



**ANNUAL MALARIA CONTROL ACTIVITIES REVIEW AND  
PLANNING MEETING OF WEST AFRICAN NMCPs, JOINTLY  
ORGANIZED BY WAHO, WHO, UNICEF WCARO AND OTHER  
WARN PARTNERS**

**OBSERVATIONS AND RECOMMENDATIONS**

**Banjul, The Gambia, From 10 - 14 October 2011**

## **I. Introduction**

WARN organized its Annual Meeting of West African National Malaria Control Programmes (NMCPs) in The Gambia from 10th to 14th October 2011 under the patronage of Honourable Fatim BADJIE, Minister of Health and Social Welfare of the Republic of the Gambia, in her capacity as the representative of West Africa in the RBM Governing Board. The meeting was jointly organized by WAHO, WHO, UNICEF WCARO and other WARN partners.

The main objective of the said meeting was to conduct peer reviews of the 2011 road maps of each country and prepare new road maps for 2012 taking into consideration the interim targets that the RBM Governing Board recommended for countries with a view to attaining zero malaria deaths by 2015 or even elimination of malaria in some countries.

The overall objective of the meeting was to assess progress made by West African countries in the area of malaria control in 2011 in order to assist them prepare their 2012 road maps.

The specific objectives were to:

1. Review gains made by countries in the implementation of 2011 road maps (Peer reviews);
2. Prepare road maps for 2012 taking into account new targets set by RBM;
3. Assess the implementation status of funding from the Global Fund, PMI, Booster Program and other partners;
4. Prepare WARN's (West African Network of RBM Partners) 2012 work plan ;
5. Share information with countries on best practices in Malaria control and elimination in Africa;
6. Elect new WARN Core Group members.

At the end of the meeting, the following observations and recommendations were made:

## II. ASSESSMENT OF THE 2011 ROAD MAPS

### A. General findings:

Due to breach of undertakings made by some partners and non disbursement of funds expected from the Global Fund, the goal of universal coverage for key interventions such as LLIN, ACT, RDT and SP will, on the overall not be attained by the end of 2011 as the needs expressed this year by some countries will not be met.

The LLIN **gap** for the West African sub region is estimated at 20 149 043 LLIN that is to say 26% of needs not met in 2011. The LLIN gap concerns eleven countries and it is divided as follows:

- **Niger** (27%), **Mali** (21%), **Côte d'Ivoire** (13%), **Ghana** (12%), **Guinea** (10%), **Burkina Faso** (5%), **Senegal** (4%), **Togo** (4%), **Sierra Leone** (2%), **Mauritania** (1%) and **Nigeria** (1%).

The residual **gap in ACTs** is estimated at around 28 millions drugs, meaning 18% of needs. It concerns seven out of sixteen countries as follows:

- **Nigeria** (75%), **Benin** (7%), **Burkina Faso** (7%), **Côte d'Ivoire** (4%), **Sierra Leone** (3%), **Guinea** (2%) and **Mauritania** (2%).

There is a significant **gap in RDT** of 59 millions tests, which corresponds to a 48% shortfall compared to needs estimated for 2011. The gap concerns the following nine countries:

- **Nigeria** (61%), **Sierra Leone** (9%), **Niger** (6%), **Guinea** (6%), **Benin** (6%), **Mauritania** (4%), **Côte d'Ivoire** (3%), **Togo** (3%) and **Burkina Faso** (2%).

The **gap in SP** is estimated at 2.3 millions that's to say 9% of needs not met. This concerns only three countries:

- **Nigeria** (61%), **Mali** (33%) and **Mauritania** (6%).

### B. Recommendations made by the meeting:

- **To the countries:**
  - Update changes made in the needs assessment;
  - Prepare the 2012 road map with partners and submit it before the end of November;
  - Improve in-country supply chain management.
- **To WARN and Partners :**
  - Support relevant countries efforts to mobilize funds pledged by the Islamic Development Bank (IDB) : **Mauritania** and **Niger** ;
  - Assist relevant countries obtain the declaration of non objection from the World Bank needed for the disbursement of funds (**Mali, Togo** and **Burkina Faso**) ;
  - Assist countries to sign Round 10 with the Global Fund as quickly as possible;

- Help countries seeking to move on to Phase 2 on GF grants ;
- Review GF's VPP input procurement process;
- Encourage donor partners to honor their commitments with respect to the procurement of inputs to avoid them to become a bottleneck for countries.

## II. PREPARATION OF PROPOSALS UNDER ROUND 11:

### A. General findings:

Overall, the five countries (Benin, Burkina Faso, Mauritania, Niger and Togo) wishing to submit a technical and financial proposal under Round 11 have initiated the process, but are in different stages of preparation. While some countries are in the process of finalizing background documents, others have started filling the application form.

The peer review of the strategic directions and the definition of objectives could not be undertaken due to the varying levels of progress made by the different countries.

The level of knowledge and control over the processes demonstrated by the different international consultants were taken note of. This session enabled the meeting to update itself on recent developments.

### B. Recommendations made by the meeting:

- **To the following five countries (Benin, Burkina Faso, Mauritania, Niger and Togo):**
  - To finalize and validate all their normative/background documents (MPR, MNSP, M&E, PSM, etc..) so as to proceed with a sound analysis of the context and the definition of priority interventions as well as sound objectives within the framework of R11 ;
  - To proceed with the consolidation of their proposals before filling the form;
  - To base the logical framework on an exhaustive analysis of the context of the disease (goal, objectives, SDA and activities), table explaining the activities interrupted, performance framework, consolidated budget and incremental budget.
- Maintain the momentum gained and carry on with the proposal whilst awaiting directives from the Global Fund

#### To WARN and partners :

- To dispatch a letter to the Niger CCM requesting them to remobilize the thematic groups that they put on hold and carry on with the R11 preparations, as well as provide technical support for the preparation of the budget ;
- To dispatch a technical team to **Mauritania** to assist in the « Strengthening of Community Systems » component and for the PSM Plan;
- To dispatch a financial expert to **Burkina Faso** to provide technical support in budgeting some time before the submission of the proposal;

- To prepare a written brief to Benin and Burkina Faso, on the possibility or otherwise of submitting under R11 a funding request to the Global Fund for a combined IRS and LLIN covering the same geographical region;
- To provide support to **Togo's CCM** on: (i) whether or not they will qualify under the NSA (ii) to consolidate and prepare the document, in case of eligibility to NSA (iii) to prepare the PSM Plan within the framework of R9 which was already done a year ago.

### III. SIGNING OF R10 AND PHASE 2

#### A. General findings:

Only two countries in West Africa were able to sign Round 10 (**Sierra Leone** and **Cap Verde**). The meeting noted that the countries that have not yet signed Round 10 or phase 2 under ongoing grants. Reasons for significant delays were highlighted:

- Lack of understanding regarding the conditions to be fulfilled before the signing,
- Cumbersome administrative procedures and communication bottlenecks between the countries and the Global Fund during negotiations.

#### B. Recommendations made by the Meeting:

- **To the Global Fund and the Portfolio manager:**
  - For Round 10 grants, send a team to the relevant countries to explain conditions and make proposals for immediate resolving problems encountered;
  - Send clearly stated correspondences to the countries indicating the planned date or period for the signing of R10, failing which, the Portfolio Manager should provide the countries with explanations for the delay in signing;
  - Provide explanations for the risks inherent to the R10 grant not being signed after a year following its approval,
  - Provide explanations for the consequences of a B2 rating for a Grant ;
- **To the countries:**
  - Secure the support of the network of partners throughout the negotiations process,
  - Involve local partners and WARN throughout preparations for the grant negotiations (including final grant negotiations) with the Global Fund.

## IV. STRENGTHENING GRANT PERFORMANCE :

### A. General findings:

Overall, the meeting noted that the countries registered significant delays in approval of documents sent to the GF such as the PSM, M&E and Training Plan and delivery of inputs through the VPP. This resulted in significant delays in the implementation of activities and consequently weakness in performance indicators.

We can specifically refer to the following factors, which underpin the B2 or C ratings that the countries got:

- **Guinea:** MOH (PR) – Round 6, B2 rating: The NMCP received only three disbursements since the grant started, namely in March 2008, July 2009 and March 2009. Moreover, since several months Guinea has been engaged in negotiations with the Global Fund for the second phase of Round 6. The delay is as a result of the back and forth between the country and GF. An external consultant has also been assisting the NMCP with the consolidation of R6 and R10. They have submitted all the documents to the GF and now await the GF's reaction.
- **Mauritania:** UNDP (PR) – Round 6, B2-rating: The « No go » was obtained for phase 2 following a no-cost extension phase. The closure plan is underway.
- **The Gambia :** MOH (PR) – Round 9, B2-rating : The problem is due to failure to reach level 3 indicators (which is mainly due to the decrease in malaria cases nationwide), poor data management by health facilities of ACT and RDT, as well as delays in the approval of the training plan ;
- **Ghana :** AngloGold Ashanti (PR) – Round 8a, B2-rating : The problem was due to government taxes, but it has now been resolved and the PR has embarked on implementation ;
- **Côte d'Ivoire :** NMCP (PR)– Round 8a, B2-rating : the problems identified are linked to delays in the validation of the PSM plan, input supplies, disturbances and interruptions caused by the social and political unrest in the country, suspension of interventions from November 2010 to July 2011 (training, supervision, data validation, research, communication, sensitization, etc.), the non validation of all action plans requested and submitted to the GF after verification by the LFA within the framework of the additional guarantee policy as well as lack of qualified personnel at the NMCP. Not to mention the additional guarantees leveled on the country, which resulted in major delays in the implementation of interventions.
- **Burkina Faso:** SP/CNLS (PR) – Round 7, B2-rating: Delays were noted in the transmission of documentary evidence. As a matter of fact, the forwarding is done at the same time as the disbursement.
- **Nigeria:** NMCP (PR) – Round 8, B2-rating and SFH (PR) – R8, B2-rating: The problem is due to delays in the approval of the PSM plan and with the delivery of inputs by the VPP. However, the country prepared an accelerated plan for implementation of interventions; the problem still lies with the assessment of some indicators on diagnostic and ACT treatment of children above the age of five.

- **Guinea-Bissau:** CG/PNDS (PR) – R6 and R9 consolidated, B2–rating: The problem emanates from a (i) delay in the delivery of inputs (ACT, RDT and SP) ; (ii) failure to attain targets set for case management, usage of RDT and IPT in pregnant women, (iii) delay in the signing of contracts with secondary beneficiaries. This resulted in a delay in the implementation of interventions.
- **Benin :** Africare (PR) – Round 3a, B2–rating : The problem is due to : (i) a delay in the signing of grant contracts (signed on 12<sup>th</sup> March 2010 whilst the project was supposed to start on the 1<sup>st</sup> October 2009) ; (ii) a delay in the 1<sup>st</sup> disbursement (received on June 2<sup>nd</sup>, 2010, making it almost impossible for any work to be done before that date); (iii) a delay in the validation of previous terms and conditions even though they fell under sensitive budget lines of the grant (SR budget, communication budget , etc.) : which was only validated on August 6<sup>th</sup>, 2010, (iv) delays in the procurement of LLIN and ACT commodities delivered respectively in May and June 2011, as well as the validation of documents by GF and of the selection process; (v) delays in the delivery of inputs by different suppliers (SUMITOMO Chemical for LLIN and IPCA for ACT) ; whilst 8 out 11 performance indicators relate to the availability of these inputs; (vi) a lengthy national harmonization process between the partners and the Ministry of Health coordinated by the CNC under specific implementation guidelines : project baseline study, campaign agreement on the distribution of LLIN, motivation of project stakeholders, etc. To date, the inputs are delivered and this should reflect significantly on Africare’s performance in future reports. However, the motivation of stakeholders in the project (health workers and community agents), which forms the basis of special terms and conditions, yet to be validated by the GF, represent another threat to attaining the targets set. A request has been submitted to GF to that effect in July 2011 after a lengthy national harmonization process in accordance with the special conditions, and Africare is still waiting for reply from GF.

## **B. Recommendations of the meeting:**

- **To the GF management** (Portfolio manager and LFA) :
  - Expedite the validation of documents submitted by the PR in order to avoid delays which compromise the implementation activities;
  - Grant extension without conditionality to countries that should move on to the second phase.
  - Lift the additional guarantees clause levelled on Cote d’Ivoire or reduce their burden
- **To WARN:**
  - Urge RBM and HWG to negotiate for the participation of Portfolio managers at their meetings in order for them to better explain the situation in the countries ;

- Provide technical support towards improving the performance of non-performing grant recipients
- **To the Health authorities in the countries :**
  - Reduce the cumbersome tendering procedures, public procurement systems, selection of suppliers, etc., in order not to penalize the PR during the procurement of inputs which will be detrimental to the general public ;
  - Enhance the mobilization of resources (human and financial) to strengthen the managerial and operational capacity of programs ;
  - Inform WARN about their technical assistance needs.

**More specifically for:**

- **Côte d'Ivoire:**
  - WARN and its partners should assist the country in diversifying its sources of funding;
  - Support to prepare its documents for phase 2 of R8 ;
  - Support during negotiations of phase 2 of R8 and R6 ;
  - Support to quantify and prepare PSM plan
  - Specific technical assistance (in particular for PECADOM, scaling up ACT and RDT interventions, assessment of the 2006-2010 strategic plan and preparation of the 2011-2015 strategic plan, carry out a survey on malaria indicators, strengthen the routine information system, etc) since it will be difficult for it to change the B2 rating within the next three months ;
  - Long term technical assistance since the NMCP lacks human resources and logistics following the political and social unrest
- **The Gambia :**
  - RBM/HWG assistance to the country to negotiate with GF its level 3 indicators taking into consideration epidemiological change which occurred with respect to malaria in the country.
- **Nigeria:**
  - WARN and RBM/HWG Assistance to the country for the formulation of an accelerated implementation plan to be funded by the Global Fund.
- **Benin :**
  - Follow up with the Global Fund on the validation of the project stakeholder motivation document ;
  - Validation of the budget revised in December 2010, submitted by Africare and still pending with the GF;
  - Monitor closely the impact of free health care on grant implementation in Benin.

## V. MASS LLIN DISTRIBUTION CAMPAIGN:

### A. General findings:

It was generally observed that all the countries which embarked on a mass LLIN distribution campaign were faced with difficulties resulting from:

- a gap caused by discrepancies between the statistical projections and physical enumeration;
- a delay in the procurement of LLINs which was sometimes caused by cumbersome procedures;
- problems of securing containers;
- problems in sensitizing targets;
- problems in managing the movement of people especially at the level of borders;
- problems of defining a distribution strategy ;
- problems linked to the management of the packaging;
- etc.

### B. Recommendations of the meeting:

- **To the countries that have planned to organize mass campaigns:**
  - o Plan and budget on time for the campaign taking into account all the necessary costs and security safeguards;
  - o mobilize the other RBM partners (Private sector, bilateral and multilateral institutions, Civil society, etc.) to fill the LLIN gap;
  - o Make sure that the Ministry of Health continues to play the lead role in these interventions;
  - o Sensitize the population using all possible means of communication (mass media, community radios, health workers, community workers, etc.);
  - o carry out quality control of the enumeration process ;
  - o Conduct a post-campaign quality control assessment ;
  - o Factor in other country experiences in order to better anticipate solutions to problems that may arise.

## **VI. PARTNERSHIP AND RESOURCE MOBILISATION**

### **A. General findings :**

It was generally agreed upon that partnerships are crucial to the fight against malaria and that there is need for strengthening existing avenues of communication between programs and potential partners. Given the difficulties that countries currently face in the disbursement of Global Fund resources, it is advisable that programs also seek to diversify their funding sources.

### **B. Recommendations of the meeting :**

- **To the countries:**
  - Put in place/ revitalize the RBM partnership consultative framework which brings together governments, technical and financial partners, civil society, private sector, etc.
  - Involve all the partners in the planning process from the identification of needs through to the definition of objectives, resource mobilization, implementation of activities, monitoring and evaluation;
  - Improve the management and good governance of programs;
  - Carry out advocacy work with their governments for the latter to significantly increase their financial contributions to the interventions
  - Mobilize other private sector (mobile Phone companies, DHL) to provide support to the activities of the NMCP.
  
- **To WARN/RBM:**
  - Initiate advocacy for the inclusion of malaria on the agenda of the next ECOWAS summit.
  - Consider ways of mobilizing resources at the level of sub-regional political and economic Institutions or Development Banks in Africa (ECOWAS, ADB, IDB, UEMOA, etc.)
  - Provide technical support to the ECOWAS sponsored study on the socio-economic impact of Malaria so as to use the findings as an advocacy tool for resource mobilization.

## VII. PROGRAM REVIEW AND STRATEGIC PLAN

### A. General findings :

Generally speaking, all the countries have updated or prepared their strategic plans. However, taking into consideration the new interim targets and milestones to be attained by 2015 with a view to reducing malaria deaths close to zero, countries should therefore update their strategic plans.

### B. Recommendations of the meeting :

- **To countries:**
  - o Carry out program reviews before preparing their strategic plans;
  - o Include the new targets and milestones of GMAP in their strategic plan and 2012 RM,
  - o Share information on the process time frame with WARN and its partners (deadline?);

## VIII. Elimination of Malaria:

### A. General findings:

The programs for the elimination of Malaria is more relevant to the countries in the arid zones (Sub-Saharan and Sahelian). The countries in our region that are or may be concerned are as follows:

- **Cape Verde, Mauritania** (Sahelian part), **Senegal** (Sahelian zone), The **Gambia, Niger**, and **Mali** (Sahelian zone).

### B. Recommendations :

- **To ECOWAS/WAHO :**
  - o Provide necessary support to the different programs and initiatives underway for the elimination of Malaria in the eligible areas.
- **To WARN and its partners :**
  - o Provide specific support to **Cape Verde** to enable it attain its objectives for the elimination Malaria by 2015.

## **IX. Intermittent Preventive Treatment for infants (IPTi)**

### **A. General findings:**

The WARN also included a specific orientation session on Intermittent Preventive Treatment for infants (IPTi), a new strategy recommended by the WHO as an additional tool for reducing mortality and morbidity among infants (0-11 months).

Representatives of Malaria control programs and vaccination programs in the 7 priority countries in the sub region (**Benin, Mali, Ghana, Senegal, Burkina Faso, Nigeria** and **The Gambia**) as well as Madagascar took part in it. The eight countries and all the other West African countries qualify under the adoption criteria and scaling up of this intervention (lack of resistance to SP and moderate to high Malaria transmission).

### **B. Recommendations of the meeting :**

- **To all the countries in the sub region :**
  - o consider IPTi as a new additional intervention tool within the framework of the Malaria control program recommended by WHO
  
- **To the 7 countries that specifically took part in the orientation session in collaboration with the expanded program for immunization :**
  - o finalize the budgeted implementation plans as well as the technical assistance needs by the end of October 2011, and
  - o organize a review meeting at the national level bringing together all the stakeholders to discuss the implementation of IPTi based on facts, WHO recommendations and the implementation guide in order to reach a sound decision
  
- **To WARN and its partners :**

Provide urgent technical and financial assistance to the relevant countries for them to adopt and implement IPTi interventions.