



**EARN and SARN Joint National Malaria Control Program
Managers Meeting, *Victoria Falls, Zimbabwe***

16th – 18th March 2015

Summary Report

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Abbreviations

ACT	Artemisinin based Combination Treatment
AFRO	Africa Regional Office
AL	Artemether – Lumefantrine
ALMA	Africa Leaders Malaria Alliance
ARM	Advocacy for Resource Mobilization
AWP	Annual Work Plan
CCM	Country Coordination Mechanism
CHAI	Clinton Health Access Initiative
CN	Concept Note
CRG	Community, Rights and Gender
CSO	Civil Society Organization
DDT	Dichloro-Diphenyl-Trichloroethane
DFID	Department for International Development
DHIS	District Health Information System
E8	Elimination Eight
EARN	East African Regional Network
GF	Global Fund
GFATM	Global Fund for AIDS, TB and Malaria
GMAP	Global Malaria Action Plan
GMS	Grant Management Solutions
GPRIM	Global Plan for Insecticide Resistance Management
GTS	Global Technical Strategy
HIV	Human Immunodeficiency Virus
IOM	International Organization for Migration
IRS	Indoor Residual Spraying
IST	Inter Country Support Office
LLINs	Long lasting insecticidal nets
MAWG	Malaria Advocacy Working Group
M&E	Monitoring and Evaluation
MTEF	Mid Term Expenditure Review
MOH	Ministry of Health
MTR	Mid Term Review
MOU	Memorandum of Understanding
MPR	Malaria Program Review
MSP	Malaria Strategic Plan
NDP	National Development Plan
NFM	New Funding Mechanism
NGO	Non-Governmental Organization
NMCP	National Malaria Control Program
NSP	National Strategic Plan
PMI	President's Malaria Initiative
PS	Permanent Secretary
PSM	Procurement Supply and Management

RBM	Roll Back Malaria
RDT	Rapid Diagnostic Test
SADC	Southern African Development Community
SARN	Southern African Regional Network
SRN	Sub Regional Network
TA	Technical Assistance
TOT	Trainer of Trainers
TRP	Technical Review Panel
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCWG	Vector Control Working Group
WHA	World Health Assembly
WHO	World Health Organization
WR	WHO Representative

Introduction

This meeting was a follow up to the 2014, RBM (Roll Back Malaria) Sub-regional Networks (SRNs) meeting where, all the 48 NMCPs in the African region met in Dakar, Senegal to discuss their 2014 plans and collaboration with the RBM. A feedback at the end of the meeting revealed that all countries were happy and satisfied with this format of bringing everybody together as they were able to share experiences and best practices. As such, the East African Regional Network (EARN) and Southern African Regional Network (SARN) held this first joint program managers meeting from the 16th - 20th March 2015 at the Elephant Hills Hotel, in Victoria Falls, Zimbabwe. Since the two networks are now operating under one coordination center, the joint meeting provided an opportunity to exchange experiences in the development of the Annual Work Plans (AWPs), Roadmaps, Concept Note (CN) and in particular Grant Making, Technical Assistance (TA) process and how they have resolved challenges/bottlenecks. The joint meeting was also used as a platform for sensitization on the Advocacy for Resource Mobilization (ARM) tool kit.

Session 1: Opening Ceremony

The meeting was opened by the Zimbabwe Permanent Secretary Brigadier General (Dr.) Gerald Gwinji on behalf of the Minister of Health/SADC/AU chair who could not officiate due to other duties. The General highlighted the tremendous progress that had been made in the Eastern and Southern African regions, thanks to partnerships between governments and partners such as RBM, Global Fund, PMI, WHO and others. However, challenges remain and include the emergence of insecticide resistance, significant programmatic and funding gaps, limited private sector participation in most countries, cross border complexities and the need for consideration of innovative resource mobilization and the tackling of vector resistance. The Burundi Minister of Health and HIV, Dr. Sabine Ntakarutimana echoed the importance of partnership and RBM's key partner coordination role as well as the progress that Eastern and Southern African countries had made.

The WHO representative in Zimbabwe, Dr David Okello conveyed greetings from the WHO Regional Director, Dr. Matshidiso Moeti and expressed that WHO fully supported the RBM partnership and that is why the whole malaria regional team from Harare was present in the meeting. He congratulated EARN and SARN for holding the joint meeting. His speech focused on the technical perspectives saying that the policy shift from control to elimination should be handled in a cautious manner. There is a need to prevent decision makers from diverting resources to other emerging public health issues when malaria incidence fell as that could lead to malaria incidence rising again. Dr Okello reiterated that partnerships were key and acknowledged the support that had been received from GFATM, USAID-PMI and CHAI as having been key in the malaria control achievements in the Eastern and Southern African regions. He went on to stress

that prevention and/ or management of resistance to both insecticides and antimalarials through vigilant monitoring was critical for malaria control and elimination. The WR introduced the GTS and GMAP 2 as 15 year plans with 5 yearly milestones expected to be achieved collectively at the Global level, by regions and countries. He hoped that the two strategies would greatly influence National Malaria Strategies and Action Plans. He concluded his speech by affirming that WHO fully endorsed the E8 concept note recently submitted to GF for cross border malaria efforts in SADC.

The PMI representative Dr Bhavna Patel conveyed greetings from Washington DC and introduced herself as the Technical Manager of the 5% that is withheld from Global Fund who presented the PMI Strategy later in the week.

The RBM Executive Director, Dr Fatoumata Nafo-Traore expressed that the RBM restructuring is at a critical juncture and an opportune time that could be used to reflect on what had worked and what hadn't. She highlighted some of RBM's achievements as; regional networks have provided forums for programs and partners to conduct peer review/exchange information, collaborating with HWG to provide support for the NFM-CN development including Grant Making, providing TAs for bottleneck resolution, and supported regional/country resource mobilization through development of Business Plans and multisectoral forums. Some good examples such as the E8 and cross-border initiatives have emerged from the regions which have led to the private sector increased interest and involvement in these activities. This also includes increased awareness and participation from other sectors such as the IOM which is now spearheading Malaria Migration and Mobility. Dr Nafo highlighted the need for opening funding opportunities from within countries for example, through greater social movement and reaching out to all in-country partners, from the health sector as well as the community. It is important to engage new approaches to partnership/resource mobilization such as through making a case for investment to mobilize funds for controlling malaria. She thanked the local governments, international development partners, WHO and national malaria program managers for their dedication and commitment in malaria control. The RBM Executive Director concluded her speech by thanking the Minister of Health of Burundi for her presence which demonstrated serious political commitment.

The EARN Co-chair, Dr Harriet Pasquale (South Sudan NMCP Director) opened her speech by emphasizing that the NMCPs in the two regions were grateful for the RBM support that is being provided for development and submission of Global Fund concept notes & development of annual work plans. She then went further to say "we welcome the RBM restructuring but we are however concerned that if it is not handled well, the RBM restructuring could derail the momentum achieved so far by disrupting needed support to NMCPs. The current concern relates to the support needed for MTRs, MPRs and Strategic plans in the coming year". She concluded her speech by welcoming this 1st joint EARN&SARN meeting that would provide a good opportunity for the two regions to learn from each other, share experience, conduct peer review, and plan for future collaborations and looked forward to a week of good interactions.

Session 2: Objectives and Deliverables of the meeting

The objectives of the meetings as presented by the RBM EARN and SARN Coordinator were to:

1. Share progress made since the Dakar February 2014 meeting.
2. Discuss how countries will utilize GMAP2/AIM and GTS.
3. Receive updates from RBM Working Groups, WHO and other partners.
4. Discuss and share experiences on the development of Annual Work Plans (AWPs), TA, CN and Grant making process.
5. Sensitize and train on the Advocacy for Resource Mobilization (ARM) tool kit and provide orientation to the CCMs and Civil Society on their roles in the NFM.
6. Discuss how to fill resource gaps between 2015 and 2018 (Business plans development).
7. Define what needs to be done in terms of Strategic Planning (MTRs, MPRs, 2016 – 2020 MSPs).
8. Develop TA priorities 2015 – 2016.

The expected deliverables were:

1. Strategy for GMAP 2 and GTS use/implementation by countries.
2. Updates from RBM Working Groups/Mechanisms, WHO, PMI, GF and other partners.
3. Mechanisms for Resourcing – gap filling.
4. Mechanisms for MAWG and SRNs collaboration.
5. Defined roles for strategic planning.
6. Mechanisms for implementation support: TAs, AWP-Roadmaps.
7. Monitoring ALMA Score card.
8. Evaluation – WHO.
9. TA Plan 2015 – 2016.

Session 3: Global Strategy/Action, GTS and GMAP2/AIM

Presentation 1) Global Technical Strategy (GTS) by the WHO IST

Presentation 2) AIM development process (*Developing the 2nd Generation Global Malaria Action Plan*) by the Swiss TPH/Deloitte team.

Issues arising from the presentations and discussions

- The main objective of the GTS is to articulate the vision and goals for malaria over the next decade and bring together current policy recommendations in a comprehensive, evidence-based strategy for WHO Member States to use in developing their own strategies wherever they are along the pathway to elimination.
- The main objective of the GMAP2 is to provide a framework for strengthening multisectoral partnerships at Global, regional and country levels. The title has now shifted to the *Action and Investment to defeat Malaria 2016-2030 (AIM) – for a malaria-free world*.

- Concern was raised that the two documents should avoid duplication and complement each other.
- Clarification from the presenters was that GTS would provide technical guidance for national programmes while AIM would position malaria in the wider health and development agenda.
- Malaria managers requested that there should be clear guidance to countries on how these two documents would be used to feed into country strategic plans.
- Key foreseen challenges going forward
 - How countries shall promote the multisectoral implementation of malaria control/elimination
 - How malaria shall be defined as a case for investment
 - Engagement of the private sector at all levels
- The conclusion was that countries will require guidance and Technical Assistance (TA) from RBM to address the key challenges highlighted above.

Next Steps in the development process of the two documents

1. The AIM team requested feedback on 7 critical indicators (by Friday 20th March).
2. WHO/AFRO will launch a Multi-stakeholder Process to develop a “Framework for the Implementation of the GTS in the African Region”.
3. The framework would then be presented for approval at the WHO Regional Committee for Africa in September 2016.

Session 3: Support for Strategic planning

Presentation 1) Malaria Strategic Planning: Mid-and End-Term Reviews and Gap Analysis by WHO IST.

Presentation 2) Global Plan for Insecticide Resistance Management (GPIRM) by RBM Vector Control Working Group (VCWG).

Presentation 3) Answering key questions on malaria drug delivery by ACT consortium.

Presentation 4) Beyond mobile populations: Malaria and population mobility and suggestions for future directions by IOM East and Southern Africa Regional Coordinator.

Issues arising from the presentations and discussions

- The Malaria Programme Review and Planning Toolkit contains six tools.
- The toolkit’s guidance is that malaria planning should be integrated within country government processes and cycles such as National Poverty Reduction Plan, MTEF and National Health Sector Strategic Plan and most importantly annual plans needed to align to country fiscal cycles.
- The malaria strategic plan reviews (MPR & MTR) are necessary and are an integral part of planning.
- NMCPs have difficulties in addressing MPR challenges that are beyond their mandate and that depend on other MOH departments or more senior levels in the government or other government ministries. There is a need for guidance to countries (from RBM) on how to handle these types of recommendations.

- Pyrethroid resistance has been detected in at least one vector species in 53 of the 65 countries that have been reporting surveillance data since 2010. Resistance to two or more insecticide classes has been reported in 41 of these countries.
- Most countries have yet to establish and implement national resistance surveillance and management plans according to GPIRM guidelines. Only 7 countries (10%) had an insecticide resistance plan in place.
- In 2013 out of 77 countries conducting resistance surveillance only 42 provided information to WHO.
- Much information is available concerning the extent and implications of insecticide resistance, yet human & financial resources committed to tackling this problem are inadequate.
- Limited number of insecticide classes available for public health (targeting only two neuronal sites), lack of availability on non-pyrethroid LLINs and costs of non-pyrethroids for IRS has limited support for GPIRM implementation.
- NMCP managers concurred that IRS monitoring has been a weak point of many MPRs and MTRs as many countries lacked the capacity and resources.
- The managers reiterated that there was an urgent need for a real solution to insecticide resistance beyond mozaic and the other current solutions promoted by WHO eg development of new inscticides classes.
- The ACT Consortium is a global research partnership of public health and academic institutions whose goal is to develop and evaluate mechanisms to improve delivery of artemisinin-based combination therapy (ACT) through current 25 studies in 10 countries that address ACT access, targetting, safety and quality.
- Intraregional migration represents the most common form of migration in Africa.
- Mobility from high to low or non-malaria endemic countries can result in imported cases and migration can lead to the spread of drug resistant malaria parasites.
- IOM is in the process of developing A global strategy on malaria control and elimination in the context of migration and human mobility.
- Cross border strategies are necessary to address health challenges posed by migration of populations.

Session 4: Support for country access to resources

- Presentation 1) Advocacy for Resource Mobilization (ARM) for malaria by MAWG
- Presentation 2) Global Fund NFM initiative to Improve Impact through Community Engagement by Community, Rights, Gender (CRG) TA program
- Presentation 3) GF NFM RBM Support Strategy by RBM Secretariat
- Presentation 4) GF NFM TRP Comments by RBM Secretariat
- Presentation 5) Business plan development experience by Zimbabwe NMCP
- Presentation 6) GF NFM grant making experience by Swaziland NMCP

Issues arising from presentations and discussion

- The Advocacy and Resource Mobilization (ARM) guide is organized into a five-stage process based on an advocacy model, which guides advocates through suggested actions for resource mobilization advocacy at the country level. It was launched in May 2014 and had been piloted in four countries so far (Sierra Leone, Gabon, Zimbabwe and in Thailand).
- TOTs to be trained in the next two days are consultants that can be sent to support countries when they request advocacy TA from RBM. They will train in country trainers for advocacy using the ARM tool.
- The aim of the Community, Rights and Gender (CRG) Technical Assistance Program is to ensure that key populations, communities and local civil society organizations are meaningfully engaged in the country dialogue and concept note development processes at the country level.
- RBM Technical Support that had been provided for countries for NFM include, Two (2) Review of Strategic Plans/Operational Plans 2014 in Nairobi; Four (4) Country and Partner NFM Orientation Workshops in 2014 and Five (5) Mock TRP Concept Note Review workshops in 2014 and Two (2) in 2015.
- Between May 2014 and January 2015, all countries in Eastern and Southern regions except Tanzania had submitted NFM concept notes.
- Zimbabwe is the first country to finalize a Business plan. It is an opportune moment for the whole region to learn from the process.
- There is a need for evidence on why countries are not allocating funds for malaria despite pledging political commitment e.g. a survey targeting political leaders and Government decision makers.
- There is a need to look for new partners for elimination and leave those doing control to continue with control. This is especially in the case of the countries implementing different phases of control/elimination in different regions of the country.
- “Correct” funding gaps should be well defined prior to advocacy being done at senior government levels.
- RBM TA request for ARM training should not be centralized at the Secretariat in Geneva after TA has been decentralized to SRNs.

Next Steps

- TOTs training during the next two days in a parallel session.
- Countries can request RBM support through the SRNs.

Session 5: Support for implementation

Presentation 1) Annual work planning process overview by the EARN and SARN Coordinator

Presentation 2) Commentary on annual work planning by RBM secretariat

Presentation 3) E8 presentation

Issues arising from presentations and discussion

- Countries need and welcome the support by RBM for annual work planning and roadmap development.
- If possible it is important to document the experience of countries that had undertaken the planning so that other countries can learn from them.
- The E8 cross border initiative that brings together 8 countries in the Southern African region is an example of harmonization of strategies and interventions amongst countries.
- An E8 Strategic Plan that details 5 Strategic objectives was finalized in December 2014 and an E8 a concept note was submitted to the GF in January 2015.

Session 6: Support for monitoring and evaluation

Presentation 1) Data/Surveillance/M&E by WHO IST

Presentation 2) Alma scorecard presentation by ALMA

Issues arising from presentations and discussions

- The outputs from the data managers meeting were
 - Participants were trained on how to develop a monitoring and evaluation plan and practiced on a real life example of the SADC Elimination 8 M&E plan.
 - All participants conducted a peer review of their M&E plans using a checklist.
 - Key malaria indicators, their definitions and interpretations were discussed for both control and elimination. It was agreed that there exists too many indicators which need to be harmonized.
 - Issues from the World Malaria Report 2014 were discussed.
 - Country malaria data for the period 2000 to 2013 was reviewed and restructured and basics of analysis discussed and practised.
 - Each country presented data (malaria incidence) by month and by district.
 - Each country reviewed its data and then the analysis was shared with a peer. The analysis was reviewed by a group of three countries and a final presentation shared with the meeting.
- Data Managers meetings shall be taking place annually.
- WHO IST is currently undertaking an assessment of surveillance systems in the Southern and Eastern African Countries.
- Most countries in the Eastern and Southern African regions are rolling out DHIS 2 nationally.
- Agenda 2063 The Future we want for Africa has prioritized the elimination of HIV/AIDS, TB and Malaria in Africa through the achievement of agreed targets.
- The SADC E8 Elimination Scorecard was launched at the WHA 2014 by all the E8 Ministers of Health.
- The ALMA Forum adopted the malaria elimination agenda and launched the ALMA 2030 Malaria Elimination Scorecard in January 2015.

- During discussions a concern was raised that there are too many M&E tools to be populated and filled in. There was a need to put mechanisms in place that address multiple data sourcing from countries.

Session 7: Priorities for TA for 2015/16

Presentation 1) RBM Technical Assistance Package by RBM Secretariat

Presentation 2) PMI presentation: Progress, Strategy and Priorities

Issues arising from presentations and discussions

- The RBM TA package was for MSP development, NFM Concept note, Grant making and grant implementations through annual work planning and tracking.
- WHO IST and SRNs need to harmonize TA management.
- It is necessary for RBM to circulate a guiding document for countries to refer to on TA.
- The consultants sent to countries to support AWP are delegates that represent RBM in the country annual work planning process.
- The last PMI strategy was from 2005 - 2014 and saw PMI expand to 19 countries in sub Saharan Africa and its budget increase from <\$100 to \$665 million (FY 14) per year.
- The new PMI Strategy 2015 – 2020 was launched in February 2015 and builds on the achievements of the previous PMI strategy and has been aligned to the GTS and GMAP 2.
- PMI has requested extra funding from congress which if granted will see PMI support 5 pre elimination countries. PMI is currently creating the pre elimination working group. The one pre elimination country that is known already is Cambodia.
- PMI directs malaria funding from the USG GF TA 5% earmarked for RBM to support the HWG and SRNs.
- There is a USG TA mechanism for providing short term TA to GF grants through GMS (grant management solutions) which provides non-disease specific, cross-cutting TA to CCMs and PRs – addressing TA needs that are broader than just malaria.
- PMI has not yet decided on how it will engage on cross border elimination efforts and is currently still at a planning phase on this.
- 2 year long term TAs are to be seconded to some countries that have been identified to have chronic problems - will focus on PSM.

Session 8: 2015 Country TA priorities

Countries were split into four groups to discuss 2015 TA needs that were then presented in the plenary session.

Group 1: Support for Strategic Planning

Group 2: Support for countries to access/mobilise resources

Group 3: Support for implementation

Group 4: Support for Monitoring and Evaluation

The TA template was completed during the rest of the days of the meeting and is included in annex 3 of this report.

Session 9: Recommendations

The main recommendations arising from this EARN and SARN meeting were summarized as follows;

1. WHO / RBM should ensure that GTS and GMAP 2 talk to each other without duplication for effective implementation.
2. Clear mechanism for follow up of recommendations emanating from MPRs - Deliberate efforts should be made by countries to ensure that MPR recommendations are followed up and external support is provided using organized platforms such as WHO-RBM, SADC/ALMA, etc
3. TA harmonization between WHO and RBM sub regional networks
 - a. RBM should provide clear documentation and procedures for providing external TAs to malaria prevention, control and elimination programmes.
 - b. WHO and partners should ensure that there is vector control capacity by providing platforms for training and support the leveraging of resources at country level in order to address weak vector control (including operational support) capacities at country level.
 - c. WHO and partners should identify a pool of inter-country support teams expertise / TAs and resources to strengthen country programs
 - d. WHO should facilitate review of guidelines timely in view of changing documented vector resistance.
4. Countries should put in place concrete mechanisms that ensure that critical research findings are translated into action in order to address the lack of translation of research findings into action at all levels. For example pyrethroid resistance is increasing over the years.
5. In all the planned WHO/RBM meetings, countries should be provided with clear WHO updates and clear take home messages for effective implementation.
6. RBM should support countries on effective ways for domestic resource mobilization.

Session 10: Zimbabwe Minister of Health Consultation with NMCP Managers

In preparation for the RBM Board Retreat that was held from 24 – 25 March 2015 in Johannesburg, South Africa, Dr. David Parirenyatwa, the RBM Board Member took the opportunity presented by the joint EARN-SARN meeting in Victoria Falls, Zimbabwe to

carry out consultations with the Malaria Program Managers from 23 Countries. The consultations also included Honourable Dr Sabine Ntakarutimana, the Burundi Minister of Health who was also attending the same meeting. The consultative meeting was a closed in-meeting for the two Ministers and the Program Managers only – no partners or RBM members were allowed to attend.

Dr Parirenyatwa who is also the current Chairperson of the Arica Union (AU) Health Ministers and the Chairperson of the SADC Health Ministers opened the meeting by emphasizing that he had come to engage the countries on the RBM restructuring so that he goes to the retreat well informed of what the countries' position on the re-organisation.

1. The proposed re-organization should not disrupt the functionality of the Networks. The managers emphasized that the SRNs are the only RBM entity that are providing the much needed country support and they are satisfied with this function which should not be terminated but rather strengthened.
2. The proposal:
 - a. to dissolve the current RBM Board and its replacement by a “High level Board” whose proposed composition seems to have been long pre-determined without prior consultation of stakeholders. It was seen as a ploy to rob and replace the Endemic Countries Ministries of Health and other stakeholders' roles. The managers do not see any role of the Ministers/Ministries at all in the new architecture. The countries believe that the current Board should be maintained and the proposed High level Board be given another name and roles which are mainly to mobilize resources and resolving some of the operational issues. In view of this lack of consultation, it was proposed that Endemic countries and other stakeholders be consulted before the May Board and only after this decisions can then be taken.
 - b. to include the Heads of States such as the AU chair was seen as degrading and disrespectful to the African Presidents who are expected to sit in a board meeting with low levels such as CEOs etc.
 - c. The suggestion that the proposed new Board would be more effective than the current one was seen as premature, one of the reasons being that most of the members are very busy and would not find the time to concentrate on the board business and such a conclusion is premature.
 - d. The composition of the proposed new board was seen as a way of saying that those who are not providing funding have no power/right to decide on how malaria should be run and this has serious political connotations/implications.

3. The proposed organogram and what is in the text is not linking and also not clear on the reporting lines and the powers of the EXD, this needs to be revisited in agreement with all stakeholders who clearly have not been consulted.
4. Composition of the RBM Work Groups such as the MERG needs to be revisited so that they include those who are on the ground and working on malaria. The current Indicators proposed by the MERG lack inputs from countries and are determined by individuals who are not linked directly with program implementation.

In concluding the consultations, the two Ministers informed the managers that as Ministers they are worried that there was no adequate time provided for consulting countries and stakeholders - this is a huge flaw in this RBM re-organizing exercise. They further emphasized that Ministers are happy with the current SRN structure with continues to provide valuable country support and they do not want to see country support being disrupted. Therefore the AU health Ministers should be consulted before any further steps in the re-organization process is taken.

Session 11: Closing Ceremony

During the closing ceremony the IOM Regional Director (SARN Co-chair), pledged support for both EARN and SARN. The RBM Secretariat mentioned that there shall be no funding for other meetings this year but that there are resources for a joint meeting next year (2016). The WHO pledged support for RBM and countries. The meeting was then closed by the Zimbabwe NMCP Director, Dr. Joseph Mberikunashe.

Annexes

Annex 1 Final Agenda

Timing	Topics	Sujets	Responsible/ Presenter
Monday 16 March 2015		Lundi 16 Mars 2015	
Session 1	Opening Ceremony	Session 1: Cérémonie d'ouverture	Chair: Dr. Joseph Mberikunashe
09:00 – 10:00	<ol style="list-style-type: none"> 1. Administrative announcements 2. Introduction of Participants 3. Remarks by SRN Co-chairs (EARN and SARN) 4. Remarks by the RBM EXD 5. Remarks by Global Fund 6. Remarks by PMI 7. Remarks by the WHO Representative – Zimbabwe 8. Remarks by Minister of Health - Burundi 9. Opening Speech by Guest of Honour - Permanent Secretary of Ministry of Health and Child Care 10. Group Photo 	<ol style="list-style-type: none"> 1. Annonces administratives 2. Présentation des participants et du Conseil 3. Remarques et observations des co-présidents du SARN/EARN 4. Remarques et observations de la RBM EXD 5. Remarks by Global Fund 6. Remarks by PMI 7. Remarques et observations du représentant de l'OMS au Zimbabwe 8. Remarks by Minister of Health - Burundi 9. Discours d'ouverture de l'invité d'honneur - Secrétaire permanent du Ministère de la Santé et des Soins de l'enfant 10. Photo de groupe 	RBM East and Southern Coordinator /Cocoordinateur Chair Director NMCP South Sudan
Session 2 10:00 –	Meeting objectives, expectations and	Session 2: Objectifs, attentes	RBM East and Southern

10:30	agenda	et ordre du jour de réunion	Coordinator /Cocoordinateur
10:30 - 11:00	Coffee break	Pause-café	
Session 3	Global strategy/Action	Session 3:	Chair: Director NMCP South Sudan
11:00 – 12:00	GTS and GMAP 2: Implementation arrangements (Presentation and discussion (panel and plenary))	GTS et GMAP2: Dispositions et modalités de la mise en œuvre (Présentation et discussions (Panel et discussion plénière).)	Consultants GTS and GMAP II/WHO-IST
12:00 – 13:00	Discussion for implications to the countries and regional partnership mechanisms		Consultants GTS and GMAP II/WHO-IST
13:00 – 14:00	Lunch break	Déjeuner	
Session 4	Support for strategic planning 2016/20120/best practices	Session 4: Support for strategic planning 2016/20120/best practices	WHO-IST
14:00 – 14:30	MSP – Mid-term reviews: Gap analysis	MSP-Révision à mi-parcours : Analyse des déficits	WHO-IST
14:30 - 15:00	VCWG	VCWG	VCWG Co-chair
15:00 - 15:30	ACT Consortium	consortium d'ACT	Heidi Hopkins
15:30 - 16:00	Coffee Break	Pause-café	
16:00 – 16:20	IOM (Beyond mobile populations: Malaria and population mobility and suggestions for future directions)	IOM (Au-delà des populations mobiles : le Paludisme et la mobilité des populations et suggestions pour des futures directives)	IOM East and Southern Africa Regional Coordinator
16:20 – 16:40	NMF TRP comments	Commentaires NMF TRP	RBM Secretariat
16.40 – 17.00	CRG Presentation	Présentation du CRG	Terry Muchoki
17:00	End of Day 1 Meeting	Fin de la première journée de la Réunion	

Tuesday 17 March		Mardi 17 Mars	
Session 4	Support for strategic planning 2016/20120/best practices	Session 4: Support for strategic planning 2016/20120/best practices	WHO-IST
09:00 – 09:30	VCWG	VCWG	Basil Brooke
09:30 - 09:50	NMF TRP comments	Commentaires NMF TRP	Richard Carr
Session 5:	Support for country access to resources	Session 5: Support for country access to resources	Chair: RBM Secretariat
09:50 - 10:10	NFM-CN - Grant making/progress /challenges	NFM-CN - Grant making/progress /challenges	Richard Carr
10:10 - 10:30	Business Plans- the experience of Zimbabwe	Business Plans- the experience of Zimbabwe	Joseph Mberikunashe
10:30 - 11:00	<i>Coffee break</i>	<i>Pause-café</i>	
Session 6:	Support for implementation	Session 6: Support for implementation	Chair: RBM Secretariat
11:00 – 12:30	Update on AWP and Roadmap process and experiences from countries (Panel – South Africa, Madagascar, Somalia, S. Sudan, Uganda, Mozambique, Zimbabwe)	Mise au point sur le processus et expériences des pays sur le plan annuel de travail et la feuille de route. (Panel- Afrique du sud, Madagascar, Somalie, Soudan du sud, Ouganda, Mozambique, Zimbabwe).	Kaka Mudambo NMCP Managers/Directors
12:30 – 13:00	E8	E8	Kudzai Makomva
13:00 – 14:00	<i>Lunch break</i>	<i>Déjeuner</i>	
Session 7:	Support for monitoring and evaluation	Session 7: Support for monitoring and evaluation	Chair: WHO-IST
14:00 – 14:20	WHO-IST – Data/Surveillance/M&E	OMS-IST Données/Surveillance/Suivi & Evaluation	WHO-IST
14:20 –	MERG	MERG	MERG Co-chair

14:40			
14:40 – 15:00	Country roadmaps	Country roadmaps	James Banda
15:00 – 15:30	ALMA Score Card/update	ALMA Tableau de bord/mise à jour	ALMA
15:30 – 16:00	<i>Coffee break</i>	<i>Pause-café</i>	
Session 8	Managing Monitoring and Evaluation	Session 8: Managing Monitoring and Evaluation	Chair: WHO-IST
16:00 – 17:00	Panel discussion led by countries (Ethiopia, Swaziland, Tanzania and Zimbabwe)	Panel discussion led by countries (Ethiopia, Swaziland, Tanzania and Zimbabwe)	NMCP Managers/Directors
17.00 – 17:05	Administrative announcements	Annonces administratives	Kaka Mudambo
17:05	End of Day 2 Meeting	Fin de la deuxième journée de la Réunion	

Wednesday 18 March		Mercredi 18 Mars	
Session 4	Support for strategic planning 2016/20120/best practices	Session 4: Support for strategic planning 2016/20120/best practices	WHO-IST
09:00 – 09:30	IOM (Beyond mobile populations: Malaria and population mobility and suggestions for future directions)	IOM (Au-delà des populations mobiles : le Paludisme et la mobilité des populations et suggestions pour des futures directives)	IOM East and Southern Africa Regional Coordinator
Session 9	Priorities for TA for 2015/16	Session 9: Priorities for TA for 2015/16	Chair: RBM East and Southern Coordinator /Cocoordinateur
09:30 – 10:00	Overview of PMI Strategy 2015 - 2020	Overview of PMI Strategy 2015 - 2020	Bhavna Patel
10:00 – 10:25	Resource envelop for TA and concept note development	Resource envelop for TA and Resource envelop for concept note development	Kaka Mudambo and Richard Carr
10 :25 – 10:30	Introduction to group work	Introduction to group work	
10:30 – 11:00	<i>Coffee break</i>	<i>Pause-café</i>	
11:00 –	Group work to set TA priorities	Group work to set TA priorities	Group Chairpersons

1300	for 2015/16: Group 1: Support for strategic planning 2016/20120/best practices Group 2: Support for country access to resources Group 3: Support for implementation Group 4: Support for monitoring and evaluation/reporting	for 2015/16: Group 1: Support for strategic planning 2016/20120/best practices Group 2: Support for country access to resources Group 3: Support for implementation Group 4: Support for monitoring and evaluation/reporting	
13:00 – 14:00	Lunch break	Déjeuner	
Session 10	Plenary on Priorities for TA for 2015/16	Session 10: Plenary on Priorities for TA for 2015/16	Chair: Chair: RBM East and Southern Coordinator /Cocoordinateur
14:00 – 14:10	Group 1: Support for strategic planning 2016/20120/best practices	Group 1: Support for strategic planning 2016/20120/best practices	Group 1 Rapporteur
14:10 – 14:20	Group 2: Support for country access to resources,	Group 2: Support for country access to resources,	Group 2 Rapporteur
14:20 – 14:30	Group 3: Support for implementation,	Group 3: Support for implementation,	Group 3 Rapporteur
14:30 – 14:40	Group 4: Support for monitoring and evaluation/reporting	Group 4: Support for monitoring and evaluation/reporting	Group 4 Rapporteur
14.40 – 15:30	Discussion	Discussion	
15:30 – 16:00	Recommendations and Next Steps	Recommendations and Next Steps	
16:00 – 16:30	Closing Ceremony: IOM, RBM EXD, Minister of Health – Burundi, WHO,Zimbabwe	Closing Ceremony: IOM, RBM EXD, Minister of Health – Burundi, WHO,Zimbabwe	
16:30 – 17:00	Coffee break	Pause-café	
18:00	Dinner by Bayer	Dinner by Bayer	Bayer

Annex 2 List of Participants

Annex 3 TA Needs 2015

SARN AND EARN 2015 - 16 TA PLAN					
Country	Activity	Technical Assistance		Due Date	By Whom/Partner
		OGAC eligible	Non OGAC eligible		
SARN					
Botswana	Malaria Strategic Planning	Development of Insecticide Resistance Monitoring Strategy/plan		Jul-15	
	Resource Mobilization Strategy	Develop a resource mobilization strategy/plan		Mar-16	
		Training in advocacy for resource mobilization - AM Tool kit		Mar-16	
	Best Practices	Peer learning to Zambia on Entomological Surveillance		Sep-15	
	Domestic financing (gvt and private sector)	Advocacy promoting Public Private Partnership on malaria		Aug-15	
	Bilaterals and Multilaterals financing	Proposal development to lobby more partner support		Mar-16	
	Program Management - Cross-border support		Assessment and development of a guide for cross border collaboration - Visit by Bobirwa DHMT to Waterberg District (RSA)	May-15	
	Program Management - HR Capacity Development		Skills Development: Training course in Epidemiological Approach to Malaria Control and Elimination	Jun - Jul 15	
			Skills Development: Programme Management Training Course	Jun - Jul 15	
	Programme Management meetings with WHO		Provide updates on each of the programmatic areas	TBD	
			Workshop on new WHO guidelines	TBD	
	Program Management - Vector Control		Insecticide resistance monitoring	Jul - Aug 15	

	Case management - Quality control of diagnostics: Slides and RDTs		EQA , e.g. Ndola; Johannesburg, Nairobi Capacity building /training for lab technicians – L1 and L2 (include training of trainers)	Nov-15	
	Case Management - IEC BCC required for branding for malaria events: World Malaria Day and SADC Malaria Day.	Regional Commemoration of SADC Malaria Day		Nov-15	
	Case Management - Review and update BCC/IEC strategies		KABP Survey	Mar-16	
	SM&E - Surveillance		Development of malaria database	May-15	
Madagascar	Malaria Strategic Planning	Udate of the following thematic areas:		Jun - Sep 15	
		• Vector control			
		• Program Management			
		• BCC/ACSM,			
		• Operational Research & M&E;			
		• Outbreak reporting and response (EPR in low transmission countries)			
	Resource Mobilization Strategy	Develop a resource mobilization strategy/plan		Sep-15	
	Domestic financing (gvt and private sector)	High level advocacy		Jul - Dec 15	
		Advocacy promoting Public Private Partnership on - ARM Tool Kit		Jul - Dec 15	
	Program Management - HR Capacity Development		Skills Development: Training course in Epidemiological Approach to Malaria Control and Elimination	Aug-15	
			Skills Development: Programme Management Training Course	Aug-15	
	Program Management - Vector Control		Insecticide resistance monitoring	Jul-15	
			Geographical Reconnaissance/ Mapping	Jul-15	
		Review Vector Control Strategies	Jul-15		

		Insecticide Resistance Management Plan		Jul-15	
			Strengthening Resistance Monitoring	Jul-15	
			Address, Human Resources Gaps including staffing- Entomologist and Skills	Jul-15	
	Case Management - Drug Resistance monitoring, Training of clinicians Drug registration support, e.g primaquine and IV- Artesunate		Advocacy and brokering for Pooling of procurement	Sep-15	
			G6PD study	Sep-15	
	Case Management - Quality control of diagnostics: Slides and RDTs		EQA , e.g. Ndola; Johannesburg, Nairobi Capacity building /training for lab technicians – L1 and L2 (include training of trainers)	Oct-15	
	Case Management - Prophylaxis in the public sector		Cost benefit analysis, especially in low transmission areas	Nov-15	
	Case Management - Review and update BCC/IEC strategies		Assessment of implementation and impact of IEC and BCC strategies	Oct-15	
	SM&E - Preparation of National Documents		Updating documents, guideline, training manuals,	Jun - Sep 15	
			Epidemiological surveillance and detection of malaria outbreaks, epidemic preparedness and response	Jun - Sep 15	
			Update malaria contingency plan	Jun - Sep 15	
	SM&E - Surveillance		Strengthening systems,	Jun - Sep 15	
			Training on Data quality audits, classification of cases	Jun - Sep 15	
			Setup DHIS2	Jun - Sep 15	
			Development of malaria database	Jun - Sep 15	
	SM&E - Capacity building		M&E training	Jun - Sep 15	
		Training on DHIS2 (managers)?		Jun - Sep 15	
		Training on DHIS2 data managers & M&E officers for EARN and SARN?		Jun - Sep 15	

	SM&E - National surveys		Therapeutic efficacy study of anti-malarial	TBD	
			Entomological surveillance	TBD	
			Net durability and efficacy study	TBD	
			Harmonization of national reporting systems	TBD	
Malawi	Domestic financing (gvt and private sector)	High level advocacy		Apr - Jun 15	
		Advocacy promoting Public Private Partnership on - ARM Tool Kit		Jul - Dec 15	
		Lobby for full time District Malaria Coordinators - ARM Tool Kit		Apr-15	
	Program Management - Vector control		Vector resistance mapping country wide	Apr - Jun 15	
		Development of the vector resistance management plan		Aug-15	
	BCC and advocacy	Development of the second generation communication strategy		Jul-15	
	Case Management - Development of POA		To develop comprehensive system	Apr - May 15	
	SM&E - National surveys		2016 Therapeutic efficacy study of anti-malarial	Feb - May 16	
			Net durability and efficacy study	Feb - May 16	
			2016 Malaria Indicator Survey	Mar - Jun 16	
Mozambique	Malaria Programme Review	Malaria Programme Review		2016	
	Malaria Strategic Planning	Develop a new strategic plan		2016	
		Costing of the strategic plan		2016	
		Developing M&E Framework		2016	
	Resource Mobilization Strategy	Develop a resource mobilization strategy/plan		2015	
		Training in advocacy for resource mobilization - ARM Toolkit		2016	
	Domestic financing (gvt and private)	High level advocacy - ARM Tool kit		2015	

	sector)	Advocacy promoting Public Private Partnership on malaria - ARM Tool kit		2015	
	Bilateral and Multilaterals financing	Capacity development for resource mobilization - ARM Tool Kit		2015	
			Potential partner mapping	2015	
		Proposal development to lobby more partner support		2015	
	BRICS financing (Brazil, Russia, India, South Africa and China)		A possible new opportunity hence needs exploration.	2015	
	Cross Border Support		Assessment and development of a guide for cross border collaboration	2015	
	Program Management - HR Capacity Development		Skills Development- eg: Training course Epidemiological Approach to Malaria Control and Elimination .	2015	
			Programme Management Training Course	2015	
		Review MPR/MTR and other evaluations findings and address HR Gaps		2015	
	Programme Management meetings with WHO		Provide updates on each of the programmatic areas	2015	
			Workshop on new WHO guidelines	2015	
	Program Management - Vector Control		Insecticide resistance monitoring	2015	
			Geographical Reconnaissance/ Mapping	2015	
			Review Vector Control Strategies	2015	
		Insecticide Resistance Management Plan		2015	
			Strengthening Resistance Monitoring	2015	
			Address, Human Resources Gaps including staffing- Entomologist and Skills	2015	
			Joint procurement of DDT and logistical support	2015	

	Case Management - IEC BCC required for branding for malaria events: World Malaria Day and SADC Malaria Day.			2015	
	Case Management - Review and update BCC/IEC strategies		Assessment of implementation and impact of IEC and BCC strategies	2015	
	SM&E - Preparation of National Documents	Develop national tools: M&E plan		2016	
			M&E guidelines	2016	
			Updating documents, guideline, training manuals	2016	
			Epidemiological surveillance and detection of malaria outbreaks, epidemic preparedness and response	2015	
			Update malaria contingency plan	2015	
		IRM plan		2016	
	SM&E - Surveillance		Strengthening systems	2015	
			Enhance reporting and documentation	2015	
			Training on Data quality audits, classification of cases	2015	
			Setup DHIS2	2015	
			Development of malaria data base	2015	
	SM&E -Capacity building		M&E training,	2015	
		Training on DHIS2 (Managers)?		2015	
		Training on DHIS2 data managers & M&E officers for EARN and SARN?		2015	
	SM&E - National surveys		Entomological surveillance	2016	
			Net durability and efficacy study	2016	
Namibia	Malaria Strategic Planning	Update of following thematic area: Outbreak reporting and response (EPR in low transmission countries)		Aug-15	
	Resource Mobilization Strategy	Develop a resource mobilization strategy/plan		Jul-15	

		Training in advocacy for resource mobilization - ARM Toolkit		Sep-15	
	Program Management - HR Capacity Development		Skills Development- eg: Training course Epidemiological Approach to Malaria Control and Elimination .	Sep-15	
	Program Management - Vector Control		Insecticide resistance monitoring	Jun-15	
			Geographical Reconnaissance/ Mapping	Jun-15	
			Review Vector Control Strategies	Feb-16	
			Insecticide Resistance Management Plan	Jul-15	
			Strengthening Resistance Monitoring	Jul-15	
			Entomologist needed in the country	Jun - Sep 15	
	Case Management - Drug Resistance monitoring		Advocacy and brokering for Pooling of procurement	May-15	
	Case Management - Quality control of diagnostics: Slides and RDTs		EQA , e.g. Ndola; Johannesburg, Nairobi, Capacity building /training for lab technicians – L1 and L2 (include training of trainers)	Aug-15	
	Case Management - Review and update BCC/IEC strategies		Assessment of implementation and impact of IEC and BCC strategies	Jun-15	
	SM&E - Preparation of National Documents	Develop national tools: M&E plan		Apr-15	
			Epidemiological surveillance and detection of malaria outbreaks, epidemic preparedness and response	Jun-15	
	SM&E - Surveillance	Peer learning on surveillance from Swaziland		Jun-15	
	SM&E -Capacity building		M&E training	Jun-15	
		Training on DHIS2 data managers & M&E officers for EARN and SARN?		Jul-15	
	SM&E - National surveys		Therapeutic efficacy study of anti-malarial	Jan-16	

South Africa	Mid-Term Review	Desk review		20-24 Jul 15		
		Validation (Review by WHO and Peers)		20-24 Jul 15		
		Report writing		20-24 Jul 15		
	Program Management - Cross Border Support		Financial support for establishment of district cross boarder committees with Zimbabwe		30-Jun-15	
			Financial support for establishment of district cross boarder committees with Mozambique & Swaziland		17-21 Aug 15	
			Financial support for cross border activities with Botswana		TBD	
	Program Management - Vector Control		Insecticide resistance monitoring		TBD	
			Geographical Reconnaissance/ Mapping		TBD	
			Review Vector Control Strategies		TBD	
			Insecticide Resistance Management Plan		TBD	
			Strengthening Resistance Monitoring		TBD	
			Address, Human Resources Gaps including staffing- Entomologist and Skills		TBD	
			Joint procurement of DDT and logistical support		TBD	
	SM&E - Preparation of National Documents	Review of country plans, guidelines (MTR)			20-24 Jul 15	
	SM&E - Surveillance		Training on Data quality audits, classification of cases		Apr-15	
		Setup DHIS2		Apr-15		
		Peer learning oto Rwanda and Uganda		TBD		
Swaziland	Mid-Term Review	Desk review - Reviewing systems and documents in preparation for malaria elimination and certification		May-15		

	Program Management - HR Capacity Development		Support for the Grant Management Training workshop to be held at the Capacity Africa Training Institute in Kenya	Apr-15	
	Program Managemnt - Vector Control		Entomologist required to assist in the setting up of an insectary	TBD	
	Case Management - Training		TA required to assist country in introducing Artesunate in Health Facilities, Training of HCW on the new regime and Development of posters on the drug	Jun-15	
	SM&E - Capacity building		Training of M&E officer	Jul - Sep 2015	
URT-Zanzibar	Malaria Strategic Planning	Developing M&E Framework		May-15	
		Update the following thematic areas:			
		• Program Management			
		• Operational Research & M&E		Jul-15	
		• Outbreak reporting and response (EPR in low transmission countries)		Jul-15	
	Mid-Term Review	Desk review		Sep-15	
		Validation (Review by WHO and Peers)		Sep-15	
		Report writing		Sep-15	
	Program Management - HR Capacity Development		Skills Development- eg: Training course Epidemiological Approach to Malaria Control and Elimination	Oct-15	
			Skills Development- eg: Training course in Programme Management Training Course	Oct-15	
	Programme Management meetings with WHO		Workshop on new WHO guidelines	Jul-15	
Program Management - Vector Control		Geographical Reconnaissance/ Mapping	Nov-15		

			Strengthening Resistance Monitoring	Nov-15	
	Case Management - Quality control of diagnostics: Slides and RDTs		EQA , e.g. Ndola; Johannesburg, Nairobi, Capacity building /training for lab technicians – L1 and L2 (include training of trainers)	Aug-15	
	Case Management - Review and update BCC/IEC strategies		Assessment of implementation and impact of IEC and BCC strategies	Sep-15	
	SM&E - Preparation of National Documents	Develop national tools: M&E plan		Aug-15	
			M&E guidelines	Aug-15	
			Updating documents: training manuals	Oct-15	
			Epidemiological surveillance and detection of malaria outbreaks, epidemic preparedness and response	Aug-15	
	SM&E - Surveillance		Enhance reporting and documentation	Sep-15	
	SM&E - National surveys		Entomological surveillance	Oct-15	
Zambia	Malaria Programme Review	Malaria Programme Review - planning commences		Oct - Dec 15	
	Malaria Strategic Planning		Pretest WHO/AFRO Operational Plan Tool kit	Sep-15	
	Best Practices	Peer Learning from neighboring countries during MPR process		Jul - Sep 15	
	Domestic financing (gvt and private sector)	Advocacy promoting Public Private Partnership on malaria - ARM Tool kit		May - Jun 15	
	Program Management - HR Capacity Development		Skills Development- eg: Training course Epidemiological Approach to Malaria Control and Elimination	Jun - Jul 15	
			Skills Development- eg: Training course inProgramme Management Training Course	Jun - Jul 15	
	Programme Management meetings with WHO		Provide updates on each of the programmatic areas	Nov-15	

			Workshop on new WHO guidelines	Nov-15	
	Program Management - Vector Control		Insecticide resistance monitoring	Oct-15	
			Geographical Reconnaissance/ Mapping	Oct-15	
	Case Management - Quality control of diagnostics: Slides and RDTs		EQA , e.g. Ndola; Johannesburg, Nairobi, Capacity building /training for lab technicians – L1 and L2 (include training of trainers)	TBD	
	SM&E - Capacity Building	Training on DHIS2 (Managers)?		Jun-15	
		Training on DHIS2 data managers & M&E officers for EARN and SARN?		Jun-15	
	SM&E - National surveys		Therapeutic Efficacy study of anti-malarial	TBD	
Zimbabwe	Malaria program review	Consultation processes, Strong and effective partnerships, advisory committee, Report writing, Short Aid Memoir and Signing (to affirm joint planning/Ownership)		Jul - Sep 15	
	Malaria Strategic Planning	Develop a new strategic plan and costing of the plan. The current NSP ends in 2015		Apr - Sep 15	
		Need for lead consultant for MIS in Zimbabwe planned for 1st quarter 2016		Jan - Mar 16	
	Best Practices	Peer Learning from neighboring Zambia on MIS processes (MIS data management, data analysis) 2 people for 2 weeks in Zambia		Apr - Jun 15	
	Domestic financing (gvt and private sector)	High level advocacy - Advocacy promoting Public Private Partnership on malaria		Apr - Sep 15	
	Program Management -Vector control	Insecticide Resistance Management Plan		Apr - Sep 15	
	Case Management - Quality control of diagnostics: Slides and RDTs	EQA , Capacity building /training for lab technicians – L1 and L2 (include training of trainers) e.g. Ndola;			

		Johannesburg, Nairobi				
	SM&E - Preparation of National Documents	Development of national tools : M&E plan, M&E guidelines, Updating documents, guidelines, training manuals		Jul - Sep 15		
	SM&E - Surveillance		Training on data quality audits, malaria data base	Jul - Sep 15		
	Capacity building	Training on DHIS2 (Managers) Training on DHIS2 data managers & M&E officers for EARN and SARN	M&E training	Jul - Dec 15		
EARN						
Burundi	Malaria Programme Review	Malaria Programme Review		Sep-15		
	Malaria Strategic Planning	Update the following thematic areas:				
		• Vector control			Apr-15	
		• Case Management			May-15	
		• Program Management			Jun-15	
		• BCC/ACSM			Jun-15	
		• Operational Research & M&E			May-15	
		• Outbreak reporting and response (EPR in low transmission countries)			Apr-15	
	Mid-Term Review	Desk review			Sep-15	
		Validation (Review by WHO and Peers)			Sep-15	
		Report writing			Sep-15	
	Resource Mobilization Strategy	Develop a resource mobilization strategy/plan			Apr-15	
		Training in advocacy for resource mobilization - ARM Tool kit			May-15	
Best Practices	Peer Learning from neighboring countries during MPR process			Jun-15		
International development partners financing	Success of the proposals of resource mobilisation is dependent on sound NSP. TA is therefore required for proposal development			Apr-15		

	Bilateral and Multilaterals financing	Capacity development for resource mobilization		Apr-15		
			Potential partner mapping	Apr-15		
		Proposal development to lobby more partner support		Apr-15		
	Program Management - HR Capacity Development		Skills Development- eg: Training course Epidemiological Approach to Malaria Control and Elimination		Apr-15	
			Skills Development- eg: Training course in Programme Management Training Course		Apr-15	
	Programme Management meetings with WHO		Provide updates on each of the programmatic areas		May-15	
			Workshop on new WHO guidelines		May-15	
	Program Management - Vector Control		Insecticide resistance monitoring		Apr-15	
			Geographical Reconnaissance/ Mapping		Apr-15	
			Review Vector Control Strategies		Apr-15	
			Insecticide Resistance Management Plan		Apr-15	
			Strengthening Resistance Monitoring		Apr-15	
			Address, Human Resources Gaps including staffing- Entomologist and Skills		Apr-15	
	Case Management - Quality control of diagnostics: Slides and RDTs		EQA , e.g. Ndola; Johannesburg, Nairobi, Capacity building /training for lab technicians – L1 and L2 (include training of trainers)		Apr-15	
	Case Management - IEC BCC required for branding for malaria events: World Malaria Day and SADC Malaria Day.		Human Resource Capacity, numbers and skills for IEC/ BCC		May-15	
Case Management - Increase treatment seeking behaviour and access to treatment		Training support		May-15		

	SM&E - Preparation of National Documents	Develop national tools: M&E plan,		Apr-15	
			M&E guidelines	Apr - May 15	
			Updating documents, guideline, training manuals,	May-15	
			Epidemiological surveillance and detection of malaria outbreaks, epidemic preparedness and response	Apr-15	
			Update malaria contingency plan	Apr-15	
		IRM plan		Apr-15	
	SM&E - Surveillance		Strengthening systems	May-15	
			Enhance reporting and documentation,	Apr-15	
			Training on Data quality audits, classification of cases	Apr-15	
			Development of malaria data base	Apr-15	
	SM&E - Capacity building		M&E training,	Jun-15	
		Training on DHIS2 (Managers)?		May-15	
		Training on DHIS2 data managers & M&E officers for EARN and SARN?		May-15	
	SM&E - National surveys		Therapeutic efficacy study of anti-malarial	Jan - Sep 15	
			Child mortality and maternal malaria survey	Apr-15	
Comoros					
Djibouti					
Eritrea	Malaria Programme Review	Malaria Programme Review		Sep-16	
	Malaria Strategic Planning	Develop a new strategic plan		Feb-16	
		Costing of the strategic plan		Mar-16	
		Developing M&E Framework		Mar-16	
		Update of the following thematic areas:			
		• Case Management			May-15

		• Program Management		Jul-15	
	Resource Mobilization Strategy	Develop a resource mobilization strategy		Aug-15	
	Program Management - Vector Control		Insecticide resistance monitoring	Aug-15	
	Program management/program development		Train 20 malaria staff in short WHO-malariology course in-country (6-week course)	Jul-15	
	Case Management - Quality control of diagnostics: Slides and RDTs		EQA , e.g. Ndola; Johannesburg, Nairobi, Capacity building /training for lab technicians – L1 and L2 (include training of trainers)	May-15	
	Case management		Conduct TOT on Malaria Case Management	Jun-15	
	Review and update BCC/IEC strategies		Assessment of implementation and impact of IEC and BCC strategies	Aug-15	
	IEC/BCC	Adapt Malaria Communication Framework		Aug-15	
	SM&E - Surveillance		Strengthen Malaria Early Warning System (Develop malaria risk mapping system and training NMCP staff on riskmapping and epidemic forecasting methods)	Aug-15	
			Establish a comprehensive GIS-based malaria database and train staff to operate the database and troubleshoot.	Aug-15	
	Program Management - Vector Control		Support to strengthen functionality of insectaries (needs assessment)	Jun-15	
			Equip insectaries with necessary standard equipment and consumables after conducting needs assessment	Sep-15	
Ethiopia	Program Management - Cross Border Support		Assessment and development of a guide for cross border collaboration	Jun-15	

	Program Management - HR Capacity Development		Skills Development: Training course - Epidemiological Approach to Malaria Control and Elimination	May-15	
			Skills Development: Training course - Programme Management Training Course.	May-15	
	Programme Management meetings with WHO		Provide updates on each of the programmatic areas	May-15	
			Workshop on new WHO guidelines	May-15	
	Program Management - Vector Control		Insecticide resistance monitoring	May-15	
			Geographical Reconnaissance/ Mapping		
			Review Vector Control Strategies		
		Insecticide Resistance Management Plan			
			Strengthening Resistance Monitoring		
			Address, Human Resources Gaps including staffing- Entomologist and Skills		
	Quality control of diagnostics: Slides and RDTs		EQA , e.g. Ndola; Johannesburg, Nairobi, Capacity building /training for lab technicians – L1 and L2 (include training of trainers)	Jul-15	
	Preparation of National Documents	IRM plan		May-15	
	SM&E - Capacity building		M&E training	Sep-15	
	SM&E - National surveys		Entomological surveillance	Sep-15	
			Net durability and efficacy study	Sep-15	
Kenya	Malaria Programme Review	Malaria Programme Review		Jul - Oct 17	
	Malaria Strategic Planning	Develop a new strategic plan		Oct 17 - May 18	
		Costing of the strategic plan		Oct 17 - May 18	
		Developing M&E Framework		Oct 17 - May 18	

	Resource Mobilization Strategy	Training in advocacy for resource mobilization		Jun - Dec 15		
	Bilaterals and Multilaterals financing	Capacity development for resource mobilization		Jun - Dec 15		
			Potential partner mapping	Jun - Dec 15		
		Proposal development to lobby more partner support		TBD		
Rwanda						
Somalia	Malaria Strategic Planning	Review and updating of an existing strategic plan		Jun-15		
		Costing of the strategic plan		Jun-15		
		Developing M&E Framework		Apr-15		
		Update the following thematic areas:				
		• Vector control		Aug-15		
		• Case Management, Updating national treatment guideline		Aug-15		
		• Operational Research & M&E		Dec-15		
		• Outbreak reporting and response (EPR in low transmission countries)		Nov-15		
	Resource Mobilization Strategy	Develop a resource mobilization strategy/plan		Jul-15		
		Training in advocacy for resource mobilization - ARM Tool kit		Jul-15		
	Best Practices		Transparency by all for effective by-in		Sep-15	
			Ownership by all partners (Inclusive of all stake holders)		Sep-15	
			Strong partnerships		Sep-15	
			Stakeholders Committee/Advisory committee (meets at least once/year)		Sep-15	
Domestic financing (gvt and private)	High level advocacy - ARM Tool kit		Jul-15			

	sector)	Advocacy promoting Public Private Partnership on malaria - ARM Tool kit		Aug-15	
	International development partners financing	Success of the proposals of resource mobilisation is dependent on sound NSP. TA is therefore required for NSP reviews		Jul-15	
	Bilaterals and Multilaterals financing	Capacity development for resource mobilization		Apr-15	
			Potential partner mapping	Apr-15	
		Proposal development to lobby more partner support		Apr-15	
	BRICS financing (Brazil, Russia, India, South Africa and China)		A possible new opportunity hence needs exploration.	Jun-16	
	Program Management - Cross Border Support		Assessment and development of a guide for cross border collaboration	Apr-15	
	Program Management - HR Capacity Development		Skills Development: Training course - Epidemiological Approach to Malaria Control and Elimination	Oct-15	
			Skills Development: Training course - Programme Management Training Course.	Oct-15	
	Programme Management meetings with WHO		Provide updates on each of the programmatic areas	Nov-15	
			Workshop on new WHO guidelines	Nov-15	
	Program Management - Vector Control		Insecticide resistance monitoring	Dec-15	
			Geographical Reconnaissance/ Mapping	Dec-15	
			Review Vector Control Strategies	Dec-15	
			Insecticide Resistance Management Plan	Dec-15	
			Strengthening Resistance Monitoring	Dec-15	
			Address, Human Resources Gaps including staffing- Entomologist and Skills	Dec-15	

	Case Mangement - Drug Resistance monitoring, Training of clinicians, Drug registration support, e.g.primaquine and IV-Artesunate		Advocacy and brokering for Pooling of procurement	Jan-16	
	Quality control of diagnostics: Slides and RDTs		EQA , e.g. Ndola; Johannesburg, Nairobi, Capacity building /training for lab technicians – L1 and L2 (include training of trainers)	2015	
	Case Mangement - IEC BCC required for branding for malaria events: World Malaria Day and SADC Malaria Day.		Human Resource Capacity, numbers and skills for IEC/ BCC	Apr-16	
	Case Mangement - Review and update BCC/IEC strategies		Assessment of implementation and impact of IEC and BCC strategies	Dec-16	
	Case Mangement - Increase treatment seeking behaviour and access to treatment		Training support	Mar-15	
	Case Mangement - Support for IPTp		Development of local guidelines	Aug-15	
	Preparation of National Documents	Review of country plans, guidelines (MTR)		Oct-15	
			Updating documents, guideline, training manuals,	Aug-15	
			Epidemiological surveillance and detection of malaria outbreaks, epidemic preparedness and response	May-15	
	SM&E - Surveillance		Development of malaria data base	May-15	
	SM&E - Capacity building		M&E training,	Nov-15	
South Sudan	Program Management		Develop Malaria Policy document	Apr - Jun, Dec 15	GFATM
		Review of BCC strategy/plan		May - Jun 15	GFATM
			Conduct an RBM partnership Meeting	Jun-15	RBM
			Develop Vector Control Guidelines	Apr - Jun 15	GFATM
	Vector Control		Review of LLIN distribution methodology	Apr - May 15	WHO/GFATM

	Case Management		support to conduct case management audit	Jul - Sep 15	RBM
Sudan					
Tanzania Mainland					
Uganda	Malaria Strategic Planning	Development of specific guidelines/frameworks for thematic areas:			
		• BCC/ACSM,		Oct - Nov 15	
		• Outbreak reporting and response (EPR in low transmission countries)		Aug - Nov 15	
	Resource Mobilization Strategy	Develop a resource mobilization strategy		Jun-15	
		Training in advocacy for resource mobilization		Aug-15	
	Best Practices	Stakeholders Committee/Advisory committee (meets at least once/year)		Nov-15	
		Peer Learning from neighboring countries during MPR process		Jul - Dec 15	
	Domestic financing (gvt and private sector)	High level advocacy		TBD	
		Advocacy promoting Public Private Partnership on malaria		TBD	
	International development partners financing	Success of the proposals of resource mobilisation is dependent on sound NSP - Investment case (BP)		Jun - Jul 15	
	Bilaterals and Multilaterals financing	Capacity development for resource mobilization		Jun - Jul 15	
		Proposal development to lobby more partner support		Jun - Jul 15	
	Program Managemnt - HR Capacity Development		Skills Development- Programme Management Training Course.	Jun - Dec 15	
	Program Management - Vector Control		Insecticide resistance monitoring	Jun - Dec 15	
			Geographical Reconnaissance/ Mapping	Jun - Dec 15	

			Strengthening Resistance Monitoring	Jun - Dec 15	
			Address, Human Resources Gaps including staffing- Entomologist and Skills	Jun - Dec 15	
	SME - Preparation of National Documents		Epidemiological surveillance and detection of malaria outbreaks, epidemic preparedness and response	TBD	
	SME - National surveys		Child mortality and maternal malaria survey	TBD	
Yemen					

Annex 4 Meeting Evaluation

RBM EARN and SARN Program Managers meeting, Victoria Falls, Zimbabwe 16 -18 March 2015 **Workshop Evaluation results**

32 completed evaluation forms were received; Participants were asked to rate the following content of the workshop on a scale of **1= Poor, 2 = Fair, 3 = Good, 4 =Very Good, 5 = Excellent** and the following are the overall results.

General comments on the meeting;

Participants were asked what were the most valuable concepts learned during the meeting and a majority said the following;

- Spread of insecticide resistance
- Advocacy and resource mobilization tool
- Different between Gmap2 and GTS
- TA provided by RBM
- Elimination 8
- Vector control and vector resistance
- M&E surveillance.
- Annual work plan and roadmap USB tool

Some of the suggestions on how to improve future meetings where as follows;

- Agenda were sent very late; next meeting it should be developed and share earlier.
- SARN/ EARN should make sure all countries are invited / represented next meeting.
- Travel arrangement should be well organizer and should be done by RBM and not WHO.
- Change of meeting venue, issue of cost and easy access to city should be considered.
- Stakeholders from industrial and research constituency must be invited in the future.
- Accommodation was very expensive.
- Venue should be rotated between networks; next meeting should be held in East Africa.
- Meeting days should be reduced.

In a nut shell participant were pleased with the meeting but hope for more improvement in future meetings. Other comments from participants have to do with the objective of the meeting; few were not sure if meeting goals were achieved. It was encouraged that the joint collaboration for RBM/WHO should continue to ensure a malaria free world.