

RBM PARTNERSHIP TO END MALARIA

MEETING REPORT

RBM Country Regional Support Partner Committee (CRSPC) Southern Africa Sub-Regional National Malaria Control/Elimination Programme Managers/Directors and Partners Annual Meeting, Harare, Zimbabwe, 5 – 8 July 2022

Introduction

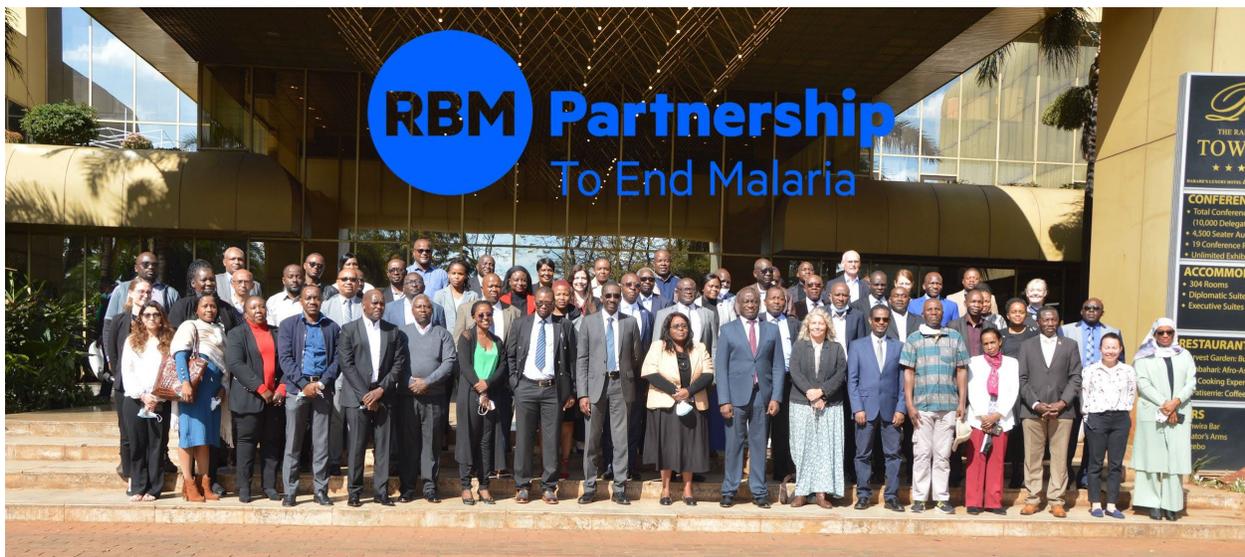
Since UNOPS adopted the travel restriction policy due to COVID-19, RBM Partnership to End Malaria Country Regional Support Partnership Committee (RBM/CRSPC) has been conducting its annual meetings with National Malaria Control/Elimination Programmes and its partners virtually for the last two years.

RBM/CRSPC partners learned a lot during this process of organising the meetings virtually. Due to a number of challenges, the virtual meeting methods were not convenient to deliver the expected results due to several challenges: This includes a. reducing a significantly condensed 4 - 5 days agenda to a 3 hour meeting b. fatigue from long hours of virtual meetings c. CRSPC was forced to focus on only a few of the high priority agenda items d. many countries struggled to connect to the virtual meetings due to poor internet bandwidths e. the virtual meeting format also reduced time for bottleneck solving, the opportunity to discuss one on one with countries, and informal peer to peer interactions.

With the relaxation of the COVID-19 related lockdown situations in most of the countries, and for the reasons indicated above, CRSPC has planned to organize 4 separate hybrid (face-to-face and virtual) sub-regional meetings Eastern, Southern, Western and Central Africa national malaria programmes and partners while observing all the protocols of COVID-19 set by the WHO and by the host country in order to limit the number of attendants at each meeting as part of mitigation measures to reduce the risk of COVID-19 transmission while in meeting. The remaining stakeholders would also be given an opportunity to join virtually for specific agenda items of their interest. The first meeting organized for the Eastern Africa sub-region was conducted 8-11 June 2022 in Nairobi, Kenya.

In view of the above, the RBM CRSPC in collaboration with partners organized a second 4 day national malaria programmes and partners meeting for the Southern Africa sub-region which was attended by all 12 invited countries and international, regional and local partners (including WHO HQ, AFRO, UNICEF, USAID/PMI, GFATM, ACB, ALMA, AMP, CHAI, JHUCCP, PATH, MMV, MRC South Africa, PSI, IFRC, IPHA, SBCWG, VCWG, MSWG, UNITAID, INGO, Isdel Flowers Foundation, Syngenta, Mainpol, Malawi Liverpool Wellcome Trust, Malaria Consortium, Bayer, E8, MOSASWA, Impact Sante Afrique, IVCC, Liverpool School of Tropical Medicine, Novartis, PharmaStrategies Pvt Ltd, Open Cities Lab, Swiss TPH, Sumitomo Chemical, Zzappmalaria, vestergaard, Southern African Development Community (SADC)) and SADC Military

Health Services Malaria Technical Committee. In addition CCMs, CSOs, participated virtually (Annex I). The meeting was held in Harare, Zimbabwe, 5-8 July 2022.



Group Photo Participants of the Meeting

Objectives of the meeting

The main objective of the meeting was to continue to engage National Malaria Programmes and partners to review the status of implementation of national malaria programmes, the impact of the COVID-19, identify major implementation bottlenecks/challenges, lessons learnt, and the implementation support required in 2022/2023. The specific objectives of the meeting were to:

1. Engage the National Malaria Programmes and partners to review the progress, identify malaria programme implementation bottlenecks, challenges, share best practices and propose solutions in the context of COVID-19;
2. Track progress and lessons learned in the process of the implementation of High Burden to High Impact approach, and continental wide campaigns such as Zero Malaria Starts With Me;
3. Track the impact of COVID-19 and the status of commodities availability and preparedness for 2022;
4. Update the country specific programmatic and financial gap analysis which will serve as tool for additional resource mobilisation including portfolio optimisation;
5. Update on the latest developments in malaria;
6. Identify and prioritize the malaria programme implementation bottlenecks for technical support during 2022/2023;
7. Orientation on the next cycle of Global Fund application planning and support;
8. Orient National Malaria Programmes, partners, CCMs and CSOs on community rights and gender approach and the malaria matchbox tool.

Outcomes of the Meeting

The meeting provided an opportunity to engage National Malaria Control Programmes and Partners to review the status of implementation of national malaria programmes, identify major implementation bottleneck/challenges including the impact of the COVID-19, lessons learned, and the implementation support required in 2022/2023. It also allowed for progress and lessons learned in the High Burden High Impact approach to be shared more broadly as well as Zero Malaria Starts With Me, update on the latest developments in malaria and orientation on community rights and gender approach and the malaria matchbox tool.

As 2023 is the start of the new Global Fund funding (NFM4) cycle, national malaria programmes and partners were oriented on the highlights of the global fund application tools for the 2024-2026 funding cycle.

The meeting also provided an opportunity to identify some of the malaria programme implementation bottlenecks that compromise the efficient utilisation of existing funds and that countries require additional technical support from Global Partners such as RBM in addition to the efforts being made at country and sub-regional levels. Sharing of best practices was among the highlights of the meeting.

The Overall Outcomes of the Meeting were:

- Engaged the National Malaria Programmes from all countries together with partners and reviewed their progress, identified malaria programme implementation bottlenecks and challenges, shared best practices and proposed solutions in the context of COVID-19;
- Shared lessons learned in the process of the implementation of High Burden to High Impact approach, and continental wide campaigns such as **Zero Malaria Starts With Me**;
- Updated the impact of COVID-19 and the status of commodities availability and preparedness for 2022;
- Updated the country specific programmatic and financial gap analysis which will serve as tools for additional resource mobilization including portfolio optimisation;
- Updated on the latest developments in malaria;
- Identified and prioritized the malaria program implementation bottlenecks for technical support during 2022/2023;
- Provided an orientation on the next cycle of The Global Fund application planning and support.
- Provided an orientation training to National Malaria Programmes, partners, CCMs and CSOs on community rights and gender approach in malaria programming and the malaria matchbox tool;
- Updated on the Global Malaria Dashboards and the procedure to apply for TA online.
- All countries reported an increase in the prices for Malaria commodities and tool, and they had adopted different mechanisms of dealing with the price changes ranging from budget reallocations to negotiating with supplier;
- Countries were at different levels in the TAs, bottlenecks identified were related to communication, coordination, and human resource challenges;

- Emphasis on strengthening cross border malaria surveillance, data and information sharing were noted as key areas of focus. Countries proposed to RBM to establish a dedicated platform for sharing progress on a quarterly basis;
- Discussed the urgent need for local production of the malaria commodities in Africa which was also emphasized by the Guest of Honour (The Deputy Minister of Health and Child Care for Zimbabwe).

In conclusion, the meeting was a success in that it was well attended by both countries (all invited countries of the Southern Africa sub-region) and partners and that the main objective of the workshop was achieved as shown in the Meeting Evaluation below.

Opening Session

The meeting was officially opened by the Zimbabwe Deputy Minister of Health and Child Care, Dr John Mangwiro on behalf of the Vice President and Minister of Health and Child Care. Dr Mangwiro welcomed all present to the meeting and Zimbabwe and said that a lot of progress has been made in our region as far as the fight against malaria is concerned since the SARN was established in 2007. Some of the notable achievements included: Development of the SADC Malaria Minimum Standards and the SADC Military Malaria Minimum Standards adapted to fit military operations; Harmonization and standardization of policies and strategies that guide our key malaria interventions and operations; Being recognized at the African Union for being in the forefront of the fight against malaria by being duly asked as a network or subregion to spearhead malaria elimination through the formation of the Elimination Eight (E8) and MOSASWA Initiatives; Increased resource mobilization efforts through having successful development of technically sound funding requests; The crafting and signing of the Windhoek Malaria Elimination Declaration by Heads of States and Government in 2018 spearheaded by SADC Elimination 8; and Signing of the **RBM-ALMA-SADC MOU** in 2019, aimed at maximizing support for SADC and strengthening the regional malaria elimination agenda. He also said that the journey towards malaria elimination in the region will not be easy due to: the issue of **adequate financing for long-term Sustainability** continues to be topical and governments need to continue investing in malaria programmes so as to sustain the gains made so far; address **Human Resources for Health issues and ensure all** malaria programmes are well staffed with skilled personnel if we are to win this war; the increasing **emergence of resistance to antimalarial** medicines by malaria parasites, and **resistance to insecticides by the vector mosquitoes** means we need to be vigilant and strengthen our surveillance systems and research activities to counter these threats; the COVID19 Pandemic which has exposed some deficit in **Health Systems** globally and hence the need for all countries to continue **strengthening their health systems** and ensure equitable access to health care for all; the issue of **climate change which has resulted in unpredictable or unusual weather patterns and phenomena** demands us to work together to come up with robust Early Warning systems and response mechanisms if we are to avert the effects of major malaria outbreaks as a result of climate change, and the challenge related to timely delivery of malaria commodities to countries because most products are coming from overseas and at times especially recently with the Covid-19 pandemic, production and shipments

have been seriously delayed and programmes affected. He therefore emphasized that we need to continue to explore other innovative ways to address this challenge including local production of some of the commodities.

Dr Daddi Wayessa, on behalf of the Interim RBM CEO, said that he was pleased to welcome all to this first face to face meeting organized by RBM for the National Malaria Programmes in the Southern Africa Region and Partners after two years of travel restrictions due to COVID-19 Pandemic and during this period meetings were conducted virtually which had a lot challenges to have effective programme performance reviews. He said we believe it was really important to have this face to face meeting, at the time your, countries programmes, are at the peak of implementing your current Global fund grants and hence this meeting will give you and all the stakeholders the opportunity to identify the main challenges encountered so far and learn the best practices and approaches used by other countries to address challenges. He further said that several activities were accomplished at the country level amidst all the challenges and he congratulated all on these achievements. He also said that as you all know 2023 will be a busy year for all of us since it is the beginning of the NMF4 GF funding applications and the remaining half of 2022 was an equally important period since we need to start preparing now to ensure all countries have up to date National Malaria Strategic plans, gap analyses as well as start to have orientation meetings on the GF tools. He thanked the Government of Zimbabwe for providing this opportunity to convene the meeting in Harare and all participating countries and partners for their dedication, continued efforts and making progress in achieving the targets you set despite the challenges of the COVID pandemic. He further thanked all partners who support the work of RBM Partnership both technically and financially.

Mr Jasper Pasipamire, on behalf of the Zimbabwe WHO Representative, said that we have made good progress in malaria cases reduction but deaths were still occurring, which needed to be prevented. He said that it was important to strengthen surveillance and health systems. He noted that despite Covid-19, many countries came up with innovations to ensure that malaria came down. He acknowledged that there was notable reduction of malaria through Elimination 8 and therefore, this push towards malaria elimination needs to be maintained. He also encouraged countries to capture data at all levels and to strengthen cross-border collaboration through harmonization of interventions at cross-borders. Mr Pasipamire also urged countries to continue with research to answer a number of issues not resolved.

Dr Joseph Mberikunashe, on behalf of the SADC Executive Secretary, commended SADC leadership from Presidents and Ministers of Health for providing clear guidance in the fight against malaria. He said that this was demonstrated through the Windhoek Declaration on Eliminating Malaria in the SADC Region and the SADC Malaria Elimination Strategic Plan 2022 - 2030. He thanked WHO for continued technical guidance, ALMA for innovative ways of raising domestic resources and said that without country leadership, nothing would work. Dr Mberikunashe also said that as guided by Ministers of Health in November 2021 to eliminate malaria, SADC conducted

a malaria capacity assessment for implementation of malaria programmes and the report was being finalized and four areas have been highlighted namely: Human resources; Programme financing; Appropriateness of interventions; and Consistency of interventions coverage at optimal level. He therefore said that it was important to strengthen programmes to deliver on their mandate. He stated that the report would be used by programmes to negotiate with partners areas needed for support. He noted the adverse effects on programme implementation due to cyclones and emergency of Covid-19 which took a lot of resources, some staff were taken to deal with Covi-19. Furthermore, he said that SADC Secretariat's strength depends on its members, therefore, countries must continue to lead and chart the way forward. Finally he encouraged countries and partners that regional priorities if set can be achieved and Member States to continue with programme implementation.

Meeting Modality and Participation

Meeting Modality

Presentations were made in plenary which were followed by discussions on technical updates, countries implementation achievements, best practices, challenges and technical assistance requirements as well as partners presentation. Side meetings were held with individual sub regions, partners, private sector and countries.

Participation

The hybrid (face to face and virtual) meeting was attended by delegates from all the 12 national malaria control/elimination program managers/directors along with malaria M&E Officers, country Global Fund focal persons and other relevant persons from Southern Africa countries, international, regional and local partners from the sub-region. There were 71 face-to-face participants and 76 who attended virtually making a total of 147 participants who joined the meeting (Annex II).

Country Presentations

Status of Malaria

Malaria cases have shown a decreasing trend in Botswana, Madagascar, Mozambique, Zambia and Zimbabwe while cases have increased in Angola, Comoros, Eswatini, Malawi, Namibia, South Africa and Zanzibar.

Malaria deaths have shown a decreasing trend in Comoros, Madagascar, Malawi, Mozambique, Namibia, South Africa, Zambia, Zanzibar and Zimbabwe while increases in deaths have been noted in Angola, Botswana and Eswatini.

Status of Implementation of Malaria Strategic Plans

The following countries are on track to achieve the targets set in their MSP: Comoros, Madagascar, South Africa and Zimbabwe while Angola, Botswana, Eswatini, Malawi, Mozambique, Namibia, Zambia and Zanzibar expressed that they are not on track to achieve the targets set in MSP. A number of key bottlenecks were raised including lack of resources to fully implement the national strategy, impact of Covid-19, upsurges in some countries as a result of flooding,

implementation difficulties in complex emergency countries, and the ongoing threat of insecticide and drug resistance and emergency of *Anopheles Stephensi* in some countries.

Best Practices Shared

Some of the best practises shared were:

- Use of the Kassai digital platform (Angola).
- Use of digital tools for supervision (Angola).
- Using local Community members as spray operators (Botswana).
- Tracking of Malaria Commodities-Districts with buffer stock share with others (Botswana).
- Daily analysis of malaria cases and their dissemination to decision-makers and partners (Comoros).
- Carrying out sampling and targeted mass treatment by involving the community (religious leaders, CHWs, etc.) on a Community basis (Comoros).
- Collaboration with community leaders facilitates targeting of special populations (Eswatini).
- Collaboration with partners (EMF, WHO) assists in mitigating supply chain disruptions (Eswatini).
- Extension of community management of malaria cases for all ages by community agents in the district of Farafangana (Madagascar).
- Implementation of the TIPTOP project from 2018 in 3 districts (Tuléar II, Vohipeno and Mananjary) for community IPTp (Madagascar).
- Conduction of biannual Integrated Supportive Supervision and Mentorship in all health facilities (Malawi).
- Conduction of LLINs Mass Campaign distributing >7 million LLINs at community level across the country at once (Malawi).
- Real-time visibility of the entire antimalarial distribution chain in the country (Mozambique).
- The District Government discusses malaria scorecard (Mozambique).
- Improved data use for targeted interventions i.e. village data from the rapid notification system used for targeting of villages for the IRS campaign (Namibia).
- Strengthened capacity of health workers at district and health facility level in using surveillance systems to monitor epidemic thresholds at their respective levels (Namibia).
- Strengthen intersectoral collaborations with partners through advocacy events (South Africa).
- Strengthening the EPR programme for timely response to future pandemics-24-hour notification system and covid-19 campaign's highlighted malaria (South Africa).
- Annual workplan harmonization across the partnership/stakeholders of malaria program from the central level up to the district level (Zambia).
- Regular tracking of commodity pipelines to institute mitigating measures in a timely manner (Zambia).
- Malaria Case investigation started at health facility to household level (Zanzibar).
- Mass ITNs replacement campaign under covid 19, with 96% distribution coverage (Zanzibar).
- Case Management Audits every two years - Experienced, practicing specialist clinicians engaged to assess health worker practices through these audits (Zimbabwe).

- Clinical malaria mentorship programme - Health workers are followed up after training and mentored on site. This bridges the gap between theory and practice (Zimbabwe).

Technical Assistance Provided in 2022 and the needs for 2022/2023

The TAs planned for 2022 were being provided to the programs as planned. These technical assistance needs include support to address bottlenecks in planning for long lasting insecticidal net (LLIN) campaigns, conducting malaria programme reviews and developing national malaria strategic plans, and development of a behavior change communication (SBCC) strategies, resource mobilization, roll out of the High Burden High Impact approach, malaria gap analysis, launch of Zero Malaria Starts With Me Campaign, matchbox toll implementation and regional strategic plan development among others.

For 2022, countries indicated their TA needs. Emphasis was made on the need to include the TA needs for Global fund application for the submissions to be made in early 2023. These TA needs will be compiled and shared with partners to ensure the triage mechanism of TA requests.

Policy Updates and Partners Presentations

The meeting also served as an opportunity for partners to hold different discussions in order to give updates to countries on the key priority areas and ongoing activities. The key updates include:

- Technical and policy updates from WHO
- Updates on new tools and approaches in malaria prevention and control
- Updates from the different RBM working groups and CRSPC workstreams.
- Update on the Global Fund application process and tools
- Updates on the implementation of the Zero Malaria Starts with Me! Campaign
- Implementation of High burden and High impact approach
- Updates from the regional economic communities

Individual Regional and Country Consultations

The Malaria Programme Directors/Managers also held a side meeting where they elected the National Malaria Programme which will represent the sub-region in the CRSPC steering committee, accordingly Mozambique NMCP was selected. The programmes also set up Technical Working groups that will work with the Member State Manager Chairing the Regional Economic Community, the Technical partners and the Regional Malaria Coordinator on various critical areas in line with the MOU signed between the RBM, ALMA and SADC. CRSPC also conducted several one to one consultations with countries.

Comoros

- A side meeting was held between CRSPC and Comoros to discuss the support needed for the MPR and NSP development and other support needs including capacity building to the current NMP Manager as she was new in her role.

Madagascar

- A side meeting was held between CRSPC and Madagascar to discuss support needed for the MPR and NSP development and other support needs. Also discussed was the challenge of funds being returned to UNOPS by the NMP bank in Madagascar and Madagascar confirmed the cause of the challenge and assured CRSPC that it was now resolved.

In both cases above, WHO AFRO was contacted to provide status of the requests sent by both countries and CRSPC would support the countries based on what WHO AFRO would request.

Other Decisions

- The countries in the Southern Africa sub-region elected Mozambique NMCP represented by the Manager, Dr Baltazar Neves Candrinho, to represent them on the RBM CRSPC Steering Committee with effect from July 2022.

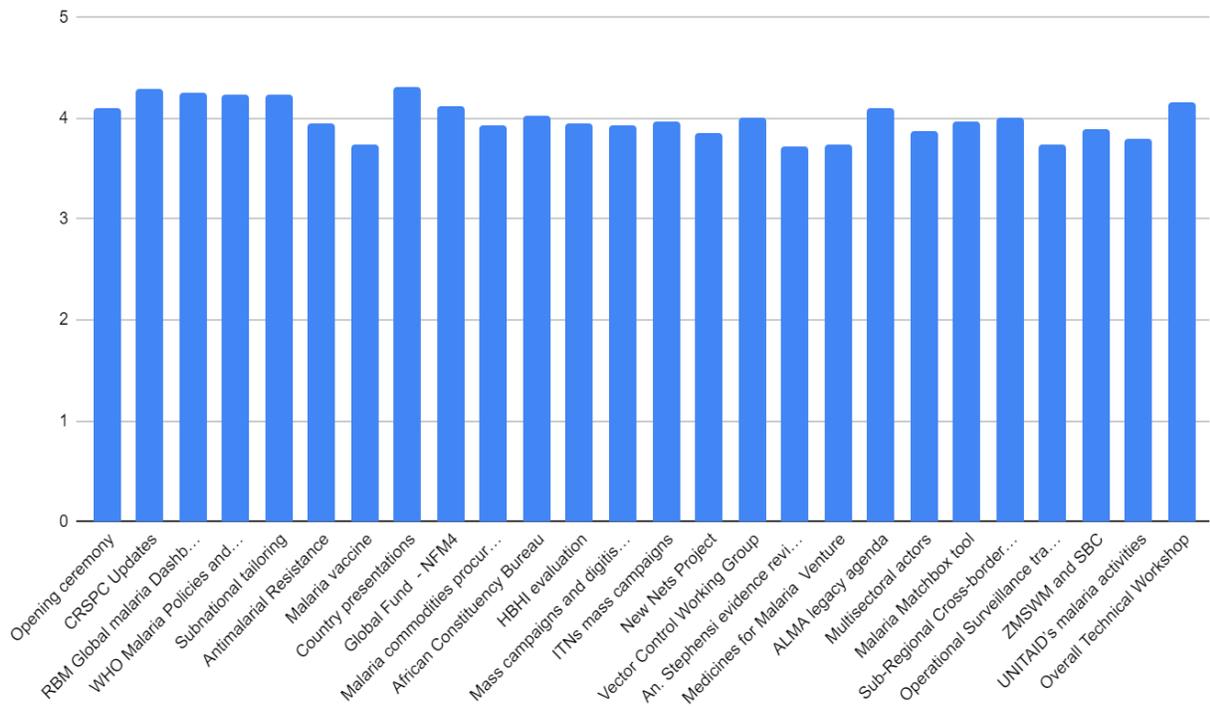
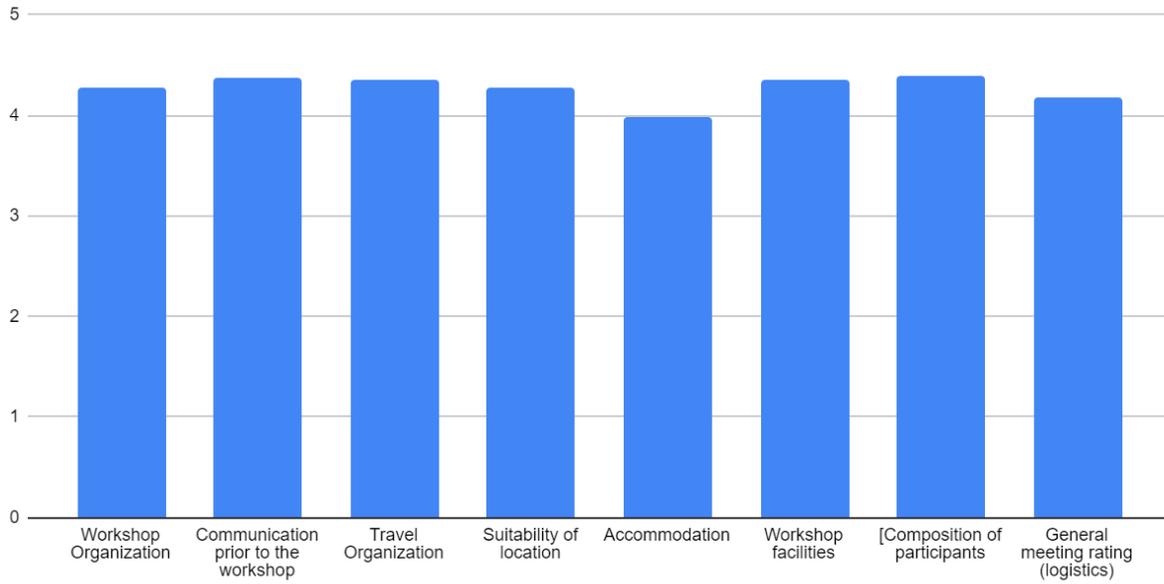
Next steps & Follow-up

- Finalize the implementation support needed by the countries for 2022/2023;
- Follow up on the implementation of the TAs in 2022 and 2023;
- Follow up with countries on implementation of TAs that need to be completed before the commencement of the work on the GF NFM4 in 2023;
- Follow up on some of the suggestions and recommendations forwarded by countries;
- Need for RBM to explore the feasibility of establishing a dedicated platform for sharing progress on a quarterly basis.

Meeting Evaluation

At the end of the meeting, the participants (N=39) provided feedback on the logistics as well as the technical aspects of the meeting.

Overall, the participants rated the meetings high in the scale of 1 lowest to 5 highest for both logistical arrangements (4.18) and technical aspects (4.15) as indicated in the charts below.



ANNEX I: Agenda of the meeting

Day 1 (Tuesday 5 July 2022)

Time	Details of Activities	Facilitator/Presenter	Moderator
08:00	Registration	Organisers	Rayana
08:10	Security briefing by UNDSS to UN staff	UNDSS	
08:30	Welcoming remarks	RBM Partnership	Melanie/Peter
08:40	Welcoming remarks	WHO Representative	
08:50	Welcoming remarks	REC Representative	
09:00	Opening remarks	Ministry of Health	
09:10	Agenda items, Objectives and outcomes of the meeting	CRSPC	
09:25	Group Photo with Guests of Honour	Organisers	
09:40	Tea Break	Organisers	
10:00	Updates on the implementation support provided by CRSPC and the priority areas for 2022/2023. Discussion	CRSPC	
10:30	Updates on the RBM Global malaria Dashboard Discussion	RBM Data team	Virtual
11:00	Updates on WHO Malaria Policies and Guidelines Discussion	WHO	
13:00	Lunch Break		
14:00	Country Presentations - Programme Implementation		
14:00	Zimbabwe	Program managers	Dr Olumese
14:30	Zambia		
15:00	Malawi		
15:30	discussion		
16:00	Tea Break		
16:30	South Africa		
17:00	Zanzibar - URT		
17:30	Eswatini		
18:00	discussion		
18.30	END of Day 1		

Day 2 (Wednesday 6 July 2022)

Time	Details of Activities	Facilitator/Presenter	Moderator
08:00	Madagascar		AFRO
08.30	Comoros		
09.00	Angola		
09:30	Discussion		
10.00	Tea Break		
10.30	Namibia		
11.00	Mozambique		
11.30	Botswana		
12.00	Plans for rolling out of the malaria vaccine	Dr Hamel, WHO	Virtual
13:00	Lunch Break		
14:00	Updates on subnational tailoring and targeted malaria intervention Discussions	Dr Noor, WHO	Virtual
15:00	Updates on the Strategy to Respond to Antimalarial Resistance in Africa	Dr Rasmussen, WHO	
16:00	Tea Break		
16:30	HBHI approach evaluation and the lessons learned	Hilaire Zon	Virtual
17:00	Updates from Bill and Melinda Gates Foundation	BMGF	
17:30	END of Day 2		

Day 3 (Thursday 7 July 2022)

Time	Details of Activities	Facilitator/Presenter	Moderator
08:00	Orientation on Global Fund's next application cycle - NFM4	Global Fund	CRSPC
09:00	Malaria commodities procurement lead times, commodities in pipeline and the wayforward	Global Fund (Patrick Okello)	
09:30	Updates from African Constituency Bureau for Global Fund	ACB (Aaron Mulaki)	
09:40	Malaria intervention mass campaigns and the role of digitisation	AMP	Virtual
10:00	Tea Break		
10:15	Planning and execution of ITNs mass campaigns (including experience in Continuous Distribution)	AMP, CDWG	Virtual
10:45	Updates on the New Nets Project	PSI (Candrinho)	

11:00	Updates from the Vector Control Working Group; new tools and the <i>An. stephensi</i> threat.	VCWG, (Justin McBeath)	Virtual
11:15	The role of multisectoral actors in the sustainable fight against malaria	MSWG (Peter Mbabazi)	
11:30	Updates from Medicines for Malaria Venture (MMV)	MMV, (Hans Rietveld)	
12:00	Orientation on the ALMA legacy agenda including scorecard tools, youth agenda and End Malaria Councils	ALMA	
12:45	Onaqqoing <i>An. stephensi</i> evidence review exercise	MESA (Jessica R.)	Virtual
13:00	Lunch Break		
14:00	Orientation training on the Community Rights and Gender (Malaria Matchbox tool) modules (NMCP, Consultants, Partners, CSO, CCM)	Denise Meya, Olivia Ngou, CReMA, GF	
16:00	Tea Break		
16:15	Orientation training continued		
17:45	END of Day 3		

Day 4 (Friday 8 July 2022)

Time	Details of Activities	Facilitator/Presenter	Moderator
08:00	Sub-Regional perspectives of malaria and best practices in Cross-border coordination and collaboration	SADC	CRSPC
10:10	Operational Surveillance tracker initiative	SMERG	
10:30	Tea Break		
11:00	ZMSWM and SBC efforts in country	SBC WG	
11:20	Updates on the UNITAID's malaria activities	UNITAID	Virtual
11:35	Consolidation and prioritization of Technical assistance (TA) needs for 2022/2023	CRSPC	
12:00	Nomination of Country representatives at CRSPC Steering Committee	CRSPC	
12:20	Closing the meeting - Summary of the key points, recommendations, the way forward and meeting evaluation.	CRSPC	
13:00	Lunch Break		
14:00	Bilateral discussions with Programme Managers and partners		
16:00	END of Meeting		

ANNEX II: LIST OF PARTICIPANTS

Country/ Organization	Name	Title	E-mail address
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