

SARN Steering Committee Meets in Boksburg, South Africa

Prepared by Africa Fighting Malaria

The Southern African Roll Back Malaria Network (SARN) steering committee, which represents eleven of the fifteen SADC countries, met on 21 and 22 September 2009 at the Birchwood Hotel in Boksburg, South Africa. The overall objective of the SARN steering committee is to effectively coordinate RBM partner support in the SADC countries to enable the malaria-endemic countries of Southern Africa to rapidly scale-up malaria control interventions to achieve the RBM goals set for 2010.

The key purpose of the steering committee is to guide resource mobilisation and partnership coordination in the fight against malaria in the southern African region. The SARN steering committee discusses policies that are proven to work on the ground in the fight against malaria and seeks to resolve malaria control implementation bottlenecks. The SARN steering committee also aims to advocate for increased funding for malaria control from governments as well as raising the profile of the disease internationally. The SARN steering committee comprises a group of key personnel from the Roll Back Malaria secretariat, Africa Fighting Malaria, MACEPA, UNICEF, the Medical Research Council, national malaria control programme managers, malaria control managers from the SADC military health services and the WHO.

In spite of the fact that malaria is both preventable and curable it affects approximately 40% of the world's population in over 100 countries. Every year, of the 2.5 billion people at risk, between 300 and 500 million become severely sick and over 1 million people die. Africa is the worst affected continent where one childhood death out of every five is due to the effects of this disease. In the SADC region malaria is estimated to account for 30% of outpatient attendance and 40% of healthcare facility admissions. The WHO estimates that approximately three-quarters of the population who reside in the SADC countries are at risk of malaria. Of these around 35 million children under the age of five years and approximately 8.5 million pregnant women are especially vulnerable to the ravages of the disease.

Effective malaria control saves lives, prevents the trauma of unnecessary deaths in families, and has beneficial economic consequences for those who are spared from this debilitating disease. Malaria sufferers have great difficulty in carrying out sustained work, which intensifies human misery and poverty in areas where the disease is prevalent. The key interventions of the SADC member countries supported by the SARN network is to fight malaria through the careful application of insecticides on the inside walls of houses in a process known as indoor residual spraying (IRS), the use of insecticide treated nets and the use of highly effective antimalarial treatments. These interventions are in keeping with WHO evidence based policies and practices.

SARN supports eleven malaria endemic countries in the SADC region: Angola, Botswana, Madagascar, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. The primary objective is to achieve universal coverage of the key interventions with the following specific targets:

- 80% of the people at risk from malaria are using locally appropriate vector control methods such as long-lasting insecticidal nets (LLINs), indoor residual spraying (IRS) and, in some settings, other environmental and biological measures where appropriate based on scientific evidence;
- 80% of malaria patients are diagnosed and treated with effective antimalarial treatments;
- In areas of high transmission, 100% of pregnant women receive intermittent preventive treatment (IPT);

- The global malaria burden is reduced by 50% of the 2000 levels: ~175 -250M cases annually and less than 500,000 deaths annually from malaria

A secondary objective adopted by the RBM Board is to "Sustain Universal Coverage through 2015" and has the following targets:

- Universal coverage continues with effective interventions
- Near zero global & national mortality for preventable deaths
- The global malaria burden is reduced by 75% of the 2000 levels: ~85 -125M cases annually
- Achieve malaria-related MDGs (halting & reversing the incidence of malaria)

A third objective adopted by the RBM Board is to "Prepare for Elimination" and has the following specific targets:

- Provide support to elimination efforts in 8-10 countries to achieve zero transmission of locally transmitted disease by 2015
- MalERA to complete the elimination R&D agenda and promote its implementation

Four SARN countries, Botswana, Namibia, South Africa and Swaziland have been identified by the RBM initiative for malaria elimination (defined as zero local mosquito borne transmission) and are termed the 'frontline countries'. Four countries neighbouring the frontline countries, Angola, Mozambique, Zambia and Zimbabwe are required to optimise their malaria control efforts in order for elimination to become a reality in the frontline countries. In keeping with the WHO guidelines for malaria elimination, once the neighbouring countries have reduced the burden of malaria to a level of less than 5 persons per one thousand population at risk, they can begin to implement their malaria elimination strategies.

One of the key strategies for preventing the reintroduction of malaria into previously malaria transmission areas is to initiate cross border malaria strategies. In the SADC region there are currently four cross border and regional malaria initiatives currently in operation. SARN supports the collaboration between countries because the malaria parasite does not respect political boundaries. Malaria only exists in humans and mosquitoes and with the movement of people across political borders the parasite can also be transported by the human host.

Arguably the most successful cross border malaria control programme has been the Lubombo Spatial Development Initiative (LSDI). The LSDI is a tri-lateral agreement between the governments of Mozambique, South Africa and Swaziland and has substantial input from South Africa's Medical Research Council (MRC). Since its inception in 1998 the programme has reduced the incidence of malaria on the border between South Africa and Swaziland from over 25% to less than 2%. In Maputo province the parasite prevalence was over 60% in 1999, but it is presently well below 5%.

The SARN steering committee will be emulating the successes of the LSDI programme by establishing cross border initiatives between Angola, Botswana, Namibia, Zambia and Zimbabwe in a regional initiative known as the Trans Zambezi Cross Border Initiative. Once again it is envisioned that the cornerstones of the programme will be the use of effective insecticides and anti malarial treatments. Without the use of insecticides it will be impossible to break the transmission cycle and reduce malaria related morbidity and mortality in the region.

The SARN steering committee identified the need to develop a comprehensive cross border initiative proposal that includes all potential cross border malaria initiatives in the SADC region and is in the process of consulting with its partners to develop the policy proposal which can be used as a tool to

mobilise resources. SARN has also provided financial support to South Africa and Botswana in order for these countries to review their national malaria control programmes. During the course of the year SARN also conducted a training workshop for all the Member States on monitoring and evaluation as well as WHO data collection tools. The training workshop was facilitated by the WHO. The SARN webpage has been established on the RBM website and it hoped that it will soon move to its own dedicated website. The next SARN steering committee meeting will be held in November 2009.