

**EASTERN AFRICA ROLL BACK MALARIA REGIONAL NETWORK  
(EARN) EXTENDED NMCP MANAGERS AND ECC MEETING**



---

**UMUBANO HOTEL, KIGALI RWANDA**

**FEBRUARY 2012**

*Report compiled by*

*Joaquim Da Silva  
EARN Coordinator*

## ACRONYMS

ACT	Artemisinin-based combination therapy
ALMA	African Leaders Malaria Alliance
AMFm	Affordable Medicines Facility – malaria
ARI	Acute respiratory infection
BCC	Behaviour change communication
CCM	Community case management
CHMIS	Community Health Management Information System
CHW	Community Health Worker
CQ	Chloroquine
DDT	Dichlorodiphenyltrichloroethane
EANMAT	East Africa Network for Monitoring Antimalarial Treatment
EARN	Eastern Africa Roll Back Malaria Regional Network
ECC	EARN Coordination Committee
ESA	Eastern Africa
GCC	Gulf Cooperation Council
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMAP	Global Malaria Action Plan
GMP	Global Malaria Programme
GPARC	Global plan for artemisinin resistance containment
HEW	Health extension workers
HMIS	Health Management Information System
HSS	Health Systems Strengthening
HWG	RBM Harmonization Working Group
iCCM	Integrated community case management
IDA	International Development Association
IEC	Information, education and communication
IPTp	Intermittent preventive treatment for pregnant women
IRS	Indoor residual spraying
IST	Inter-country support team
ITN	Insecticide-treated net
LLIN	Long-lasting insecticide-treated net
M & E	Monitoring and Evaluation
MACEPA	Malaria Control and Evaluation Partnership in Africa
MARP	Most At Risk Population
MDGs	Millennium Development Goals
MIS	Malaria Indicator Survey
MOH	Ministry of Health
MOP	Malaria operational plan
MPR	Malaria Program Performance Review

NGO	Non-governmental organization
NMCP	National Malaria Control Program
NMSP	National malaria strategic plan
NSP	National strategic plan
ORS	Oral Rehydration Salts
PMI	President's Malaria Initiative
RBM	Roll Back Malaria
RDT	Rapid diagnostic test
RUTF	Ready to Use Therapeutic Food
SAM	Severe acute malnutrition
SARN	Southern Africa Roll Back Malaria Network
SME	Surveillance and monitoring and evaluation
SP	Sulfadoxine-pyrimethamine
SWOT	Strengths / Weaknesses / Opportunities / Threats
TET	Therapeutic Efficacy Testing
TRP	Task Review Panel
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WHO-AFRO	World Health Organization Regional Office for Africa
WMR	World Malaria Report
WWARN	WorldWide Antimalarial Resistance Network

## FOREWORD

EARN held its first extended ECC-NMCP Managers meeting in Kigali, Rwanda from 12<sup>th</sup> to 16<sup>th</sup> February 2012. The main objectives of the meeting were to evaluate the network performance, progress and constraints encountered during the implementation of 2011, lessons learnt and endorse the PWP 2012. The meeting also reviewed various issues pertaining implementation of countries roadmaps towards GMAP 2015 targets and milestones in East Africa and decided on critical support to countries to overcome bottlenecks during the process.

The main issues discussed during the meeting were related to country malaria control roadmaps updates, the cancelation of the GFATM round-11 and transitional funding mechanism and the need for countries to conduct comprehensive gap analysis and consider alternative sources of funding for malaria control that could include increased domestic resources in order to sustain the gains made in the last ten years.

The Meeting also addressed the need to continue strengthen in-country malaria partnerships as a way to improve the use of available resource, create synergies, avoid wastage and protect the gains made against malaria. The role of EARN for coordination, convening and facilitate communication among NMCPs and partners was once again emphasized by all participants.

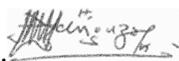
This meeting was particularly helpful in tracking and updating roadmaps implementation, identifying bottlenecks to malaria control implementation in countries, and chart out the technical assistance need to countries for 2012. During the meeting, it was also recognized the need to focus on major bottlenecks hindering implementation of national malaria control workplans and provide solution to overcome them. EARN performance and relevance, as well as the functioning of its secretariat, were evaluated during the meeting. The evaluation indicated to the need of improving communication between the secretariat, NMCPs and partners as well as on documentation and visibility of EARN achievements.

East African countries, by and large, have recently experienced significant reduction of malaria morbidity and mortality. EARN is looking forward to continue to support them to tackle their ambitious and realist aims of reducing the socio-economic burden of malaria, promote development and reaching near zero deaths by 2015. We are indeed honored to be associated with the success of this invaluable meeting. We wish you good reading.



Dr. Corine Karema

EARN Co-Chair



Mr. Athuman Chiguzo

EARN Co-Chair

## 1. Acknowledgements

The first quarter extended Eastern Africa Regional Network (EARN) was attended by all NMCP managers representing 13 malaria endemic countries and participants representing all EARN constituencies with exception of academia that was absent with excuse. EARN would like to take this opportunity to thank the following institution and individuals for their support that contributed for the success of the meeting:

- Honourable Dr. Agnes Binagwaho, Minister of Health Rwanda
- National Malaria control Program, Rwanda
- UNICEF Country Office, Rwanda
- WHO-IST-AFRO
- RBM-CST Secretariat
- NNCP Managers from all EARN countries
- Members of the ECC
- SATGURU Travel & Tour Services
- Umubano Hotel

## 2. Background:

The Rollback malaria Eastern Africa Sub-Regional Network (RBM-EARN), hosted by UNICEF-ESARO, held its first extended quarterly Coordinating Committee (ECC) and National Malaria Control Programs (NMCP) managers meeting, in Kigali, Rwanda, from 12th to 16th February 2012 to review and endorse the previous year network performance report and appreciate the 2012 RBM Board approved Partnership Work Plan (PWP). The meeting will also evaluate and update the degree of implementation of East African countries roadmaps towards the achievement of the RBM Global Malaria Action Plan (GMAP) and coordinated actions to support countries to address major bottlenecks through provision of quality technical support.

This year, for the first time, the network extended the ECC meeting to include all NMCP managers. Together with representatives of different RBM constituencies with interest in malaria control in East Africa, they discussed the major constraints encountered during malaria control program Implementation. They also proposed solution to advance the interests of malaria control within the EARN network. The forum deliberated on the dates and content of the sub-regional network meetings that are planned to take place twice a year and to endorsed the EARN report to the RBM board and secretariat as well as to evaluate the performance of the network, EARN coordinator and the hosting mechanism. The meeting was crucial in providing uniform guidance on implementation of the annual 2012 RBM-EARN workplan.

EARN is one of the four RBM sub-regional networks set up to coordinate regional partnerships to deliver support to malaria control in countries of eastern Africa. Its core functions are to coordinate, convene and facilitate communication among partners and malaria endemic countries. In this process EARN, facilitates provision of technical

assistance to countries to solve bottlenecks related to the implementation of malaria control activities. During the meeting the NMCPs that have not been exposed to the new USB-Key tools for tracking malaria control implementation roadmaps were trained on the use of this new tool. Later, each country was given one USB-Key that they will use to upload updates on the RBM website. Amendments to the agenda meeting were made before starting the meeting to accommodate new items and optimization of discussion's flow.

### **3. Day One Proceedings-13/02/2012:**

#### **3.1. The opening ceremony**

The opening ceremony started with Dr Corine Karema, EARN Co-Chair, welcoming the participants to Rwanda and then invited the guest of honour Dr. Agnes Binagwaho, the Honourable Minister for health of the Republic of Rwanda to preside over the official opening of the meeting. Honourable Binagwaho addressed the audience and stressed the importance of maintaining the gains made in malaria control in the last decade and the need to support countries during the processes of GFATM transitional funding mechanisms applications. The Honourable Minister, before declaring the meeting officially opened, reiterated that Rwanda was happy and honoured to host the EARN ECC and NMCP managers meeting in Kigali and wished a successful discussion and fruitful deliberations and was looking forward to receive the main recommendation and action points of the meeting.

#### **3.2. Overall Objectives of the meeting**

- To Evaluate the performance of the 2011 PWP vis-à-vis the establish goals and KPIs
- To provide a forum for identifying innovative ways for strengthening the implementation of the 2012 EARN annual plan
- To identify bottlenecks and propose solution in order to speed up the implementation of malaria control activities in countries towards quality achievement of GMAP in East Africa.

#### **3.3. Specific Objectives**

- To consider the 2011 EARN annual report presented to the board in China
- To assess 2011 PWP performance and propose the way forward to improve performance
- To assess the performance of the EARN focal point and hosting mechanisms
- Technical Assistance planning
- Roadmap review and comprehensive gap analysis
- To operationalize the 2012 EARN PWP approved by the RBM board EARN

#### **3.4 Expected outputs:**

- 2011 EARN Annual report assessed against the targets and endorsed by the ECC
- Focal point performance and host mechanisms assessed and evaluated

- Response plan to Road map implementation bottleneck
- Technical assistance discussed, country missions and teams discussed and approved by the ECC
- Plans for implementation of 2012 MPRs and strategic plans development support discussed and endorsed
- Joint Operational plan for GF and RBM discussed and recommendations made
- Brief on the Situation (War) Room Mechanism to Program managers and ECC Members

#### 4. Presentations:

##### 4.1. 2011 EARN Report

The first day series of presentations, started with Mr. Athuman Chiguzo, EARN Co-Chair, presenting the overall 2011 EARN summary report that was presented to the RBM Board meeting in China. The presentation described and highlighted the strategic challenges faced by EARN during the implementation of its work plan and action taken to overcome some of those challenges and the overall outcomes of workplan implementation.

During his presentation, Mr Chiguzo alluded the impact of delayed GFATM grants disbursements, challenges faced by countries with GFATM PSM related activities and how EARN worked with other RBM mechanisms to address the implementation of the “three ones” with basis on comparative advantage of the different RBM mechanisms. Regular interaction with NMCPs, GFATM’s PRs and SR, PM and IPs to assessed the situation and identify bottlenecks and provided appropriate solutions was common place during the 2011 EARN PWP implementation. As a result of the wider coordinated partnership support Countries had improved their grant performance to B1.

Procurement supply management (PSM) weaknesses were identified at the beginning of the year. Several EARN countries were facing PSM challenges. Tanzania, Kenya, Rwanda, Burundi, Uganda and South Sudan. EARN has taken action to coordinate technical assistance missions to review PSM systems in affected countries. These missions identified major PSM constraints and worked with PSM TWG and resolved bottlenecks. Most NMCPs have been exposed to GFATM related malaria commodities quantification and forecast processes.

He mentioned the support EARN provided to countries to conduct Malaria Program Reviews (MPRs) and to develop new malaria strategic plans and therefore achieve alignment of countries strategies to the GMAP.

He also mentioned progress made by EARN in terms of harnessing political commitment for the ban of artemisinin oral monotherapies that culminated with most EARN countries signing (with exception of South Sudan, Ethiopia and Somalia) the commitment to ban manufacturing, importation and commercialization of oral artemisinin monotherapies and thus contribute to the implementation of GPARC.

With regards the full implementation of the “Three Ones” approach, some EARN Countries were not fully implementing the Three Ones” approach at the beginning of the year. Such cases were Burundi and South Sudan where in-country partnership coordination were not fully functional. EARN held an annual review and planning meeting in Mombasa with all NMCPs and malaria partners in East Africa. This meeting was followed up by in-country partnership support mission to Burundi, Rwanda, South Sudan, Djibouti and Uganda. As a result, improvements in in-country partnerships coordination were reported in those countries.

EARN supported the alignment of country strategic plans to GMAP in 7 Countries (Burundi, Comoros, Ethiopia, Djibouti, Rwanda, Uganda and Tanzania) through support to MPRs and development of new malaria strategic plans. Uganda and Rwanda have since finalized their new strategic plans. No much progress was made from the phase-2 MPR in Djibouti. The process has been stalled since then and consultation between AFRO and EMRO are planned to help the country to finalize the process and develop the new national malaria strategic plan. All EARN countries have migrated from PPT into USB-Key roadmap tool and have their roadmaps regularly updated and uploaded to the RBM website.

Mr. Chiguzo concluded his report by stating that the EARN has performed well against its KPIs for 2011 and as of October 2011 EARN has spent more than 90% of it allocated budget. By the end of December the budget execution was close to 100%. He mentioned the Republic of Yemen joined as a new member of the network during 2011.

#### **4.2. MPR and Strategic Planning updates**

Dr Paluku, from WHO-IST-AFRO provided an overview of the progress made in MPRs and the challenges ahead to develop new malaria strategic plans. He emphasized the importance of publishing and dissemination of the MPR reports as well as the need to respect and take into consideration the MPR recommendation during the process of developing new malaria strategies. There is also a need to update national malaria policies and monitor implementation of MPR recommendations by countries as they redesign their policies and strategies. Dr. Paluku finalized his presentation by presenting the general outline of a good malaria strategic plan.

#### **4.3. EARN countries GFATM status update and TFM**

Dr. Renshaw from ALMA provided an overview of the GFATM grants of the EARN countries and the estimate requirements to maintain the gains made in malaria control as well as to provide the essential services to countries. Dr. Renshaw did mention of malaria commodities gaps as, 308 million LLIN, 518 million RDTs and 559 million ACTs so as to achieve and sustain universal coverage. She referred that with the new management at GFATM there is an increased likelihood of the next round to be called.

TFM proposals are under development in 13 countries, 7 in Africa with HWG support. HWG will coordinate support for the EARN Countries. There is a need for a comprehensive gap analysis and to consider alternative sources of funding including domestic funding. Dr.

Renshaw finalized her presentation by saying that it is moral imperative to fill this gap in order to preserve the gains made against malaria.

#### **4.4. Roadmaps progress and achievements**

Dr. Boi-Betty Udom from the RBM Secretariat facilitated this section starting with an overview of the EARN countries that have migrated from PPT format to the new USB-key and mentioned that most of EARN Countries were on track with regards their roadmaps to GMAP. The countries that were not yet exposed to the USB-Key were trained and received the USB-key and were oriented on how to upload their roadmaps on the RBM website.

It was discussed whether the roadmaps should be updated monthly or quarterly. It was agreed to leave that decision to countries. Nonetheless, it was agreed that all countries should provide at least quarterly updates of the roadmaps implementation and those countries with pressing needs should do it as often as required or at least once a month in order to flag up technical assistance needs that can be provided by EARN or other RBM mechanisms.

#### **4.5. Country roadmaps tracking and update and technical assistance needs**

The first day afternoon started with countries presenting their roadmaps in alphabetical order. Each country highlighted the achievements and constraints encountered during the implementation of the malaria control plans. This session continued into the following day that started with recap of discussion of the previous day.

### **5. Day Two Proceedings-14/02/2012:**

#### **5.1. Country roadmaps tracking and update and technical assistance needs**

The day#2 started with the recap of day #1 and continued with group work whereby countries were divided in groups of 2 or 3 according to the similarities of their programs. Mr. Richard Carr and Dr. Udom presented the orientation for the group work and countries broke away in groups to continue to update their roadmaps supported by chosen facilitators as well as to provide a peer review and feedback to other countries and vice-versa.

Mr. Carr also provide the rational and modus operandi of the recently created situation room, which is meant to focus on high burden countries that are lagging behind in terms of their implementation of roadmap and in relation to GMAP. He explained how the situation room team will liaise with the SRNs once bottlenecks are identified for resolution.

The meeting reconvened afternoon and summary presentations of main achievement and challenges country by country were provided by a representative of each group. In this session, main highlights of the roadmap from Burundi, Comoros, Ethiopia, Eritrea, Djibouti, Kenya, Somalia, Sudan, South Sudan, Tanzania, Uganda and Yemen were presented and discussed in plenary. Major Achievements, challenges were shared and technical assistance needs identified.

The countries continued to highlight the achievement and challenges faced during the implementation of their workplans in previous the year and clearly stressed the areas they might require support from EARN and other RBM mechanisms and partners.

The countries mentioned the challenges of obtaining data from other malaria partners operating in country. Some of the shortfalls of the USB-Key tool mentioned by countries was that it does not allow sharing, editing or participatory updating. Monthly updates are too frequent. Need to revise this from monthly to quarterly updates. Also the USB Tool could easily get lost or misplaced.

#### **6. Day Three Proceedings-15/02/2012:**

The day#3 started with the recap of day #2 and continued with Burundi, Eritrea, Yemen, Somalia, Tanzania and Rwanda presentations followed by plenary discussions. The countries submitted the first draft of technical assistance needs for 2012 to EARN and were tasked to complete the draft once back home and resubmit to EARN coordinator with a clear timeline when request will be required.

EARN coordinator presented for the new members the eligibility criteria and standard procedures for EARN support to countries. He highlighted the following:

- Relevance, priority and alignment with GMAP and EARN PWP
- Preferably as a follow on agreed TA during interaction with EARN mechanisms
- It must qualify as a bottleneck for implementation of malaria control in country
- Support of GFATM grants implementation that are not directly supported by the grants
- After agreed TA support, the country must submit an official request to the EARN coordinator
- The coordinator reviews the request submitting it to the EARN Chairs and ECC members for endorsement of the request
- Once the request submitted and approved by ECC, EARN engages with the country to identify a consultant
- Consultancy evaluation form to country
- Focal point to review the request and develop a short summary recommendation to the Chairs and ECC members

#### **7. Meeting recommendations and key action points:**

- Countries to finalize the 2011 roadmap and submit by the end of February
- Countries to complete 2012 roadmap and submit first week of March
- Countries should work with Gap analysis tools and provide feedback to HWG by mid-March
- RBM to consider the improvement of USB key tool vis-à-vis the feedback received from countries
- Review TA request list and provide prioritized list of support needs before end of March
- Submit timely TA (MPR, MSP, M&E plan, etc...) requests to EARN/RBM Coordinator.
- Next EARN meeting in September 2012 in Arusha Tanzania.

- Submit TA (MPR, MSP, M&E plan, etc...) requests to EARN/RBM focal point in due time
- Next EARN meeting in September 2012 Arusha
- RBM to encourage countries to develop malaria risk maps reflecting current trends of malaria epidemiology based on reliable data to enable target intervention and cost saving.

## 8. EARN Network Evaluation:

For the evaluation conducted by the NMCP managers and ECC members please refer to the below statistics in the appendix #9. The overall evaluation indicates that EARN has relevance to support countries to disentangle implementation bottlenecks as well as to mobilize and coordinate technical support to countries. The evaluation results also indicate that the network is a good instrument for convening and coordination of partners as well as for facilitation of communication between NMCP and partners to share best practices and cross-fertilization among programs in the sub-region. However, the report indicates that there is need to improve communication among partners and NMCPs as well as documentation of the achievement of the network through RBM website and other means.

For more details, please refer to annex #01. A committee composed by the EARN and Chair and a member from RBM-CST Secretariat conducted also an evaluative appraisal of the network coordinator and the preliminary report of the evaluation to be commented by the coordinator before finalization is included in annex to this report.

## 9. Appendixes:

### 9.1. Appendix #1-EARN Evaluation Results:

#### Q1. Convene

How well does EARN Convene Sub-Regional Partners?

Q1	Frequency	Percent
1	1	4.2%
2	3	12.5%
3	10	41.7%
4	7	29.2%
5	3	12.5%
<b>Total</b>	<b>24</b>	<b>100.0%</b>

#### Q2. Coordination

Q2.1 Overall how well does EARN coordinate partner's efforts to control and eliminate malaria?

Q2.1	Frequency	Percent
1	2	8.3%
2	4	16.7%
3	10	41.7%

4	6	25.0%
5	2	8.3%
<b>Total</b>	<b>24</b>	<b>100.0%</b>

**Q2.2 How well does EARN coordinate implementation support?**

Q22	Frequency	Percent
1	1	4.3%
2	4	17.4%
3	12	52.2%
4	4	17.4%
5	2	8.7%
<b>Total</b>	<b>23</b>	<b>100.0%</b>

**Q2.3 How well does EARN help countries to respond to Global Implementation Barriers?**

Q23	Frequency	Percent
1	2	8.7%
2	5	21.7%
3	9	39.1%
4	6	26.1%
5	1	4.3%
<b>Total</b>	<b>23</b>	<b>100.0%</b>

**Q24. How well does EARN support endemic country representation on the RBM Board?**

Q24	Frequency	Percent
1	1	4.8%
2	3	14.3%
3	11	52.4%
4	4	19.0%
5	2	9.5%
<b>Total</b>	<b>21</b>	<b>100.0%</b>

**Q3. Facilitate Communication**

**Q3.1 Overall how well does EARN facilitate communication between partners and provide a forum for mutual learning?**

Q31	Frequency	Percent
1	2	8.3%
2	5	20.8%
3	9	37.5%
4	6	25.0%

5	2	8.3%
<b>Total</b>	<b>24</b>	<b>100.0%</b>

**Q3.2 Does EARN better facilitate communication through peer support and shared learning?**

Q32	Frequency	Percent
1	2	9.5%
2	4	19.0%
3	7	33.3%
4	7	33.3%
5	1	4.8%
<b>Total</b>	<b>21</b>	<b>100.0%</b>

**Q3.3 How well does EARN disseminate Partnership consensus statements?**

Q33	Frequency	Percent
1	2	8.7%
2	3	13.0%
3	9	39.1%
4	4	17.4%
5	5	21.7%
<b>Total</b>	<b>23</b>	<b>100.0%</b>

**Q3.4 How well does EARN facilitate best practice sharing?**

Q34	Frequency	Percent
1	1	4.5%
2	4	18.2%
3	8	36.4%
4	6	27.3%
5	3	13.6%
<b>Total</b>	<b>22</b>	<b>100.0%</b>

**Q3.5 How well does EARN facilitate communication with local economic and political organizations to keep malaria high on their agendas and retain political support for malaria control and elimination efforts?**

Q35	Frequency	Percent
1	1	4.5%
2	7	31.8%
3	7	31.8%
4	2	9.1%

5	5	22.7%
<b>Total</b>	<b>22</b>	<b>100.0%</b>

#### Q4.1 EARN Functionality: Communication within network

Q41	Frequency	Percent
1	2	8.3%
2	3	12.5%
3	5	20.8%
4	11	45.8%
5	3	12.5%
<b>Total</b>	<b>24</b>	<b>100.0%</b>

#### Q4.2 Timeliness of response to support requests

Q42	Frequency	Percent
1	2	8.7%
2	3	13.0%
3	5	21.7%
4	9	39.1%
5	4	17.4%
<b>Total</b>	<b>23</b>	<b>100.0%</b>

#### Q4.3 Quality of support received

Q43	Frequency	Percent
1	1	11.1%
2	1	11.1%
3	5	55.6%
4	1	11.1%
5	1	11.1%
<b>Total</b>	<b>9</b>	<b>100.0%</b>

#### Q4.4 Mobilization of support (financial and other support, e.g. in-kind) for EARN activities

Q44	Frequency	Percent
1	2	8.7%
2	3	13.0%
3	11	47.8%

4	5	21.7%
5	2	8.7%
	23	100.0%

#### Q4.5 Responsiveness of EARN Coordinating Committee

Q45	Frequency	Percent
1	2	8.7%
2	3	13.0%
3	5	21.7%
4	9	39.1%
5	4	17.4%
Total	23	100.0%

#### Q4.6 Responsiveness of EARN Secretariat

Q46	Frequency	Percent
1	2	8.7%
2	4	17.4%
3	7	30.4%
4	7	30.4%
5	3	13.0%
Total	23	100.0%

#### Q.5. Overall EARN Performance

##### Q51. How well does EARN perform overall against its terms of reference?

Q51	Frequency	Percent
1	1	4.3%
2	3	13.0%
3	11	47.8%
4	6	26.1%
5	2	8.7%
Total	23	100.0%

##### Q5.2 How relevant is EARN to your overall malaria control efforts?

Q52	Frequency	Percent
1	1	4.2%
2	2	8.3%
3	11	45.8%
4	8	33.3%

<b>5</b>	<b>2</b>	<b>8.3%</b>
<b>Total</b>	<b>24</b>	<b>100.0%</b>

## 9.2. Appendix #2-List of Participants:

	Country	Contact Person	Title	Emails	Phone/mobile
1	BURUNDI	Dr L. BARADAHANA	NMCP Manager	baradahanalidwine@yahoo.fr	+257 77738590
2	COMOROS	Dr A. Bacar	NMCP Manager	anfanebacar@yahoo.fr	+2693352842
3	DJIBOUTI	Mrs Z. Abdillahi	NMCP Manager	Abdillahi_zamzam@yahoo.fr	+253815167
4	ERITREA	Mr. S. Mihreteab	NMCP Manager	selamm@moh.gov.er	+2917140801
5	ETHIOPIA	Dr. H. Solomon	MoH Ethiopia	Hiwisol2006@yahoo.com	+2519101002
6	ETHIOPIA	Dr. A. Tekalegne	Malaria Consortium	A.Tekalegne@malariaconsortium.org	+251911216102
7	KENYA	Dr. R. Kiptui	NMCP Officer	rkiptui@domkenya.or.ke	+254722756962
8	KENYA	Mr. Athuman Chiguzo	Kenaam & Co-Chair	chiguzoa@yahoo.co.uk	+254705240452
9	KENYA	Dr. Judy Omumbo	KEMRI Consultant	judyomumbo@gmail.com	+254788589300
10	KENYA	Dr. B. Bwambok	Vestergaard	bkb@vertergaard-fransen.com	+254733400087
11	KENYA	Dr. R. Nefdt	UNICEF-ESARO	rnefdt@unicef.org	+254737102470
12	KENYA	Dr. J. Da Silva	EARN Coordinator	jdasilva@unicef.org	+254731337122
13	KENYA	Dr. M. Renshaw	ALMA/HWG	melanie@amelior.org	+254715691124
14	RWANDA	Dr. E. Hakizimana	NMCP Officer	ehakizimana@gmail.com	
15	RWANDA	Dr C. Karema	NMCP Manager & Co-Chair	ckarema@gmail.com	+250788303915
16	RWANDA	Dr. Rukundo Alphonse	NMCP Officer	r.malaria@gmail.com	+250788307881
17	RWANDA	Dr. O. Irene	NMCP Officer	Umulisase@gmail.com	+250788589300
18	RWANDA	Dr. M. Murindababi	NMCP Officer	micuyange@gmail.com	+250788306814
19	SOMALIA	Dr. A. Shema	NMCP Somalia. Puntland	malariafpoint@gmail.com	+25224425255
20	SOMALIA	Mr. F. yusuf	WHO Somalia	yusuff@som.emro.who.int	
21	SOMALIA	Dr. A. Abdillah	NMCP Somalia. Somaliland	Dr.abdi-a@hotmail.com	+254727802811
22	SOMALIA	Dr. A. Hossein	NMCP Puntland	Puntland.nmcp@gmail.com	
23	SOMALIA	Dr. J. Amran	WHO-Somalia	amranj@nbo.emro.who.int	+254727802811
24	SOMALIA	Dr. Muna Shalita	UNICEF-Somalia	mshalita@unicef.org	+254719616508
25	SUDAN	Dr. Khalid Elmardi	NMCP Manager	khalidmrd9@hotmail.com	+249155155 592
26	S. SUDAN	Dr. Harriet Pasquale	NMCP Manager	Pasquale_h@yahoo.com	+211928179836
27	TANZANIA	Dr. Mohamed Ally	NMCP Manager	asjmoddy@yahoo.com	+255754746953
28	UGANDA	Dr. Seraphine Adibaku	NMCP Manager	adibakus@gmail.com	+256772507245
29	YEMEN	Dr. A. Al-Jasari	NMCP manager	Aljasari@hotmail.com	+267733553132
30	ZIMBABWE	Dr. C. Paluku	WHO-IST	palukuc@zw.afro.who.int	+2637722355231
31	Switzerland	Mr. Richard Carr	RBM Secretariat	carr@who.int	+41227913518
32	Switzerland	Dr. B. Udom	RBM Secretariat	udomb@who.int	+41227912482

### 9.3. Appendix#3-Agenda

#### Day 1: 12 February 2012

Time		Speakers/Facilitators
08:00 – 18:30	Arrival and registration	Dr J. Da Silva

#### Day 2: 13 February 2012

Time		Speakers/Facilitators
08:00 – 08:30	Opening remarks, objectives and participant introductions	Dr C. Karema
<b>Session One: Reviewing Progress on GMAP Implementation</b>		
08:30 – 9:30	Presentation of the 2011 EARN Performance report	Mr. A. Chiguzo
9.30 – 10.00	Operationalization of 2011 workplan: Lessons learnt	Dr. C. Karema
9.30 – 10.30	Updates on MPR and Strategic Plans development - <i>Discussion</i>	Dr. Charles Paluku
10:30 – 11:00	<b>Tea/coffee break</b>	
11:30 – 12.00	Comprehensive gap analysis	Dr. Renshaw/R. Carr
12.00 - 13:00	Use of GIS for Malaria control planning	Dr. J. Omumbo/Paluku
13:00 – 14:00	<b>Lunch</b>	
14:00 – 14:30	Overview of EARN 2012 workplan and activities	Dr. J. Da Silva
14:30 – 15:00	2012 In-Country partnership support mechanisms- Discussion	Dr C. Karema
15.30 – 16.00	Country roadmap implementation updates -Discussion	Dr. B. Udom/R.Carr
<b>Tea/Coffee break</b>		
16:00 – 16.30	GFATM Support: Grant signing, Implementation support update	Dr. R. Carr
16.30 – 17.00	Operationalization of joint mission to support country roadmaps implementation	Dr. C. Karema
17.00	End of the day	

#### Day 3: 14 February, 2012

Time	Session	Speakers/Facilitators
<b>Session Three: Coveneving, coordination and Communication</b>		
08.00 – 9.00	Development of EARN KPIs	Mr. A. Chiguzo
9.00 – 10:00	Decision on dates for the next EARN meeting in Arusha	Dr. C. Karema
10.00 – 10.30	<b>Tea/Coffee break</b>	
<b>Session Four: Roadmaps and EARN workplan activities</b>		
10.30 – 11.30	Roadmap update from Countries	Burundi
11.30 – 12.00	Roadmap update from Countries	Comoros
12.00 -13.00	Roadmap update from Countries	Djibouti
<b>Session Five: Roadmaps and EARN workplan activities</b>		
13.00 – 14.00	<b>Lunch</b>	
14.00-14.30	Roadmap update from Countries	Ethiopia
14.30 – 15.30	Roadmap update from Countries	Eritrea
<b>Session Six: Roadmaps and EARN workplan activities</b>		

15.30-16:30	Roadmap update from Countries	Kenya
16.30 – 17.00	<b>Tea/Coffee break</b>	
17.00 – 17.30	Roadmap update from Countries	Rwanda

**Day 4: 15 February, 2012**

Time	Session	Speakers/Facilitators
<b>Session Seven: Roadmaps and EARN workplan activities</b>		
08.00 – 9.00	Roadmap update from Countries	Somalia
9.00 – 10:00	Roadmap update from Countries	Sudan
10.00 – 10.30	<b>Tea/Coffee break</b>	
<b>Session Eight: Update</b>		
10.30 – 11.30	Roadmap update from Countries	South Sudan
11.30 – 12.00	Roadmap update from Countries	Tanzania
12.00 -13.00	Roadmap update from Countries	Uganda
<b>Session Nine: New Developments</b>		
13.00 – 14.00	<b>Lunch</b>	
14.00-14.30	Roadmap update from Countries	Yemen
14.30 – 15.30	Country tracking teams	Dr. J. Da Silva
<b>Session ten: Way Forward – building consensus on priority actions to enhance LLIN utilization</b>		
15.30-16:30		
16.30 – 17.00	<b>Tea/Coffee break</b>	
17.00 – 18.00	Technical Assistance Planning	

**Day 5: 16 February 2012**

Time	Session	Speakers/Facilitators
<b>09.00 – 13.00</b>	ECC restrict meeting	Dr C. Karema
<b>13.00</b>	End of the meeting and departure	