
13 - 30 April 2015

Gaborone
Botswana
Report on RBM/SARN Technical Support to Tanzania (Mainland) on Review of the 2015 Planning and Costing Tool and Development of the 2015 Narrative Annual Work Plan and Roadmap

13 - 24 April 2015

Gaborone
Botswana
1.0 BACKGROUND

In 2015 the focus of RBM is to achieve alignment of partners’ projects at country level within the National Annual Work Plan, joint review of implementation progress and reporting to partners. To achieve this, SARN will endeavour to participate during country planning and implementation review processes through deployment of a consultant. The consultant (Dr Emeka Nsofor) represented SARN in Tanzania from 13 to 24 April 2015 in the development of their 2015/16 Annual Work Plan and 2015/16 Country Roadmap. The consultant was accompanied by Brigadier General (Dr) Kaka Mudambo the EARN and SARN coordinator. The planning was attended by Tanzania NMCP, Ministry of Health and Districts, and partners (PMI, IFAKARA, RTI, SARN, Global Fund).

2.0 OBJECTIVES OF THE MISSION

The main objectives of the mission were to:

1. Participate and support the facilitation of the NMCP and partners to develop the 2015/16 Country Annual Work Plan and 2015/16 Roadmap.
2. Participate and support facilitation of a two days’ workshop for the in-country partnership to review, reach consensus and endorse the draft country annual plan and roadmap.

3.0 METHOD OF WORK AND PROCESS

The approaches and methodology adopted in the course of the mission were as follows:

- A core team of NMCP officials and partners worked offsite for 3-days to consolidate all partner and NMCP plans from March 13 – 15, April 2015 to generate the draft-consolidated plan.
• The draft consolidated plan was finalized at NMCP offices from 16 – 24 April 2015 where all corrections were made to the draft plan.

4.0 DELIVERABLES

The following deliverables were accomplished:
1. Produced 2014 country implementation performance Report
3. Uploaded a trial 2015 country Roadmap on the RBM website.

5.0 LESSONS LEARNT

1. The planning and costing tool is good. With elaborate planning process, the roadmap tool does provide a level good enough for capturing detailed activities as developed in the work plan. However, could not capture some of the Tanzania Business Plan and Strategic Plan Components such as Larviciding

6.0 NEXT STEPS

• The draft 2015 narrative Annual Work Plan will be finalized by 30 May 2015.
• The NMCP will share the narrative 2015 Annual Work Plan with all relevant stakeholders once finalized.
• Monthly update of the roadmap from end of July 2015.
• Support Tanzania to package the Business Plan and utilize the ARM Tool to sell the Business Plan and mobilize more resources
Report on EARN/SARN Coordinator Meeting with the Ethiopia Program Manager and WHO-NPO

15 April 2015

Gaborone
Botswana
Note for the Record

Meeting participants:

1. Mrs Hiwot Solomon National Malaria Control Program Manager, Ethiopia
2. Dr Kaka Mudambo EARN/SARN Coordinator
3. Dr Worku Bekele NPO/MAL, WCO Ethiopia

Date: 17/4/2015; Jupiter Hotel, Addis Ababa.

Purpose: To get to know each other and discuss on current common issues regarding malaria.

The meeting started with the EARN/SARN Coordinator informing the program manager and NPO that TA support exists and that this funding is in the EARN budget. He further told them that EARN still exists as a network with its Co-chairs and Coordinating Committee.

The following issues were discussed.

i. TA needs for Ethiopia

ii. 2015 – 16 Annual Work plan and Roadmap

iii. Participation on the forthcoming International consultative workshop on Malaria Elimination in Ethiopia

iv. Travel challenges met by NMCP manager and NPO/MAL when going for meeting in Victoria Falls in March 2015.

v. Other issues

i. TA Needs:

The NMCP submitted their TA needs to EARN as requested. Two areas that need to be supported in Ethiopia were mentioned: 1) TA on malaria elimination 2) TA on IR Management.

1. TA on malaria Elimination: Agreed on 2 options (1) Team of 2 or 3 Ethiopians could visit one or two of Southern Africa elimination countries. This will provide good experience for the Ethiopians- as a peer learning exchange visit.

   (2) Another option is to recruit an elimination expert to provide TA- visit Ethiopia and share experience and knowledge. The NMCP will decide on the best option.

2. For IR Management: The urgency was well noted. There is a need to look for options. Dr Kaka indicated that he will consider this as a top priority and will respond. In the meantime, the program has to send a formal request to the EARN Coordinator.
ii. 2015 – 16 Annual Work plan and Roadmap

The Program Manager indicated that they already have a 2015 – 2016 AWP and did not require support for this activity. She further said that they were having problems with the Roadmap. After looking at the key, the EARN Coordinator informed the team that a new key is required. He then showed them the EARN key and the manager confirmed that she had the capacity to develop the roadmap once downloaded into the new key. New dates for the AWP mission would be determined once the Ministry has requested for the VISA.

iii. Participation on the International consultative workshop on Malaria Elimination in Ethiopia:

The NMCP Manager highlighted the importance of this workshop which is to be conducted 6-7 May and extended an invitation to Dr Kaka. Dr Kaka said he may attend the meeting; but will check his calendar.

iv. Travel challenges met by NMCP Manager and NPO/MAL

The EARN/SARN Coordinator agreed to discuss this issue with James.

v. Other issues discussed:

- The possibility of hosting of the next EARN/SARN meeting by Ethiopia. The NMCP agreed but it was mentioned that Eritreans may not be interested in coming to Ethiopia. It was concluded that because of Eritrea, the meeting will not be held in Ethiopia.

- Funding challenges faced by NPO/MAL: The EARN/SARN Coordinator suggested that a request may be made through the NMCP and these will be reviewed by the EARN/SARN Coordinator.

- The Program Manager said that malaria is on the decline but need to ensure on-going surveillance on vivax. The Coordinator also expressed his concern on the increasing trends of malaria and appearance of vivax malaria in the Southern African region and that the experience of Ethiopia would be valuable.

- The meeting agreed that as Ethiopia enters low endemicity, the use of low dose Primaquine as a gametocidal agent for P. falciparum as recommended by WHO should be explored.

- The need for training, especially, on diagnosis and treatment of malaria was stressed to ensure no deaths due to malaria occur.

- The scarcity of good entomologists is evident in many African countries. It remains a challenge to malaria control.

In summary the EARN/SARN Coordinator remarked that EARN and SARN budgets are separate, but are managed from his office in Gaborone; he highlighted areas that may be financially supported: Strategic planning, AWP planning, Business plan
development and launching, Peer learning exchange visits, CN and grant making and resolution of associated bottlenecks. The Coordinator also agreed to share the Zimbabwe Business plan.
PRESS RELEASE

WORLD MALARIA DAY EVENTS LAUNCHED IN LIVINGSTONE, ZAMBIA WITH THE THEME: “Invest in the Future” – Eliminate Malaria

LIVINGSTONE, ZAMBIA, 25 April, 2015: The last World Malaria Day (WMD) event of the MDGs was commemorated in Livingstone, Zambia, the holiday Resort Town where the first WMD events were held in 2008. Participants included E8 countries: Botswana, Namibia, Swaziland, Zambia and Zimbabwe, the Zambia Minister of Health, Honourable (Dr) Joseph Kasonde (Guest of Honour), Swaziland Minister of Health/E8 Chair, Honourable Sibongile Ndlela-Simelani, the Southern Region Minister (Zambia), former Namibia Minister of Health/E8 Ambassador, Dr Richard Kamwi, the Roll Back Malaria (RBM) Executive Director, Dr Fatoumata Nafo-Traore, The Director Global Malaria Program (GMP), Dr Pedro Alonso, The Gates Foundation Director, Dr Allan McGill, USAID, the WR-Zambia, Professor Jacob Mufunda, Botswana and Namibia Ambassadors accredited to Zambia, the Permanent Secretary of MOH Zambia, ALMA represented by Dr Melanie Reinhaw and Samson Katikiti, RBM Secretariat (Dr James Banda), SARN represented by the Co-chair, Dr Joseph Mberikunashe and EARN and SARN Coordinator, Brigadier General (Dr) Kaka Mudambo, CHAI, GHG-UCSF, PMI-Zambia and Zimbabwe, E8, Bayer, Anglican Church, Isdell Flowers Foundation, MACHA Research Centre, malaria program managers (Simon Kunene (Swaziland), Mulakwa Kamuliwo (Zambia) and Joseph Mberikunashe (Zimbabwe)), Health workers, communities, traditional leaders, Zambia military and police, school children and community health workers.
The WMD events in Livingstone started with a march/procession led by the Zambia Air Force Band and Drum Majorettes followed by the dignitaries and communities as they marched from the Civic Centre to the Centre Park where the events took place.

WHAT WAS SAID:

Dr Joseph Kasonde (Minister of Health – Zambia) said: “we have done it before and we can do it again” he was referring to the fact that Polio and other diseases have been eliminated and malaria too can be eliminated. Let us invest in the future by raising more resources, domestic and from every possible source and let us give the people/communities the tools to finish off malaria.

Honourable Siobngile Ndlela Simelani (Swaziland Minister of Health): The E8 is a mechanism for collaboration – as E8 Ministers, we will ensure that there is little or no room for business as usual or poor implementation, urgency shall be the order of the day, we need different solutions in different cross-borders and let us maximize on the available tools.

Dr Fatoumata Nafo-Traore the RBM Executive Director: Zambia has consistently demonstrated the power of partnership and political will. Your investment in malaria control resulted in treated bed nets, indoor spraying, test kits and treatment available nationwide. As we shift gear – from the Millennium Development Goals to the broader Sustainable Development Goals – and as we commemorate World Malaria Day for the last time under the theme Invest in the Future, Defeat Malaria, we must
not forget the unfinished business of the MDGs, the unmet targets - the populations still at risk and the continuing unnecessary deaths, suffering and loss of livelihood caused by malaria.

Dr. Allan McGill (Gates Foundation): We now have a sense of optimism that “we can do it” – we can eliminate and the Gates Foundation will be there to support you. It is unacceptable that the most vulnerable among ourselves continue to bear the brand of the malaria burden.

Dr Jacob Mufunda (WR-Zambia): We must strengthen our capacity for developing strategies and WHO will continue to provide technical guidance. In 2013, 33% of the households globally did not get LLINS, if we go at this rate, we will never achieve universal coverage.

The WMD was a successful event attended by people from all walks of life. Poems songs and plays laden with malaria messages provided entertainment to the participants.
SARN MISSION REPORT TO ZIMBABWE ON WORKSHOP TO FINALIZE THE MEDIUM-TERM AND ANNUAL REVIEW AND PLANNING TOOLS FOR NATIONAL MALARIA PROGRAMMES IN AFRICA

HARARE, ZIMBABWE

27 - 30 MAY 2014

SARN
Gaborone, Botswana
1.0 BACKGROUND

WHO/AFRO has taken the leadership in malaria programme reviews and strategic planning since 2009. Since then programme reviews and strategic planning for malaria control has become central to resource mobilization from domestic and international partners such as national governments, the Global Fund and other bilateral agencies such as DFID and the American Government. Almost all malaria endemic countries have had their programmes reviewed and their strategic plans development and most of them are aligned to their national health sector strategic plans.

In addition to malaria strategic plans there is need for annual reviews and plans for the programmes to operationalise these important strategic documents. This is also a critical platform to improve the quality and use of routine and non-routine data by the malaria programmes for programme decision making.

This workshop was organised by WHO IST ESA in collaboration with WHO AFRO and the Roll Back Malaria Partnership Secretariat in collaboration with EARN/SAN Secretariat with financial support from RBM Secretariat.

The workshop was attended by WHO IST staff (ESA, Central and West Africa), WHO AFRO staff, WHO GMP, RBM Secretariat Staff, SARN, RBM representatives who have been involved in the field in working on the annual plans, NPOs (Nigeria, Zambia and Zimbabwe) and one programme manager (Kenya).
2.0 OBJECTIVES

2.1 General Objective

The main objective of the workshop was to develop a trial version of the annual review and planning manual for malaria programmes.

2.2 Specific objectives

The specific objectives were:
   a) To review the tools used by the Roll Back Malaria Partnership Secretariat in annual work planning and their experiences in the field.
   b) To review the country planning guidelines within the MTEF.
   c) To review the draft produced by AFRO.
   d) To draft a field trial version of the malaria programme annual review and planning manual.
   e) To agree on the next steps.

3.0 METHOD OF WORK

Before the workshop, ISTs and AFRO MAL reviewed the documents produced by RBM and the draft produced by AFRO and drafted annual work plan toolkit. The workshop was organized and conducted both in plenary presentation and working group sessions. Each of these sessions was be followed by plenary feedback and consensus building. At the end of the meeting the group produced a draft malaria programme annual review and planning manual.

4.0 MISSION MAIN OUTCOMES

The following were outcomes of the workshop:
   a) A draft malaria programme annual review and planning manual was produced ready for edition and distribution
   b) A follow up plan was agreed upon.
   c) EARN/SARN country TA needs and Management Plan

5.0 NEXT STEPS

1. A joint RBM-WHO Workshop with countries on AWP tools to be held in September 2015.
2. Mobilize capacity to finalise planning tool for AWP.
4. Review RBM consultant database (RBMTMAP) for technical assistance management.
5. SARN to establish a regional TA Management team