

Report of the SARN Constituencies, Annual Review and Planning and Steering Committee Meetings held in Zanzibar, United Republic of Tanzania from 11 – 19 September 2010

Executive summary

The SARN General Assembly or Annual Review and Planning Meeting (ARPM) held in Zanzibar-United Republic of Tanzania from 11 – 19 September 2010 was attended by all SARN constituencies (malaria program managers, private sector, military health services, research and academic institutions, NGOs, UN-Agencies, SADC Secretariat, RBM Secretariat and the SARN Steering Committee). The objective of the ARPM was to assist Member States to share experiences, progress reports in road map tracking, implementation of the SARN PWP and attainment of RBM and MDGs targets, best practices and identify bottlenecks. The data presented indicated a significant decline in malaria morbidity and mortality in the SADC region. These reports also indicated a notable increase in support from both in-country and global partners such as WHO, MACEPA, PMI, PSI, UNICEF, WB, Syngenta, SONNANGOL, Clinton Foundation, Global Fund and RBM Secretariat in line with the SARN Work Plan target D (resources to be mobilized to fill the gap to reach the 6 bill annual target to fund GMAP by end of 2011). Delays in GF disbursement and in PSM were sited as major bottlenecks.

Peer reviews, road map, MPRs and MSP reviews carried out during the ARPM are all linked to direct implementation of the SARN PWP. The main outcomes from these reviews include: bottlenecks threatening milestones achievement were identified and ways of providing timely and appropriate responses outlined, activities and areas of support for 2011, best practices such as the use of mobile phones to track ACTs stock outs in Tanzania was presented and strength and weaknesses in the programs identified Angola, DRC, Malawi Mozambique and Tanzania as countries needing immediate support. All the constituencies developed activities with time lines which will form part of the 2011 SARN PWP. The military constituency finalized their military malaria pocket booklet for the soldier and gave awards to mark their 10th Anniversary. It was however observed that the SARN NGOs and UN-agency constituencies are still weak and efforts to make them fully operational are needed. The Surveillance, Monitoring and Evaluation (SME) group and the Home Management of Malaria (HMM) group met back-to-back with the other constituencies and this is a direct fulfilment of the SARN PWP aimed at strengthening program delivery at country and regional levels. All countries agreed to provide their 2000 – 2010 reports by 15 October 2010 and the SARN Secretariat will support production of the regional report to be finalized by end of 2010.

Participation by the Zanzibar – United Republic of Tanzania Minister of Health (a former malaria manager) as the guest of honour during the opening session is confirmation of the on-going high profile advocacy and commitment by the SADC health ministers to provide high level oversight.

1. Background

The SARN Secretariat in collaboration with SADC Secretariat and WHO/AFRO organizes the SARN General Assembly or Annual Malaria Review and Planning Meetings (APRM) every year for the SARN constituencies (malaria programme managers, Research and Academic Institutions, Private Sector, Military Health Services, NGOs and UN-Agents, RBM Secretariat and the SARN-Steering Committee) to meet and share experiences. The objectives of these meetings are to review progress made in implementation of the SARN Work Plan, Road Maps,

RBM targets, MDGs, SADC Malaria Strategic Framework (2007 – 2015), SADC Malaria Elimination Framework, progress made by the SARN constituencies and to plan for support required and activities for the 2011. In addition, the ARPM is a good forum for countries to share experiences and best practices and to discuss together cross cutting challenges and bottlenecks towards improved program performance to attain set targets for the year. The meeting also provided an opportunity for the SARN Steering Committee to review and update the SARN Work Plan based on reports, targets and activities presented by the countries and constituencies.

Therefore, the 2010 ARPM provided an opportunity for SADC Member States to track progress and carry out peer review of each other's programs. The meeting was also designed to elicit SARN constituencies to provide progress reports and activities for the 2011 PWP in line with activities outlined in the SARN Work Plan. Additional back-to-back workshops for Home Management of Malaria (HMM) to prepare SADC countries for launching community based malaria and malaria elimination. The Surveillance, Monitoring and Evaluation (SME) workshop to **"Strengthen country routine surveillance systems and establish databases"** with the slogan **"Robust malaria surveillance systems towards malaria pre-elimination"** was also held back-to-back with the other meetings.

2. Overall Objective

To provide a forum for strengthening partnerships, programme review, operational research, experiences sharing and joint planning for better collaboration of the SARN constituencies and implementation of malaria control interventions towards malaria pre-elimination in SADC Countries.

2.1. Specific objectives

1. Provide a forum for partners to share experiences and coordination of malaria control activities.
2. Share information on best practices related to malaria indicators surveys (MIS) and malaria program reviews (MPR) and Malaria Strategic Planning
3. Update countries on technical and management issues related to malaria control and prevention and strategic orientations towards malaria pre elimination.
4. Review country road maps progress, programme performance towards the 2010 Abuja targets of universal coverage and malaria elimination and MDGs 4 and 6 and performance based funding
5. Assist countries to generate important information that could be useful for producing Annual country malaria reports and reporting on 2010 Abuja targets and MDGs 4 and 6.
6. Finalize the 2011 - 2012 country malaria action plans including assistance required
7. Identify research needs and assistance requirement
8. Review the SADC Advocacy and communication Strategic Framework 2010 – 2015
9. Review progress made towards implementation of the SARN PWP and prepare the SARN 2011 PWP

2.2. Main outcomes

- a. Country 2011 malaria action plans, activities including technical assistance required were finalized

- b. SARN constituencies provided activities and the areas of support required during 2011
- c. SARN Work plan was revised and updated based on activities provided by the countries
- d. Main bottlenecks threatening achievement of milestones were identified
- e. Countries requiring immediate support were identified and ways of providing prompt and appropriate support outlined
- f. Experiences and activities for coordination of malaria control in the SADC region were shared
- g. Best practices related to MIS, MPR, MSPs and Road Map implementation were shared
- h. Country updates on technical and management issues related to malaria control and prevention and strategic orientations towards malaria pre elimination were presented
- i. Country road maps progress towards 2010 targets and performance were updated
- j. Draft SADC Advocacy and communication Strategic Framework (2010 – 2015) reviewed
- k. A new malaria commodity costing tool was presented and recommended for trials
- l. All National Malaria Control Programs were provided with a format for developing the 2000 - 2010 report to be submitted by 15 October 2010

Outcomes from Constituencies Meetings

Malaria Program Managers Constituency

Malaria program managers from 12 SADC Member States and the regional military malaria technical committee coordinator, SADC and SARN Secretariat, RBM Secretariat and GMP (**Plate 1**) met from 11 to 12 September 2010 to review progress towards achievement of road maps and RBM targets, review the plan for the 2010 SADC Malaria Day events and share experiences in MPRs.



Plate 1. Malaria Program Managers Constituency including participants from SADC Secretariat, SARN and RBM Secretariat and GMP

Outcomes

During the two days of program managers meeting the following was achieved:

- Reviewed progress made in the development of the Malaria Strategic Plans
- Updated the Road Maps in line with the SARN PWP
- Reviewed progress made in Operational Research
- Reviewed the background of the draft SADC Advocacy and Communication Framework 2010 - 2015 as directed by the SADC Health Ministers in Seychelles in April 2010
- Agreed to use the same format for the 2000 – 2010 report to be submitted by 15 October 2010
- Discussed activities for the 2010 SADC Malaria Day events to be held In Lubumbushi, DRC
- Identified bottlenecks threatening achievement of milestones and agreed on ways for prompt and timely responses

E8 Program Malaria Managers

E8 Managers from Angola, Botswana, Mozambique, Namibia, South Africa, Swaziland, Zambia Zimbabwe, including managers from non-E8 countries, SADC Secretariat, SARN Secretariat and RBM Secretariat met to discuss and plan for the November 2010 E8 meeting to be held in Maputo.

Outcomes:

- A Task force committee was selected to prepare for the meeting and develop a concept and detailed operational plan as directed by the Health Ministers during the RBM meeting held in Malabo, Equatorial Guinea
- The participants were informed that RBM Secretariat will support two participants from each of the E8 countries and the non-E8 countries will be invited as observers
- As directed by the Health Ministers, the current SADC Health Ministers Chairperson Honourable Dr Richard Kamwi of Namibia will send the invitations and Mozambique will host the meeting
- It was agreed that the meeting will take place from 02 – 04 November 2010 and that Mozambique will require support during preparatory stages

Private Sector Constituency

The Private Sector constituency met from 14 to 15 September 2010. For the first time, the meeting was attended by a host of representative companies from Angola, South Africa, Tanzania, Zimbabwe and USA (**Plate 2**). The goal was to find ways of how the private sector can work together to support achievement of milestones, goals and targets outlined in the SARN PWP, and how they can assist each other with the necessary information for programmes to implement with other partners in their respective countries. The main objectives were to address Private Sector bottlenecks and gaps that are making countries fail to produce the required results at the end of a season; to offer assistance on products manufactured by partners in the region; to discuss PSM bottlenecks in distribution of products to the

communities (education, guidance on Time Lines, and use of the right equipment to produce the expected results.



Plate 2: Private Sector Constituency

Outcomes:

- **Operational Planning and Procurement** – with regards to Time Lines and Tendering Processes, the private sector participants felt that the tenders should be as specific as possible because this is likely to compromise the quality of the product leading to sub-contracting and supply of substandard products
- **Waste Management** – A professional system of disposal of chemical, packaging/containers and expired nets should be supported by the necessary professional support
- A position statement endorsed by all private sector constituency members was needed and they selected the following committees to work on various areas:
 - a. **Technology and Research:** Rose Peters from Tagros and Andrew Irvén from Syngenta
 - b. **Life Cycle management:** Tom Owino from Sumitomo
 - c. **Treatment and diagnosis:** Nathan Mulure from Norvatis
 - d. **Planning and Time Lines:** Manuel Luberas from Hudson Aryste Life Science
 - e. **Tender Specification:** Anton Gericke from Avima and Frank Olsen from Vesterguard
 - f. **Training:** Mark Edwards Peters from Bayer and Moses Pamhare from Syngenta
 - g. Resistance management: Mark Edwards from Bayer and Rose Peters from Tagros
- Once all the work groups have finalized their draft documents, a consolidated document outlining the next steps will be made available

Research and Academic Institutions Constituency

The Research and Academic Institutions Constituency made up of participants from Angola, Botswana, DRC, Malawi, Mozambique, South Africa, Swaziland, United Republic of Tanzania, Zambia, Zimbabwe, WHO/IST and WHO/TDR (facilitator) **(Plate 3)** met from 14 to 15 September 2010 to consolidate decisions of the Southern African Malaria Elimination Research Group (SAMERG) meeting held in Durban, South Africa, in 2009 and the Harare operational research workshop held in June, 2010.

Meeting objectives:

1. Update participants on outcomes of Durban SAMERG meeting (February 2009) and Harare WHO OR Workshop (June 2010).
2. Share research activities being conducted in ESA countries
3. Develop draft research proposals for funding
4. Select leadership to guide research activities in ESA region
5. Initiate the development of a research directory in the ESA region



Plate 3: Research and Academic Institution Constituency

Outcomes:

The following research areas were selected:

- **A) TITLE:** METHODS TO IMPROVE ADHERENCE TO MALARIA INTERVENTIONS: HEALTH WORKER AND COMMUNITY PERSPECTIVE

- **B) TITLE:** STRENGTHENING MALARIA SURVEILLANCE IN LOW TRANSMISSION AREAS FOR BETTER TARGETING OF INTERVENTIONS USING STANDARDISED PROCEDURES IN THE ESA SUB-REGION
- **C) TITLE:** OPTIMIZING IMPACT, COVERAGE AND BEST PRACTICE OF VECTOR CONTROL AND CASE MANAGEMENT INTERVENTIONS TOWARDS MALARIA ELIMINATION FOR SOUTHERN AFRICAN COUNTRIES

Military aspects of malaria Research will be integrated into these selected research areas

A time line (below) was developed:

Activity	Time frame	Institution/Person responsible
Finalizing Country teams	14- 18th September 2010	WHO/AFRO - Dr Paluku
Country discussion/ consensus	23rd September- 15th October 2010	Co-coordinators
Country literature review and workshop preparation	15th October – 29th November 2010	Country PIs / WHO/AFRO–IST-ESA / SADC / SARN
Proposal Development workshop (Victoria Falls)	7th - 12th February 2011	WHO/AFRO–IST-ESA / SADC / SARN
Submission for ethical clearance and funding	16th – 20th February 2011	Country PIs/ WHO/AFRO / TDR
Ethics and funding approval	16th - 20th March 2011	Country PIs
Conducting the studies	12th July 2011- 12th June 2012	Country PIs / Research teams

Military Health Services Constituency (SADC Military Malaria Technical Committee)

The military malaria technical committee (**Plate 4**) met from 14 to 15 September 2010 to review the draft military malaria pocket booklet for the soldier, review progress in program implementation since august 2009, plan for the Racing Against Malaria (RAM 2011), malaria research and malaria training for the military malaria managers.



Plate 4: Military Malaria Technical Committee Constituency

Outcomes

- Military malaria pocket booklet was reviewed and finalized for printing by November 2010
- Military Malaria Minimum Standards were updated
- Military Malaria training to be carried out during the first quarter of 2011
- Col W.C. Hendricks from SA Military Health Service was elected as an alternate member of the Military Malaria SARN Steering Committee
- A Reverse Racing Against Malaria (RAM) is scheduled for November 2011 (approximately 18 days). This activity was approved at the last AGM of the Military Health Chiefs. It will start in Dar-es-alaam passing through cross-border sites and end at the Trans-Kunene Cross-border (Angola-Namibia) on the SADC Malaria Day
- The military gave awards (**Plate 5**) to malaria workers who have made a difference in the regional malaria control and the following people were awarded: Mr Simon Kunene (Swaziland NMCP), Dr James Banda and Professor Awa M Coll-Seck (RBM joint award); late Dr Mantu Tshabalala-Msimang (South Africa: post-humus); Dr Shiva Murugasampillay (GMP), SADC Military malaria managers (joint award) – the late Lt. Moswenye of Lesotho will be given (post-humus) and Lt. Col (Dr) Kaka Mudambo.



Plate 5: SADC Military Malaria Technical Committee (constituency) award presentation ceremony

Home Management Malaria (HMM)

The HMM meeting was held on 13 September 2010. The meeting was sponsored by MACEPA, facilitated by WHO and SARN provided the Secretariat. Participants included case management focal points from 12 SADC Member States, NPOs, program managers, RBM Secretariat, GMP, SADC Secretariat and SARN partners. Participants from countries outside the SADC region such as Congo-Brazzaville, Gabon Ethiopia, Eritrea and Senegal also attended the meeting. The objective of the workshop was to share experience in community based management of malaria (HMM), to get current developments in HMM, community mobilization and discuss the role of HMM in malaria elimination.

Outcomes:

Key issues

- a. Treatment within 24 hours of onset of fever still low in most countries
- b. The indicator of treatment within 24 hours measures several things, such as knowledge by the caregivers as well accessibility to health facilities
- c. The issue of reporting: how will the countries manage the reporting system when drugs become available at community level since currently they are not able to report on drug utilization at health facility levels

- d. The issue of quality control of RDTs especially in relation to high temperature
- e. Low Utilization of LLINs: a clear guidance from WHO is needed
- f. Successful performance of HMM is dependent on supportive supervision
- g. Incentives packages for the HMM community volunteers is required
- h. PSM must be strengthened to ensure availability of malaria commodities (ACTs & RDTs) at community (Community control of malaria – CCM)
- i. Harmonization of public and private sectors in delivering HMM interventions
- j. Non compliance to negative results of RDTs/Microscopy
- k. Selection of indicators for HMM in relation with the current systems and defining which data, who collects it and which reporting tools to be used
- l. Availability of policy for integrated HMM/CCM in countries
- m. Use of ACTs and RDTs by unqualified staff – community health workers
- n. Strengthening the referral systems in the context of HMM/CCM

Participants agreed that, to accelerate malaria elimination, HMM/CCM must be fully integrated into the health systems

Surveillance, Monitoring and Evaluation (SME)

The SME workshop attended by M/E officers, data managers, program managers and NPOs From 12 SADC Member States was held from 14 to 15 September 2010

Outcomes:

- Interpretation of surveillance graphs.
- Interpretation of logistics and completeness of reporting graphs
- Annual indicators
- Publication of a monthly bulletin showing logistics and disease surveillance indicators
- Need to monitor and evaluate MSP
- Need to monitor malaria control goals and targets:
- Abuja Targets
- Millennium Development Goals Targets
- UN Secretary General Call for Universal Access
- World Health Assembly Call etc.
- Need to monitor programme performance, disease trends and impact of malaria control interventions
- Production of reports, country profile etc.
- Information need to be packaged in such a way that it is easily accessible/retrievable
- Ownership of data (Country, MoH)
- Avoid establishing a vertical data collection system to feed database
- Use existing systems to compile data from various sources

Annual Review and Planning Meeting (ARPM) – SARN General Assembly Meeting

The SARN General Assembly meeting (ARPM) was attended by all SARN constituencies (**Plate 6**). All constituencies presented progress made and outcomes of the back-to-back meetings. Program managers presented on their experiences in carrying out MPRs, progress on road map implementation, assistance required and activities for 2011.



Plate 6: Group Photo showing SARN General Assembly (ARPM) participants with the Zanzibar - United Republic of Tanzania Health Minister (**sitting in he middle front row**)

Meeting Highlights

Plate 5: showing SARN General Assembly and constituencies participants during back-to-back and ARPM plenary sessions:





Outcomes:

The ARPM agreed on the following recommendations:

Program Management

- Countries should work with partners to scale-up malaria control interventions to achieve universal coverage
- Countries should conduct Malaria Programme Reviews and update their malaria strategic plans as needed
- Countries should generate data to enable country malaria stratification for better targeting of malaria interventions
- Countries should review and strengthen malaria cross-border collaborations

Vector Control

- Countries should establish entomology sentinel sites to monitor entomological indicators which include adult and larval densities, human blood index, sporozoite rates and insecticide resistance.
- Countries should produce national malaria entomological profiles

Case management

- Countries should rapidly improve capacity for malaria parasite based diagnosis (including quality control and assurance) in order to increase the proportion of suspected malaria cases that are confirmed by microscopy/RDTs
- WHO should facilitate sub-regional training of trainers for malaria case management
- Countries should review and scale-up community based malaria control

Surveillance Monitoring and Evaluation

- Countries should produce annual malaria reports which reflecting major programme achievements and challenges and progress on impact of malaria control
- Countries should report monthly to SADC/SARN on the progress made in the implementation of road maps and participate in monthly teleconferences with SADC/SARN
- Countries moving to malaria pre-elimination should establish malaria case base surveillance

- Countries should produce national monthly/quarterly malaria surveillance and logistics bulletins with data and maps by district
- Countries should report quarterly on malaria logistics and surveillance to WHO to enable reporting to higher levels including ALMA and AMP
- WHO should produce quarterly sub-regional malaria surveillance and logistics bulletin

The SARN Steering Committee Meeting

The SARN Steering Committee met on 19 September to review progress since the June 2010 meeting, update the SARN Work Plan, election of Co-chair, discuss the SARN Terms of Reference, partners support for countries going for malaria elimination, cross-border initiatives and SADC Malaria day and E8 meeting.

Main outcomes

- SARN 2011 calendar of events was developed
- SARN 2011 Work Plan was updated
- Members went through the SARN TORS
- Task Force to plan for the E8 meeting was selected
- SARN Work Plan reprogramming reviewed
- Members were briefed on the Face to Face and the PSM meetings in Geneva and Accra respectively

Election of SARN co-chairperson

- The Steering Committee (SC) went through the Terms of Reference of the Sub-Regional Networks with special emphasis on the election process for the co-chair. It was noted that the SARN Coordinator needs to send out notifications one month prior to the election, soliciting for nominations and that nominations can also be done electronically. As such, nominations will be submitted by 30 September 2010.
- The SARN coordinator informed the SC that:
 - a) The SARN Secretariat has relocated their office from the SADC building to the Kgali building in Gaborone, Botswana.
 - b) interviews for the 4 short listed candidates for the position of Knowledge Management Officer will be done in early October 2010
 - c) the SC selected the panel of interviewers as follows:
 - 1 nominee from WHO/ Botswana Country Office
 - 1 nominee from MACEPA
 - 2 panel members from the SADC - HR
 - SADC Malaria program officer
 - SARN secretariat
- Concern was noted regarding the low participation of NGOs and UN-Agencies in the 2010 ARPM.

- There is need for operational guidance for sharing of elimination experiences. A committee was recommended to steer the Malaria Elimination (E8) meeting and facilitate guidance in this regard.
- There is also need to ensure cross border activities continue to support elimination activities.
- The SC reviewed progress of the SARN roadmap by target area and activities, and mandated the SARN coordinator to finalize updating the 2011 SARN PWP in preparation for presentation at the Face to Face meeting in Geneva
- The SC recommended The University of Zimbabwe to carry out the SARN External Evaluation.
- The SARN 2011 draft calendar of events was developed and the SARN Secretariat will finalize the calendar and distribute to members by 05 October 2010.
- The next SARN Steering Committee Meeting will be held in Lusaka, Zambia back-back with the December RBM Board Meeting

The SADC Malaria Minimum Standards Harmonization meeting

Participants from the SARN constituencies (Malaria Programme Managers, Military Health Services, Monitoring and Evaluation Officers, Research and Academic Officers) participated in the SADC Minimum Standards Harmonization Workshop in Zanzibar-United Republic of Tanzania from 20 to 23 September 2010. The workshop sponsored by the SADC-Africa Development Bank Fund (SADC-ADB Fund) for Communicable disease (CDs) provided an opportunity for the SARN members to provide inputs that finalized the review of the malaria minimum standards.

Main outcomes:

- The general structure and presentation of the document needs to be re-organized
- The consultants should integrate the updated data on Member States in the analysis of the situation (Data of 2009 if possible)
- The minimum standards should be developed according the three levels of malaria transmission in the SADC region (zero, low, high transmissions)
- A good implementation plan of the minimum standards should be developed in terms of next steps to be taken (SADC, Country, National Malaria Programme levels); of roles of different players(Political leaders, SADC, Partners) and key indicators(regional and countries levels)
- The document should be finalized before mid-October 2010, translated in the three SADC official languages: English, French, Portuguese.
- The document should be submitted to Ministerial meeting in November 2010 in Lubumbashi in DRC for approval.

The Next Steps

The SARN Secretariat will carry out a review of all the outcomes resulting from the ARPM and develop a time line to follow up, monitor and evaluate progress made. SARN will also ensure prompt and timely support in areas where bottlenecks have been identified and maximize involvement of partners/constituencies to provide technical support and mobilization of additional resources to bridge identified gaps. SARN's support to ensure finalization of the 2000 – 2010 regional report is the main priority between October and December 2010.