



Trans Zambezi Malaria Initiative (TZMI) meeting Report

Livingstone, Zambia

30 May to 01 June 2011

SARN Secretariat

Gaborone, Botswana



1. Background

The Trans-Zambezi Cross-border Malaria Initiative (TZMI) with the support of the SARN Secretariat organized a meeting in Victoria Falls, Zimbabwe in February 2011 to develop a draft action plan and agreed that a business plan and data collecting tools would be developed. The data collecting tools were developed and distributed to the national programs who in turn distributed them to the districts for data collection. The districts were requested to bring their data to Livingstone, Zambia where gap filling of programmatic, epidemiologic and parasitologic parameters would be carried out. Each program would also bring the updated action Plan so that the TZMI joint action plan would be finalized. All the 15 districts were also requested to bring their annual plans which would facilitate development of activities and operational plans for the TZMI. The Vic Falls meeting also tasked the SARN Secretariat to prepare a draft business plan for review during the Livingstone meeting. An important recommendation of the Victoria Falls meeting was that the follow up meeting should ensure maximum participation of the district malaria teams in particular the district health officers and data managers. From the national program the program managers and national data managers would form the core teams to during the Livingstone meeting.

SARN Secretariat and MACEPA agreed to jointly fund and organize the follow-up meeting which would take place in Livingstone, Zambia from 30 May to 01 June 2011. A TZMI meeting organizing team was selected and its purpose was to review progress made towards preparation through e-mail and weekly teleconferences and review of all presentations that would be delivered during the meeting. Thus, the organizing committee screened all presentations and ranked them according to the impact they were required to produce. Each chosen presenter was requested to provide a list of questions and guidelines required to guide the group work. This ensured that all presentations formed the introductory material required for formulating the terms of reference (TORs) for group discussions and consequently, the desired impact. This was important since the bulk of the participants came from districts and they required a smooth entry into concepts they had not been exposed to before.



Group Photo of some participants of the TZMI Districts and Partners Consultative Meeting held at the Chrismar Hotel, Livingstone, Zambia

The main focus of the Livingstone meeting revolved around delivery of the end products: Joint TZMI action/operational plan; TZMI districts plan with activities for harmonization and synchronization and the TZMI business plan to support the harmonization and synchronization of the activities. Emphasis was also put on Active Case Detection (ACD), data management, and baseline survey, BCC/IEC, Coordination and communication. All these activities are aimed at reducing transmission to near zero by 2013 and malaria elimination by 2015 in the TZMI districts. The presenters and facilitators were selected from a country, regional and global pool of experts who would ensure a focused meeting that was going to deliver the planned outputs/products. These would guide group work sessions in line with their expertise. The first group work concentrated on working with districts to determine activities that they are not currently implementing and would want to start implementing. These activities would form the core activities for harmonization and synchronization.

The meeting was jointly funded by the SARN Secretariat (RBM) and MACEPA. The TZMI Livingstone meeting was therefore designed to ensure the following:

2. Objectives:

1. Review district level operations/activities/areas of harmonization for taking TZMI to “Near Zero”
2. Review business plan to support district level operations and harmonization
3. Share experiences and lessons learnt on the concept of transmission reduction.

3. Participants

The meeting was attended by : 4 Program managers; 5 National data managers; 15 District health officers (DMO); 15 District data focal points; 5 delegates from MACEPA; 1 SADC Secretariat; 3 SARN Secretariat; 1 Consultant data manager; 1 RBM Secretariat; 1 SADC Military Malaria Coordinator; 2 Sanofi Aventis; 1 Global Health Group (GHG); 2 Macha Institute and 3 Akros Research.



Earle Duncan (MACEPA) presenting on Taking Malaria Transmission to Zero

4. Main outcomes

- TZMI district plans with budgets.



- TZMI business plan with budget to support harmonization and synchronization of activities.
- TZMI Interim Coordination Committee.
- Baseline survey tools for collecting data to fill identified gaps.
- Identified partners and experts to support the TZMI operations.
- Information on ACD and taking malaria to near zero.
- SARN Secretariat to continue providing Secretarial services until the TZMI Secretariat becomes fully functional.
- Districts to provide information which would guide selection of the district where the TZMI Secretariat would be hosted – the district must have a partner willing to host the Secretariat, must be accessible and have the basic economic facilities (banks and other supporting services) including office space to support the logistical needs. All information will be sent to the SARN Secretariat for consolidated and recommendation to the TZMI Interim Coordination Committee for the final decision to be taken.
- Districts were requested to ensure that the remaining data gaps be filled and sent to SARN within three days of finishing the meeting.
- An interim TZMI coordination team comprising of: 5 district officers (i.e. 1 from each country), SARN Secretariat, MACEPA was selected to provide coordination until the establishment of the Secretariat.
- The TZMI Coordination team would comprise the following: the Project Coordinator, the data manager, the Communication Officer, the Secretary and a driver.
- The TZMI Technical Team will include: 5 District managers, 5 NMCP managers, MACEPA, Sanofi Aventis, MACHA Institute, Akros Research, Global Health Group (GHG), SADC Secretariat, the SADC Military Malaria Coordinator, SARN Secretariat and RBM Secretariat.
- District teams were empowered with new knowledge especially on development of district operational plans and budgets, ACD and taking malaria to near zero.
- Improving malaria surveillance using the mobile cell phone technology was hailed as a successful method that would be implemented by all districts.



Districts teams revising their Work Plans

5. Summary of Activities Identified by Districts for Harmonization and Synchronization

The district teams reviewed their annual plans and outlined activities they are not currently implementing in their districts which they would want to start implementing. The new activities would form the areas of harmonization and synchronization in all the TZMI districts. The following identified activities will be carried out by all districts and will form the core areas of harmonization and synchronization:

- Hold inter-districts cross-border meetings, attend TZMI Meetings (bi-annually), strengthen communication and information sharing with adjacent districts including documentation and publication of best practices and production of IEC and BCC materials in local languages
- Introduce the mobile phone technique for reporting and improve communication to ensure peripheral health facilities weekly reporting
- Standardization of data collection tools and harmonization of policies and guidelines
- Develop a tool to capture information on pregnant women who contract malaria



- Conduct Active Case Detection (ACD), strengthen use of RDTs and microscopy to confirm diagnosis, collect samples for PCR, perform mass screening and treatment and use GIS to map all malaria cases
- Development of the TZMI website which will be linked with the SARN, RBM and NMCPs websites
- Conduct capacity building and training workshops for all health workers including data managers, community based health workers, communities and introduce cross border referrals and outreaches
- Lobby for additional funding
- Conduct trials on the Wall plating technique currently on trial in the Kunene province of Angola
- Establish district coordinating teams and campaign for the removal of border restrictions and ensure participation of other government offices such as immigration officers to some meetings
- Strengthen Procurement and Supply Chain Management (PSM) of malaria commodities
- Strengthen Surveillance Monitoring and Evaluation (SME) including drug and insecticide resistance monitoring
- Introduce chemoprophylaxis and awareness materials among tourists/visitors, screening and treatment of truck drivers including space spraying of vehicles at border posts

It was however acknowledged that due to the homogeneity of malaria in the districts, some activities may not be implemented in all districts. As a result, the following activities are those that relate to specific districts:

Angola - Rivunga, Kalai, Dirico and Coungari districts

- The districts will start implementing IRS, introduction of fogging, conduct universal LLINs coverage and develop IPT reporting tool.

Namibia - Caprivi and Kavango districts

- Will conduct universal LLINs coverage, develop IPT reporting tool and carry out laticiding. Entomological sites and community management of malaria will be introduced in Kavango district.

Zambia - Sesheke, Shang'ombo, Kazungula and Livingstone districts

- The 2 districts will embark on expansion of IRS program and Universal coverage of LLINs. Laticiding which is currently under massive trial in the Kunene province of Angola will be introduced in Shang'ombo district.



- Extension of IRS in farms and Safari camps will be done in Chobe (Botswana), Livingstone and Kazungula (Zambia)

Zimbabwe – Binga and Hwange districts

- Entomological sites and community management of malaria will be introduced in Hwange and Binga

Botswana – Okavango, Chobe districts

- Extension of IRS in farms and Safari camps will be done in Chobe while entomological sites and community management of malaria will be introduced in Okavango district.

6. Implications and Recommendations

A. SADC Secretariat:

- Ensuring of monitoring and evaluation and documentation of progress made in the region
- Mobilization of resources
- Coordination and facilitation of the implementation of SADC Policy and Strategies on malaria management such as the SADC Malaria Minimum Standards.
- Strengthening of Partnership within the region
- Ensuring of consistent Advocacy and Communication

B. SARN Secretariat

- Mobilization of resources
- Tracking of country road map on cross border malaria initiative
- Mobilization of Partners on cross border malaria initiative
- Providing Technical Assistance
- Support the secretarial services and coordination
- Support identification, documentation and ;publication of best practices
- Support development and publication of quarterly and annual reports
- Facilitation of teleconferences (TCs) by providing the TCs linkages
- Development of the TZMI website to be linked with the SARN, RBM and NMCPs websites
- Facilitating exchange visits
- Organize review of TZMI business plan and development of proposals for resource mobilization



- Support development of IEC materials for annual events such as the SADC Malaria Week Events and the World Malaria Day

C. TZMI National Malaria Control Programs (NMCPs)

- Provide oversight and leadership
- Determination and providing resources to support implementation of identified activities
- Monitor implementation of the TZMI action plan and Business Plan
- Documentation of the progress made
- Mobilization of resources
- Supervision of the districts
- Advocacy and Communication (even after malaria elimination)
- Surveillance Monitoring & Evaluation (SME)

D. TZMI Districts

- Implementation of the TZMI action plan and business plan
- Surveillance Monitoring and Evaluation (SME) and synchronized reporting of TZMI activities
- Mobilization of TZMI communities/partners
- Organize and participate in inter district meetings
- Update of district action plans
- Organize capacity building workshops and training including information/best practice sharing sessions
- Documentation and publication of best practice
- Develop and publish quarterly and annual reports

E. Partners

- Mobilize and provide Technical Support
- Mobilize additional resources
- Advocacy and Communication
- Support documentation and publication of best practices, quarterly and annual reports
- Support development of IEC materials for annual events such as World Malaria Day (WMD) and SADC Malaria Day events
- Support development of proposals for resource mobilization

7. The Next Steps

- a. Finalization, packaging and publication of the TZMI districts and joint action and business plans
- b. Selection of the TZMI district that will host the Secretariat
- c. Operationalization of the TZMI secretariat
- d. Conduct baseline survey to fill programmatic, epidemiologic and parasitological gaps and submission of data by the districts data focal points
- e. Mobilize resources for operationalization of the TZMI activities
- f. Official launch of the TZMI action and business plans by the health ministers of Angola, Botswana, Namibia, Zambia and Zimbabwe
- g. Operationalization of the TZMI Technical Committee
- h. Development of the TZMI Monitoring and Evaluation Plan





Photos on Districts Work Groups and Presentation at the TZMI Meeting, Chrismar Hotel, Livingstone, Zambia