PRESS RELEASE

A NEW CROSS-BORDER INITIATIVE “MAZAMO-mi” BETWEEN MALAWI, MOZAMBIQUE AND ZAMBIA HAS BEEN ESTABLISHED WITH THE SUPPORT OF THE SOUTHERN AFRICAN REGIONAL NETWORK (SARN) ROLL BACK MALARIA (RBM) PARTNERSHIP IN SOUTHERN AFRICA: CHIPATA, ZAMBIA, 13 – 14 AUGUST 2012

CHIPATA, ZAMBIA, 2011: Malawi, Mozambique and Zambia met in the Eastern district border town of Chipata, Zambia to establish the MAZAMO-mi cross-border initiative. The meeting was jointly supported by the Malawi, Mozambique and Zambia NMCPs and SARN. The Private Sector represented by the Global Business Coalition (GBCHealth) and Malawi and Zambia WHO malaria NPOs supported with facilitation of the meeting proceedings. Participants included representatives of the Malawi and Zambia NMCPs, provincial and district health officials from the MAZAMO-mi districts, WHO malaria NPOs, USAID-Malawi, GBCHealth and SARN. The provincial Medical Director of Chipata district, Zambia (Dr Kenedy Malama), opened the meeting and emphasized the importance of using malaria as an entry point for a more comprehensive and coordinated health care approach.

Group Photo of the MAZAMO-mi Participants
MOZAMO-mi is a region between Malawi, Mozambique and Zambia where the malaria burden remains as high as >950/1000 people and although death and case fatality rates are decreasing, they remain high. The high malaria burden in this region including inadequate service delivery, barriers to service access/delivery due to stringent customs & immigration regulations, highly mobile populations, cross-border infections, uncoordinated Surveillance systems, poor partner coordination and collaboration, limited service delivery/access to communities (quantity & quality) and inexistent referral mechanism at cross-border sites provided the justification for convening the meeting and establishment of MAZAMO-mi. The objectives of the meeting were to: (a) agree on coordination structure/mechanisms and hosting arrangements, (b) develop district budgeted action plans, (c) finalize the Concept note, (d) develop a draft MAZAMO-mi Business Plan, (e) agree on the name, vision and goal of the initiative and (f) develop a MAZAMO-mi TA Plan.

At the end of the two day meeting, the following had been achieved: changed the project name from trans-Luangwa (TLMI) to MAZAMO-mi, agreed on the Vision – “Malaria/parasite free MAZAMO-mi communities with social and economic prosperity- by 2025” and Goal – “Near zero transmission in MAZAMO-mi by 2020”, MOZAMO-mi finalized Concept note, a draft MOZAMO-mi Business Plan, draft districts budgeted action plans, MAZAMO-mi TA plan and roadmap for the launch and operationalization of MAZAMO-mi. The participants also agreed on establishment of a 15 member Technical-Coordinating Committee made up of 5 people from each country, establishment of technical advisory sub-committees for various thematic areas such as vector control case management and diagnostics, BCC/IEC and M&E. For the first time, the districts had shared presentations which showed that malaria burden was high in all districts, there exists a high risk of cross-border movement of parasites, barriers to follow up of cases and on-going stock outs of malaria commodities. All districts agreed that the role of community based workers was critical in strengthening surveillance/M&E at community and district levels. Inter-district Information and best practice sharing would start immediately.

Mozambique showed the latest in nets hanging/use
In the next steps, the NMCPs will be providing names of the members of the Coordinating Committee and sub-committees by 30 August 2012. All budgeted district action plans will be submitted by 30 September 2012 and the Business Plan will be ready for dissemination to all stakeholders for final inputs by 30 October 2012. An Aide Memoire with a budgeted Action Plan will be signed by the Health Ministers of Malawi, Mozambique and Zambia at a venue and date to be announced by 30 September 2012.
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