



Report of the Trans-Zambezi Cross-border Malaria Program Consultative Meeting, Elephant Hills Hotel, Victoria Falls, Zimbabwe from 1 to 3 February 2011

1 – 3 February 2011

SARN Secretariat



Executive summary

The Trans-Zambezi Cross-border (TZMI) Malaria Program Consultative Meeting was held at the Elephant Hills Hotel in Victoria Falls, Zimbabwe, from 01 to 03 February 2011. Participants included National program and military malaria managers, SADC and SARN Secretariats, research and academic institutions, WHO-National Program Officers from the five TZMI countries (Angola, Botswana, Namibia, Zambia and Zimbabwe) [see TZMI map below], partners from the region (WHO-IST-ESA, MACEPA, Clinton Access to Health, SANOFI-AVENTIS and HEDEC), the globe (RBM Secretariat, Global Malaria Program, Global Health Group and International Federation of the Red Cross) and four SARN Steering Committee members. The meeting was organized by the SARN Secretariat, funded by the Bill and Melinda Gates Foundation.

The objective was to contribute to the implementation of the SADC Malaria Control and Malaria Elimination Frameworks, E8 resolutions and the SARN Workplan through a joint TZMI Action Plan and establishment of vibrant TZMI communities committees in the 16 TZMI districts. It was agreed that all previous attempts by the TZMI and MOZIZA cross-border initiatives to get funding from the Global Fund had failed, the Global fund does not see any added value of cross-border initiatives and therefore, the need to re-define the TZMI goal, objectives and develop an action plan and business plan for mobilization of funds from other potential funding agents. The main outcomes were: redefined TZMI goal and objectives, a draft joint action plan with time lines to be finalized by the draft teams, development of the TZMI business plan, establishment of the TZMI district committees in all the 15 districts made up of the district health teams, the business and local community leaders whose representatives will form the joint TZMI committee and inclusion of the Zambezi district in Zambia which borders Binga district in Zimbabwe. The district committees with the support of the NMCPs, SADC and SARN Secretariats, RBM Secretariat and partners will start mobilizing resources and implementing activities. Any proposal to the GF will only be developed to compliment a TZMI already implementing activities in all the 16 districts. Once the action plan, the business plan have been finalized and district committees established, the TZMI will hold a consultative meeting of all the TZMI districts in Kasane Botswana in April 2011 to review and finalize the documents and agree on activities to start implementing.

Background

The Trans-Zambezi region is a convergence of 5 countries (Angola, Botswana, Namibia, Zambia & Zimbabwe) at the Caprivi Strip at the Zambezi river and is made up of 16 districts (4 from Angola, 3 From Botswana, 2 from Namibia, 5 from Zambia and 2 from Zimbabwe)

Legend

- Major City
- City
- International Boundaries
- Malarious Provinces
- Districts of Interest

SADC Countries of Interest:

- Namibia
- Angola
- Zambia
- Zimbabwe
- Botswana

Map produced by the Health GIS Centre, Malaria Research Lead Programme, Medical Research Council of SA. Map produced June 2007

Data Sources: African Data Sampler, MRC Health GIS Centre, CIA World Factbook

TRANS-ZAMBEZI MALARIA INITIATIVE: DISTRICTS OF INTEREST WITHIN THE SOUTH AFRICAN DEVELOPMENT COMMUNITY (SADC) REGION

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Malaria burden among the TZMI districts ranges between 1 and 400 malaria cases per 1,000 people

Factors contributing to this include:

- a) intermittent floods around rivers;
- b) inadequate service delivery;
- c) barriers to service access/delivery due to:
 - (a) stringent customs and immigration regulations,
 - (2) public health regulations & poor communication;
- d) highly mobile populations, cross-border infections (people with malaria parasites move across the borders);
- e) Lack of harmonized, synchronized and optimization of cross-border interventions.

Realization by the NMCPs that:

- a. multi-country border complexities pause challenges to individual country malaria efforts and to malaria elimination
- b. Highly mobile populations with parasites has created the need for minimization of cross-border infections (import and export parasites)
- c. Multi-country border complexities do not only isolate or deny services to communities at boundaries, but sustain malaria reservoirs for populations that are poised for disease elimination.

The Zambezi River of Life Malaria Expedition highlighted the problems of access to health care along the Zambezi valley and this, accelerated the TZMI NMCPs to realize that malaria elimination cannot be achieved in the TZMI countries without functional cross-border collaborative initiatives that would lead to zero transmission in the cross-border districts and that malaria is hampering economic development (tourism, agriculture, mining, fishing, game ranching, crocodile farming, direct foreign investment, school attendances) in the TZMI area and therefore the urgent need for operationalization of the TZMI malaria control program.



A military helicopter winches out a boat stuck in the middle of rocksand Negotiating obstacles/difficult terrain during the Zambezi River of life Malaria Expedition

Participants

The participants were made up of Malaria Program Managers, Military Malaria Managers, National Program Officers (WHO-NPOs) from the TZMI countries; SADC Secretariat, SARN Secretariat, Regional Coordinator of the SADC Military Malaria Program, RBM Secretariat, International Federation of Red Cross-Zambezi River Basin Project, MACEPA, WHO-Zimbabwe, WHO-IST-ESA, WHO-GMP, HEDEC, Global Health Group (GHG – California), Clinton Health Access Initiative (CHAI), SANOFI-AVENTIS, Reagent Laboratories, and National Institute of Health Research (NIH).



Group Photo of the TZMI Meeting Elephant Hills Hotel, Victoria Falls, Zimbabwe (01 – 03 February 2011)

Objectives and Expected Outcomes of the Consultative TZMI Meeting

General Objective

To contribute to the implementation of the SADC Malaria Control and Malaria Elimination Initiative through a joint TZMI Action Plan and participation of the TZMI partners and communities

Specific Objectives

1. Review the role of cross-borders in the implementation of the SADC Malaria Strategic Framework, SADC Malaria Elimination Framework, implementation SADC Malaria Minimum Standards and the E8 Malaria Elimination Action Plan and of the SARN Work plan
2. Develop TZMI Action Plan: joint planning, synchronized and harmonized activities; management, synchronization of logistics, referrals, outreaches, Surveillance, M/E, active case detection (ACD) and reporting;
3. Determine the role of cross-borders in the SADC Malaria Elimination initiative including the need for a unified regional cross-border strategy based on the WHO manual for cross-borders;
4. Review the TZMI administrative structure and composition;
5. Mobilize the TZMI business and local communities to participate and contribute towards implementation of joint activities

Expected outcomes

1. TZMI Action Plan
2. TZMI administrative structure and composition
3. Role of cross-borders in the implementation of the SADC Malaria Strategic Framework, SADC Malaria Elimination Framework, implementation SADC Malaria Minimum Standards and the E8 Malaria Elimination Action Plan and of the SARN Work plan
4. TZMI partners, business and local community committee

Main Outcomes

1. Draft TZMI Action Plan
2. TZMI administrative structure and composition
3. Partners commitment to support TZMI
4. Collaboration with the IFRC –Zambezi River Basin Project
5. Zambezi district (Zambia) which borders Binga district (Zimbabwe) to be included as the 16th district

A draft TZMI Action Plan was developed:

The plan will operate over a period of three (3) years, based on harmonization, synchronization, and optimization of activities at cross borders. The following goal and four specific objectives were developed:

TZMI Programme Goal

To reduce malaria incidence to 5/1,000 and near zero mortality in the Trans Zambezi Region by 2013

TZMI Program Objectives

1. To achieve universal coverage (100%) with Indoor residual spraying (IRS), long lasting insecticide treated nets (LLINs), of the communities in the Trans-Zambezi region by December 2012
2. To achieve universal coverage in all pregnant women to receive at least 2 doses of Intermittent Preventive Therapy (IPTp) by December 2012.
3. To have all suspected cases have parasitological diagnosis and prompt and effective malaria treatment within 24 hours of onset by December 2012.
4. To establish a surveillance, monitoring and evaluation system that informs planning and implementation of TZMI activities in 15 districts by December 2012

Follow up Action

- Technical support for development of tools for baseline data collection and gap analysis for all TZMI districts
- Finalization of the TZMI Action Plan by SADC Secretariat
- Development of TZMI business plan by SARN Secretariat
- High level Advocacy and mobilization of TZMI business and local communities to participate and contribute towards implementation by TZMI NMCPs
- Strengthening of TZMI administrative structure to reflect a multi-sectoral composition by TZMI NMCPs
- TZMI inter-districts consultative meeting in Kasane, Botswana (April 2011) by SADC Secretariat
- Collaboration with the IFRC Zambezi Basin Project by SARN Secretariat



TZMI Consultative Meeting List of Participants (01 – 03 February 2011)

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