



CARN. Hosted by the Central Africa Regional Representation of the International Federation of Red Cross and Red Crescent National Societies, Yaounde

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CARN COORDINATION COMMITTEE MEETING BANGUI 15 - 16 NOVEMBER 2012

FINAL REPORT



CARN Secretariat

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The Central Africa Roll Back Malaria Network (CARN) Coordinating Committee (CC) members meet biannually in one of the network's 9 countries (Angola, Congo, DRC, CAR, Equatorial Guinea, Sao Tome, Chad, Cameroon and Gabon), to take stock of the level of implementation of malaria control activities in countries of the Central Africa region, and develop strategies to better support national programs and their partners. It is against this backdrop that the second annual meeting of the Committee was held, from 15 to 16 November 2012, at the Ledger Plaza Hotel in Bangui, capital of the Central African Republic (CAR). This meeting, chaired by the two new co-chairs (Dr. Marie Reine Jibidar and Dr. Joachim Lubiba), was an opportunity to discuss the problems facing the network and make useful recommendations.

PROCEEDINGS

I. Opening Ceremony

CARN Coordinator extended a warm welcome to all participants and acknowledged the presence of local partners.

This was then followed by a speech from the representative of the CAR's Minister of Health, who was unavoidably absent. Before declaring the working session open, the minister's representative commended the participants, on behalf of his government, for choosing to hold the meeting in the CAR. According to him, malaria is the leading cause of mortality and morbidity in the CAR, and constitutes 40% of consultations.

After the official ceremony, the agenda was amended by members of the CC, and the following two points added: Approval of CARN statute and amendment of the recommendations of the last teleconference (issue addressed during debates). The courtesy call by members of the Secretariat's Coordination Committee to the Minister of Health was pushed forward to 11 a.m.

The co-chairs were presented by the Coordinator of CARN, followed by the introduction of members and guests from the CAR.

The following organizations were present: UNICEF, SANRU, IFRC, the French Cooperation, the University of Douala, the University of Kinshasa, NMCP Cameroon, Standard Diagnostics and CARN Secretariat.

The following were absent: OCEAC, MNM, NMCP DRC, NMCP ANGOLA, PSI, RBM Geneva and WHO.

Invited organizations included: NMCP CAR, MSF, The Mentor Initiative, ASSOMESCA and NACC CAR.

THEMES OF THE MEETING

II. Presentation of the meeting

II.1 CO-CHAIRS' VISION OF THE FUTURE OF CARN

II.2 LEVEL OF IMPLEMENTATION OF MARCH 2012 RECOMMENDATIONS AND PWP ACTIVITIES

II.3 LEVEL OF IMPLEMENTATION: TECHNICAL ASSISTANCE

II.4 GROUP WORK

II.5. PLANNING FOR 2013

II.6. STATE OF ROADMAPS

II.7. PLANNING OF FUTURE JOINT MISSIONS

II.8. PRESENTATION OF INITIATIVE 5%

II.9 CONCLUSION

II.10.RECOMMENDATIONS

II.1. CO-CHAIRS' VISION OF THE FUTURE OF CARN (see Appendix 4)

The two co-chairs; Dr. Mary Queen Jibidar and Dr. Joachim Lubiba, presented their vision for the next 2 years. The main objectives are to revitalize the sub-regional platform and make each national malaria control "Task Force" functional and dynamic. Three main strategies were adopted in this regard;

a) Embark on a "seduction campaign" in order to mobilize other partners

To make the network more dynamic, partners who are not yet active on the platform must be mobilized. It is imperative for all groups (constituencies) to be represented. In this light, the core group will identify potential institutions, and organizations, provide them with information on the network and its achievements and invite these partners to CARN annual meetings. It is also vital to improve communication between members of the network not only to better assist member countries, but also to minimize expenses that may result from the lack of communication (cancellation of last minute trips of members that lead to unused air tickets ...). To avoid last minute absences, it is advisable for each member to send a representative to attend meetings, in case the main member is unavoidably absent. Thus, all members will be involved in debates and have the same level of information.

b) Mobilizing resources for CARN

Since current financial resources come from the RBM Secretariat, it is imperative to mobilize resources at network level to sponsor relevant activities that are not supported by the Secretariat.

To this end, opportunities should be seized, especially through the marketing approach, in order to sell the image of the network to private sector partners, bilateral organizations, corporate foundations etc.

c) Strengthening country monitoring and technical assistance

The aim here will be to strengthen monitoring activities in all 9 countries through regular contact between programs, partners and CARN, and provide technical assistance in the use/update of tools such as Roadmaps, preparation of strategic plans etc.

II.2. LEVEL OF IMPLEMENTATION OF MARCH 2012 RECOMMENDATIONS AND PWP ACTIVITIES

Ninety-two percent of the March 2012 Coordinating Committee recommendations have been implemented. Some key points were noted:

Cameroon: qualitative aspect of the roadmap improved;

Congo: dissolution of the local team due to lack of remuneration;

4 countries (DRC, CAR, Angola and Cameroon) have solid roadmaps;

At least one joint mission is recommended per year for each country;

II.3. LEVEL OF IMPLEMENTATION: 2012 TECHNICAL ASSISTANCE (see Appendix 5)

This is a review of what was done in each country.

Some activities were not realized due to restrictions imposed by OGAC funds, or because the countries failed to submit requests.

Cameroon: the strategic plan has been fully implemented, while the MPR has not yet been finalized. External evaluators (WHO) for the remaining phases 2 and 3 are being awaited; the country has declined the offer of a joint mission because they are very busy with preparations for transition to phase 2, whose results are highly awaited;

Congo, Chad and Equatorial Guinea: MPR not yet implemented.

CAR, DRC, Gabon, STP and Angola: MPR completed.

Gabon and Equatorial Guinea: possibility of mobilizing local resources, but need technical assistance;

CAR: very low level of activities carried out in phase 1 of Round 8 (country classified in category C by Global Fund)

DRC: Needs to develop a national drug supply plan, and a plan for the strengthening of national health information system (NHIS).

Sao Tome: the only country practicing indoor residual spraying; upsurge of malaria cases, difficulty in supplying drugs.

Chad: persistent change of coordinator and difficulty in implementing GFATM grant;

The Coordination Committee suggested that the document be supplemented with details on the composition of the teams that carried out various missions, names of consultants and the budget allocated.

Recommendations were made for the improvement of the consultant selection process, as well as for the evaluation of technical assistance provided to countries.

Day 2 began with group work in subcommittees (Advocacy and resource mobilization and Research), followed by a presentation in plenary. The prepared TORs will be incorporated in the vision of the Coordination Committee. Furthermore, each sub-committee will report on and present its activities during Coordination Committee meetings.

II.4. GROUP WORK

Two sub-committees were set up: the Advocacy and resource mobilization and Research.

TORs of the Advocacy and Resource Mobilization Subcommittee (See Appendix 6)

The group developed TORs and mechanisms required to boost the search for financial resources and attract new members through their integration of various interest groups of the CARN Coordination Committee. In order to successfully implement its action plan and achieve set goals, members should hold regular discussions through regular teleconference and meet half a day before the Core Group meeting for consultation.

TORs of the Research Subcommittee (see Appendix 7)

After an appraisal of research projects in the Central Africa sub-region, it was obvious that many reliable structures are conducting research, but the results are not well known due to lack of communication. The subcommittee then recommended that existing research

institutions, realized or ongoing projects and results achieved in each country be identified and registered. This information will then be posted online to serve as a guide. A list of relevant research topics should also be proposed by the Coordination; whose role will also consist of soliciting funds to carry out the research projects.

After deliberations in subcommittees, the Coordinator presented the draft of 2013 priority activities as defined by the RBM Secretariat.

II.5. PLANNING FOR 2013

A presentation of 2012 activities in relation to 2013 revealed that OGAG funds and RBM Secretariat contribution could no longer cover all activities. Henceforth, CARN will have to support some activities financially. A comparison of activities planned by CARN and those proposed by the RBM Secretariat revealed the table below. It shows that activities 14-18 considered crucial by CARN were not taken into account, whereas new activities are being proposed (*). The search for funds for activities 14 to 18 is found on the gap column, while SAF stands for funds that are not yet available.

	Activities	Core Funding (RBM) US \$	Earmarked Funding (OGAC)US\$	SAF (CARN) US\$	GAP US\$
1.	*Convene regional PPP meeting			30000	
2.	Mobilize TA to countries Under funding		180000		
3.	Initiate joint missions for financing plan and roadmap Under disease control		65250		
4.	Inter-country visit on community practices Under disease control			42750	
5.	Meeting with NMPC managers Under convenience, coordinate, facilitate		90000		
6.	MPRs and NSP developments Under disease control		225000		
7.	*Development of regional malaria strategy			10000	
8.	*Consensus meeting on regional strategy meeting			10000	
9.	SRN staff salaries, travel, office cost, hosting fees	350000			
10.	Pre board briefing Under convene, coordinate, facilitate			8000	
11.	ARPM Under convene, coordinate, facilitate			90000	
12.	SRN coordinator and network participation at RBM board meeting Under funding			8850	
13.	SRN participation at HWG meetings Under convene, coordinate, facilitate			9200	
14.	To bring countries to fine tune their gap analysis and refine proper country demand Under funding				48000 and HWG will be requested
15.	To offer a platform of understanding and				48000

	discussions on ICCM,SMC, IPTP, IPTI, GPARC, GPIRM Under disease control				
16.	To mobilize partners to improve procurement practices and supply chain management Under commodities				48000
17.	To support countries to generate evidence based quantification of country demand for all commodity categories Under commodities				See 16.
18.	CARN 1 st quarter meeting of steering group(19SC members for 3 days meeting) Under convene, coordinate, facilitate				42000

II.6. STATE OF ROADMAPS

Out of the nine CARN member countries, only 7 had filled roadmaps in 2012. Gabon and Equatorial Guinea still did not have 2012 roadmaps. Browsing through the contents of available roadmaps, the Coordination Committee was shocked at the way these documents were filled, and saw the need for some technical assistance to support programs and their partners in order to obtain tools that can be used by all for better resource mobilization. Considering the difficulties involved in understanding tools prepared in English and distributed to participants, it was proposed that these documents be translated into French, Spanish and Portuguese. The putting in place of a tutorial for a step-by-step explanation of the tools may also facilitate understanding.

II.7. PLANNING OF FUTURE JOINT MISSIONS

Priority countries for the next 3 months are Angola (which had prepared a request), Equatorial Guinea, Chad and Cameroon. Teams were formed to go on missions to these countries as follows:

Equatorial Guinea: Dr. Joachim Lubiba, Dr. Marie Reine Jibidar, Dr. José Nkuni and Olivia Ngou.

Chad: Dr. José Nkuni, Dr. Marie Reine Jibidar, Prof. Tona/Prof. Nsibu and Olivia Ngou.

Cameroon: Dr. Joachim Lubiba, Dr. Lamarque or Jean Luc Portal and Dr. Carole Eboumbou.

Angola: Dr. José Nkuni, Prof. Tona/Prof. Nsibu and Dr. Carole Eboumbou.

Other CC members will be consulted for their availability. Host country programs will be consulted for the preparation of the timetable.

This was followed by proposals for the agenda of upcoming CARN meetings. It should be noted that the annual meeting will be held in Bangui; instead of Luanda, in September 2013. Before that, it was proposed that the Core Group meeting should be held. The venue will either be Douala in Cameroon, or Ndjamen, Chad.

II.8. PRESENTATION OF INITIATIVE 5%

According to Dr. Lamarque, the objective of Initiative 5% is to meet the technical expertise needs of francophone countries in the following areas: support in the drafting of Global Fund applications, support in the consolidation of purchase and stock management plans, technical expertise to strengthen biomedical, prescription and epidemiological capacity, training in the management of grants, strengthening the capacity of National Coordination

Mechanism (CCM) etc.. The initiative can be implemented according to two complementary modalities as follows:

Channel 1 – expertise missions: mobilization of experts for 12 months to respond to specific country needs.

Channel 2 - Project Funding: Funding through a call for projects process, with a duration of 2 to 3 years.

Submission modalities are fairly simple and grants can be up to 1 million Euros. Several projects are currently underway, especially in the DRC, Cameroon and CAR.

II.9. CONCLUSION

Recommendations of the two days of deliberation were presented, and the meeting ended on 16 November 2012, at 5 P.M, after a word of thanks from the representative of the CAR Minister of Health, and encouragements from the UNICEF Representative in the CAR.

II.10.RECOMMENDATIONS

Recommendations were divided into themes as follows:

A. Embark on a “seduction campaign” in order to mobilize other partners

- 1) Support each CARN interest group in designating their representative to the CC, who will be responsible for relaying information to other members.
- 2) Set up a monthly newsletter on various activities carried out in countries of the sub-region on the basis of information provided by the countries and the partners (activities carried out and future ones).
- 3) Regularly update the RBM/CARN website.
- 4) Identify an NMCP-Partner pair at country level for the sharing of information, identification of the national Task Force and feedback to CARN.
- 5) Make national networks (Malaria Task Force) functional through regular quarterly meetings and sharing of reports with CARN Secretariat.
- 6) Network members should seize representation opportunities during events in which they participate.

B. Mobilizing resources for CARN

- 1) The advocacy and resource mobilization subcommittee is putting in place.
- 2) Ensure the holding of quarterly conferences of the advocacy and resource mobilization subcommittee.
- 3) Identify potential funding sources and develop specific resource mobilization approaches by category (bilateral and regional integration organizations, foundations, private business concerns, etc.)

C. Strengthening country monitoring and technical assistance

- 1) Ensure the systematic evaluation of technical support missions to countries (improvement of RBM technical assistance evaluation form, and the introduction of consultants' report forms...)
- 2) Plan at least one joint mission per year for each country.
- 3) Seek the opinion of CC members within 48 hours, on consultants chosen, before recommending them to the country.
- 4) Put in place a "Research" subcommittee to make an inventory of human and organizational resources available in the sub-region for operational research.

D. 2013 work plan

- 1) Harmonize and budget for the 2013 plan in the light of priorities of CARN and RBM Secretariat and identify real needs in order to better identify the Gap to be filled.
- 2) Advocate with RBM Secretariat to revise its funding procedures so as to ensure optimum functioning of CARN, especially by securing CARN coordination activities and collaboration with RBM Secretariat.
- 3) Reach a consensus on the content of a Central Africa regional strategic plan, in collaboration with all NMCPs and regional integration organizations (OCEAC, ECCAS...).

E. Gap analysis and roadmap

- 1) Leave responsibility for monitoring and controlling the quality of these tools at the level of SRNs by supporting member countries in the regular update of roadmaps in connection with their programmatic and financial gap analyses.
- 2) Post a French version of a tutorial defining the concepts and functionality of roadmaps on the website.
- 3) Translate FDR and Gap analysis tools into French, Portuguese and Spanish.
Organize a training/refresher course for potential consultants supporting countries in the development of FDRs and Gap analyses.

Although the point concerning the approval of CARN statutes was not discussed due to time constraints, the group proposed two amendments to be included in the statutes of CARN:

- Reimbursement of all costs associated with transit, visa fees and airport taxes of participants supported by CARN.
- Allow CC members to be eligible for TAs following the competitive selection process.

II.11. APPENDICES (see attachments)

1. TORs OF THE MEETING
2. AGENDA OF THE MEETING
3. LIST OF PARTICIPANTS
4. CO-CHAIRS' VISION OF THE FUTURE OF CARN
5. LEVEL OF IMPLEMENTATION OF 2012 TECHNICAL ASSISTANCE

6. TORS OF SUB COMMITTEE ADVOCACY AND RESOURCE MOBILIZATION COMMITTEE
7. TORS OF SUB COMMITTEE RESEARCH COMMITTEE