malaria in pregnancy</i></li> </ul>                     | <ul style="list-style-type: none"> <li>Implemented only in the CSZ of Somalia</li> <li>SP is procured by UNICEF: No funding gap</li> <li>LLINs distributed as part of mass coverage (No ANC distribution)</li> </ul>  |
| <ul style="list-style-type: none"> <li><i>Health system strengthening</i></li> </ul>              | <ul style="list-style-type: none"> <li>60% of labs undergoing QC</li> <li>30% of laboratory technicians trained</li> <li>8 senior lab tech to be trained in lab QC</li> </ul>   |
| <ul style="list-style-type: none"> <li><i>Epidemic Preparedness and response</i></li> </ul>       | <ul style="list-style-type: none"> <li>7% of health staff trained on epidemic preparedness &amp; response</li> <li>No clear EP&amp;R strategy (mapping not done, estimate not done) – TA required</li> </ul>  |
| <ul style="list-style-type: none"> <li><i>HMIS</i></li> </ul>                                     | <ul style="list-style-type: none"> <li>On-going under Rd 6: All districts covered in Somaliland &amp; Puntland is on-going</li> <li>Data has started flowing</li> </ul>   |
| <ul style="list-style-type: none"> <li><i>Strengthening of Malaria Control Program</i></li> </ul> | <ul style="list-style-type: none"> <li>Established in Somaliland and Puntland</li> <li>NMCP Manager trained and supported</li> </ul>  |

### Road map May 2010 Evaluation - LLIN

| INTERVENTION: LLINS | Activity implemented (Yes/No) | Is the activity achievable by Dec 2010? (Yes/No) | Can coverage be reached by Dec 2010? (Yes/No) | Univesal be | Comments                                    |
|---------------------|-------------------------------|--|---|-------------|---|
| Situation analysis  | YES                           | NO   | NO  |             | Analysis indicates LLINs need (1.1 million) |
| Procurement         | YES                           | YES  | NO  |             |   |
| Training            | YES                           | YES  | YES   |             |   |

|              |     |     |     |  |
|--------------|-----|-----|-----|--|
| Distribution | YES | YES | YES | Take over of warehouse and looting of LLINs by A.G.E |
|--------------|-----|-----|-----|--|

### Road Map May 2010 Evaluation-ACT RDT

| INTERVENTION:          | Activity implemented (Yes/No) | Is the activity achievable by Dec 2010? (Yes/No) | Can coverage be reached by Dec 2010? (Yes/No) | Universal be | Comments   |
|------------------------|-------------------------------|--|---|--------------|--|
| Procurement & Logistic | YES                           | YES  | NO  |              | ACT/RDT has been introduced up to MCH level : Lower level HP not covered         |
| Training               | Partially                     | YES  | YES   |              | Roll out to HPs level is on-going  |
| Distribution           | Partially                     | YES  | NO  |              | Need to map out the HPs, affected by insecurity (take over of warehouse by A.G.E |

### Road Map May 2010 ESupervision & Capacity building valuation

| INTERVENTION:                            | Activity implemented (Yes/No) | Is the activity achievable by Dec 2010? (Yes/No) | Can coverage be reached by Dec 2010? (Yes/No) | Universal be | Comments  |
|--|-------------------------------|--|---|--------------|---|
| 60% of labs undergoing QC                | Yes                           | Yes  | Yes   |              | HF Not supported by GF need to be considered              |
| 80 MMRT                                  | Yes                           | Yes  | Yes   |              | Maintenance & Supervision                                 |
| 167 HWs trained in malaria communication | Partially                     | YES  | Yes   |              | Roll out is on-going                                      |
| 326 health staff trained on EPR          | YES                           | Yes  | Yes   |              | 7% covered new SR (Mentors) on board to cascade trainings |
| 4 to be trained in VC                    | YES                           | YES  | YES   |              |   |

### Road map May 2010 Evaluation- Limiting Factors (Mitigation)

| Limiting factor:                  | What are mitigation measures taken? | Still a limiting factor | Is the activity achievable by Dec 2010? (Yes/No) | Can coverage be archived by Dec 2010? (Yes/No) | Universal be | Comments      |
|-----------------------------------|-------------------------------------|-------------------------|--|--|--------------|---------------|
| Lack of strong central government | Problem solving & Under standing    | Yes in NEZ & NWZ zones  | Yes in NEZ & NWZ                                 | Yes in Zones                                   |              | SCZ in ?      |
| Poor capacity of SR               | Improve coordinatio                 | SCZ                     | Yes NEZ & NWZ                                    | Yes in NEZ & NWZ                               |              | Strengthening |

|   |   |           |     |     |  |   |
|---|---|-----------|-----|-----|--|---|
|   |   |           |     |     |  | Problem solving                         |
| Weak HMIS/MIS   | Training management data                  | Yes       | Yes | Yes |  | Improve & update data management system |
| Trained staffs turn over.                                   | Improve staff motivation                  |           |     |     |  |   |
| Sustainability of ACT& RDTs for Somalia (After GF support?) | Préparation of Future supply plan Support | NO        | Yes | Yes |  |   |
| Inadequate capacity in microscopy and Entomology & VC       | Training in malaria and                   | No        | Yes | Yes |  |   |
| Lack of reference for malaria QC                            | Established central laboratory zone       | NE&NW YES | yes | Yes |  |   |

### Road Map May 2010 Evaluation- TA needs

| INTERVENTION:   | Did you receive planned TA (Yes/No) | If not, did you make a formal request either to WHO or to EARN (Yes/No) | If yes , was TA on time? (Yes /No) | If Yes, Level of satisfaction<br>1-Non Satisfied<br>2-Average<br>3-Very satisfied | Comments |
|---|-------------------------------------|---|------------------------------------|---|----------|
| National Malaria Strategy & M/E update (2011-2015)                      | DONE                                | YES   | YES                                | 3   |          |
| Updating communication strategy for malaria                             | NO                                  | NO  | Not done                           |   |          |
| Develop Rd 10 proposal  | no                                  | Yes   | Yes                                | Awaiting  |          |
| Develop EP&R strategy   | no                                  | Not submitted   |                                    |   |          |
| Operational research (AMDR-Study) and insecticide resistance monitoring | Yes                                 | Yes   | Yes                                |   |          |
| Establishment of insectory  | no                                  | no  | Not done                           |   |          |
| Health Facility mapping   | no                                  | Not done  |                                    |   |          |

## SOUTH SUDAN

### Country Summary

| Intervention                    | Need to 2010                       | Already covered | Funded and expected to be distributed before end 2010 | Gap            |
|---------------------------------|------------------------------------|-----------------|---|----------------|
| LLINs (Universal Access)        | 5.2 million (total in circulation) | 4.5 M           | 1.5 M   | None           |
| ACTs                            | 4.9 million doses                  |                 | 3.6 million doses                                     | 1.3 million    |
| IRS                             | (financial need)                   |                 | Not applicable  | Not applicable |
| RDTs                            | 1.98 million tests                 |                 | 0.88 million tests                                    | 1.1 million    |
| IPTp                            | 195,816 women                      |                 | 391,632 (doses)                                       | 0              |
| M&E                             | US \$ 1,820,00                     |                 | 1 million (MIS)                                       | 820 K          |
| BCC/IEC                         | US \$ 782,364                      |                 | US \$ 782,364   | 0              |
| Human Resources (Capacity Bldg) | US \$ 1.3 million                  |                 | US\$ 707,379  | US\$ 529,621   |

### Road map May 2010 Evaluation-LLIN

| INTERVENTION: LLINS        | Activity implemented (Yes/No) | Is the activity achievable by Dec 2010? (Yes/No) | Can Universal coverage be achieved by Dec 2010? (Yes/No) | Comments                                     |
|----------------------------|-------------------------------|--|--|--|
| Quantification             | Yes                           | Yes  | Yes  |  |
| Procurement dates          | Already done                  | Yes  | Yes  | LLINs already procured                       |
| Expected delivery          | In-country                    | Yes  | Yes  | 2,161,899 LLINs distributed as of March 2010 |
| Campaign Date              | ongoing                       | Yes  | Yes  | ongoing                                      |
| BCC                        | ongoing                       | Yes  | Yes  | ongoing                                      |
| Community mobilization     | ongoing                       | Yes  | Yes  | ongoing                                      |
| Distribution               | ongoing                       | Yes  | Yes  | ongoing                                      |
| Mechanisms of distribution | ongoing                       | Yes  | Yes  | ongoing                                      |
| Monitoring and evaluation  | ongoing                       | Yes  | Yes  | ongoing                                      |

Road Map May 2010 Evaluation-ACT RDT

| INTERVENTION:              | Activity implemented (Yes/No) | Is the activity achievable by Dec (Yes/No) | Can Universal coverage be achieved by Dec 2010? (Yes/No) | Comments   |
|----------------------------|-------------------------------|--|--|--|
| ACTs required              | Yes                           | Yes  | No   | Limited coverage of health facilities; HMM just introduced |
| RDTs required              | Yes                           | Yes  | No   | Weak health system   |
| Procurement schedules      | completed                     | Yes  | NA   |  |
| BCC                        | Yes                           | Yes  | No   | Need for more community level                              |
| Mechanisms of distribution | Yes                           | Yes  |  |  |
| Drug Efficacy Monitoring   | No                            | No   | NA   |  |
| Monitoring and evaluation  | Partial                       | No   | No   | No consumption data  |

Road map May 2010 Evaluation- Limiting Factors (Mitigation)

| Limiting factor   | What mitigation measures taken?           | are Still a limiting factor | Is the activity achievable by Dec 2010? (Yes/No) | Can Universal coverage be archived by Dec 2010? (Yes/No) | Comments  |
|---|---|-----------------------------|--|--|---|
| Funding gaps: UNITAID LLIN operational costs (US\$ 2.5 M) | Resource mobilization from other partners | Yes                         | Yes  | Yes  | If funds for distribution are available in time |
| ACT delivery through HMM                                  | Recruitment of more CBOs                  | Yes                         | Yes  | No   | If further recruitment of SRs is approved       |
| MIS support (US\$ 150K)                                   | Resource mobilization from other partners | Yes                         | Yes  | NA   | Lack of funds delaying completion of MIS        |

Road Map May 2010 Evaluation- TA needs

| INTERVENTION:   | Did you receive planned TA (Yes/No) | If not, did you make a formal request either to WHO or to EARN (Yes/No) | If yes, was TA on time? (Yes /No) | If Yes, Level of satisfaction<br>1-Non Satisfied<br>2-Average<br>3-Very satisfied | Comments                      |
|---|-------------------------------------|---|-----------------------------------|---|-------------------------------|
| Drug efficacy – planning and executing studies at sites | No                                  | No  | NA                                | NA  | Planned for Q3 and Q4 of 2010 |

|  |             |     |    |    |                                  |
|--|-------------|-----|----|----|----------------------------------|
| Vector susceptibility and entomological parameters (determination) | control: No | Yes | No | NA | Waiting for TA                   |
| RDTs quality assurance   | No          | Yes | NA | NA | Waiting for TA from WHO and EARN |
| BCC training   | No          | No  | NA | NA | TA required from WHO and EARN    |

## ZANZIBAR

### Country Summary

| Intervention                    | Need to 2010                     | Already covered  | Funded and expected to be distributed before end 2010          | Gap         |
|---------------------------------|----------------------------------|--|--|-------------|
| LLINs (Universal Access)        | (nets)                           | 6/10 districts   | 1,653,000 USD  | None        |
| ACTs                            | (drug needs)                     | 140/140 HFs  | 324, 000 USD   | None        |
| IRS                             | (financial need)                 | 2009   | 1 Round 2010   | 1.4m USD    |
| RDTs                            | (number of tests)                | 114/114 HFs  | 300,000 USD  | None        |
| IPTp                            | (women to be treated)            | 114/114 HFs  | 294,500 USD  | None        |
| M&E                             | (financial need)                 | MEEDS, Surveillance  | ACT Efficacy trial, Insecticide and vector susceptibility test | None        |
| BCC/IEC                         | (Financial need & IEC Material ) | Communication strategy, Tv, School prog., Billboards etc     | 809,888 USD  | None        |
| Human Resources (Capacity Bldg) | (financial need)                 | 2-MSc Ento.<br>1-MSc, Paras.<br>1- MSc Epid.<br>2- BSc & BCC | -  | 430,000 USD |

### Road map May 2010 Evaluation-LLIN

| INTERVENTION: LLINs | Activity implemented                          | Activity not implemented | Is the activity achievable by Dec 2010? (Yes/No) | Can coverage be achieved by Dec 2010? (Yes/No) | Universal | Comments |
|---------------------|---|--------------------------|--|--|-----------|----------|
| Quantity            | 325,000                                       | Not yet implemented      | Yes  | Yes  |           |          |
| Procurement dates   | June - 2010                                   |                          | Yes  | Yes  |           |          |
| Expected delivery   | 9/10 districts delivered; August - Sept. 2010 |                          | Yes  | Yes  |           |          |

|   |   |  |     |     |  |
|---|---|--|-----|-----|--|
| Community mobilization and BCC/Campaign | Sept – October 2010   |  | Yes | Yes |  |
| Distribution                            | Within two weeks of its arrival   |  | Yes | Yes |  |
| Mechanisms of distribution              | of Through Districts and community leaders                                      |  |     |     |  |
| Monitoring and evaluation               | Through MIS, ITNs durability study and cross-sectional surveys and IRS campaign |  | Yes | Yes |  |

### Road Map May 2010 Evaluation-ACT RDT

| INTERVENTION:              | Activity implemented                           | Activity not implemented | Is the activity achievable by Dec 2010? (Yes/No) | Can coverage be archived by Dec 2010? (Yes/No) | Universal be archived by Dec 2010? | Comments |
|----------------------------|--|--------------------------|--|--|------------------------------------|----------|
| ACTs required              | 60,000 doses                                   | Not yet implemented      | Yes  | Yes  |                                    |          |
| RDTs required              | 500,000 kits                                   |                          | Yes  | Yes  |                                    |          |
| Procurement schedules      | ACT: June 2010<br>RDT: Mid May and August 2010 |                          | Yes  | Yes  |                                    |          |
| BCC                        | It is on going                                 |                          | Yes  | Yes  |                                    |          |
| Mechanisms of distribution | of Through Central and Zonal medical Stores    |                          | Yes  | Yes  |                                    |          |
| Drug Efficacy Monitoring   | 2010, May                                      |                          | Yes  | Yes  |                                    |          |
| Monitoring and evaluation  | Regular district supervisions, MIS             |                          | Yes  | Yes  |                                    |          |

### Road map May 2010 Evaluation-IRS

| INTERVENTION: IRS                      | Activity implemented (Yes/No)                    | Is the activity achievable by Dec 2010? (Yes/No) | Can coverage be archived by Dec 2010? (Yes/No) | Universal be archived by Dec 2010? | Comments |
|--|--|--|--|------------------------------------|----------|
| Pyrethroids required                   | Yes  | Yes  | Yes  |                                    |          |
| Procurement schedules                  | December 2009                                    | Yes  | Yes  |                                    |          |
| Training                               | Yes  | Yes  | Yes  |                                    |          |
| BCC                                    | Yes  | Yes  | Yes  |                                    |          |
| Spraying                               | 8/10 Districts sprayed<br>2 districts no sprayed | Yes  | Yes  |                                    |          |
| Monitoring and evaluation              | and May 2010<br>June- July 2010                  | Yes  | Yes  |                                    |          |
| -bioassays,<br>-insecticide resistance |  |  |  |                                    |          |

Road map May 2010 Evaluation- Limiting Factors (Mitigation)

| Limiting factor  | What mitigation measures taken?  | Still a limiting factor  | Is the activity achievable by Dec 2010? (Yes/No)                 | Can Universal coverage be archived by Dec 2010? (Yes/No) | Comments  |
|--|--|--|--|--|---|
| Inconsistence prescription of antimalaria  | in -Re-fresher Training to all prescribers<br>- distribution of reviewed treatment guidelines to all HFs<br>- Increase awareness to the public | No assessment done however there are some changes/improvements | Yes/No, this is about change of professional behaviour/attitude. |  | More efforts will be directed to the clinicians during follow up visits |
| Mono-therapy is still being used for confirmed suspected malaria cases mainly at private health facilities | Introduction of AMFm and procedures to ban malaria mono-therapy  | So far Yes   | Yes  | Yes  | Legal procedures are part of AMFm activities                            |
| Shortage of Laboratory Technicians in some of the public health facilities                                 | - Provision of RDT to the HFs with no lab staff  | Minimized  | Yes  | Yes  |   |
| No funds committed for IRS after November 2009 to 2010   | - Funds made available and 8 districts sprayed<br>- 2 Districts will be sprayed in June 2010   | No gap   | Yes  | Yes  | No comments   |

Road Map May 2010 Evaluation- TA needs

| INTERVENTION:                                | Did you receive planned TA (Yes/No) | If not, did you make a formal request either to WHO or to EARN (Yes/No) | If yes , was TA on time? (Yes /No)           | If Yes, Level of satisfaction<br>1-Non Satisfied<br>2-Average<br>3-Very satisfied | Comments   |
|--|-------------------------------------|---|--|---|--|
| Establishment of ITNs distribution data base | No                                  | Yes (WHO)   | No provided. Lack of effective communication | TAN/A   | Improve communication between NMCPs and ICST WHO |

|   |     |                 |               |     |  |
|---|-----|-----------------|---------------|-----|--|
| Establishment and strengthening of QA/QC system/guidelines for microscopy and RDT | Yes | N/A             | N/A           | N/A | PIM provided –TA still on going                                    |
| Development of guidelines on efficacy trials                                      | Yes | N/A             | N/A           | N/A | WHO provided the guidelines for implementation                     |
| Monitoring of efficacy and durability of LLINs                                    | No  | Funds available | not available | N/A | TA was not requested as there were no funds to carry out the study |
| IPT implementation in low malaria endemicity                                      |     |                 |               |     | No TA requested  |

## TANZANIA

### Case management

| Planned activities  | By When         | Gap    | Status   |
|---|-----------------|--------|--|
| ACTs in public and Faith-based health facilities. (R 7, R9) | On-going        | No Gap | complete                                       |
| ACTs in private health facilities and drug outlets (AMFm)   | September, 2010 | No gap | Waiting for implementation letter to be signed |

### Diagnosis

| Planned activities                   | By When | Gap    | Status  |
|--------------------------------------|---------|--------|---|
| Roll out of RDT use 4 regions        | 2009    | No gap | complete  |
| Roll out of RDT use in whole country | 2010    | No Gap | 8 regions will be covered this year. (whole country has 21 regions) |
| Quality control of the RDT system    | 2010    | No Gap | The protocol is in its final stages, not yet approved               |

### LLINs

| Planned activities   | By When   | Gap              | Status  |
|--|-----------|------------------|---|
| Completion of the under-five catch-up campaign (>7 million LLINs)            | May 2010  | No Gap           | Only one region, Dar es Salaam, has left. LLINs will be distributed by May, 2010. |
| Distribution of free LLINs for universal coverage. (R8) (14.6 million LLINs) | June 2011 | Not known by now | Waiting for completion of contracting out procurement process                     |

|   |          |        |   |
|---|----------|--------|---|
| Upgrading PW voucher to a fixed rate, Tsh 500/= | Nov 2009 | No gap | completed   |
| TA to redefine LLINs keep up strategy           | 2010     | TA     | For the time being, voucher scheme is being used as keep-up strategy for vulnerable groups- infants and pregnant women. The fund ends by March, 2011. There is still need to redefine the keep-up strategy for the whole population |

IRS

| Planned activities                               | By When | Gap            | Status                             |
|--|---------|----------------|------------------------------------|
| IRS in whole Kagera region (PMI)                 | 2009    | No Gap         | completed                          |
| IRS in lake zone (Kagera, Mwanza and Mara) (PMI) | 2010    | No gap         | Logistics phase in two new regions |
| IRS in coastal zone (27 districts)               | 2011    | USD 18,500,000 | Seeking funds                      |

Larviciding

| Planned activities  | By When | Gap             | Status        |
|---|---------|-----------------|---------------|
| sustain larviciding in 15 wards in Dar es Salaam                    | 2010    | No gap          | On going      |
| Expansion of larviciding to cover whole Dar es Salaam region        | 2010    | USD 3,950,000   | Seeking funds |
| Expansion of larviciding to cover 12 urban districts in the country | 2011    | USD 16,786,000  | Seeking funds |
| Establishment of a biolarvicides plant                              | 2012    | USD 22,307,688. | Seeking funds |

Entomological monitoring

| Planned activities  | By When | Gap    | Status                             |
|---|---------|--------|------------------------------------|
| Susceptibility test to insecticides in 13 selected sentinel sites   | 2009    | No gap | 11 sites completed                 |
| Monitoring of insecticides resistance in 13 selected sentinel sites | 2010    | No gap | Logistic arrangements are underway |

IEC/BCC

| Planned activities   | By When | Gap    | Status                 |
|--|---------|--------|------------------------|
| Complete the communication strategy  | 2009    | No gap | completed              |
| Continuous TV and Radio spots  | 2010    | No gap | On going               |
| Establishment of CCAs in villages –help to emphasize malaria control interventions | 2010    | No gap | 3 regions are covered. |

M & E

| Planned activities      | By When   | Gap           | Status                     |
|-------------------------|-----------|---------------|----------------------------|
| consolidate M & E plans | 2010      | No gap        | Completed                  |
| DHS                     | 2010      | No gap        | Compiling reports          |
| MPR                     | 2010/2011 | Not yet known | Proposal is being prepared |
| MIS                     | 2011      | Not yet known |                            |

**UGANDA**Country Summary

| Intervention             | Need to 2010  | Already covered   | Funded and expected to be distributed before end of 2010                      | Gap   |
|--------------------------|---|---|---|---|
| LLINs (Universal Access) | 20,607,510 (3 nets per household of 6 people plus 10% buffer)   | 2,695,711 (LLINs still viable by end 2010 )<br>125 m by GF<br>6.5m by PMI<br>300,000 by Unicef          | 17,666,984 (GF)<br>1,600,000 (PMI)  | None  |
| ACTs                     | 34,096,900 (public sector only);<br>5,400,007 for Private sector  |   | 7,810,255 (GF Rd 4 for public sector nationwide)                              | 31,686,655 Doses                            |
| IRS                      | 16 districts expected to be sprayed with funds from PMI   | 6 Districts were sprayed,<br>Use of DDT suspended   | Spraying of the very high risk Districts is ongoing by Uganda IRS Project     | 10 Districts                                |
| RDTs                     | 8,393,627 for 21 districts  | 800,000 tests<br>\$450,000 from PMI for training for RDTs and microscopy;                               | 1,438,165 from GF Rd 4 p2<br>1,923,923 RDT (Amfm) expected Sept.2010 rejected | 6,955,462 Tests                             |
| IPTp                     | (women to be treated)<br>2,418,000 pregnant women<br>(3,385,200 doses of IPTp needed for 2 doses/woman) | All doses covered by GOU<br>DOTS materials and training covered by other partners<br>\$625,000 from PMI | Government funding not fully utilised due to policy related issues            | Need to provide free drugs for distribution |
| M&E                      |   | PMI=\$1,475,000<br>Rd 4=\$ 4,050,560<br>Rd 7=\$ 7,534,260   | 602,782 released by GF for the six months                                     | Nil   |
| BCC/IEC                  | (Should be 10% of the budget of any program)  | This is an intermix of different interventions  | 526,169 Released by GF for six months   | Nil   |

|                                 |   |   |                                  |                         |
|---------------------------------|---|---|----------------------------------|-------------------------|
| Human Resources (Capacity Bldg) | 1 programme assistant<br>1 M & E specialist | 1 Programme Administrator and<br>1 M&E Specialist funded by Global Fund up to end of FY | Renewal contracts for another FY | Funding for the next FY |
|---------------------------------|---|---|----------------------------------|-------------------------|

### Case management

|                            |  |
|----------------------------|--|
| ACTs required              | 34,096,900 (public sector only); 5,400,007 for Private sector<br>USD 9,423,131 from Global Fund drugs ordered<br>USD 15,000,000 Govt, drugs being supplies |
| RDTs required              | 8,393,627 for 21 districts   |
| Procurement schedules      | ACTs and RDTs procured and delivered quarterly.  |
| BCC                        | Continuous   |
| Mechanisms of distribution | Through NMS (20% to JMS)   |
| Drug Efficacy Monitoring   | Studies ongoing 2009 (UMSP, Epicentre)   |
| Monitoring and evaluation  | Support supervision, MIS in 2009 and 2011, QA for RDTs (FIND)  |

### IRS resources available to achieve the 2010 targets

| FUNDS AVAILABLE (US \$) | SOURCE  | COMMENT  |
|-------------------------|---------|--|
| 8,760,000               | PMI     | For 6 districts (Kitgum, Pader, Apac, Oyam, Gulu, Amuru) |
| 1,200,000               | Pilgrim | Katakwi  |
| 1,800,000               | GOU     | Kumi   |

### Indoor Residual Spraying

|   |   |
|---|---|
| DDT required  | 1329 barrels (PMI) for 2 districts (Apac/Oyam)  |
| Pyrethroids required  | For 4 districts (Kitgum/Pader/Gulu/Amuru) (PMI); 1 district (Katakwi) (Pilgrim); 1 district (Kumi) (GOU)  |
| Procurement schedules   | DDT is in country; Pyrethroids likely September/October 2009 (PMI)  |
| Training  | Prior to spraying   |
| BCC   | Prior to spraying   |
| Spraying  | Oct/Nov 2009 (2 districts); Jan/Feb 2010 (2-4 districts); July/Aug 2010 (6 districts) – PMI preliminary schedule; August 2009 (Pilgrim)   |
| Monitoring and evaluation (bioassays, insecticide resistance etc) | Nationwide insecticide resistance surveillance Aug-Oct 2009 (PMI); Insectory Oct-Dec 2009 (PMI); entomological surveillance sites (PMI); epidemiological studies (pre- and post-) |

### Other core interventions to be delivered over the next 8 months

- NMCP Evaluation - Apr 2010
- Development of New NMCP Strategic Plan – Apr 2010
- Approval of revised National Malaria Control and Prevention Policy – May 2010
- MIS – Nov 2009
- Field operational studies (Drug efficacy studies, Pharmacovigilance, etc)
- Update M & E Plan – Jun 2010
- Training on and operationalization of the Malaria Database
- EPR Guidelines finalization and Training – Sep 2010
- Establishment of an insectary and field entomological insecticide susceptibility monitoring sentinel sites –Sep 2009

### Summary of rate-limiting factors over the next 8 months

- Time-consuming stringent conditionalities by GF leading to funds disbursement delays
- Delayed disbursement of funds from all sources
- Weak health systems
  - Weak HMIS
  - Inadequate supply chain mgt
  - Inadequate management and leadership at lower levels

### Summary of technical assistance needs to end 2010

| Need  | From whom |
|---|-----------|
| Evaluation of the Current NMCP Strategic Plan and Programme Review (MPR)                            | WHO       |
| Update the malaria Strategic Plan   | WHO       |
| Updating the Malaria Communication Strategy   | SMP       |
| LLINs Distribution Plan   | GF        |
| Update the M & E plan and operationalize the Malaria Database                                       | WHO/PMI   |
| Establish an insectary and field entomological insecticide susceptibility monitoring sentinel sites | WHO/PMI   |

## COMORES

### Population couverte

| Ile          | Population    | MILD                      | ACT                                     | PID       |
|--------------|---------------|---------------------------|---|-----------|
| Mohéli       | 45012         | 40000<br>(89%)            | Disponible,<br>distribution<br>gratuite | 0%        |
| Anjouan      | 291043        | 54720<br>(19%)            |   | 0%        |
| Gde Comore   | 350998        | 66092<br>(19%)            |   | 0%        |
| <b>Total</b> | <b>687053</b> | <b>160812<br/>(23,4%)</b> | <b>100%</b>                             | <b>0%</b> |

Feuille de route

| Activités   | Mai | Juin | Juil | Aoû | Sep | Oct | Nov | Déc |
|---|-----|------|------|-----|-----|-----|-----|-----|
| <b>1. Distribution MILD</b>   |     |      |      |     |     |     |     |     |
| 1.1 Micro planification   | x   | x    |      |     |     |     |     |     |
| 1.2 Recensement lits  |     | x    | x    |     |     |     |     |     |
| 1.3 Distribution  |     |      |      |     |     |     | x   |     |
| 1.4 Distribution CPN  |     |      |      |     | x   | x   | x   | x   |
| <b>2. Pulvérisation Intra Domiciliaire</b>  |     |      |      |     |     |     |     |     |
| 2.1 Cartographie  |     |      | x    | x   |     |     |     |     |
| <b>3. Prévention du paludisme pendant la grossesse</b>  |     |      |      |     |     |     |     |     |
| Traitement Préventif Intermittent (TPI)   | x   | x    | x    | x   | x   | x   | x   | X   |
| Toutes les activités de distribution de masse des MILD, prise en charge, PID... seront soutenues par les Formations, IEC et supervision |     |      |      |     |     |     |     |     |

Tableau récapitulatif des interventions

| Interventions                   | Besoins estimés | Besoins couverts | Gap                              |
|---------------------------------|-----------------|------------------|----------------------------------|
| LLINs (Universal Access)        | 286 700         | 286 700          | 0                                |
| ACTs                            | 209 138         | 209 138          | 0                                |
| IRS                             | 8056566 \$      | 337 240 \$       | 7 721 326 \$                     |
| RDTs                            | 677 688         | 161 000          | 516 688                          |
| TPI                             | 41 082          | 41 082           | 0                                |
| M&E                             | 1 508 781 \$    | 1 300 536 \$     | 208                              |
| BCC/IEC                         | 470500 \$       | 330 342 \$       | <del>245,005</del><br>140 158 \$ |
| Human Resources (Capacity Bldg) | 1 138 819 \$    | 1 138 819 \$     | 0                                |

Feuille de route

| Activités   | Juin | Juil | Aoû | Sep | Oct | Nov | Déc | Jan |
|---|------|------|-----|-----|-----|-----|-----|-----|
| <b>Besoins en assistance technique</b>                            |      |      |     |     |     |     |     |     |
| <b>IRS/PID:</b> Cartographie (Formation et production des cartes) |      | X    | X   |     |     |     |     |     |
| <b>Communication:</b> Elaboration du plan de communication        | X    |      |     |     |     |     |     |     |
| <b>S&amp;E/MIS:</b> Echantillonnage                               |      | X    |     |     |     |     |     |     |
| <b>S&amp;E/MIS:</b> Formation et mise en œuvre                    |      |      |     |     |     |     | X   |     |
| <b>S&amp;E/MIS:</b> Traitement et analyse des données             |      |      |     |     |     |     |     | X   |

| Activités                                      | Mai | Juin | Juil | Aoû | Sep | Oct | Nov | Déc       |
|--|-----|------|------|-----|-----|-----|-----|-----------|
| <b>Besoins en assistance technique (suite)</b> |     |      |      |     |     |     |     |           |
| Formation sur gestion des programmes           |     |      |      | X   |     |     |     |           |
| Formation sur la gestion de base des données   |     |      |      |     |     |     | X   |           |
| <b>S&amp;E/MIS:</b> Pharmaco-résistance        |     |      |      |     |     |     |     | Déc – Jan |
| Elaboration Plan de lutte contre les épidémies |     |      |      | X   |     |     |     |           |
| <b>S&amp;E/MIS:</b> Evaluation du PNLP         |     |      |      |     |     |     |     | X         |

**SUDAN NORTH****Resources**

- GFR7: ACTs, LLINs, RDTs
- UNICEF: ACTs, LLINs, RDTs
- WHO: TA, SME
- UNITAID: ACTs? (received in 2008)
- GEF and Bill & Melinda Gates Foundation: IVM
- GOS : HR, HSS, capacity building
- Others including IDB and NGOs

**LLINs**

No. of LLINs required to reach universal coverage: 14,567,209  
No of LLINs distributed in 2008: 1,756,540  
No of LLINs distributed in 2009: 3,470,931  
No of LLINs distributed in 2010: 663,380  
No. of LLINs expected in 2010 : 2,761,601  
Total : 8,652,452  
Gap for universal coverage : 7, 359,757

### **ACTs**

- No. of ACTs needed 2010 : 3,800,000
- No of ACTs available 2010 : 450,000
- No. of ACTs expected 2010 : 925,856
- Gap : 2,424,144

### **Achievements**

- Wide coverage of ACTs (4,326 HF)
- Expansion in implementation of HMM
- High coverage of LLINs
- Involvement of more partners
- Strong political commitment

### **Key Challenges Sudan**

- Timely availability of funds and commodities
- Timely roll-out of implementation activities
- Pending RCC approval
- IRS
- Advocacy for LLIN, ACT and RDT usage
- Security issues
- Human resources (locality level)
- Staff turn over

### **Way forward**

- Strengthening of malaria unit at locality level
- Expansion in malaria free zone initiative
- ACTs free of charge provided only to confirm malaria cases.
- Implementation of IRS in target areas.
- Sustainability of partnership

**APPENDIX 2: AGENDA OF THE MEETING****EARN MEETING AGENDA****Entebbe 3<sup>rd</sup> to 7<sup>th</sup> May 2010**

| <b>Time</b>          | <b>Session Topic</b>   | <b>Presenter</b>         | <b>Chairperson</b> |
|----------------------|--|--------------------------|--------------------|
| <b>DAY 1</b>         | <b>MONDAY 3<sup>RD</sup> MAY 2010</b>                                |                          |                    |
| <b>SESSION 1</b>     | <b>INTRODUCTION</b>  |                          |                    |
| 8:00 - 8:30          | Registration   | EARN Secretariat         | EC                 |
| 8:30 - 8:50          | Introductions, workshop goals and objectives, administrative notice. | EARN Coordinator         | ECC Co-Chair       |
| 8:50 - 9:10          | RBM Board decisions  | Dr Banda James           | ECC Co-chair       |
| 9:10 - 9:30          | Welcome remarks from ECC co chair                                    | ECC Co-Chair             | MOH/ECC            |
| 9:30 - 9:40          | Opening Remarks  | WHO Representative       | MOH/ECC            |
| 9:40 - 9:50          | Official Opening   | Minister of health       | MOH/ECC            |
| 9:50 - 10:00         | Group Photo  | EARN Coordinator         | ECC                |
| <b>10:00 - 10:30</b> | <b>TEA &amp; COFFEE BREAK</b>  |                          |                    |
| <b>SESSION 2</b>     | <b>COUNTRY ROAD UPDATES</b>  |                          |                    |
| 10:30-11:00          | Presentation of Burundi 2010 Road Map update                         | Dr KAMYO Julien          | Comoros            |
| 11:00-11:30          | Presentation of Comoros 2010 Road map update                         | Dr Affane Bacar          | Burundi            |
| 11:30-12:00          | Presentation of Djibouti 2010 Roadmap update                         | Mme. Hawa Hassan Guessod | Somalia            |
| 12:00-12:30          | Presentation of Ethiopia 2010 Road map update                        | Dr. Kesetebirhhan Admasu | Kenya              |
| 12:30-13:00          | Presentation of Eritrea 2010 Road map update                         | Dr Tewolde Ghebremeskel  | Zanzibar           |
| <b>13:00-14:00</b>   | <b>LUNCH BREAK</b>   |                          |                    |

| Time               | Session Topic  | Presenter   | Chairperson  |
|--------------------|--|---|--------------|
| 14:00-14:30        | Presentation of Kenya 2010 Road map update   | Dr Elizabeth Juma   | Rwanda       |
| 14:30-15:00        | Presentation of Uganda 2010 Road map update  | Dr George Mukone  | Tanzania     |
| 15:00-15:30        | Presentation of Rwanda 2010 Road map update  | Dr Corine Karema  | Sudan North  |
| 15:30-16:00        | Presentation of Somalia 2010 Road map update   | 1. Dr Abdilsalam Mohamed Hersi<br>2. Dr Abdi Abillahi Ali<br>3. Dr Hussein Elmi<br>4. Mr Abdullahi Hassan | Sudan South  |
| <b>16:00-16:30</b> | <b>TEA &amp; COFFEE BREAK</b>  |   |              |
| 16:30-17:00        | Presentation of Sudan North 2010 Road map update   | Dr Salah Mubarak  | Djibouti     |
| 17:00-17:30        | Presentation of Sudan South 2010 Road map update   | Dr. Edward Lado Bepo  | Eritrea      |
| 17:30-18:00        | Presentation of Tanzania 2010 Road map update  | Dr Alex Mwita   | Uganda       |
| <b>DAY 2</b>       | <b>TUESDAY 4<sup>TH</sup> MAY 2010</b>   |   |              |
| 8:00-8:30          | Recap of Day 1   | Rapporteur  | ECC Co-chair |
| <b>SESSION 2</b>   | <b>COUNTRY ROAD MAPS CONT'D</b>  |   |              |
| 8:30-9:00          | Presentation of Zanzibar 2010 Road map update  | Dr. Abdullah Ali  | Ethiopia     |
| 9:00 – 9:10        | EAC Regional Malaria control Programme   | Dr Stanley Sonoiya  | WHO          |
| 9:10 – 9:20        | IGAD Regional Malaria control Programme  | Mme Fathia Alwan  | WHO          |
| 9:20 - 9:50        | Global Fund EARN grant performance updates   | Mr. Linden Morison  | World Bank   |
| 9:50-10:05         | Management tools for tracking of roadmaps  | EARN coordinator  | ECC Co-chair |
| 10:05-10:15        | Country Monthly teleconference calendar  | EARN coordinator  | ECC Co-chair |
| 10:15 -10:30       | Response plan  | EARN coordinator  | ECC Co-chair |
| <b>10:30-11:00</b> | <b>TEA &amp; COFFEE BREAK</b>  |   |              |
| <b>SESSION 3</b>   | <b>TECHNICAL UPDATES</b>   |   |              |
| 11:00-12:00        | 2 <sup>nd</sup> edition of the Malaria Treatment Guidelines & and other technical updates from WHO | WHO   | MMV          |
| 12:00 -12:30       | RBM Tool box   | MACEPA  | WHO          |

| Time                 | Session Topic                                  | Presenter            | Chairperson  |
|----------------------|--|----------------------|--------------|
| <b>SESSION 4</b>     | <b>MALARIA PROGRAMME REVIEW</b>                |                      |              |
| 12:30 – 13:00        | Introduction to the MPR                        | WHO                  | Global Fund  |
| <b>13:00-14:00</b>   | <b>LUNCH BREAK</b>                             |                      |              |
| 14:00 – 14:30        | Introduction to the MPR cont'd                 | WHO                  | Global Fund  |
| 14:30 – 15:30        | Thematic reviews                               | WHO                  | PMI          |
| 15:30 –16:30         | MPR Tools                                      | WHO                  | PMI          |
| <b>16:30-17:00</b>   | <b>TEA &amp; COFFEE BREAK</b>                  |                      |              |
| 17:00 –18:00         | Introduction of the proposal                   | WHO                  | Sudan South  |
| <b>DAY 3</b>         | <b>WEDNESDAY 5<sup>TH</sup> MAY 2010</b>       |                      |              |
| 8:00-8:30            | Recap of Day 2                                 | Rapporteur           | ECC Co-chair |
| <b>SESSION 5</b>     | <b>MALARIA PROGRAMME REVIEW CONT'D</b>         |                      |              |
| 8:30-9:30            | Country experience of conducting MPR: Kenya    | KENYA                | WHO          |
| 9:30-10:00           | Preparation and conducting field work          | WHO                  | Tanzania     |
| <b>10:00 - 10:30</b> | <b>TEA &amp; COFFEE BREAK</b>                  |                      |              |
| 10:30-11:00          | Report Writing                                 | WHO                  | Zanzibar     |
| 11:30-13:00          | Country plans (group work)                     | WHO                  | Kenya        |
| <b>13:00-14:00</b>   | <b>LUNCH BREAK</b>                             |                      |              |
| <b>SESSION 6</b>     | <b>DEVELOPMENT OF PLANS</b>                    |                      |              |
| 14:00-15:00          | Strategic plan development process and content | WHO                  | EAC          |
| 15:00-16:00          | Implementation plan                            | WHO                  | ECC Co-chair |
| <b>16:00-16:30</b>   | <b>TEA &amp; COFFEE BREAK</b>                  |                      |              |
| 16:30-17:30          | Petauke case study                             | MACEPA               | World Bank   |
| <b>DAY 4</b>         | <b>THURSDAY 6<sup>TH</sup> MAY 2010</b>        |                      |              |
| 8:00-8:30            | Recap of Day 3                                 | Rapporteur           | ECC Co-chair |
| 8:30 - 9:30          | M & E Plan development                         | WHO/Global Fund      | UNICEF       |
| 9:30-10:30           | PSM Planning & implementation                  | MSH/Global Fund(PSM) | PSI/PACE     |
| <b>10:30-11:00</b>   | <b>TEA &amp; COFFEE BREAK</b>                  |                      |              |

| Time  | Session Topic   | Presenter            | Chairperson        |
|---|---|----------------------|--------------------|
| 11:00-11:30                                 | Experience sharing in HSS                                   | Malaria Consortium   | MACEPA             |
| 11:30-13:00                                 | Group work for Country preparation                          | WHO                  | Malaria Consortium |
| <b>13:00-14:00</b>                          | <b>LUNCH BREAK</b>  |                      |                    |
| 14:00-16:00                                 | Country presentation for MPR and NSP preparation            | WHO                  | MACEPA             |
| <b>16:00-16:30</b>                          | <b>TEA &amp; COFFEE BREAK</b>                               |                      |                    |
| 16:30-17:30                                 | Plenary Discussion  | WHO                  | EAC                |
| 17:30-18:00                                 | Response plan   | EARN coordinator     | ECC Co-chair       |
| <b>DAY 5 FRIDAY 7<sup>TH</sup> MAY 2010</b> |   |                      |                    |
| 8:00-8:30                                   | Recap of Day 4  | Rapporteur           | ECC Co-chair       |
| <b>SESSION 7</b>                            | <b>REPORTING FOR 2010-2011</b>                              |                      |                    |
| 8:30-9:30                                   | 2010-2011 Reporting   | WHO/MERG/Global Fund | World Bank         |
| 9:30-10:30                                  | Group work for 2010-2011 country plans preparation          | EARN Coordinator     | ECC Co-chair       |
| <b>10:30-11:00</b>                          | <b>TEA &amp; COFFEE BREAK</b>                               |                      |                    |
| 11:00-12:00                                 | 2010-2011 Country plans reporting                           | Programme managers   | ECC Co-chair       |
| 12:00-12:30                                 | Response plan   | EARN Coordinator     | ECC Co-chair       |
| 12:30-13:00                                 | Conclusions, next meeting, way forward & Meeting Evaluation | Rapporteur           | ECC Co-chair       |
| 13:00-13:10                                 | Closing remarks   | MOH Official         | ECC Co-chair       |
| <b>13:10-14:00</b>                          | <b>LUNCH BREAK</b>  |                      |                    |
| <b>END OF WORKSHOP</b>                      |   |                      |                    |

**APPENDIX 3: EARN MEETING PARTICIPANTS**

| EASTERN AFRICA ROLL BACK MALARIA REGIONAL NETWORK (EARN) |                            |                              |   |             |                              |   |
|--|----------------------------|------------------------------|---|-------------|------------------------------|---|
|  | NAME                       | TITLE                        | ORGANIZATION  | COUNTRY     | ADDRESS TELEPHONE            | EMAIL   |
| 1  | Abdisalan Mohamed Hersi Dr |                              | NMCP  | Somalia     |                              | <a href="mailto:nmcp.puntland@yahoo.com">nmcp.puntland@yahoo.com</a>  |
| 2  | Abdul Shafiq Mr            | MD                           | Nett Shoppe   | Uganda      | 0772 777991                  | <a href="mailto:nettshoppe@africaonline.co.ug">nettshoppe@africaonline.co.ug</a>  |
| 3  | Addalla Ahmed Dr           | Project Specialist           | UNDP/GFATM  | Sudan North | +249912201800                | <a href="mailto:abdalla.ahmed@undp.org">abdalla.ahmed@undp.org</a>  |
| 4  | Affane Bacar Dr            | Mkting Manager Coordinator   | Ministere Sante   | Comores     | +2693353842                  | <a href="mailto:anfanebacor@yahoo.fr">anfanebacor@yahoo.fr</a>  |
| 5  | Ahamada Nassuri Dr.        |                              | WHO   | Comores     | +2693331439                  | <a href="mailto:nassuria@km.afro.who.int">nassuria@km.afro.who.int</a>  |
| 6  | Ahoranayezu J.Bosco Dr     | NPO/MAL                      | WHO   | Rwanda      | +250788305529                | <a href="mailto:ahozanayezuj@rw.afro.who.int">ahozanayezuj@rw.afro.who.int</a>  |
| 7  | Alex Narukunda Mr          | Marketing Manager            | Cooper (u) LTD  | Uganda      | 0772 410150                  | <a href="mailto:Cooper@imul.com">Cooper@imul.com</a>  |
| 8  | Ambrose Anguka Mr          | Business Manager East Africa | Bayer East Africa Limited ,Environmental Science - Kenya. | Kenya       | 0772525875                   | <a href="mailto:amdrose.anguka@bayercropscience.com">amdrose.anguka@bayercropscience.com</a>  |
| 9  | Anthony Gitau Mr           | Manager EA                   | Sanofi Aventis  | Kenya       | +20337-00200                 | <a href="mailto:anthony.gitau@sanori-eventgs.com">anthony.gitau@sanori-eventgs.com</a>  |
| 10   | Anton Gericke Mr           | Director                     | AVIMA   | RSA         | +27117691300                 | <a href="mailto:anton@avima.co.ug">anton@avima.co.ug</a>  |
| 11   | Arika Linet Mr             | Area Manager                 | Vestergaard Frandsen                                      | Kenya       | 66889-00800                  | <a href="mailto:laa@vestergaard-frandsen.com">laa@vestergaard-frandsen.com</a> / <a href="mailto:laa@permanet.com">laa@permanet.com</a> |
| 12   | Augustine Ngindu Dr        | NPO                          | WHO   | Kenya       | +254735600015                | <a href="mailto:ngindua@ke.afro.who.int">ngindua@ke.afro.who.int</a>  |
| 13   | Bare Clemence Dr           | Technial Advisor Malaria     | The Global Fund   | Kenya       | 61793403924                  | <a href="mailto:clemence.bare@theglobalfund.org">clemence.bare@theglobalfund.org</a>  |
| 14   | Barnabas Bwambok Dr        | Regional Manager             | Vestergaard Nairobi                                       | Kenya       | +25477340087                 | <a href="mailto:bkb@permanet.com">bkb@permanet.com</a>  |
| 15   | Ben Adika Mr               | Project Officer              | UNICEF  | Somalia     | +254721523291                | <a href="mailto:badika@unicef.org">badika@unicef.org</a>  |
| 16   | Bepo Edward Dr             | Director                     | National Malaria Control Programme                        | Sudan South | 0774538976<br>+2499122420408 | <a href="mailto:edubepo@yahoo.com">edubepo@yahoo.com</a>  |
| 17   | Bernard Sonoiya Mr         | Business Manager             | Arysta life science                                       | Kenya       | +254<br>722602185            | <a href="mailto:Sonoiyabernard@yahoo.com">Sonoiyabernard@yahoo.com</a>  |
| 18   | Betty A.T.Mpeka Dr         |                              | Malaria Consortium  | Uganda      | 0772744086                   | <a href="mailto:bmpeka@malariaconsortium.org">bmpeka@malariaconsortium.org</a>  |

|    |                           |                                      |                                 |             |                  |  |
|----|---------------------------|--------------------------------------|---------------------------------|-------------|------------------|--|
| 19 | Bilali Kabula Dr          | NPO-VBC                              | WHO                             | Tanzania    | +255783021213    | <a href="mailto:kabulab@tz.afro.who.int">kabulab@tz.afro.who.int</a>               |
| 20 | Bisore Serge Mr           | M & E Officer                        | GFATM/Malaria                   | Burundi     | +25779065555     | <a href="mailto:sbisore@yahoo.fr">sbisore@yahoo.fr</a>                             |
| 21 | Byukusenge Marie Grace Ms | Project Manager                      | Rwanda Development Organisation | Rwanda      | +250788647510    | <a href="mailto:byukagrace@yahoo.fr">byukagrace@yahoo.fr</a>                       |
| 22 | Catherine Mukwakwa Dr     | Chief of Party                       | Stop Malaria Project            | Uganda      | 0772744082       | <a href="mailto:c.mukwakwa@smpuganda.org">c.mukwakwa@smpuganda.org</a>             |
| 23 | Charles Lu Mr             | CEO                                  | Beijing Holley-Cotec            | China       |                  | <a href="mailto:Luchunming@catec.com.co">Luchunming@catec.com.co</a>               |
| 24 | Chiguzo Athuman Mr        | Senior Program Associate             | KENAAM                          | Kenya       | +254722756962    | <a href="mailto:chiguzoa@yahoo.co.uk">chiguzoa@yahoo.co.uk</a>                     |
| 25 | Christine Ochieng Ms      | Area Manager                         | Vestergaard Nairobi             | Kenya       | +66889-00800     | <a href="mailto:co@permanet.com">co@permanet.com</a>                               |
| 26 | Clare Riches Ms           | Technical Officer                    | Malaria Consortium              | Uganda      | +256 772 744021  | <a href="mailto:c.richer@malariaconsortium.org">c.richer@malariaconsortium.org</a> |
| 27 | Clement Niyonzima Mr      | Malaria Project Officer              | IMBUTO FOUNDATION               | Rwanda      | +250788686125    | <a href="mailto:clement@imbutofoundation.org">clement@imbutofoundation.org</a>     |
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## ***APPENDIX 4: EARN MEETING PARTICIPANTS' EVALUATION***

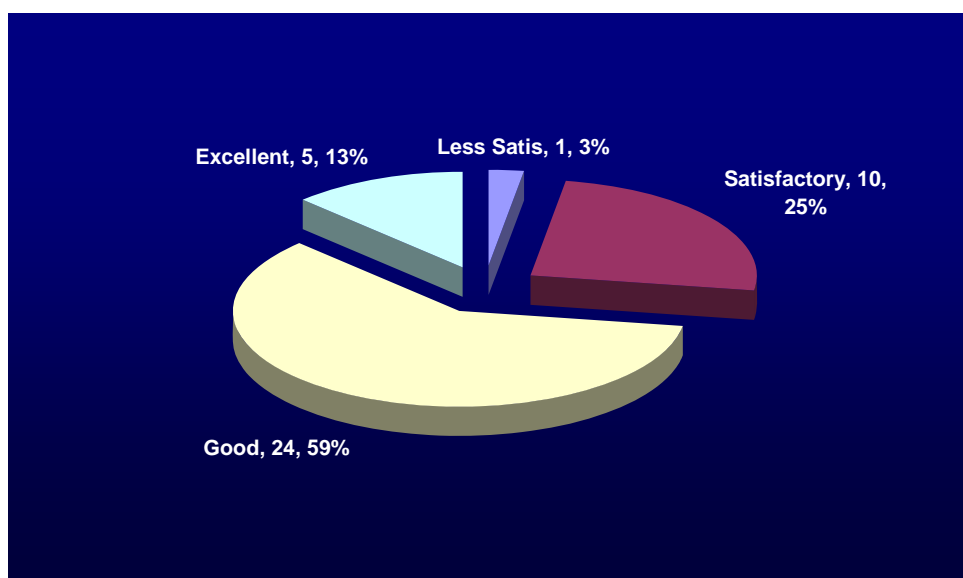
Below is a summary of the evaluation of the EARN meeting by the participants based on the issues identified. They were ranked on a scale of 1-5, with 1 being poor, 2 – less satisfactory, 3 - Satisfactory, 4 - good and 5 - Excellent

### **1. Travel arrangements**

Majority of the participants (45.45%) mentioned that they had good travel arrangements from the airport. Only 4 participants had had some difficulty in accessing the transport to the hotel.

### **2. Organization of the meeting**

The meeting was well organized as noted from the participants' evaluation. The overall ranking of the meeting organization by the participants ranged from good to excellent. Majority of the participants ranked the overall organization of the meeting as good (24 of the 40 who responded to the question, amounting to 59%).

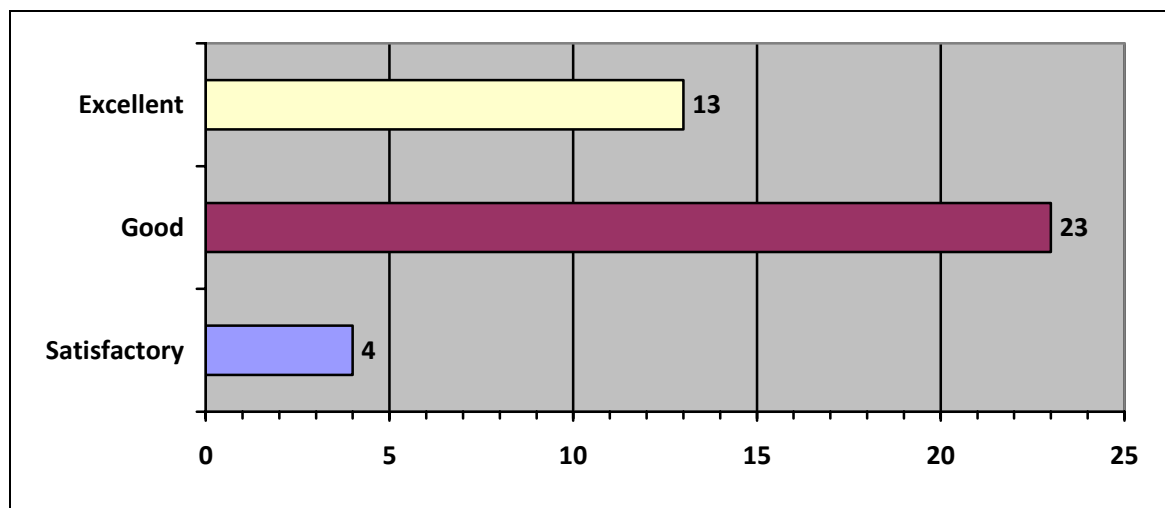


### **3. Accommodation**

The accommodation was highly commended with majority (55.26%) ranking it satisfactory as opposed to 5.26% that said it was less satisfactory.

### **4. Composition of the participants**

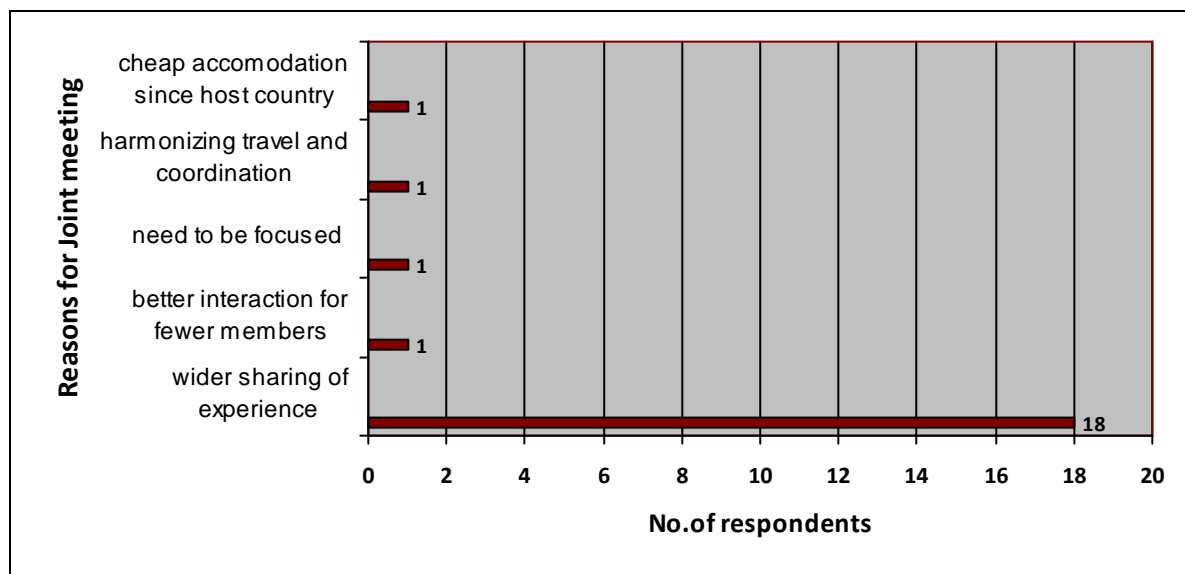
The composition of the participants to the meeting was good, as ranked by the participants. 23 (accounting for 57.5%) ranked the composition as good, while 13 (31.5%) said it was excellent.

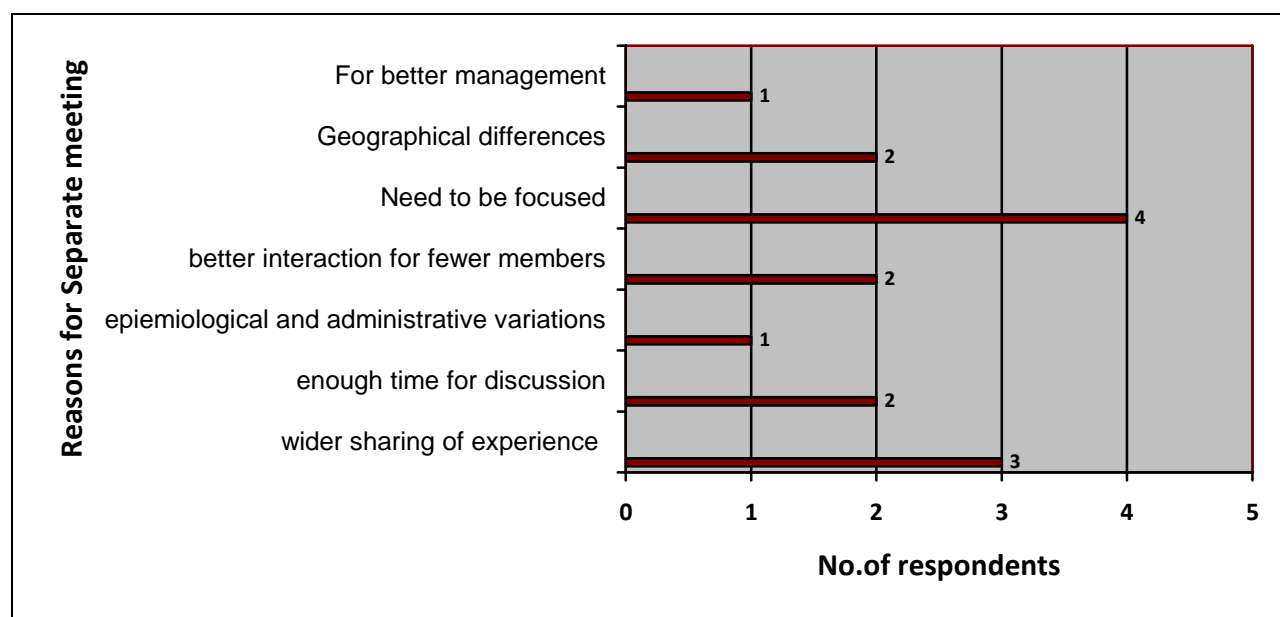


### 5. Preference for type of meeting

Participants were asked to choose whether they preferred a joint meeting or a separate meeting in future. 24 of the 41 respondents (58.54%) preferred a joint meeting as opposed to 17 (41.46%) that preferred a separate meeting.

**5.1 Reasons for their choices** of category differed but the majority felt that the joint meetings provide a fora for wider sharing of experiences that the individual countries require as evidenced in the graph below;



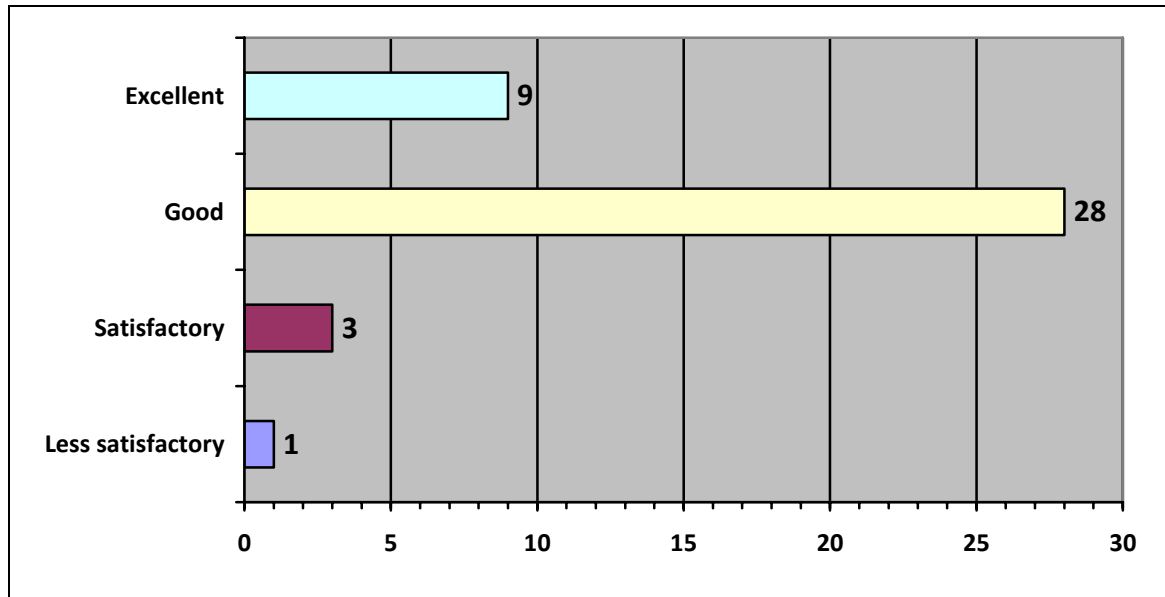


## 6. Evaluation of sessions

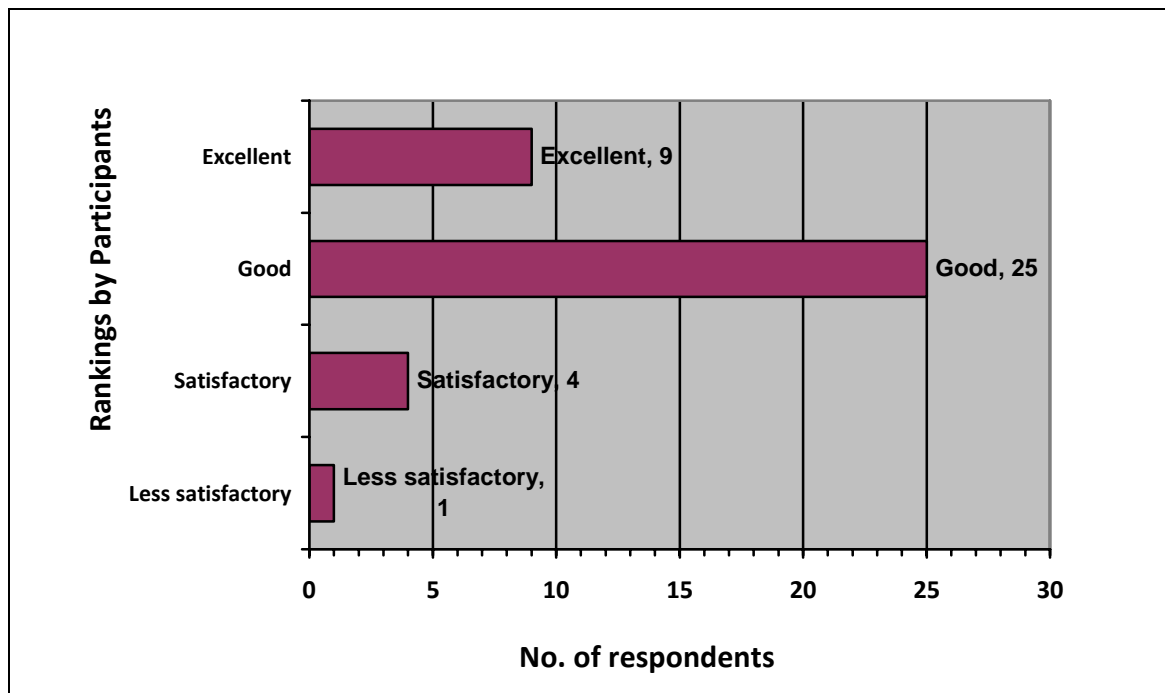
The sessions were evaluated as being good as evidenced by the responses thus;

| Session                    | 1 (Poor) | 2 (Less Satisfactory) | 3 (Satisfactory) | 4 (Good)   | 5 (Excellent) |
|----------------------------|----------|-----------------------|------------------|------------|---------------|
| Road Maps updates          | 0        | 2 (4.76%)             | 10 (23.81%)      | 23(54.76%) | 7 (16.67%)    |
| Technical updates          | 0        | 0                     | 4 (10.26%)       | 24(61.54%) | 11 (28.21%)   |
| Malaria Program review     | 0        | 0                     | 3 (7.14%)        | 25(59.52%) | 14 (33.33%)   |
| Malaria Strategic Planning | 0        | 1 (2.44%)             | 4 (9.76%)        | 24(58.54%) | 12 (29.27%)   |
| Development of plans       | 0        | 2 (5.00%)             | 6 (15.00%)       | 25(62.50%) | 7 (17.50%)    |
| Reporting for 2010-2011    | 0        | 1 (2.94%)             | 14 (41.18%)      | 17 (50%)   | 2 (5.88%)     |

### 7. General Rating of the meeting



### 8. Were your expectations met?



## 9. Why do you think that this meeting was useful?

