



**Minutes of the Teleconference Meeting held with Mozambique NMCP on 10th
January 2013 from 10:00 to 10:50 Hours**

SARN

Gaborone, Botswana



PRESENT

- 1. Mozambique NMCP : Dr. Graça Matsinhe
: Dr. Caroline Soi
- 2. RBM Secretariat : Dr James Banda
- 3. SARN Secretariat: : Col. (Dr.) Kaka Mudambo
: Mr. Daniso Mbewe

2.0 APOLOGIES

- 2.1 There were no apologies.

3.0 AGENDA

- 3.1 Welcome Remarks
- 3.2 Dates for the PMI MOP
- 3.3 In-country PPP round table meeting (PS and CEOs)
- 3.4 2013 Roadmap
- 3.5 Gap Analysis
- 3.6 GF Bottlenecks
- 3.7 TA Plan
- 3.8 Program Management Strengthening
- 3.9 Progress on Cross-borders
- 3.10 High Level Advocacy
- 3.11 Development of GF Proposal
- 3.12 Closing Remarks



4.0 WELCOME REMARKS

- 4.1 The meeting was chaired by Col. (Dr) Kaka Mudambo who called the meeting to order at 10:03 hours and welcomed all participants.
- 4.2 The Chairperson informed the meeting that the purpose of the meeting was to discuss items in the agenda and use this as standard practice during the beginning of each year and how Mozambique could be supported with GF proposal development.

5.0 DATES FOR THE PMI MOP

- 5.1 The Chairperson wanted to find out if Mozambique knew dates for the 2013 PMI MOP in order to determine SARN's mission to Mozambique which needed to be undertaken before end of 1st Quarter of 2013.
- 5.2 Col. (Dr) Mudambo explained that the Global Malaria Action Plan describes three types of plans; (1) 5-year Strategic Plan; (2) 3-year Operational/Business Plan and (3) 1-year Work Plan. Strategic plans outline the high level programme goals and targets to be achieved in the 5 year period. The Operational/Business Plan indicates how the Strategic Plan would be operationalized over the next three years. The one year Work Plan provides much more detail on the activities to be completed during the year.
- 5.3 Mozambique NMCP did not know the dates for the visit by the PMI MOP team but the visit will take place towards end of February 2013.
- 5.4 Mozambique NMCP informed the meeting that the Operational/Business Plan which was know Acceleration Plan in Mozambique would be ready before GF proposal (GF Proposal would be ready by 15th March 2013) and during the SARN mission, the plan would be used to source support from partners.

6.0 IN-COUNTRY PPP ROUND TABLE MEETING (PS AND CEO'S)

- 6.1 Mozambique informed the meeting that holding of PPP meeting during SARN mission to Mozambique would be discussed with partners and the Permanent Secretary of Health and feedback would be provided on the outcome of the consultations.

7.0 2023 ROADMAP

- 7.1 The NMCP had not yet started development of the roadmap. Col. (Dr) Mudambo and the Mozambique M&E Officer (Guelhelmina) would discuss the development of the roadmap at a MERG meeting that would be held 16-18 January 2013 in Harare, Zimbabwe.

8.0 GAP ANALYSIS

- 8.1 The NMCP and partners would meet in two weeks time to work on gap analysis.



9.0 GF BOTTLENECKS

- 9.1 SARN and the NMCP were working together to identify an English speaking costing consultant to assist with development of GF proposal since all Portuguese speaking consultants who were identified would not be available during the dates set for GF proposal development.
- 9.2 The Ministry of Health was addressing CPs affecting performance of GF grants and the NMCP would communicate with SARN if assistance was required to address some of the CPs.
- 9.2 SARN would link up with Katikiti and would update the NMCP on when he would be available to finalise the development of the database.
- 9.3 SARN and the NMCP agreed to hold regular TCs to discuss issues affecting program implementation.

10.0 TA PLAN

- 10.1 The TA plan would be developed during the time of developing the roadmap and the NMCP would communicate with SARN on any TA requirement.

11.0 PROGRAM MANAGEMENT STRENGTHENING

- 11.1 The NMCP had Malaria Focal Points in all districts in Mozambique and training was being carried out in all districts and training was concluded in two districts. Mozambique was asked if it could present this as a best practice during SARN annual meeting in July 2013. Training remained to be done in all provinces.
- 11.2 M&E was still weak but a tool was developed and pilot training was done in two districts and this will be cascaded to all districts country wide.
- 11.3 PSM: there is still a problem of consumption data (ACTs and RDTs) and district PSM systems were being developed which would be linked to District Malaria Focal Points (now being established country wide) and the NMCP is now working with pharmacists (pharmacies) in all districts and provinces.
- 11.4 IRS: In 2012 no IRS commodities were procured for 2012/13 season but the NMCP is expecting to receive some IRS commodities in January and February 2013 which would be used in August 2013 for 2013/14 season. Only 2.5 tons of insecticides were available and this can only cover two districts. South Africa has offered to support with IRS commodities but this is yet to materialize. SARN agreed to liaise with Swaziland and Zimbabwe to find out if they could support with IRS commodities. SARN would also liaise with Zimbabwe if it was possible to extend an invitation to Mozambique (for IRS training to be held in Matabeleland South Province of Zimbabwe (Matabeleland province is in pre-elimination). Zimbabwe has invited Botswana to attend the training – this could be a learning point especially if South Africa is also invited).



12.0 PROGRESS ON CROSS-BORDERS

- 12.1 The meeting agreed to move on with MAZAMO-mi this year and SARN will coordinate and facilitate to ensure continuity in the sharing of best practices and information at cross-borders.
- 12.2 The NMCP would ensure that surveillance systems were in place and that South Africa NMCP in their communication indicated that linkages and communication between Mozambique, Swaziland and Zimbabwe was on-going in all cross-borders.

13.0 HIGH LEVEL ADVOCACY

- 13.1 The manager emphasized the need for SARN to continue liaising with Government and the region in terms of advocacy and that Ministries of Health would like malaria advocacy to include other diseases such as TB and HIV/AIDS.
- 13.2 Malaria bond: Mozambique Government would like look at this properly because they want it to include other diseases and not only malaria and also that all stakeholders should be included in the discussions.

14.0 DEVELOPMENT OF GF PROPOSAL

- 14.1 SARN and the NMCP were working together to identify an English speaking costing consultant to assist with development of GF proposal since all Portuguese speaking consultants who were identified were not available for the assignment.
- 14.2 The GF proposal would be submitted to the Global Fund by 15th March 2015. Because of this, the planned SARN mission to Mozambique could be arranged to take place after this date.

15.0 CLOSING REMARKS

- 15.1 The Chairperson thanked all participants to the meeting for their contributions and the meeting was closed at 10:59 hours.