



**ANNUAL TRANS-KUNENE MALARIA INITIATIVE (TKMI)
STAKEHOLDERS MEETING**

**CONFERENCE ROOM GOVERNMENT PALACE
ONDJIVA, ANGOLA**

13 - 14 August 2012

BY

**SARN Secretariat
Gaborone, Botswana**



1.0 Background

The Trans-Kunene Cross-border Malaria Initiative (TKMI) is collaboration between Angola and Namibia covering districts/regions from the Atlantic Ocean the border with the Trans-Zambezi (TZMI) districts. This region remains the hub of malaria for Northern Namibia and Southern Angola. The region is prone to seasonal floods which increase the danger of epidemics and severe malaria due to lack of access. In 2011, the region was under severe floods which increased malaria transmission especially among the vulnerable communities.

On 25 April 2011, at Namacunde, the cross-border town in Angola, on World Malaria Day, the Health Ministers of Angola and Namibia launched the cross-border collaboration by signing an official TKMI agreement. The two ministers pledged their support, oversight and political leadership towards operationalization of the TKMI. Partners (SARN, WHO, Nets for Life, CICI, CHAI-SAMEST) agreed to continue supporting TKMI by providing technical assistance and through resource mobilization.

During the launch, it was agreed that for sustainability and survival of the TKMI, it was necessary to develop a Business Plan for mobilization of additional resources to support the contributions from the two governments. The first TKMI stakeholders meeting was approved and supported by the SARN Steering Committee took place in Ondangwa, Namibia from 11 to 12 August 2011, where the TKMI business Plan was developed. A review of the activities outlined in the MOU took place including group discussions on challenges and logistics aimed at operationalization of the project. Representatives from Ministries of Health, Finance, Customs, and Immigration from both countries, and international partners attended the meeting and this provided a balanced approach to tackling TKMI operational issues. The meeting also reviewed the district activities from both countries and agreed on the action plan/activities that were harmonized, synchronized and launched during the 2011-2012 season.

In addition the first TKMI stakeholder meeting discussed the arrangement of the TKMI coordination/technical committees and where the Secretariat will be hosted. Development of the TKMI will be guided by the SADC Malaria Strategic Frameworks (Elimination and Minimum Standards) tailored to meet the national strategic plans.

This second annual TKMI Stakeholder meeting reviewed the proposed activities that took place in the 2011 season, as well as solidifying governmental roles, financially and logistically, to sustain TKMI progress. Challenges observed during the first year were discussed as well as new potential projects to be launched in the border regions. This meeting came up with recommendations for consideration by the two governments. The Deputy Ministers of Health from Angola and Namibia signed the Ondjiva Declaration on Trans-



Kunene Malaria Initiative on 14th August 2012 thereby affirming the commitment of the two governments to support implementation of the TKMI activities.

The meeting was attended by Angola and Namibia including representatives from Consulates, National Malaria Control Programs, provinces, districts, Customs, Immigration, Police, Military Health Services and partners like Anglican Church, CHAI, SARN, WHO, PMI, USAID and Cuban Government.



Group Photo

2.0 Methodology

The meeting comprised plenary and group sessions. Plenary sessions included: a) presentations made by the countries and the working groups b) discussions on issues emerging from the presentations and other key items on the agenda.

3.0 Meeting Objectives

The overall objective of the meeting was to contribute to strong coordination and sustainability of the TKMI by developing clear structures and plans for monitoring, organization, planning, and financial support and the specific objectives were to:

1. Gain governmental financial support for TKMI.
2. Gain governmental human resource support for TKMI.
3. Review 2011/12 harmonized activities, and draft action plans for 2012/2013 activities.

4. Review operational research border screening protocol: establish roles and project timelines.
5. Identify bottlenecks and solutions for ease of movement across the border.

4.0 Meeting Outcomes

The outcomes of the meeting were:

1. Recommendations for improvement of implementation of TKMI action plan activities (Annex 1).
2. Signing of the Ondjiva Declaration for the TKMI by two Deputy Ministers of Health for Angola and Namibia (Annex 2).
3. Reviewed implementation of 2011/2012 TKMI Action Plan.
4. TKMI Action Plan for harmonized activities 2013/2014 developed.
5. Discussed and agreed on resolution of bottlenecks affecting movement of malaria commodities and personnel across borders.
6. Commitment by Angola and Namibia governments to mobilize resources for implementation of TKMI activities and resolve bottlenecks affecting movement of personnel, vehicles and malaria commodities across the borders of the two countries.



Deputy Ministers of Health, Dr. Evelize Fresta (Angola- Right) and Mrs Petrina Haingura (Namibia – Left) Signing Ondjiva Declaration on Implementation of TKMI Action Plan



5.0 Achievements

a. Launch of the TKMI Vehicle Passage Logo/Car Sticker

A major achievement was the development of the TKMI Logo/Car Sticker which provides free passage for vehicles on TKMI duty/mission. The Logo was designed by Angola NMCP and a trial run was carried out during the TKMI meeting for transporting Namibia participants as they entered Angola. In Angola, the Malaria Health workers are already using it.



TKMI Vehicle Passage Logo/Car Sticker

- b. Reaffirmation of commitment by the two deputy Health Ministers of Health by signing the Ondjiva Declaration.
- c. Commitment by the two governments to provide government/domestic funding for the project. This has provided immediate feedback of the Health Ministers meeting for Innovative Financing organized by the RBM in Geneva, May 2012. It also confirms the results of the persistent high level advocacy by SARN. In support and facilitation of this meeting, SARN used USD2000 for conferencing and mobilized another USD2500 from CHAI and the contributions of the two governments which took care of travel and accommodation for the dignitaries and participants. The long-term gains



in the reduction of both cases and deaths and the overall dent on malaria burden in the region outweigh the monetary value of these financial contributions used for organizing the meeting.

- d. Commitment by the two governments to provide additional manpower (human resource) for coordination of TKMI, including transport and other resources. This together with (a) and (b) above will ensure long-term sustainability of TKMI.
- e. Synchronization of operations and harmonization of policies and guidelines – as emphasized by the deputy ministers, joint M/E and data systems including exchange of information and best practices will ensure that all cases are reported and traced jointly along the border (T3 Strategy).
- f. Removal of border immigration restrictions and customs requirement will speed up movement malaria workers and malaria commodities especially during epidemics, cross-border referrals, joint outreaches and joint operations/campaigns such as IRS, Larviciding and LLINs mass distribution. This also helps to resolve bottlenecks related to delivery.

6.0 Conclusion

The stakeholders meeting was successful as most issues which were pending implementation of TKMI activities were discussed and recommendations made to Angola and Namibia governments for consideration. A declaration was signed by the Deputy Ministers of Health of Angola and Namibia committing their governments to provide human, financial, logistic and political support for implementation of TKMI activities.



Annex 1: TKMI Recommendations

1. Case Management

Central Level

- Maintain a strategy in case management of malaria for the two countries along the border.

Provincial level

- Maintain a strategy in case management of malaria for the two countries along the border.

2. Rapid diagnostic Tests (RDTs)

Central level

- Ensure availability of RDTs through advocacy at Provincial Governors/Regional levels for increase in funds for procurement and distribution of the kits.

Provincial level

- Update and sensitize health professionals to ensure they treat only RDT and Microscopy positive cases.

3. Insecticides

Provincial level

Carry out synchronized IRS campaigns along the border and introduction of insecticide treated wall linings in rural settings and difficult to access areas. In rural areas, there is need for creating community awareness of the importance of this method of vector control before it is introduced. Utilize the military/armed forces to support distribution of nets to hard to reach/inaccessible areas to achieve universal coverage of LLINs. Maintain on-going anti larval control with biological bio-larvicides (larviciding).

4. IEC

Develop and distribute IEC materials in local dialects and the production and beaming of radio messages to reinforce social mobilization of the community.



5. Planning and Finance

- Central and provincial governments of the respective countries should include a budget line for TKMI activities in their annual budgets.
- Mobilize the private sector and international partners to support the TKMI action plan/activities.

6. Approve a logo and identity card by end of Septemebr 2012

Central level

- NMCP

Provincial level

- Provincial Directors for immigration in Angola and Namibia.

7. Approve a logo for vehicles by end of Septemebr 2012

Central level

- NMCP

Provincial Level

- TKMI Provincial Coordination

8. Provide a list of all items, commodities and equipment necessary for the implementation of the project and submission of this list to the Customs officials for inclusion as tax free commodities. The list will be submitted by the NMCP to the Ministry of Finance.

9. Identification of a UTCH recognized NGO to serve as receiver of local commodities – submission to be done by end of September 2012

Central Level

- NMCP

Provincial Level

- TKMI Provincial Coordinator
- Provincial Health Directorate (PHD)



10. Request of multiple entry visas for foreigners from third party involved in the project with a minimum of 15 days.

Central Level

Local level

- TKMI Provincial coordination
- Provincial Health Directorate
- Consulate

11. Request for exemption of from payment of road fund on vehicles to be submitted to the relevant authority by end of September 2012.

Central Level

Local level

- TKMI Coordinators
- Provincial Health Directorate
- Consulates

12. Members of technical coordination to be appointed by end of September 2012.

Central level

- Angola and Namibia NMCP managers/directors to appoint national TKMI Coordinators.
- Central Technical Team – Deputy Coordinator, Central Technical Team of NMCP (NMCP) and VCBD (Namibia), WHO, Military, Customs, Immigrations and partners. (Anglican Church, Cuban Cooperation on Angolan side).

Provincial/Regional level

- Provincial/Regional Health directors.
- Provincial/Regional Technical Team , Provincial technical team of NMCP in Angola and VCBD in Angola, WHO focal point, Zone Military Health Services regional customs officer, partners (Anglican Church, Cuban Cooperation on the Angolan side).

A Secretariat in Ondjiva

- A Provincial Cross-border Malaria Coordinator
- A Finance and Administrative assistant.
- A driver.

Annex 2: TKMI Ondjiva Declaration



ONDJIVA DECLARATION ON TRANS KUNENE
MALARIA INITIATIVE

Ondjiva, 14 of August 2012

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DECLARATION

Delegations of the Ministry of Health of the Republic of Angola and the Ministry of Health and Social Services of the Republic of Namibia, headed by the Vice Minister of Health of Angola Dr. Evelize Fresta and the Deputy Minister of Health and Social Services of Namibia Mrs Petrina Haingura respectively, met in Ondjiva City in the Province of Kunene in Angola on the 13th and 14th of August 2012 with the objective of evaluating the progress made in the implementation of the Memorandum of Understanding on the Trans Kunene Malaria Initiative (TKMI), signed by the respective Ministers on the 25th of April 2011 in Namacunde

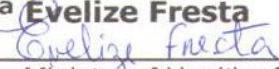
The two delegations found that in the past years the Republic of Angola as well as the Republic of Namibia had put a considerable effort in malaria control in the two countries, which produced good results in the drastic reduction of mortality and morbidity caused by this disease.


The delegations of Angola and Namibia welcomed the engagement in the promotion and implementation of the technical cooperation on malaria control in the trans-border regions, as well as the creation of mechanisms for monitoring and evaluation of the ongoing malaria control activities. The emphasis will be on IRS, distribution of LLINs, case management of malaria and social mobilization, while recommending the reinforcement of harmonization of policies and strategic components.

The two parties exchanged points of view on issues dealing with logistics, infrastructures, transport, immigration and customs along the common border. They focused on the distribution of essential commodities for malaria control and treatment of severely ill patients. It was recommended that the reinforcement of the coordination between the respective commissions in related areas be constituted on the basis of the Memorandum of Understanding and the creation of a mechanism which facilitates the above stated issues.

Finally, the two parties promised to engage in a process of mobilizing more resources and partnerships at different levels, with the aim to accelerate the universal coverage along the common border.

Ondjiva, Cunene, 14th of August 2012.

Dr^a Evelize Fresta

Vice Minister of Health of Angola

Mrs. Petrina Haingura

Deputy Minister of Health and Social
Services of the Republic of Namibia