



Minutes of the SARN Coordinating Committee Meeting held on 27th July, 2012

Southern Sun O.R. Tambo International Airport Hotel

Johannesburg, South Africa

SARN

Gaborone, Botswana



PRESENT

1. Program Managers : Dr. Petrina Uusiku – Co-chair (Chairperson)
: Dr. Benjamin Ramarosandratana (Madagascar)
: Dr. Abdul Mussa (Mozambique)
2. Private Sector : Ms. Martha Mpisaunga – Co-chair
3. Military Health Services : Brigadier General (Dr.) Luhindi Msangi
4. Research and Academic : Dr Susan Mutambu
5. NGOs : Mr. Farai Chiedza
6. UN Agents : Dr Charles Paluku
7. Foundations : Mr. Christopher Lourenco
8. ALMA : Mr. Samson Katikiti
9. IFRC : Dr. Michael Charles
10. RBM Secretariat : Dr. James Banda
11. SADC Secretariat : Dr. Jean Claude Kazadi
12. SARN Secretariat : Dr. Kaka Mudambo
: Mr. Daniso Mbewe
: Ms. Boitumelo Lesaso

2.0 APOLOGIES

- Military Health Services : Brigadier General (Dr.) Panganani Njobvu

3.0 AGENDA

- 3.1 Welcome Remarks
- 3.2 Review and adoption of agenda
- 3.3 Confirmation of the previous meeting minutes
- 3.4 Matters arising from the previous minutes
- 3.5 Implementation of SARN Work Plan and Financial Report
- 3.6 SARN Hosting Arrangements
- 3.7 Discussion on issues raised during the General Assembly



3.8 SARN 2013 Priorities

3.9 Any Other Business

4.0 WELCOME REMARKS

4.1 The Chairperson called the meeting to order at 09:20 hours and welcomed all the members.

4.2 The Chairperson also welcomed Dr Michael Charles as the new Steering Committee representative from IFRC as new hosting institution for SARN Secretariat.

5.0 REVIEW AND ADOPTION OF THE AGENDA

5.1 The agenda was adopted with additional item of A.O.B.

6.0 CONFIRMATION OF THE PREVIOUS MEETING MINUTES

6.1 On Page 14, Paragraph 6.1.4.9 and Page 17, Paragraph 7, the word WHO-GMAP should read WHO-GMP.

6.2 With the correction above, the minutes of the previous meeting were confirmed as a true reflection of the deliberations of the meeting and this was proposed by RBM Secretariat and seconded by WHO-IST-ESA.

7.0 MATTERS ARISING FROM THE PREVIOUS MEETING MINUTES

7.1 Progress on agreed action points, Item 6.1.4.14

7.1.1 RBM Secretariat informed the committee that SADC Secretariat was implementing the principle of Subsidiarity as such SARN Secretariat could no longer be hosted by the SADC Secretariat. He further informed the members that arrangements had been made with the International Federation of the Red Cross and Red Crescent (IFRC) to temporarily host SARN Secretariat whilst further negotiations for a longer term hosting arrangements were being carried out. Members were informed that the IFRC is already hosting CARN. Their African regional office is in Nairobi, Kenya and the sub regional office for Southern Africa is based in Gaborone, Botswana where SARN Secretariat will be hosted. Once hosting arrangements have been finalized, RBM Secretariat will communicate officially to SADC Secretariat notifying them of the new host. Since IFRC is now the hosting institution, they will be a voting member of the SARN Steering Committee. IFRC expressed their willingness and delight in hosting SARN Secretariat and said that the linkages/synergies were already there. IFRC has been active in malaria and had been working closely together with SARN before the hosting arrangements arose.

7.1.2 The draft template for use by countries when making presentation during the SARN General Assembly was developed by Dr Paluku and Dr Peter Olumese but did not have time to share it as such there was no template for 2012 General Assembly to be used by countries.

7.1.3 SARN Secretariat wrote to the Permanent Secretaries of Mozambique and Madagascar, the Commander Tanzania People's Defence Forces and discussed with Country Representative for PSI in Zimbabwe on the roles to be played by the new members and that they be released to attend meetings or when needed to take part in SARN missions.



- 7.14 The meeting agreed to expand on the scope of awards for good performance by countries and that SARN should come up with its own mechanisms of awards. It was further agreed that ALMA would be requested to support the mechanisms and that Mr. Katikiti would consult within ALMA and update SARN Secretariat on the outcome. The meeting was informed that the SADC Military Health Services (MHS) Chiefs took a decision to give awards to people who had played important roles in the establishment of the MHS and this included some people who had retired and others who were still in service during the period from 1999 to 2010. The members congratulated Brigadier General (Dr) Msangi and Col. (Dr) Kaka Mudambo after being informed that they were on the recipient list.
- 7.1.5 The Co-chair for Private Sector had contacted a few companies to solicit support for the SARN activities. Some companies pledged that they would support while others expressed that they did not have the liquidity to support. Members were informed that Mbada Diamonds of Zimbabwe was prepared to advertise activities of the network. The coming in of GBCHealth was a welcome development because it has provided an opportunity for major companies to come together towards a common cause. However, the Co-chair informed the meeting that some companies could not become members of GBCHealth because they could not afford to pay an annual membership fee of USD10,000. There was a need to strengthen Private Sector involvement in SARN activities at country level in all the SARN countries. The meeting agreed that the Private Sector should be encouraged to participate in CCM meetings at country level. The Private Sector had agreed that they would hold Skype meetings every quarter and when necessary. The private sector constituency was thankful that the Market Place had opened the minds and they would want this practice to continue.
- 7.1.6 In 2010 and 2011, SARN went on a drive to strengthen RBM partnership in several countries. Although in most countries partnerships were working, the challenge in some countries like Botswana and Namibia was that there were very few partners. CHAI informed the members that their organization will explore ways of how they could leverage partnership with Private Sector and work with GBCHealth in this endeavor. There was a need to bring partners together during country missions. With the support of GBCHealth, Mozambique partnership was being strengthened and a meeting has been organized with the Ministry of Health in Zambia to strengthen partnerships in that country in August 2012.
- 7.1.7 SARN Co-Chairs did not write to RBM Board to seek authority to continue using the name Steering Committee. The meeting agreed that the SARN Steering Committee would adopt the name Coordinating Committee as stipulated in the RBM By-Laws. This was moved by IFRC and supported by Mozambique and Private Sector.
- 7.2 Item 6.1.7.3
- 7.2.1 SADC Secretariat was sourcing funds for the SADC Malaria Day and would be able to fund the activities for the event.
- 7.3 Item 7.0
- 7.3. The draft regional MPR report was finalized and circulated to all stakeholders for comments but only Botswana, Madagascar, Namibia, South Africa and Zimbabwe sent their comments which were integrated into the report. The report was sent to a printer for design and typesetting and once finalized it would be sent to SARN Secretariat for a final check before printing. The report would be printed with the support of Sanofi Aventis South Africa.



8.0 IMPLEMENTATION OF SARN WORK PLAN AND FINANCIAL REPORT

8.1 The Coordinator presented an update of the progress made in the implementation of the work plan and financial report during the SARN General Assembly and made the following highlights during the SARN Coordinating Committee meeting:

8.1.1 Some of the activities in the work plan were funded by partners.

8.1.2 Gates end-project report for the duration of the project was drafted and circulated to members of the committee for input. The end-project financial report of the Gates Grant would be concluded once all commitments were cleared but the draft report was ready.

8.2 It was noted that for the 2011 activities there was under expenditure under Target A while there was an over expenditure for Targets E and H.

8.2.1 Target A included funds for country missions and bottlenecks resolution. It was resolved that country missions should involve all network members not only the Coordinating Committee.

8.3 2012 Work Plan

8.3.1 There was a similar activity for 2012 work plan which was activity no. 2 for country missions and bottlenecks resolution. Emphasis was put on the need for members of the committee to assist countries in identifying Gaps so that they would be able to request funds for bottlenecks resolution. It was also agreed that TCs will be organized with countries having grants with Global Fund in order to discuss Condition Precedents (CPs) so that those countries with challenges could be assisted.

8.3.2 The meeting agreed that a monthly financial report would be produced and discussions carried out over a TC in order to keep track of financial performance and resolve challenges if any.

9.0 SARN HOSTING ARRANGEMENTS

9.1 As discussed in the General Assembly and in Paragraph 7.1.1 above.

10.0 DISCUSSION ON ISSUES RAISED DURING THE GENERAL ASSEMBLY

10.1 The following issues were noted during the General Assembly:

10.1.1 There was need for WHO certification for countries which were going for elimination.

10.1.2 GIS training was still outstanding and there was need for countries to be trained in GIS.

10.1.3 Funding requests

10.1.4 A meeting is being planned from 09 to 12 October 2012 in Johannesburg, South Africa where Permanent Secretaries and the Private Sector would be brought together to discuss innovative ways of raising funds for malaria activities.

10.1.5 Impact series: It was noted that documentation of achievements in countries is critical for the world to know what was happening.



- 10.1.6 Global Fund: There was need to improve advocacy.
- 10.1.7 There was need to also improve on malaria cross-borders advocacy.
- 10.1.8 There was need for pooled procurement of anti-malaria commodities for all SADC countries.
- 10.1.9 There was need for developing local manufacturing of malaria commodities.
- 10.1.10 There was need to develop innovative ways of increasing local/domestic funding and improve management of funds for sustainability
- 10.1.11 During the UN General Assembly in September 2012 in New York, there would be a side meeting to raise more funds and mechanisms for achieving this were being put in place.
- 10.1.12 There was a weakness in program management in countries which needed to be improved.
- 10.1.13 It was noted that most countries lacked capacity in terms of numbers and skill levels in implementing their programs.
- 10.1.14 There was need for programs to give reports highlighting progress and challenges.
- 10.1.15 There was need to empower (build capacity in) countries for example in GIS. SADC-ADB project was ready to fund the GIS training but the training venue which was identified (Cape Town) was not cost effective and therefore, there was need to find an alternative venue for the training.
- 10.1.16 SADC Secretariat stated that cross-border initiatives were weak. The committee asked the SADC Secretariat to produce a report to back up this observation. Members expressed that these issues are more effective if raised during the program managers meetings. Sustainable funding was identified as the main challenge in the implementation of cross-border collaborations. However, members noted that a lot had been achieved in the cross-borders implementation and that SARN Secretariat should develop a report to highlight these achievements. The committee resolved not to start new cross-border initiatives but agreed to strengthen the existing ones. SARN Secretariat was authorised to use the funds budgeted for starting new cross-borders to strengthen the existing ones. This was moved by RBM Secretariat and supported by Research and Mozambique. SADC Secretariat informed the members that they would only produce a report on cross-borders in November 2012.

11.0 SARN 2013 PRIORITIES

- 11.1 SARN Secretariat requested the committee to start developing 2013 activities without waiting for communication from RBM Secretariat and this would be based on the update given by the RBM Secretariat during the General assembly. Constituencies were asked to come up with targets/deliverables and milestones for 2013.
- 11.2 The following were guidelines for 2013 work plan preparation:
 - 11.2.1 The proposal should identify clear support by partners.
 - 11.2.2 An activity should be feasible.
 - 11.2.3 Experienced and qualified implementers should be identified (capacity).
 - 11.2.4 Extra credit on current activities (e.g. Work with SADC in order to bring PSs together)



11.2.5 Additional funding from other sources.

11.3 The committee established a 2013 Work Plan Task Force to coordinate development of the 2013 SARN Work Plan as follows:

- a. Co-chairs – Martha Mpisaunga and Petrina Uusiku
- b. IFRC – Michael Charles
- c. NGOs – Christopher Lourenco
- d. Research – Susan Mutambu
- e. Program Managers – Abdul Mussa (Mozambique)
- f. UN Agencies – Charles Paluku
- g. Military Health Services – Brigadier General (Dr.) Luhindi Msangi
- h. ALMA – Samson Katikiti

12.0 ANY OTHER BUSINESS

12.1 SADC Secretariat representation on the Coordinating Committee

12.1.1 SADC Secretariat expressed interest to continue to be a member of the Coordinating Committee as the activities undertaken by SARN were in the interest of SADC Secretariat.

12.1.2 The meeting resolved that SADC Secretariat would continue to be a member of the committee until final consultations with relevant authorities in terms of what was possible under RMB By-Laws was concluded. In terms of support for the SADC Member attendance to meetings, it was left to the discretion of the SARN Secretariat in consultation with the co-chairs. SARN Secretariat was tasked with gathering more information on this matter.

12.2 SARN Coordinator thanked his staff for having worked under very difficult conditions due to hosting challenges which were experienced at SADC Secretariat which had enabled the network to survive. He also thanked the Co-chairs, RBM Secretariat and the committee for their support and guidance during this period.

12.3 Dr. Paluku informed the meeting that there would be a documentary for Zimbabwe and the Coordinating Committee members would be invited to give a perspective of SARN.

12.4 There would be malaria conference (MIM) in October 2013 that would be hosted by Medical Research Council of South Africa.

13.0 CLOSING REMARKS

13.1 The Chairperson thanked SARN Secretariat for making the annual meeting a success as well as Dr Banda for the support and direction given to SARN. She also thanked all constituencies, ALMA, SADC Secretariat and IFRC for the support given to the network.

13.2 The Chairperson wished all members safe travel back to their various institutions and countries. The meeting was closed at 13:18 hours.