



Southern African Regional Network  
SECRETARIAT

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**SARN REPORT ON MISSION TO SOUTH AFRICA**

**ON**

**12<sup>TH</sup> PAN-AFRICAN NATIONAL MALARIA CONTROL PROGRAMS MEETING  
(APALP)**

**AND**

**6<sup>TH</sup> PAN-AFRICAN MATILATERAL INITIATIVE ON MALARIA (MIM) CONFERNCE**

**DURBAN, SOUTH AFRICA**

**05 - 11 OCTOBER 2013**

**SARN**  
**Gaborone, Botswana**

## **1.0 BACKGROUND**

Sanofi annually organises a meeting for malaria control programs and partners with the objective of sharing best practices and experiences in the control of malaria among African countries. The 12<sup>th</sup> Pan-African Malaria Control Programs meeting (“APALP”) took place in Durban, South Africa, from 5th to 6th October, 2013 at Hilton Hotel which was followed by the MIM conference from 7<sup>th</sup> to 11<sup>th</sup> October, 2013 at the International Convention Centre. SARN Coordinator and Knowledge and Information Management Officer attended the APALP and MIM meetings also attended by the Botswana, Madagascar, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, Zimbabwe and Zanzibar NMCPs and SARN Steering Committee Members from ALMA, Malawi, WHO-ISR-ESA and CHAI.

The theme for APALP was “Operational research, key to transitioning from malaria control to elimination” while the theme for the MIM conference was “Moving towards malaria elimination: Investing in research and control”.

## **2.0 APALP**

The 2013 APALP meeting was Co-chaired by Dr Constance Bart-Plange and Dr Devanand Patrick Moonasar Malaria Program Managers from Ghana and South Africa respectively assisted by Professor Wilfred Mbacham from University of Younde, Cameroon.

In the welcoming remarks, **Dr Devanand Patrick Moonasar**, NMCP Manager in South Africa, extended a warm welcome to all participants to the APALP in Durban, South Africa. He expressed that it was very encouraging that to have the 12<sup>th</sup> meeting of APALP and that it was good for the organisation. He also noted that the representation had increased from 15 Franco Phone countries to more than 30 countries including those from Anglophone and Lusophone blocks.. He stated that it was important to share best practices and expressed appreciation for the support of Sanofi for the APALP meeting and MIM conference.

Dr Robert Sebbag, Vice President Access to Medicines - Sanofi, emphasised the need to document the achievements made in malaria as a contribution to the attainment of the Millennium Development Goals (MDGs). He stressed that it was important to maintain means for fighting against malaria. In this regard, he pointed out that it was very critical for the public and private sector to work together. He further said that Sanofi supports control programs and partners to meet and share best practices not as a means of buying favour from programs for them to buy commodities from Sanofi.

Mr John Fagan, General Manager of Sanofi in South Africa, highlighted the achievements of Sanofi in improving access to quality and affordable treatment

through low price marketing of ACT, trainings and research. The impact has been reduction in malaria cases and deaths. He also presented Sanofi's presence in South Africa and the African continent which makes it the leader of the pharmaceutical industry in this part of the world. He welcomed all control programs and partners to South Africa.

The meeting was attended by over 30 countries from Africa and partners from all over the World.

WHO updated the meeting on malaria policy and strategy while Medicines for Malaria Venture shared on Medicines for Malaria Pipeline.

The meeting shared best practices and experiences in the following areas:

1. Vector control and Malaria elimination

- The role of Larval Source Management for Malaria Elimination.
- The experience of Mauritius in Larval Source Management for elimination malaria.
- Border control for the prevention of re-introduction of malaria into previously malaria free areas, a regional approach point for malaria elimination: E8 project update: this was presented by SARN.
- Challenges for implementation of Primaquine for malaria elimination in South Africa.

2. Malaria Case Management at community level

- Home-based management of uncomplicated malaria: The case of Madarounfa in Niger.
- Scaling up iCCM in a post conflict environment: The case of South Sudan.
- Community case management implementation in Burundi: Constraints, challenges and perspectives.
- From home-based management of fever to integrated Community Case Management of childhood illnesses, The policy frame gaps.

3. Open Communications

- Complications of Pharmacovigilance by High Consumption of Medicinal Plants: Synergy and Antagonism with New Phytochemical compounds.
- Use of telemedicine and new technologies in malaria, sharing experiences, example from Côte d'Ivoire.
- Assessment of the therapeutic efficacy of two artemisinin-based combinations in the treatment of uncomplicated P. falciparum malaria in children under 5 years in four district hospitals in Sierra Leone.
- Universal Access Campaign for mass distribution of LLINs in Malawi.

4. Procurement and commodities for malaria elimination

- Antimalarial commodities quantification and supply chain management: identified gaps and lessons learnt.
  - Economical assessment of Rapid Diagnostic Tests for the management of malaria in the District of Zinguinchor in Senegal.
  - Challenges associated with implementing a nationwide subsidized ACTs program—The AMFm experience in Ghana.
  - AMFm, lessons learnt and steps forward.
5. Advocacy and financing for malaria elimination
- Global Fund, "The New Funding Model".
  - Pledge Guarantee for Health, an innovative financing partnership.
  - Effective in-country strategies for mobilizing resources to fill gaps in malaria funding.
  - Using advocacy and communication for private sector engagement in the fight against malaria in West Africa.
  - The malaria bond experience, example of social responsibility commitment.

In the closure session, Dr Fatoumata Nafo Traoré, Executive Director - Roll Back Malaria shared on The Global Malaria Action Plan: results two years before 2015.

### **3.0 MIM CONFERENCE**

Malaria elimination has now become the goal in the fight against malaria scourge. It is in this context, that the 6th Pan-African Multilateral Initiative on Malaria (MIM) Conference took place in Durban, South Africa, from 6th to 11th October. This event brought together over 1,700 delegates : representatives from more than 60 African countries, from international organizations (Global Fund to Fight Aids, Tuberculosis and Malaria, World Health Organization, Roll Back Malaria partnership), managers of National Malaria Control Programs (NMCPs), scientific experts and key partners. Sessions and debates were focused on the theme: "Moving towards malaria elimination: investing in research and control." Delegates gathered to share their expertise and experiences in an effort to reduce the burden of the disease among the deadliest in the world, especially in Africa.



## 6th MIM Pan-African Conference Opening

In 2010, the World Health Organization (WHO) reported 219 million cases of malaria causing 660,000 deaths, 90% of which occurred in Africa. Children under the age of five are the main victims.

During the conference, on 9<sup>th</sup> October 2013, the South African Department of Health and the Roll Back Malaria Partnership (RBM) released a new report, the **RBM Progress and Impact Series – Focus on South Africa**. The report documents South Africa's decades long and successful fight against malaria and highlights SA's leading role in the goal to eradicate this disease which claims over 600,000 lives globally every year. SA's sustained and dedicated action has greatly contributed to the country meeting the sixth Millennium Development Goal (MDG 6), which calls on countries to reverse the incidence of malaria. Over the period 2000-2012, malaria morbidity and mortality declined by a remarkable 89% and 85% respectively from 64,500 cases to 6,847 cases and from 460 deaths to 70 deaths.

"South Africa has a long and proud track record fighting this disease," commented Minister of Health, **Dr Aaron Motsoaledi**. "We are proud to showcase our local expertise and scientific advancements in the Roll Back Malaria Progress and Impact Series. Thanks to our community of world-class scientists and the government's sustained investment in malaria control, South Africa is now well on its way being a malaria free country," said Dr Motsoaledi.

Commenting on the report, Director of the National Malaria Program, **Dr Devanand Moonasar** said, "South Africa has been fortunate in that the government has fully funded our national malaria control policy. We have also been fortunate in securing partnerships with key stakeholders such as Roll Back Malaria, who ensure that

results that we have achieved are widely disseminated through publications such as the Progress and Impact Series".



### **Launch of South Africa Progress and Impact Report.**

In 2007, the former Minister of Health, the late Dr Manto Tshabalala-Msimang set a goal of eliminating malaria from South Africa. Thanks to its progress against the disease and the country's collaboration with its SADC partners, South Africa is now well positioned to achieve its goal of malaria elimination by 2018.

SARN in conjunction with MAWG Co-chairs coordinated a side meeting on Advocacy for Resource Mobilization: Effective In-country Strategies for Mobilizing Resources to Fill Gaps in Malaria Funding for national malaria control programs from African countries. Dr. Fatoumata Nafo-Traore, RBM ExD opened the meeting and it was Co-chaired by Ms. Yacine Djibo, WARN Co-chair and Col. (Dr) Kaka Mudambo, SARN Coordinator. The meeting discussed ways of positioning malaria in view of the Global Fund New Funding Model (NFM) since currently most CCM are dominated by HIV advocates. Dr Nafo also emphasized the need for harnessing other means of increased advocacy in mobilizing for more resources for malaria at country level.

The following countries and partners attended the advocacy meeting: Angola, Botswana, Benin, Burkina Faso, Burundi, Cameroon, DRC, Equatorial Guinea, Gabon, Guinea, Madagascar, Mali, Mauritania, Mozambique, Niger, Rwanda, URT-Zanzibar, UR-Tanzania, Senegal, Cote d'Ivoire, South Sudan, Swaziland, Tchad, Zimbabwe, RBM Secretariat, HWG, WHO, ALMA, MAWG, Bloomberg School of

Public Health, UNICEF, Speak Up Africa, Sumitomo Chemical, CARN, EARN, SARN and WARN.

The following plenary lectures and symposia which were attended:

1. Day 1
  - Data-driven decision making in the context of IRS Scale up and increased insecticide resistance.
  - Field monitoring of malaria drug efficacy and safety.
  - Implementation updates: Global Malaria Programme.
  - Insecticide resistance: prevention and management.
  - Does combined use of IRS and LLINs give better protection than one method alone?
  - Malaria Case Surveillance and Rapid Response: From Control to Elimination.
2. Day 2
  - African –led Innovation in Antimalarial Drug Discovery.
  - From a one-size-fits-all to a tailored approach for malaria control and elimination.
  - Information Systems.
  - Multilateral partnerships for malaria elimination.
  - Information to enhance program effectiveness.
  - The Military: – a forgotten Group – Experiences of the SADC Military Health Services (MHS).
3. Day 3
  - Strategies for realising malaria elimination and eventual eradication.
  - Containing drug resistance while eliminating malaria - impossible or essential?
  - The final decade of malaria in Africa: planning for the endgame.
  - Investing in Quality Surveillance for Malaria (pre-) Elimination Programs.
  - Roll Back Malaria Impact Series for South Africa.
4. Day 4
  - Beyond Corporate Social Responsibility: AngloGold Ashanti and the Global Fund teaming up for Ghana.
  - Mosquito genetic variation and malaria transmission.
  - Malaria eradication: identifying and targeting the residual parasite pool.
  - Formulation of WHO policy recommendation for malaria vaccines and the malaria vaccine roadmap.
  - Towards strengthening the MIM into an organisation.
  - Pharmacovigilance in Africa.

## 5. Day 5

- Generation F3 and beyond – sustaining malaria RCS in Africa.
- The road from concept to proof of principle to deployment of the PfSPZ vaccine for elimination of Plasmodium falciparum malaria.
- Malaria control and elimination in a resource constrained environment.

## **4.0 CONCLUSION**

The mission was a success in that the APALP meeting and MIM conference provided a platform for exchanging best practices and experiences as well as providing networking opportunities with various organisations and individuals.