



JOINT MALARIA CONTROL ANNUAL REVIEW AND PLANNING MEETING FOR WEST AFRICA

Ouagadougou, Burkina Faso 03 – 07 August 2009

WORKING DOCUMENT

Fighting Malaria: Counting Malaria out!



TABLE OF CONTENTS

| | |
|--|---|
| 1. INTRODUCTION | 2 |
| 2. PURPOSE OF THE DOCUMENT..... | 3 |
| 3. OBJECTIVES AND EXCPECTED RÉSULTS..... | 3 |
| 4. MEETING ORGANIZATION | 4 |
| 5. Country programme documentation to the meeting..... | 4 |
| 6. PRESENTATION | 4 |
| 7. FACILITATORS MEETINGS..... | 5 |
| 8. MEETING RAPPORTEURING..... | 6 |
| 9. MEETING METHODOLOGY : SESSION BY SESSION..... | 7 |
| 9.1.1 SESSION ONE : OPENING CEREMONY | 7 |
| 9.1.2 SESSION TWO : OBJECTIFS ET METHODE DE TRAVAIL | |
| 9.1.3 SESSION THREE : STRATEGIC ORIENTATIONS | |
| 9.1.4 SESSION FOUR : Country Progress Updates | |
| 9.1.5 SESSION FIVE : Bottlenecks and solutions for attaining the 2010 targets..... | |
| 9.1.6 SESSION SIX : DEVELOPMENT OF ROADMAP | |
| 9.1.7 SESSION SEVEN : PARTENERS FORUM | |
| 9.1.8 SESSION EIGHT: CLOSING CEREMONY | |
| 9.1.9 SESSION NINE: FOLLOW UP OF RECOMMENDATIONS..... | |
| 10. Documentation & References | 8 |
| 11. PARTICIPATION | |

1. Introduction:

Since the launch of RBM in October 1998, malaria control in the world in general and in sub-Saharan Africa in particular, has become a tangible reality. A global movement to Roll Back Malaria has actually come into being with malaria control invading all aspects of the 3rd millennium modern society. Thus, the involvement of development partners, civil societies, private business groups and so on. ... alongside the WHO which is in charge of the health of humanity, has significantly increased financial resources so that malaria, though still a public health problem can no longer be a barrier to development.

Efforts at various levels have helped each endemic country to define strategies for a 50% reduction of malaria related morbidity and mortality by end of 2010 compared to 2000 levels, and a 75% reduction of morbidity and mortality by end of 2015..

Universal access to malaria prevention and control interventions is a prerequisite for achieving these objectives. Adopted at the special summit on the three major diseases (AIDS, Tuberculosis and Malaria), with the historic declaration of 04 May 2006, the call for universal access was launched by the United Nations Secretary General during the first celebration of the World Malaria Day on 25 April 2008.

With than 17 months to the deadline set by the Abuja Declaration of April 2000, what are the strengths of West African States? The next review and planning meeting is an opportunity for West African malaria control programs to develop a roadmap to accelerate interventions and achieve the 2010 targets.

For this reason, the 9th review and planning meeting, the second to be organized jointly by WAHO / ECOWAS, WARN and WHO is being held with the aim of accelerating malaria control by ensuring universal access to malaria treatment and prevention to all the people at risk of malaria in West Africa.

2. Purpose of the Document:

This document is a participants' guide for the second malaria control joint review and planning meeting.

It's particularly targeted at the National malaria control programme managers, facilitators and presenters during the meeting.

3. Objectives and expected outcomes of the meeting:

3.1 Overall objective :

To provide a forum for sharing experiences and joint planning for better implementation of malaria control interventions towards achieving the target of halving of the burden of malaria in West Africa by 2010.

3.2 Specific objectives:

1. To review countries' progress in terms of performance, challenges and opportunities in implementation of their 2009 malaria plan of action;
2. To identify main bottlenecks and solutions to achieving the 2010 targets ;
3. To develop a Roadmap for achieving the 2010 targets;
4. To provide a forum for partners' commitments to implementing the Roadmap

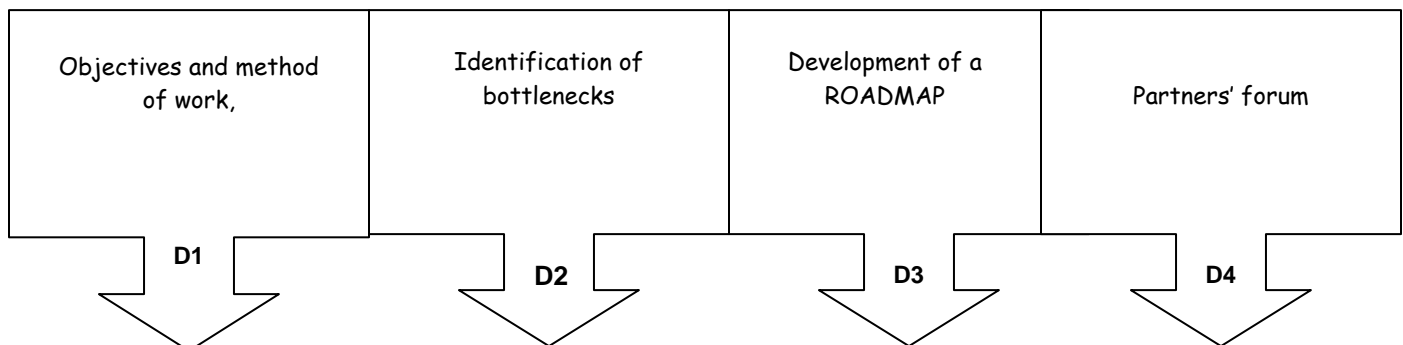
3.3 Expected outcomes :

1. Countries' progress in terms of performance, challenges and opportunities in implementation of their 2009 malaria plan of action reviewed;
2. Main bottlenecks and solutions to achieve 2010 goals identified;
3. Roadmap for achieving the 2010 targets developed;
4. A forum for partners' commitments to implementing the Roadmap provided

4. Meeting organization

The workshop is organized by the World Health Organization Inter Country Support Team for West Africa together with the West Africa Health Organisation and the West Africa RBM Network.

This meeting is a four day meeting organized to flow as follows:



Contacts for technical questions or for the Secretariat: Dr Stéphane Tohon (tohons@bf.afro.who.int); Dr Jackson Sillah (sillahj@bf.afro.who.int); Dr Abderrahmane Kharchi (Kharchia@bf.afro.who.int); Dr Jean Olivier Guintran (guintranjo@bf.afro.who.int); Dr Ibnou Deme (demeibnou@yahoo.fr); Dr Johanna Austin (austinjohanna@yahoo.fr); Dr Claude Emile Rwagacondo (cerwagacondo@unicef.org); Mrs Berthe Ouedraogo (ouedraogob@bf.afro.who.int); Mrs Fadima Ba (ooas_waho@yahoo.fr); Mr Philippe Edouard Batiénon (pebatiénon@unicef.org)

5. Country programme documentation for the meeting

Country participants are requested to bring with them the following documents:

- a. The most current malaria control Strategic plan ;
- b. The Plan of action 2009 – 2010 of The National Malaria Control Programme;
- c. Information on Global Funds R6 to R8 ;
- d. Other documents on the resources available for malaria control;
- e. Report of implementation of the last recommendations of 2008 review and planning meeting
- f. **The first draft of the ROADMAP 2009 – 2010 or information which will help to develop it (cf session 6, page 7).**
- g. All documents useful for attaining outcomes of the meeting.

6. Presentation

As a general rule, all the presentations shall be done in Microsoft PowerPoint. We advise that the number of slides should be limited to a maximum of 10 concentrating on the main issues and the message you would like to convey.

Each country will present their performance on the following: case management, malaria in pregnancy, promotion of ITN and promotion of IRS.

All the presentations, and any other additional information, will be copied onto CD's for each of the programmes to take away after the meeting.

7. Facilitators' Meetings

At the end of each day, facilitators, session chairs and rapporteurs of the day and the following day will meet to discuss the progress of the day's work, key lessons learnt and propose way forward for the following day.

The agenda will comprise of :

- a) Review of the day's activities and sessions
- b) Overview of next day's agenda and distribution of tasks for the following day as appropriate

8. Meeting Rapporteurship

Rapporteurship at this meeting will be coordinated by WHO and RBM. Collection of presentations will be done by WHO and RBM. The organizers will expect the good rapporteurship from all those assigned on a daily basis.

Day rapporteurs will be required to produce their reports by the end of the day. The report shall be discussed by the organizing committee the same day, in readiness for presentation the next day. It is recommended to the rapporteurs to avoid discussing the presentations but rather to note the key issues emanating from the discussions, conclusions and suggested action points.

The rapporteurs' report for each day will be structured as follows:

- Key achievements presented by countries
- Issues emanating from presentations and discussions.

9. Meeting Methodology: Session by Session

All presenters and participants are requested to keep to time. A daily time keeper will be designated for each session. If more time is needed for any presentation it should be discussed with the secretariat so that adjustments can be made in advance.

Session one: Opening Ceremony

The official ceremony timetable will be made available to meeting participants prior to the event: Welcome speech will be given by WHO Burkina Representative or the IST Coordinator followed by,

- Speech by the DG of WAHO,
- Speech by the Representative of the Executive Secretary of RBM
- The opening speech given by the MoH Representative.

All participants are expected to be seated before the start of the ceremony and they are also expected to join in the group photograph after the official opening, followed by a coffee break.

Session two: Objectives and method of work

This session will cover objectives and methods of work with a view and also clarify why the meeting has been held in August and not November There is also a declaration of ECOWAS Minister of Health on the challenge of Universal coverage.

Counting Malaria out until 2010, countries are required to prepare a report on progress upto 2010 that will be presented to the UN General Assembly. The ARPM will therefore try to work on required actions needed to reach the 2010 targets.

Session 3: Strategic Orientations

This session will consist of presentations on strategic issues likely to impact universal coverage in the African region.

- Working group HHA – WCA: Working perspectives in Malaria control in West and Central Africa. This is an opportunity to inform participants of opportunities to mobilise additional resources using this channel;
- Presentation of Malaria control in African Region: Major challenges and perspectives to reach 2010 targets will help participants to be informed of the situation in the other sub regions and identify the gap in West Africa.
- Improving malaria diagnosis at all levels of the health care delivery system in the process of scaling up the use of ACTs. This is an important presentation aimed at sensitizing participants on the need to improve diagnosis by changing behaviour; « give up completely the presumptive treatment» and seeking to classify maximum of fevers.
- Universal access to LLIN & IRS in the African Region: Challenges and Prospects Participants will be informed on the situation of ITN and IRS in the African region.

Session 4: Country Progress Updates

Slide 1: Name of Country

Slide 2:

Case management:

Number of malaria cases, Number of ACTs supplied, Number of RDTs used for the period 2006,2007.2008, 2009.

Prevention of malaria in pregnancy:

Number of pregnant women, Number of SP supplied for the period 2006,2007.2008, 2009.

Vector control:

Graphic showing number of ITNs supplied for the period 2006, 2007, 2008, 2009.

The same thing for IRS for the period and population covered for the period 2006, 2007, 2008, 2009.

Slide 3: Graphic with the list of key indicators (recent data and source)

Graphic with data on malaria of the country

Slide 4: Four challenges and four key solutions needed to reach 2010 targets

Session five: Problems with the implementation of activities

This session concerns the main interventions as follows:

- 1) Case management
- 2) Promotion and use of LLINs
- 3) Prevention of malaria in pregnancy
- 4) Indoor residual spray
- 5) M&E
- 6) Consumption of resources mobilized

It will be discussed with four groups as followed:

| | GROUP A | | GROUP F | |
|--------------|---|--------------------------------------|---|---|
| | 1 | 2 | 3 | 4 |
| Subject | M&E | Case Management/ACT Malaria & MIP | LLINs IRS | Global Fund and other funding . |
| Composition | Burkina Faso, Benin, The Gambia, Mauritania, Côte d'Ivoire, Nigeria, Niger, Senegal, Togo, Mali, Capo Verde, Guinea Sierra Leone, Liberia, Guinea Bissau, Ghana | | Burkina Faso, Benin, The Gambia, Mauritania, Côte d'Ivoire, Nigeria, Niger, Senegal, Togo, Mali, Capo Verde, Guinea Sierra Leone, Liberia, Guinea Bissau, Ghana | |
| Facilitators | Dr JO Guintran Dr N. Bakayita | Dr J. Sillah Prof Ki Zerbo | Dr A. Kharchi Dr J. Austin | Dr I. Deme Dr C. Rwagacondo Dr S. Tohon |
| Partners | | Prof R. Guiguemde Prof Oumar Gaye | Prof M. Akogbéto | |

Principle is that each country will be represented in the Group A or the group F.

Each group will contribute in plenary session on two points:

- Main challenges identified;
- Proposed actions to address the challenges.

Link between session five and session six: Each country delegation will work on a synthesis document for their country using the outcome of the session five: challenges, solutions and , support requested. This will be useful for the development and finalisation of the ROADMAP..

Session six: Peer Review of Country Plans for achievement of 2010 Targets – Development of Roadmap

a) Elements of the ROADMAP :

In the preparation of this session, there is a need to collect some information on key interventions as ITN, IRS, ACT, RDT, SP ; surveillance M&E, BCC, Research, Quality Insurance,, Test efficacy, ... :

- I. current level of implementation including coverage of main indicators
- II. 3-4 key activities that are needed to achieve Universal Coverage targets. Please indicate when those activities need to take place (timeline).
- III. 1-3 key bottlenecks associated with implementation of the activities indicated above that your country currently faces which may impact on the achievement of the Universal Coverage Targets;
- IV. 1-3 key anticipated bottlenecks associated with the implementation of the activities indicated above that potentially could prevent your country from reaching the Universal Coverage Targets;
- V. Categories of partnership support needed to achieve the 2010 Universal coverage targets.

b) Peer Review of Country Plans:

This will be achieved using the 2010 Implementation Monitoring Scheme (IMS) Annexe 3.

Reviewers will use this tool to analyse country performance. The approach for the 2010-IMS would be to ask countries to :

1. Establish their need in terms of quantities of the commodities needed to achieve universal coverage: LLIN, IRS, ACT, RDT, SP; S-M&E, BCC, Research, Quality Assurance, Drug efficacy and vector resistance to insecticides;
2. Establish available funding ;
3. Document and track the progress in procurement;
4. Track the progress in distribution to districts and health facilities or households (depending on the appropriate site for the intervention delivery), and
5. Document coverage achieved in the population (ownership, use, etc.).

Mention ongoing or planned surveys such as DHS, MICS, MIS, that will enable the countries to track outcomes / coverage before end of 2010.

Session Seven: Partners' forum

This session is reserved for the partners (MMV, AMfm, World Bank, PMI, VOICES, ANVR) to make presentations. The session also aims at soliciting responses from partners and stakeholders to country needs, presented in the 1st two days. The session will be in the form of a plenary where all the partners will be asked to say what they will do to support the countries to achieve the 2010 targets.

Session Eight: Closing ceremony

The meeting will be evaluated by the participants.

The closing ceremony will consist of the presentation of the main outcome of the meeting, recommendations and the next steps.

Participant's representative will give a word of thanks before the closing speech that will be given by the joint organisers of the meeting.

Session 9: Follow up of the implementation of the recommendations

6 months :

- To provide support to countries for the implementation of the ROADMAP;
- To provide support to countries for the monthly documentation of the progress at country level towards universal coverage;
- To provide support to countries to implement recommendations of the joint meeting.

16 months:

- To support to countries to evaluate progress towards achieving 2010 targets through conducting the DHS or MICS or MIS

Documentation & Références :

A list of documentation is available. It will be copied to country – delegation as soon they arrive.

Annexe 4 :

| Table 1. Steps of 2010 Implementation Monitoring Scheme for major malaria interventions | | | | | | |
|--|--|--|---|---|--|--|
| | Step 1 – commodity need established | Step 2 – financing identified | Step 3 – procurement process tracked | Step 4 – distribution to districts and/or households documented | Step 5 – coverage assessed in the population | Actions anticipated |
| Long-lasting insecticide treated mosquito nets (LLINs) | # LLINs needed to cover 1 per 2 people or 3 per HH by 2010 | \$\$ required for nets in Step 1 | a. determine that finances are available; b. tender let with proper specifications and in-country distribution c. bids received and reviewed d. contract signed e. materials shipped f. materials arrived in country to proper distribution sites. | Quarterly reporting on LLIN distribution to Districts and LLIN distribution to households | Survey (or other population based method) used to assess LLIN ownership and use in households | 1. if additional nets are needed, consult with partners 2. if additional funding is needed, consult with partners 3. if procurement procedures slow down, address immediately 4. if distribution to districts and households lags, address immediately 5. must plan and schedule assessment of coverage by 2010. |
| Intermittent preventive treatment for pregnant women (IPTp) | # doses IPTp required for 100% coverage of pregnant women | \$\$ required for IPTp medicines in Step 1 | a. determine that finances are available; b. tender let with proper specifications and in-country distribution c. bids received and reviewed d. contract signed e. materials shipped f. materials arrived in country to proper distribution sites. | Quarterly reporting on IPTp doses distributed | Survey (or other population based method) used to assess IPTp receipt in ANC attending women | 1. if additional IPTp doses are needed, consult with partners 2. if additional funding is needed, consult with partners 3. if procurement procedures slow down, address immediately 4. if distribution to districts and antenatal clinics lags, address immediately 5. must plan and schedule assessment of coverage by 2010. |
| Diagnosis of acute fever illness | # of RDTs and microscopes required for complete coverage | \$\$ required for RDT purchase; \$\$ required for microscopy purchase and training | a. determine that finances are available; b. tender let with proper specifications and in-country distribution c. bids received and reviewed d. contract signed e. materials shipped f. materials arrived in country to proper distribution sites. | Quarterly reporting on RDTs used and Blood Smears taken and read. | Survey (or other population based or facility-based method) used to assess availability and use of diagnostics | 1. if additional rapid diagnostics and/or microscopy capacity is needed, consult with partners 2. if additional funding is needed, consult with partners 3. if procurement procedures slow down, address immediately 4. if distribution to districts and health facilities (and training for microscopy) lags, address immediately 5. must plan and schedule assessment of coverage by 2010. |
| Antimalarial treatment of acute malaria (diagnosed) | # of doses of medication required for complete coverage | \$\$ required for drug purchase in Step 1 | a. determine that finances are available; b. tender let with proper specifications and in-country distribution c. bids received and reviewed d. contract signed e. materials shipped f. materials arrived in country to proper distribution sites. | Quarterly reporting on malaria treatment doses provided. | Survey (or other population based or facility-based method) used to assess availability of antimalarial drugs (ACTs) | 1. if additional antimalarial drugs are needed, consult with partners 2. if additional funding is needed, consult with partners 3. if procurement procedures slow down, address immediately 4. if distribution to districts, health facilities and community health workers (where appropriate) lags, address immediately 5. must plan and schedule assessment of coverage by 2010. |
| | | | | | | |

Annexe 5: Participation

Country participants

| Country | Name | | Titre/Institution |
|---------------|----------------------------|--------------------|--|
| BENIN | Dr IMOROU KARIMOU Yacoubou | | Chargé de M&E /PNLP – Bénin |
| | Dr. GBENOU | Dina | Administrateur Paludisme à l'OMS |
| BURKINA FASO | Dr. MOYENGA | Laurent | Coordonnateur PNLN – Burkina Faso |
| | M. SANDWIDI | Jean Pascal | Chargé du Suivi-Evaluation PNLN- Burkina Faso |
| | Dr ZOMBRE | Sosthène | Administrateur Paludisme à l'OMS |
| CAP VERT | Dr MOREIRA | Antonio | Coordonnateur PNLN |
| | Dr. DUPRET | Alice | DPC/OMS |
| COTE D'IVOIRE | Dr. SAN | Koffi Moïse | Directeur /PNLP – Côte d'Ivoire |
| | Dr. VLEHI | Annick Eloi | Chargé du Suivi-Evaluation PNLN- Côte d'Ivoire |
| | Dr. COULIBALY | Adama | Administrateur Paludisme à l'OMS |
| GAMBIE | Mrs SONKO | Adama Jagne | PNLN – Gambie |
| | M. KALLEH | Momodou | Chargé du Suivi-Evaluation PNLN- Gambie |
| | Dr JAWLA | Mamo | DPC/OMS |
| GHANA | Dr MALM | Keziah | C/PNLN – Ghana |
| | Dr. OWUSU – ANTWI | Felicia | Administrateur Paludisme à l'OMS |
| | M.MOHAMED | Wahjib | Chargé du Suivi -Evaluation PNLN- Ghana |
| GUINEE | Dr. KEITA | Moussa | Coordonnateur PNLN – Guinée |
| | Dr DIALLO | Amadou Sadio | Chargé du Suivi -Evaluation PNLN- Guinée |
| | Dr. BALDE | Ahmadou | Administrateur Paludisme à l'OMS |
| GUINEE BISSAU | Dr. QUADE | Evangelino | Coordonnateur PNLN – Guinée Bissau |
| | M. FALCAO | Duarte | Chargé du Suivi-Evaluation PNLN- Guinée Bissau |
| | Dr. ALVES | Fernanda | Administrateur Paludisme à l'OMS |
| LIBERIA | Dr JONES | Joël | Coordonnateur PNLN – Libéria |
| | Dr. BOLAY | Fatorma | DPC/OMS |
| MALI | Dr. TRAORE | Klenon | Directeur PNLN – Mali |
| | Dr Coulibaly | Madina Konaté | Chargé du Suivi - Evaluation PNLN- MALI |
| | Dr. COULIBALY | Cheick Oumar | Administrateur ATM à l'OMS |
| MAURITANIE | Dr. LEBATT Sid | M'Hamed Ould | Coordonnateur PNLN – Mauritanie |
| | Dr. BÂ | Mamadou dit Dialaw | Chargé du Suivi - Evaluation PNLN - Mauritanie |
| | Dr. ABDEL AZIZ | Boubakar | Administrateur HIV & Paludisme à l'OMS |
| NIGER | Dr GUERO | Maïmouna | Coordonnatrice adjointe PNLN – Niger |
| | Dr. HABI | Gado | Administrateur Paludisme à l'OMS |
| NIGERIA | Dr SOFOLA | Olayemi | PNLN – Nigeria |
| | M. OKOH | Festus | Chargé du Suivi - Evaluation PNLN- Nigeria |
| | Dr FATUNMBI | Bayo | Administrateur Paludisme à l'OMS |
| SENEGAL | Dr THIOR | Moussa | Coordonnateur PNLN – Sénégal |
| | Dr DIOUF | Mame Birame | |
| | Dr SAMBOU | Bakary | Administrateur Paludisme à l'OMS |
| | M Diop Médoune | | Chargé du Suivi - Evaluation |
| SIERRA LEONE | Dr Baker Samuel | | |
| | M. SILLAH-KANU | Musa | Chargé du Suivi - Evaluation PNLN-Sierra Leone |
| | Dr. GANDA | Louisa | Administrateur ATM à l'OMS |
| TOGO | Dr. TOSSA | Kokou Robert | Directeur PNLN – Togo |
| | Dr. AYO | Liyé | Chargé du Suivi-Evaluation PNLN-Togo |
| | Dr AGBEKOU | Koffi | DPC/OMS |

Facilitators :**10.2.1 Equipe d'appui inter – pays Afrique de l'Ouest :**

Dr Bokar Touré, COR/IST – AO
Dr Stephane Tohon, Point focal, MSP
Dr Abderrahmane Kharchi, M& E
Dr Jackson Sillah, PEC&P
Dr Jean Olivier Guintran, S& CEP.

Organisation Ouest Africaine pour la Santé :

Dr Jeannie Johnston, DGA/OOAS
Dr Johanna Austin – Benjamin, DSSP/OOAS
Dr Ibnou Deme,

West Africa RBM Network /FP

Dr Claude Emile Rwagacondo, Point focal

WHO/AFRO

Dr Georges Ki – Zerbo, Malaria Programme Manager, ATM/AFRO
Dr Nathan Bakayaita , M&E/ATM/AFRO

WARN Partners:

1. M. Robert Agyarko, UNICEF/WCARO
2.,PMI/USAID
3. M. John Paul Clark, Banque Mondiale
4. Dr Prudence Hamade, Malaria Consortium
5. Dr Bernabé Yaméogo, Plan International
6. Dr Kwame Asamoah, CDC – Atlanta
7. Dr Karim Seck, JHPIEGO
8. Dr Kwaku Yeboah, F.H.I.
9. Mme Mary Caron – Kanté, PSI
10. Mme Caudia Vondrasek, Voices
11. Dr Thidiane Ndoye, MSH/RPM +
12. Pr Oumar Gaye, RAOTAP 1
13. Pr Robert T. Guiguemdé, RAOTAP 2
14. Pr Dorothee Kindé – Gazard, RAOPAG
15. Dr Amadou Mbaye, Santé Plus
16. Dr Antoinette Ba – Nguz
17. M Mamadou Moctar, OMVS
18. M Youssouf Bamba, REMASTP
19. M Hilairé Zon, Lutheran World relief (LWR)
20. M Martin Edlund, Malaria No More
21. Dr Andrea Uzo – Gilpin, FSH
22. Mme Renia Coghlan, Medecine For Malaria Venture (MMV)
23. M Isaac Awofisayo, Harvestfield ind. Ltd
24. M. Piet Engelbrecht, Arysta Lifescience
25. Mme Khadi Fall Tall, Afao/Wawa
26. M. Koffi Jean Kakou, Bayer/E.S.
27. M. Isaac Brako, Vestergaard Frandsen
28. M. Ando Takanori, Sumitomo
29. Mme Hawa Diallo, Syngenta
30. M. Abdou Khadir Agne, GBTH/Best Net
31. M Pierre Amblard, BASF West Africa
32. M. Boubacar Doucouré
33. M. Hans Rietveld, Novartis
34. Mme Amelle Gaddes, Pfizer.