The Road to Malaria Elimination 2020 – Mapping Investment and Beyond

MEETING REPORT

Johannesburg I South Africa I October 10 – 12, 2012
A SPECIAL THANKS TO OUR GENEROUS SPONSORS:

PLATINUM SPONSOR

Rio Tinto

GOLD SPONSOR

AngloGold Ashanti

VESTERAARD FRANDSEN
DISEASE CONTROL TEXTILES

BRONZE SPONSOR

AFM
AFRICA FIGHTING MALARIA

SOUTH AFRICAN BUSINESS COUNCIL ON HIV/AIDS

STANDARD DIAGNOSTICS, INC.
CORPORATE SUPPORTERS

OFFICIAL ACCOMODATION PARTNER

UNIVERSITY OF THE WITWATERSRAND

Johannesburg

OFFICIAL DINNER SPONSOR

Radisson Hotels & Resorts

OFFICIAL AIRLINE PARTNER

Nando's

AVIMA

WILDERNESS SAFARIS

SOUTH AFRICAN AIRWAYS
# TABLE OF CONTENTS

1. EXECUTIVE SUMMARY AND KEY RECOMMENDATIONS .................................................. 5
2. WORKSHOP OVERVIEW & OBJECTIVES ........................................................................ 6
3. THE STATE OF MALARIA: THE PROBLEM, PROGRESS TO DATE AND FUTURE CHALLENGES ................................................................................................................. 7
4. AFRICA’S MALARIA -2015 & BEYOND ........................................................................... 8
5. PRIORITIES FOR MALARIA CONTROL: 2015 AND BEYOND ......................................... 13
6. INNOVATIVE FINANCING .............................................................................................. 14
7. CROSS BORDER AND MIGRATION .............................................................................. 17
8. TRANSPORT WELLNESS: THE INTEGRATED APPROACH ................................................. 19
9. CAPACITY BUILDING FOR MALARIA PROGRAMMES ................................................... 21
10. SHOWCASING CORPORATE SECTOR SUPPORT AT COUNTRY LEVEL AND STRENGTHENING LINKAGES WITH NATIONAL PROGRAMMES .................................. 24
11. COUNTRY BREAKAWAY WORKING GROUPS ................................................................ 27
12. REVIEW, VET, AND PRIORITIZE OPPORTUNITIES FOR COLLECTIVE ACTION ........... 33
13. CONFERENCE IMPACT ................................................................................................. ERROR! BOOKMARK NOT DEFINED.
1. EXECUTIVE SUMMARY AND KEY RECOMMENDATIONS

In 2011 GBCHealth began setting the stage for increased public-private partnerships as part of comprehensive malaria control efforts in Africa over the next five years. “The Business Case for Indoor Residual Spraying (IRS) conference,” the first of a series of private sector meetings, showcased the compelling business case for private sector support and involvement in comprehensive malaria control.

Roll Back Malaria (RBM) in collaboration with GBCHealth and the Corporate Alliance on Malaria in Africa (CAMA), convened this year’s conference, “The Road to Malaria Elimination 2020 – Investment and Beyond” in Johannesburg on October 10 – 12, 2012. The event focused on achieving malaria elimination in the SADC region and beyond, advocating for more investment in comprehensive malaria control from governments, increased private sector involvement and synergies between the public and private sectors.

The conference brought together more than 95 representatives from 11 countries and 50 organizations from business, government and non-profit sectors who have demonstrated extraordinary commitment to improving malaria control and developing their countries’ economies. Key government officials who presented during the workshop included: the Namibian Minister of Health (Dr. Kamwi), the South African Minister of Health (Dr. Motsoaledi) and the Permanent Secretaries from Zimbabwe (Brigadier Dr. Gwinji), Mozambique (Dr. Lucas) and Namibia (Dr. Foster).

Participants from the private sector included many senior corporate executives, Occupational/Health & Safety/Medical Affairs directors and corporate public health managers from the mining, pharmaceutical, transport and energy industries. The workshop also included senior policy makers such as national malaria program managers, international health experts from the World Health Organization, the Roll Back Malaria (RBM) Partnership and University of Witwatersrand. (For a full list, see appendix).

The conference consisted of presentations, panel discussions, and country roundtable sessions on the business case to defining the roadmap to malaria elimination in 2020.

Key Take Aways:

- Successful National Malaria Control Programs that result in dramatically reduced malaria cases and deaths are those that have benefited greatly from innovative, action-oriented public-private sector partnerships, increased funding, sustained IRS programs, concerted political will and leadership from the health ministers.
- Scale-down of IRS as well as insecticide resistance, insufficient technical and scientific monitoring and management capacity are real and growing threats to gains made in the cross-border countries. These challenges could result in malaria resurgence in Southern Africa.
- As the economies of the SADC region become more integrated, a sustainable malaria elimination plan must include a robust transport wellness and cross-border malaria programme.
2. WORKSHOP OVERVIEW & OBJECTIVES

Malaria remains a significant challenge to global public health. Despite recent progress, there were an estimated 243 million malaria cases worldwide and 655,000 deaths in 2010. Over 90% of global malaria deaths occur in sub-Saharan Africa where the disease harms social, economic and business development. According to some estimates, malaria costs Africa around $12 billion annually in reduced economic growth, lower productivity and investment.

The World Health Organization (WHO) recommends a comprehensive approach to malaria control and treatment. This includes public health awareness, integrated vector control methods, prompt diagnosis and treatment with artemisinin-based combination therapies (ACTs), and effective disease surveillance. Countries that have adopted this approach have seen impressive reductions in malaria cases and deaths, though there is a long way to go before the disease can be eliminated or even eradicated.

The Southern African Development Community (SADC) supported by Roll Back Malaria’s Southern African Regional Network (SARN – RBM) is at the forefront of countries in Africa making progress against malaria. SADC has spearheaded the ambitious movement to eliminate malaria from Southern Africa by 2020. The 2009 meeting of the Ministers of Health approved the formation of the SADC Elimination Eight (E8) Ministers, with the Eight Ministers functioning as a Sub-Committee on Malaria Elimination. The E8 countries are Angola, Botswana, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe.

Conference Objectives:

1. **Identify gaps (human resource, financial, programmatic) and develop activities for 2013 –2015**, prioritize and agree on an action plan/road map for achieving the 2015 targets based on the SARN agenda and pre-workshop in-country meetings.

2. **Facilitate networking and best practice knowledge-sharing opportunities** among the private sector, NGOs, and public sector.

3. **Achieve public and private sector commitments to meet malaria control and treatment gaps.** Both public and private sector programs are in a position to assist each other, and a key objective of the workshop will be to establish a model for mutually beneficial cooperation for malaria control and elimination.

4. **Introduce new industry groups** (particularly, the agribusiness sector) to the corporate, social and financial benefits of conducting malaria control programs.

5. **Establish a framework for integration and harmonization of malaria control with other programs, such as HIV/AIDS, TB, Maternal and Child Health (MCH), nutrition and non-communicable diseases.** There is great potential for synergies between different public and private healthcare programs, and a clear framework is needed to establish best practices for integrating various health programs.

6. **Take stock of SADC malaria control.** The workshop will produce a clear picture of where SADC programs are progressing toward malaria elimination, what is required to
move them towards their goals and a framework for the public and private sectors to work together on a mutually beneficial agenda to ensure that malaria elimination by 2020 can be a reality.

7. Increase commitment from corporations operating in the sub-Saharan Africa region to support workplace and community focused malaria control programs, as a way to reduce future costs from lost economic opportunities and to maximize social responsibility capabilities.

AGENDA

The workshop presentations covered the following:

1. The State of Malaria: The Problem, Progress to Date and Future Challenges
2. Africa’s Malaria -2015 & Beyond
3. Priorities for Malaria Control : 2015 and Beyond
4. Innovative Financing (Hosted in partnership with ALMA)
5. Cross Border and Migration
6. Transport Wellness: The Integrated Approach
7. Capacity Building for Malaria Programmes
8. Showcasing Corporate Sector Support at Country Level and Strengthening Linkages with National Programmes
9. Country Breakaway Session
10. Review, Vet, and Prioritize Opportunities for Collective Action
11. Advocacy Platforms
12. Collaborating with Stakeholders, Linkages and Commitments

3. THE STATE OF MALARIA: THE PROBLEM, PROGRESS TO DATE AND FUTURE CHALLENGES

Honourable Minister Aaron Motsoaledi,
Minister of Health (Republic of South Africa)

The Honourable Minister was represented by the Deputy Director General (DDG) of Health, Dr. Yogan Pillay. He provided an overview of the importance of public-private partnerships and how the private sector can play a vitally important role in malaria control. He gave the big-picture malaria statistics: 216 million people are infected by malaria globally of which 174 million live in Africa. 655,000 malaria-related deaths were recorded in 2010, 91% of these deaths were in Africa and 86 % were children. SADC WHO estimates that three-quarters of the SADC population is vulnerable to contracting malaria.
Malaria in South Africa has declined to 458 deaths in 2000, and in 2010 there were only 89 deaths. This was an important crossroad for Africa and those who have made this possible should be congratulated. South Africa is at least one country which is on target to achieve the Millennium Development Goal (MDG) of eliminating malaria. Cross border initiatives have contributed to this success and emphasize the importance of regional partnerships. He applauded the timing of the meeting saying it comes at an important time in South Africa when employees of big business are saying they need to be treated better. He urged government, business and labour to find ways to ensure that workers are healthy.

Malaria is a serious business requiring serious action, he said. With the burden of disease ranging between 0% – 20%, high death rates are escalating costs to the health sector. These gaps provide opportunities for the private sector to contribute money to build research institutes and increase the production capacity of malaria control commodity producers in the region. He encouraged participants to adopt the following steps going forward:

i. Support the Malaria Elimination Plan towards zero malaria cases by 2020.
ii. Focus on malaria surveillance systems that identify hotspots and implement the appropriate malaria control programs.
iii. Strengthen cross border initiatives.
iv. Identify resource gaps where there are needs. These areas include:
   a. More skilled human resources
   b. Financing
   c. Strengthened procurement and supply chain management
   d. Better communication systems
   e. Programmes that impact research
   f. Case management to ensure harmony for early diagnosis and effective patient treatment.
v. Commit to working with GBCHealth to assist in South Africa and the region.

Dr. Pillay reiterated the government’s commitment to partnering with business. He challenged business to use the Southern African Development Community (SADC) Meeting for Health Ministers in November 2012 to present solutions and recommendations to Africa’s health leaders. He also addressed the public sector and urged it to quantify its resource needs by putting numbers to health costs that the private sector could help support. Using the Roll Back Malaria (RBM) 2011 -2020 Strategy as an example, $5.9 billion a year is allocated to research. For less than half that amount, the private sector can greatly improve the effectiveness of malaria control programmes.

4. AFRICA’S MALARIA -2015 & BEYOND
This opening panel set the scene for the Road to Malaria Elimination 2020 Conference. The private sector has committed to assisting in driving the SADC Ministers’ objective to eliminate malaria in the region by 2020. The Road to Malaria Elimination 2020 campaign has identified four key priorities: stronger delivery of malaria interventions; accountability of political support, human resource capacity and delivery systems; and financial resources. In the context of these priorities, the Southern African Region is closest to the elimination targets. It is anticipated that through the power of collective action, business financial resources and demonstrable political support will translate into tangible results in the Road to Elimination.

The session’s panel speakers were Minister Richard Kamwi, Minister of Health (Republic of Namibia); and E8 Chair represented by Ms. Ella Shihepo, Director of Special Programmes, Ministry of Health, Government of Namibia; Michael Schreiber, GBCHealth Co-CEO and Managing Director; Vusi Nhlapo, Rio Tinto and President of the Mine Medical Practitioners Association; Brian Chicksen, Vice President Safety and Health, AngloGold Ashanti; Joy Phumaphi, ALMA Executive Secretary represented by Halima Mwenesi; and James Banda, RBM Secretariat. The discussion was moderated by Peter Ndoro, South Africa Broadcasting Corporation (SABC) News Anchor.

Namibia reported a decrease in in-country malaria cases and deaths by about 97%. Yet within this success are challenges which threaten the gains. These include at-risk finances for cross border initiatives due to instability at the Global Fund to Fight AIDS, Tuberculosis and Malaria and emerging parasites that are resistant to ACTs and insecticides. Ms. Shihepo echoed the need for stronger cross border initiatives between countries and regional bodies, for local malaria and commodities research institutions on the continent and for resource programmes. She also stressed the need to improve the local production of DDT and to introduce pooled procurement systems (Namibia has eliminated 3rd person procurement). Further, she called for strong monitoring and evaluation of progress made in malaria countries. Reporting on the progress of the Elimination 8 (E8) Initiative, she said that the four so-called Frontline Countries targeted for earlier elimination do not have elimination strategies and need programmatic financial and analysis support. Action also is needed for populations around cross borders, she said, and the treatment of migrants crossing from border to border needs to be discussed among the E8 ministers.

GBCHealth’s Michael Schreiber commended local successes and the progress towards achieving the Malaria Elimination MDG. He said, “South Africa’s progress towards meeting the Malaria Goal will be material in convincing the world that the goals can work.” But, he added, with these successes come the challenge of resources and the difficulty of justifying spending on programs that are already yielding results. Public-private partnerships and the increasing role of private-private partnerships provide an opportunity to greatly influence and drive programmes.
The private sector’s participation is important in building local manufacturing capacity for malaria products and services as an enabler of economic development. He said that Corporate Alliance on Malaria in Africa’s (CAMA) providing of entomologic training in Angola and its ongoing work in the DRC and AngloGold Ashanti’s Ghana program are a few examples of how private sector experience can drive public policy and programs. He also challenged mobile telephone companies to play a more important role in enabling surveillance towards elimination and said that more malaria-related commodities should be developed in-country.

Dr. Vusi Nhlapo of the mining company Rio Tinto noted that fighting malaria remains a legitimate business for the private sector because malaria poses a significant risk for business and the mining sector. The mining industry association has come together to support moving beyond control and towards the goal of elimination. Where elimination is the goal, companies need to evolve workplace programmes into community and country level programmes, he said. “For us to be able to protect our employees, we need to be able to protect everybody—from workforce, to community, and ultimately to countries,” he said. He noted that Rio Tinto’s disease profile and key health risks are different within the context of its Africa, Australia and Canada global operations. “From our experience in Madagascar and Simandou (Guinea) we’ve seen there is potential for working with the government,” he said. He emphasized industry cooperation and noted that Rio Tinto and companies in the industry shared research on corporate malaria programs through the new report released at the conference, Leading Practice in Corporate Malaria Control. He also emphasized the importance of management commitment and a sustained level of vigilance. “For sustainability to be achievable, you need to start early, and set clear goals to ensure that a program is sustainable,” he said. “We have seen situations where, once the eye is off the ball, gains are lost. When people are in endemic areas, and when experts go into those endemic areas, over time there is a certain decreased sense of awareness of the urgency and importance of malaria risk. Yet we need to have a collective sense of urgency – especially now that we are pursuing elimination.”

AngloGold Ashanti’s Brian Chicksen emphasized malaria control and elimination as an imperative for business sustainability. We won’t succeed, he said, “unless we address these challenges through co-designing the future, and use our capabilities as business.” He stressed that the world’s expectations that business contribute to positive social change are increasing. Business has a responsibility to adapt to this new paradigm where there is a shared understanding of the problem across the sectors and a joint co-design of solutions. He urged business to leverage its strategic thinking capability, execution capability and systems to drive value in innovative ways. Chicksen also spoke about the success of AngloGold’s Ghana malaria initiative. “When we did the merger with Ashanti Goldfields, we committed to address the malaria problem in Obuasi (250,000 people). We committed to cutting cases and deaths by 50% in over four years. In fact, we cut incidence and death by 75% in two years.” AngloGold Ashanti then replicated this successful pilot program across Ghana’s 9 million people and set up AngloGold Ashanti Malaria which they are implementing. He hopes the organization will become the property of the people of Ghana within the next five years. He also gave the remarkable example of SABMiller’s phenomenal beer distribution channel where the brewery’s
company truckers deliver condoms to taverns while also extending SABMiller’s HIV and Gender Relations Outreach Programme.

ALMA’s Halima Mwenesi reported on initiatives by The African Leaders Malaria Alliance (ALMA). She said that African leaders have pooled their collective political will to make malaria a core issue and have committed to moving the goal from control to elimination. ALMA’s leaders own the problem and own the solution, she said. Heads of State meet twice a year during the Africa Union Meetings in January and July. Leaders devote two hours to discussing only malaria and to addressing the issues that each country is facing using the ALMA Scorecard. The tool is very visual so that Heads of State see where they are in relation to other countries. ALMA has provided leaders in all 41 countries with iPads to be able to access malaria statistics and the ALMA Accountability Scorecard. “We talk to Heads of State in real time about any problem they are facing,” she said. “For example if there is a problem with Global Fund, the ALMA Secretary can talk to the GF directly.” ALMA’s leaders want a better structured engagement with the private sector, especially on innovative financing models such as the Air Ticket Tax; on the pooled procurement of commodities for optimum pricing and shorter lead times; and on local manufacturing discussions on whether ACTs could be produced in Africa. ALMA’s incoming Chair and Mozambique’s President, His Excellency Armando Guebuza, is very keen on local insecticide production and will advocate this at ALMA’s local manufacturers 2012 meeting to ensure this happens, she said.

RBM Secretariat’s James Banda said the conference title “Road to Malaria Elimination 2020 – Mapping Investment and Beyond” should be modified to include Milestones Along the Way. Since its launch in 1998, Roll Back Malaria’s purpose has been resource optimization to ensure that the people who need malaria technology have access to it. The failure of one key technology, the drug chloroquine due to resistance, and the lack of a replacement, saw the inception of Medicines for Malaria Venture, MMV, a public-private partnership (PPP) created to generate new medicines. Today, several other PPPs such as the Malaria Vaccine Initiative (MVI) and the Innovative Vector Control Consortium (IVCC) have also been created. The public and private sectors can build a platform together towards elimination, he added, and RBM’s semiannual meetings provide one such opportunity that brings together National Malaria Control Programme (NMCP) managers and could also include participation from companies’ CEOs as finance, human resources, and infrastructure enablers of the private sector.

KEY TAKEAWAYS:

- The private sector is looking for a practical approach and a blueprint for scaling up. A joint framework with five guiding principles that define a pilot project should be developed. A core working group that will be accountable for work and delivery and the outcomes it will deliver should be formed and collaborative partnerships identified to facilitate delivery.

- However, donor funding is dwindling and funding must come from countries. Partnerships between the private, public and non-profit sectors should explore innovative financing models. The public sector must shift from resource contributions asks to non-financial asks.
that leverage the private sector’s business models, skills and technology in the elimination roadmap.

- Mortality drops in large numbers have encouraged Heads of State and political will is alive and strong. Governments need to translate this political will at country level and to ensure that private sector tax contributions are used efficiently, transparently and are accounted for.
The session offered a leader’s panel update on progress made in regional malaria control and elimination towards 2015 targets; investment opportunities, the challenges and lessons learned and, lastly, the priorities for strategic investment and acceleration in malaria service delivery to all people at risk of malaria. Government representatives discussed how private-public partnerships function within their countries and how joint investments for malaria elimination projects, with a focus on district and provincial cross border malaria elimination projects, can accelerate elimination efforts over the next decade.

The session’s panel speakers were Dr. Brian Brink, AngloAmerican Chief Medical Officer, Brigadier General (Dr) Gerald Gwinji, Permanent Secretary, Ministry of Health (Republic of Zimbabwe), Marcelino Lucas, Permanent Secretary, Ministry of Health (Republic of Mozambique), Norbert Forster, Deputy Permanent Secretary, Ministry of Health (Republic of Namibia), Elizabeth Chizema, Director Public Health and Research, Ministry of Health (Zambia) and Shivakumaran Murugasampillay, WHO Global Malaria Programme. The discussion was moderated by Kaka Mudambo, SARN – RBM Co-ordinator.

Dr. Forster joined the conference via telephone. He said that Namibia’s focus was on strengthening malaria control and getting ready for elimination. Malaria remains one of the prime killers for children under the age of 5 in Namibia. Maternal mortality in malaria regions in the last 10 years is also an area of concern and is compounded by a severe malnutrition epidemic among mothers with malaria. He said increased road transport in the region has contributed to spreading malaria. Regional cooperation creates a particular set of collaboration and networking challenges for cross border initiatives, particularly for the Trans – Kunene initiative, Trans Zambezi along the Zambezi River and Trans Kalahari with Botswana.

Strengthened collaboration with border countries was crucial, he said. Namibia also needs partnerships at the local level among the private sector, government and schools in these communities. Private sector opportunities included providing capacity and support to monitoring systems and access to their networks by local level groups, like Faith Based Organizations (FBOs). Maintaining these networks remains a challenge and he called on the private sector to be flexible when working with communities and local government leadership.

Brigadier General (Dr) Gwinji noted that significant progress has been made in Zimbabwe toward malaria control but there is still work to be done toward elimination specifically in the Midlands and Mashingo areas. Zimbabwe’s areas for action include sustaining optimal coverage for vector control in high transmission areas; investing surveillance in areas that are earmarked...
for pre-elimination and initiating more focused vector control and hotspot management. He also called for strengthening cross border collaboration at a regional level with a specific focus on the MOZIZA and Trans-Zambezi initiatives, which are not yet adequately funded. He said that the private sector should contribute its strengths in communications and supply chain management procurement practices and establish Fund Management Structures that comprise of stakeholders and not just government representatives for greater accountability and transparency.

**Zimbabwe Ministry of Health and ECONET Bank PPP Success Story:** Zimbabwe’s Ministry of Health and ECONET Bank have set up the National Health Care Trust to leverage excess energy from ECONET’s communication system to run the Ministry’s system and power a vaccine storage facility. The Ministry is currently working on how to deliver communications to areas where ECONET has a commercial presence.

Mozambique’s *Ministry of Health Permanent Secretary* Dr. Marcelino Lucas called for a paradigm shift in making progress more visible. One way in which this can be achieved is to stop looking at malaria as a government problem, he said. Mozambique is engaging coal mining companies and together they are looking at opportunities where they can jointly undertake tasks in malaria control and elimination. Government is also ensuring that private sector efforts are aligned with poverty alleviation by encouraging the growth of small businesses within communities. He urged government leaders to create incentives and resources, and make the fight towards malaria control and elimination more than a community or government matter. Mozambique is also going further to ensure that for each district there is at least one clear activity of malaria prevention. He emphasized, “We want to guarantee that each district has a supervisory system for every case of malaria at country level and that people are treated humanely. There must be a role for everyone, communities and business.”

Dr. Shivakumaran Murugasampillay, *WHO Global Malaria Programme*, made the case for privatization of malaria elimination efforts towards 2015 and beyond. He called on participants to partner towards malaria elimination at the individual level saying, “Each death is a failure of the service delivery system.” He described the WHO Test, Treat and Track Initiative whose focus is on testing and screening at the household level rather than treating people in clinics. “Malaria is not having the disease but having parasites in the blood,” he said.

6. **INNOVATIVE FINANCING**

[Picture]
This session was hosted in partnership with ALMA. It discussed country level malaria resource mobilization initiatives within the public and private sectors and how countries can ensure ownership and long term sustainability. It provided an overview on how domestic investments into malaria control and elimination programs could be increased, identified private sector partnerships and opportunities for co-investment at country level and within the regional economic blocks (SADC, ECA, IGAD and ECOWAS) and the continental body (AU). It also delved into malaria financing by multilaterals and development banks as well as how private sector investments in the local manufacture of malaria commodities are happening.

The session’s panel speakers were Marcelino Lucas, Permanent Secretary, Ministry of Health in the Republic of Mozambique; Joy Phumaphi, ALMA Executive Secretary represented by Halima Mwenesi; Josie Muigai, International Finance Corporation, World Bank Group; Brian Brink, Anglo American, Chief Medical Officer and Global Fund Board Member; Liesbet Peeters, consultant with Dalberg, a firm that specializes in international development. The discussion was moderated by Peter Ndoro, South Africa Broadcasting Corporation (SABC) News Anchor.

Mozambique illustrated its collaboration with the private sector as a great asset in a country where 45% of its resources come from external funding sources. The government recognized this vulnerability and created a fund managed by a goal-driven Board comprised of representation from different sectors, including the private sector. Additionally, funds are not used only for government programs but are also used to spur enterprises at the community level that would promote overall health objectives. An example of a company that delivered non-financial support and gained visibility through its contributions include donations of cement by a construction industry partner to Mozambique’s Central Hospital where there were parking shortages because of cement procurement problems. Similarly, a rice company is contributing 50 bags of rice per month to the Central Hospital’s nutrition programme. Other innovative financing approaches the Mozambique government is exploring include collecting a portion of taxes from air ticket purchases to go into a vaccine fund and negotiating with Standard Bank to help government set up efficient and robust systems for financial management.

ALMA’s Halima Mwenesi said that the use of financial and transactional taxes as well as leveraging Community Health Insurance are some examples of models of innovative financing that could work in Africa.

World Bank Group IFC’s Josie Muigai spoke about how governments can leverage financing opportunities available to them, not as a country level strategy or response but at a regional level. She illustrated how IFC is involved with local governments in assessing capacity for the local manufacture of bed nets. She said that the IFC was looking to technology providers for some of the newer and more innovative technologies that can be used for the continent.

Anglo American’s Chief Medical Officer, Brian Brink, who serves as the private sector delgation’s Board member on the Global Fund, explained the Global Fund’s evolution from a “rounds” based system to its new model. The changes require governments to validate and
determine the costs of their implementation plans and to present these findings to the Global Fund which will then look to not only bilateral and multilateral funders but also to funding from the governments themselves. The Global Fund has also abolished restrictions such as the “Conditions Precedent” and the “Voluntary Pooled Procurement,” making it easier to work with and encourage private public partnerships. He gave the example of how in the past the Global Fund has supported Mozambique’s IRS efforts after the rains, which is a difficult time to spray. The new model will allow an opportunity for the Mozambique government to partner with the company Bayer in helping to get insecticide to the country much quicker than the Global Fund process.

Liesbet Peeters of the Dalberg Group, discussed the opportunities for the private sector to influence innovative finance. She described the private sector’s role in the evolution of innovative financing models from 10 years ago to today’s more participatory private sector involvement in funding mechanisms. One such example is Dalberg’s work with the private sector and other stakeholders to create a *malaria bond*, which works on a pay for performance model and provides the opportunity for the private sector to help catalyze the process.

**KEY TAKE AWAYS:**

- Governments must start to look towards their own domestic sources to finance malaria control and elimination, support these with opportunities for collaboration with the private sector and establish greater accountability and transparency measurements for fund management.
7. CROSS BORDER AND MIGRATION

This session was hosted in partnership with ALMA. It discussed country level malaria resource mobilization initiatives within the public and private sectors and how countries can ensure ownership and long term sustainability. It provided an overview on how domestic investments into malaria control and elimination program could be increased, identified private sector partnerships and opportunities for co-investment at country level and within the regional economic blocks (SADC, ECA, IGAD and ECOWAS) and the continental body (AU); It also discussed malaria financing by multilaterals and development banks as well as how private sector investments in the local manufacture of malaria commodities are happening.

The session’s speakers were Mary Ross, Debeers Group and Member of The Institute of Occupational Health; Mary Ross, Debeers Group and Member of Institute of Occupational Health; Dr. Penny Mkalipe, Chief Medical Officer for Eskom; Sipho Senabe, South Africa Department of Public Service and Administration; Ella Shihepo, Director of Special Programmes, Government of Namibia; and Patrick Moonasar, National Malaria Control Programme Manager, South Africa. The discussion was moderated by Erick Ventura, IOM Acting Chief of Mission, South Africa.

Eskom’s Penny Mkalipe spoke about the importance of a malaria pre-travel component within ESKOM’s Wellness Programme. She emphasized that the war is not won with only control but also elimination and that greater coordination was required with government to ensure that communication messages on risks within border countries are issued at border posts.

South Africa Department of Public Service and Administration’s Sipho Senabe stressed that human mobility and migration remain challenges that South Africa and the region will continue to deal with, specifically with respect to HIV, TB and malaria. He cited the Lubombo Spatial Development Initiative (LSDI) as an initiative where South Africa has collaborated with other countries in the region—to control and eliminate malaria. He described DDT’s success in South Africa and urged participants to help replicate this success in neighboring countries.

Ella Shihepo, Director of Special Programmes in the Ministry of Health Namibia, acknowledged that migration has existed in Africa from time immemorial and that malaria and others diseases do not know borders. She said the questions we should be asking are “How do we make sure people who migrate are safe? How do we communicate to people to help them know what they can do if they are sick or fall sick and how they can access their medication?” She also acknowledged that families are divided by national borders; and in reality truck drivers and seasonal migrants with no insurance who seek treatment on the other side of the border are sometimes turned away from medical centres in foreign countries. “I don’t think it is fair that people cannot access treatment,” she said. “Where is the spirit of the liberation struggle?
As Africans why are we not caring for our people?" She also emphasized the need for data to be provided on nationalities treated and supported by statistics that will enable governments to plan accordingly.

Patrick Moonasar, National Malaria Control Programme Manager, South Africa, discussed cross-border initiatives saying they are not new concepts. The LSDI, the Trans Limpopo Malaria Initiative and the MoZiZa initiative with Mozambique, Zambia and Zimbabwe have existed for almost 10 years now. South Africa is trying very hard to sharpen its surveillance systems to differentiate local and imported malaria cases. In 2011, 2,000 of the 9,000 reported malaria cases were local and 7,000 were imported, he said. We have learned several lessons from cross border initiatives. Among them: harmonized policies across the borders are critical, spraying of insecticides should be the same on both sides of the border, interventions must be maximized and scaled up for impact. If one country achieves 40% IRS coverage and the other 85%, optimization is impossible. We need to continually have champions to drive cross border malaria initiatives. The custodians of health in most of the countries are government, he said., yet with the MoZiZa initiative, we have seen the benefits of involving private sector partners.
8. TRANSPORT WELLNESS: THE INTEGRATED APPROACH

This session focused on disability management and included presentations on how companies and government manage medical incapacity, driver wellness and fatigue management. In sharing their relevant practical experiences, panelists discussed their transport wellness programmes and how they package malaria activities into existing transport wellness programmes, and how to expand the successes of their programmes to other companies.

The session’s panel speakers were Mayur Bhana, Divisional Manager, Mercedez-Benz South Africa; Brad Mears, SABCOHA, Moeketsi Modisenyane, Dept. of Health; Monica Czapla, IOM Zimbabwe, Frank Oelsen, Vestergaard-Frandsen and Sipho Senabe, Department of Public Service and Administration. The discussion was moderated by Penny Mkalipe from ESKOM.

Key Takeaways:

- Transport companies to provide counselling and testing for HIV as well as malaria screening--TTT (Malaria Test, Treat and Track). Companies can replicate incentivized campaign pilots combined with the distribution of evidence-based care packs containing free commodities to encourage testing.
- Private sector to harmonize responses between road freight organizations and to replicate key learnings that will create platforms for on-going engagement between the partners.
- Cultural and language barriers affect control and elimination programs. Zimbabwe’s MoH has created a technical working group involving agencies to look at the migration health challenges for services to inbound and outbound migrants.
- Provide traveling migrants with an integrated services package within a 5 km radius of borders. Mobile clinics can be set up where truckers can access services. These clinics can be created in collaboration with cross border coordination committees consisting of migration, security and economic government departments or Ministries.
- Create truck drivers leadership in the wellness TTT program. This includes spraying vehicles to combat mosquitoes and carrying malaria-free messages on their vehicles.
- SAA aircrafts and crew leadership should continue spraying for mosquitoes but also proactively convey messages to all travellers and on airplanes on the vision of a “malaria free” Africa.
- Departments of Transport, Health, Tourism and Home Affairs are developing travellers and migrants’ malaria-free programs to ensure that all border points and transport routes have information pamphlets, posters and billboards with the message of a ‘free malaria nation’ and voluntary malaria screening at customs/border posts.
- Mobilize agriculture and mining companies to invest in travellers and migrants’ malaria-free projects and malaria services for mobile work forces in collaboration with the departments of Health, Transport, Home Affairs and Tourism.
9. CAPACITY BUILDING FOR MALARIA PROGRAMMES

This session focused on disability management and included presentations on how companies and government manage medical incapacity, driver wellness and fatigue management. In sharing their relevant practical experiences, panelists discussed their transport wellness programmes and how they package malaria activities into existing transport wellness programmes, and how to expand the successes of their programmes to other companies.

The session’s panel presenters were Charlotte Keenan from Tony Blair Faith Foundation; Vusi Nhlapo, Rio Tinto; Sylvestre Jobic, Bayer; and Richard Reithinger, RTI. The discussion was moderated by Freddie Masaninga, WHO Country Office, Zambia.

Tony Blair Faith Foundation

Building Community Engagement for Malaria Control:

Charlotte Keenan, Tony Blair Faith Foundation

Elimination of malaria is one of the core goals of the Tony Blair Faith Foundation. One of its core approaches is through communities—and in particular, local faith communities on the ground. The Foundation believes these communities can be an enormous source of support for program success and tremendous partners. The foundation has a partnership with Yale University with representation of African Ministers.

Sharing lessons from their Pilot Project in Sierra Leone, a country with just 157 government doctors for a population of nearly 6 million people, the foundation has directly reached just under 1 million households in a year. Despite the widespread availability of bed nets, their uptake and usage was low. With just three staff members on the ground, the foundation worked with the National Malaria Control Programme (NMCP), Ministry of Health, senior religious leaders and other partners on the ground to train trainers. These trainers were used to deliver house to house visits with five key messages—amongst them bed net hanging and use. An external evaluation showed significant increase in bed net use and a decrease in malaria. The success of this model leveraged volunteers’ faith and conviction. There are opportunities to scale up this model through regional collaborations with government and the private sector. Urging partners to invest in partnerships with communities, Keenan said, “A dollar spent on communities was more effective than a dollar spent not in partnership with communities.”
**Empowering Our Communities, Our Businesses: The Story of Enterprise Development:**

*Sylvestre Jobic, Bayer*

Bayer is the only IRS insecticide company producing two different chemical classes in Africa. With a plant that generates 40 jobs in SA, the company is expanding into the region and has just set up in Maputo, Mozambique. This strategic position has enabled them to be flexible, allowing Bayer to service last-minute procurement needs for both private and public malaria programs in the SADC region. It is not economic viable to produce a stand-alone public health (malaria) insecticide plant. Bayer can do it only because it also has an agricultural business. Bayer’s future investments plans include investing in manufacturing capacity for nets cutting and stitching which will create 100 jobs for every 1 million nets made on the continent. Bayer will scale up their Skills Development Programme to include workshops, meetings and seminars. Bayer indicated its need for commitment and support from governments and the private sector to make this project viable at a regional level and not just in one country.

[Picture]

**Capacity building for Vector Control**

*Richard Reithinger, RTI*

RTI implements large-scale malaria programs with 10-15% of its program budgets going toward capacity building efforts to maximize effectiveness of interventions. Lessons learned from Ethiopia’s IRS and DDT programs, in which RTI learned that there was 100% resistance to DDT, illustrated how RTI has been helping country partners conduct good baseline assessments to generate accurate and solid baseline data. Their key focus areas include:

- Strengthening the policy and regulatory environment by contributing to regulation around insecticide selection, use and disposal.

- Planning to ensure that interventions are evidence based. RTI has developed a tool to integrate planning and the cost of vector control that allows for entry of data from different stakeholders in a country. The tool generates a complete picture of the gaps identified and the requirements needed to achieve a given coverage goal while allowing efficiency especially where resources are tight.

- Strengthening capacity for implementation of effective IRS operations by ensuring environmental compliance regarding proper insecticide disposal, poison control etc.

- Surveillance and monitoring and evaluation capacity are critical to any elimination programme. Although baseline evaluation is key, companies must be able to adapt as
epidemiological and programmatic context changes. One example is the effects of expanding pyrethroid resistance on program implementation for both bed nets and IRS.

- Leveraging community mobilization to also ensure that communities are on board and have a sense of ownership.

Leading Corporate Practice in Malaria Control

_Vusi Nhlapo, Rio Tinto_

Rio Tinto’s notable Malaria Programme successes include its constant evaluation of their malaria program to understand the key elements of a strong malaria program. The company undertook a study called Leading Practice in Malaria Control that involved Rio Tinto operations and nine other participants. He shared highlights of the study’s key findings which included case review and mapping of sites, chemoprophylaxis as a single most important intervention for the non-immune; some of the issues for non-compliance which included mistrust of safety for long-term use; herd behavior; and the perception that risk is minimal in places where vector control efforts have been successful. Some strategies Rio Tinto introduced to mitigate these challenges have been a 24 hour hotline, daily check-in with managers and a “high index of suspicion” for malaria among returning travelers.
10. SHOWCASING CORPORATE SECTOR SUPPORT AT COUNTRY LEVEL AND STRENGTHENING LINKAGES WITH NATIONAL PROGRAMMES

Ronny Cheelo  
*Mopani Copper Mines*

Mopani Copper Mine’s core business is copper and cobalt mining and processing. The company has been involved in malaria control since the 1920s, to near elimination in the 1970s when there was a resurgence of new cases. Malaria accounts for a major part of absenteeism in Mopani and two objectives for their program since its inception in 2000 are lowering incidence via integrated vector management and increasing knowledge levels in the community in partnership with the church leadership, community and the Ministry of Health. The program has since seen malaria incidence reduced by 90% and IRS coverage increase from 10,000 to 28,000 households. Programme successes were also attributed to incentives such as bicycles given to community members that have made the community receptive towards Mopani’s malaria control and elimination programmes.

Dr. Janet Sikasote,  
*Konkola Copper Mines*

Konkola Copper Mine’s core business is copper, cobalt and pyrites mining and processing. The company has operations in India, Australia, Namibia and Zambia. The mine has a medical department with two hospitals and eight township clinics that offers free services to employees and fee-based services to the community. Konkola’s IRS based Malaria Programme is partnership based using the Lubombo Spatial Development Initiative (LSDI) model (a tri-lateral partnership between the governments of South Africa, Swaziland and Mozambique) and implementation guidelines of the South Africa Medical Research Council. Initially there was opposition to IRS but after the first round of DDT spraying, the national government began to replicate the Konkola model and is now implementing it across the country. Key achievements include a decrease in incidence rates from 113 in every 1,000 people in the year 2000 down to 12 cases in every 1,000 people in 2011. She attributed this successful strategy to technical support from the National Malaria Control Programme, solid baseline research that included incidence, mortality and rates of Knowledge, attitudes, practices/behaviors, use of community educators to secure community buy-in and participation; and recruiting spray operators from local community.
Mike Bangs,
Tenke Fungurume Mining, Democratic Republic of Congo.

Malaria is highly endemic in the area with perennial transmission higher in the wet than dry season. Sixty % of clinic visits are malaria-related. Dramatic population growth has impacted the program in major way. The company began an initial vector survey in 2006 and since then has conducted surveys in schools two times a year. Results from the survey have influenced their bi-annual spraying round patterns and even informed supplemental spraying in some areas. The research has also informed their decision to move from pyrethroid to the more expensive carbamate insecticide. Tenke has eight malaria control teams with five vehicles dedicated to the IRS. Spraying is carried out before the onset of wet season for three months. In 2012, a full round of IRS would cost $944,000. Tenke’s evidence-based program is in line with government priorities and guidelines. Tenke’s commitment to ensuring access to prompt and accurate diagnosis; supply of technical assistance and funds for specific projects; and its work with pharmacies to eliminate ineffective monotherapies as malaria treatment are just some of the strategies the company is piloting and an example of how a successful intervention can be replicated.
Elton Dorkin,
Illovo Sugar

“We spend a lot of time on trying to make the financial justification for our medical programs. It’s not easy but we keep pushing. Initially he would hear, ‘How does the malaria program make sugar?’ We are not in the health care business; we are in the sugar production business. But health is the basis for productivity.”

Headquartered in Durban with 12,000 employees and eight plants, Illovo Sugar is one of South Africa’s big success stories in malaria control. The company in partnership with three governments and the Global Fund has eliminated malaria from its Swaziland plant. To date, the company’s malaria cases come from its Mozambique, Malawi and Zambia estates, which report six cases among 6,000 people. In Zambia, Sugar is in pre-elimination phase with the entire Mazabuka district declared a low-transmission island in an area of high transmission.

Illovo Sugar employs its own vector control specialists to run its services. Employees no longer live on the estates and the malaria programme is being driven through partnerships with government. The company has received very good government support in Mozambique. In Malawi, its governance crisis has led to significant challenges in Sugar’s collaboration with government, especially around diagnosis and treatment. The company has wanted to move towards rapid diagnostic tests (RDTs) but for a long time these were not in government policy and therefore resistance was faced from health workers. Tanzania is now finally using RDTs and ACTs.
11. COUNTRY BREAKAWAY WORKING GROUPS

This session engaged country government and private sector malaria programmes to identify what malaria public-private partnerships exist that support malaria projects; what action plans are available and what the gaps and opportunities are for 2012 – 2015. The working groups also focused on how companies package their wellness programmes and can scale them into national level programmes for mobile populations. The groups discussed how proposed malaria PPP-projects could be undertaken, identified a mapping of private sector operational areas and interests and established what support they would need in the next stage of development for their in-country programmes. Participants also discussed an Action Plan for 2013-2015.

The session country groupings were selected to support the Elimination 8 objectives

<table>
<thead>
<tr>
<th>GROUP 1</th>
<th>GROUP 2</th>
<th>GROUP 3</th>
<th>GROUP 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNTRY GROUP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>Tanzania</td>
<td>South Africa</td>
<td>PS’s</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Malawi</td>
<td>Botswana</td>
<td>CEO’s</td>
</tr>
<tr>
<td>Zanzibar</td>
<td>Mozambique</td>
<td>Swaziland</td>
<td>Namibia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MODERATORS</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Duncan Earle</td>
<td>Kaka Mudambo</td>
<td>Patrick Moonsar</td>
<td>James Banda</td>
</tr>
<tr>
<td>Maureen Cotzee</td>
<td>James Banda</td>
<td>Shiva Murugasampillay</td>
<td></td>
</tr>
<tr>
<td>Fred Masaninga</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SESSION OUTCOMES

GROUP 1: Zambia, Zimbabwe, Zanzibar

Malaria PPPs
- Core-Business (i.e. Sugar, Mining, Ag)
- Ad Hoc (i.e. Banks, Telecommunications)
- Programmatic CSR (providers of inputs – Telecoms, Total, Tourism)

Supporting partnerships
- Faith Based Organizations (FBOs)
- Non-governmental Organizations (NGOs)
- Community Based Organizations (CBOs)
- Inter-governmental agencies
### Gaps
- Need to improve understanding of population mobility in the transmission of malaria.
- Limited to no engagement of PPP in some countries.
- Health Information management systems.
- Cross-border coordination.

### Opportunities
- Identify and actively involve private sector partners in relevant National Program Coordination mechanisms.
- Improve private health sector reporting.
- National programs empower/encourage administrative units in border areas to share real-time data.
- Multiple examples of best practices and model partnerships.

### Action Plans
- Improve engagement of private sector partners contributing to national control program efforts.
- Engage agriculture sector partners in coordination mechanisms to improve understanding of insecticide use that may impact vector control.
- Ensure that procurement processes are timely enough to include the full scope of services and specifications expected from suppliers.
- Improve information sharing on best practices to better inform decision making and program design.
- Establish a focal point within the National Program for managing PPPs.
- Creating synergies amongst National Programs within the region (protocols, collaboration).

### GROUP 2: Tanzania, Malawi, Mozambique

#### Mozambique Malaria PPPs
- Maragra Acucar Lda (Illovo)
- BHP Billiton (Mozal)
- Neoquimica (Bayer)
- Agrifocus
- Proserv

#### Malawi Malaria PPPs
- Illovo Sugar Malawi
- Paladin Energy
- Total Malawi
- Pharmacare
- Farmers organization
- Health net

#### Supporting partnerships
- SARN-RBM
- GBCHHealth
- Business councils
- Academic institutions
- Research Centres
What priorities and gaps may require Malaria PPPs?
- Insecticide resistance monitoring
- Implementation of the IR monitoring plan (mosaic spraying and cost)
- HMIS – telecom systems
- PSM – local availability and transportation
- Universal coverage (LLINs, SP)
- Identify a specific strategy and needs for mobile populations

Action Plans
- Set up/Revive a PPP forum
- Technical working groups on thematic
- Obtain companies buy-in to National Plan Implementation
- Strengthen M & E
- Sustaining and strengthening cross border initiatives

GROUP 3: South Africa, Botswana, Swaziland, Namibia

<table>
<thead>
<tr>
<th>South Africa</th>
<th>Botswana</th>
<th>Swaziland</th>
<th>Namibia</th>
</tr>
</thead>
<tbody>
<tr>
<td>(AngloGold Ashanti, Amplats, Anglo American, Exxaro, Chickondeni, etc [Mines], Vodacom, Cell C [Mobile Communications], Mercedes Benz [Transport industry], Illovo, Huletts [Sugar], MTN, Shell)</td>
<td>Debswana [Diamond mining], BCL [Copper Mine], Orange, Masscom, Be Mobile [Mobile Communication], Swift [Transport companies], HP [hardware for surveillance system], Ping [local software developer])</td>
<td>Royal Swazi Sugar Corporation [Sugar], Mercedes Benz [Transport industry], Illovo, Huletts [Sugar], MTN, SHELL</td>
<td>Rio Tinto, NamTin [Mines] – (not in malaria areas), MTC [mobile telecommunication s]</td>
</tr>
</tbody>
</table>

GAPS AND OPPORTUNITIES FOR SUPPORT
- Capacity – need to be strengthened
- Strengthening active case detection
- Cross-border initiative strengthening (LSDI, Importation of malaria (cross-border collaboration strengthening - +/- 40% cases imported)
- Need to strengthen
- Real-time surveillance case detection
- Can be the first country to eliminate malaria in sub-
- Cross-border initiative strengthening (some studies done by universities)
- In the process of
<table>
<thead>
<tr>
<th>MOZIZA, TLMI</th>
<th>IEC</th>
<th>Saharan Africa</th>
<th>implementing local/imported cases classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>• LSDI</td>
<td>• Need funding for resuscitation</td>
<td>• Get private sector to co-operate with case notification</td>
<td></td>
</tr>
<tr>
<td>• Need to build on positive results from the LSDI</td>
<td>• Lab QC – need to strengthen diagnostics QC</td>
<td>• Funding may pose a problem based on performance</td>
<td></td>
</tr>
<tr>
<td>• MOZIZA</td>
<td>• Need champion to drive the process</td>
<td>• Imported cases (Cross-border) – identifying asymptomatic carriers</td>
<td></td>
</tr>
<tr>
<td>• Rotate the secretariat to ensure partnership and sharing of ownership</td>
<td>• Need management and governance resources</td>
<td>• Repellent might be available directly to NMCP’s at a reduced cost by means of different packaging – maybe look at different cheaper packaging (sachets)</td>
<td></td>
</tr>
<tr>
<td>• Need IEC needs to be strengthened</td>
<td>• Lab QC – need to strengthen diagnostics QC</td>
<td>• Surveillance system needs strengthening</td>
<td></td>
</tr>
<tr>
<td>• How to make environment “friendly” for corporate companies to get involved</td>
<td>• Surveillance system needs strengthening</td>
<td>• Repellent might be available directly to NMCP’s at a reduced cost by means of different packaging – maybe look at different cheaper packaging (sachets)</td>
<td></td>
</tr>
<tr>
<td>• Repellent might be available directly to NMCP’s at a reduced cost by means of different packaging – maybe look at different cheaper packaging (sachets)</td>
<td>• Need a migrant survey</td>
<td>• Lab QC – need to strengthen it.</td>
<td></td>
</tr>
<tr>
<td>• Migration study underway to determine what steps need to be taken for strengthening of cross-border initiatives</td>
<td>• Funds are limited</td>
<td>• Funds are limited</td>
<td></td>
</tr>
</tbody>
</table>

**ACTION PLANS**

1. **MOZIZA, TLMI**
   - LSDI
     - Need funding for resuscitation
     - Need to build on positive results from the LSDI
   - MOZIZA
     - Need champion to drive the process
     - Rotate the secretariat to ensure partnership and sharing of ownership
   - Need management and governance resources
     - IEC - needs to be strengthened
     - How to make environment “friendly” for corporate companies to get involved
     - Repellent might be available directly to NMCP’s at a reduced cost by means of different packaging – maybe look at different cheaper packaging (sachets)
     - Migration study underway to determine what steps need to be taken for strengthening of cross-border initiatives
   - Lab QC – need to strengthen diagnostics QC
   - Surveillance system needs strengthening
   - IOM - Health passports proposed for all countries

2. **IEC**
   - Funds are very limited (especially for IEC material)
   - Lab QC – need to strengthen diagnostics QC
   - Surveillance system needs strengthening
   - IOM - Health passports proposed for all countries

3. **Saharan Africa**
   - Get private sector to co-operate with case notification
   - Funding may pose a problem based on performance
   - Imported cases (Cross-border) – identifying asymptomatic carriers
   - Need a migrant survey
   - Lab QC – need to strengthen it.
   - Funds are limited
   - Lab QC – need to strengthen diagnostics QC
   - Surveillance system needs strengthening
   - Repellent might be available directly to NMCP’s at a reduced cost by means of different packaging – maybe look at different cheaper packaging (sachets)
<table>
<thead>
<tr>
<th>South Africa</th>
<th>Botswana</th>
<th>Swaziland</th>
<th>Namibia</th>
</tr>
</thead>
</table>
| • Mobilise cross-border initiatives (LSDI, MOZIZA)  
  - Funding (LSDI)  
  - Champion/Project Manager (MOZIZA)  
  • Build local capacity  
  • Investigate cross-border support with sms technology  
  • IEC – billboards at ports of entry  
  • Basic health screening of temporary farm workers can include malaria and IEC materials  
  • Include NGO’s & Private sector in NDoH annual planning | • Spraying of cars (in the near future – costing and timing being investigated)  
  • Spraying of planes  
  • Border screening  
  • Wefco – support by means of plan of action for border spraying  
  • Mobile surveillance expansion project (HP, Masscom & Ping)  
  • Piloting larviciding  
  • SADC to update strategic plan to include private sector  
  • Join transport wellness campaign with malaria screening and treatment | • Notifiable case reporting system via sms  
  • Gain private sector buy-in for malaria case reporting  
  • Obtain sustainable financing to get to zero local malaria cases  
  • Take mobility guideline to practice to prevent importation and re-introduction of malaria cases.  
  • Research larviciding as part of IVM | • Include training as part of tender specifications for ICT, insecticide, etc.  
  • Engage mining companies, Shell & Coca Cola  
  • Build on MTC’s support for ongoing surveillance reporting  
  • “Movement of people” survey (internal and cross-border) |

### GROUP 4: Permanent Secretaries and Chief Executive Officers

**Recommendations**

- **Interface between Public and Private Sector**
  - Define clearly what needs to be done and obligation for both parties
  - Define clear mechanism on how to work together
- **Pooled procurement of Commodities at country level**
  - Describe how this will work at country level
- **Further dialogue between PSs and CEOs**
  - Permanent Secretaries of Mozambique and Zimbabwe to take up issues with their colleagues at SADC level
  - GBCHealth to take up continuity of issues discussed on behalf of the private sector
  - Permanent secretaries indicated the need to have a facilitator.
- **Funding and capacity to implement**
  - Need to engage communities in more dialogue to understand malaria elimination
  - Use people and organisations who are good in planning and costing (Costing planning and methodology should be standardised)
- **Surveillance Monitoring and Evaluation (SME)**
  - Adopt a standardized tool suitable for the project to be used by all countries
- **Harmonization of Country Programmes**
- Strengthen existing harmonized country strategies for countries ahead and behind targets
  - Government ownership and sustainability of Programmes
    - Prepare countries to be ready for dialogue with GF by June 2013
  - Elimination Framework to 2020
    - Review progress of implementation of recommendations of Road to Malaria Elimination 2020
    - Continued communication co-ordination to be co-ordinated by GBCHealth and SARN-RBM
    - Use other platforms that bring both the public and private sector together
    - Mutual recognition of registration by companies across country borders – SADC regulators are already discussing this issue and this information should be shared with SARN
12. REVIEW, VET, AND PRIORITIZE OPPORTUNITIES FOR COLLECTIVE ACTION

This session helped to define next steps for potential announcements. It involved a brainstorming discussion on potential actions and focus areas, including ideas generated by plenary and breakout sessions for potential collaboration and cooperation. Allocated timeframes for action were classified as Immediate (within 3 months of less), Short Term (Between 3-6 months) Medium Term (Between 6-12 Months) and Long Term (12 months and more).

The session was moderated by Patrick Moonasar, National Malaria Control Programme Manager, South Africa.

GROUP 1 ACTION PLAN: ZAMBIA, ZIMBABWE, ZANZIBAR

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Timeframe</th>
<th>Commitment From</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve engagement of private sector partners contributing to national control program efforts.</td>
<td>Short</td>
<td>GBC</td>
</tr>
<tr>
<td>Engage agriculture sector partners in coordination mechanisms to improve understanding of insecticide use that may impact vector control.</td>
<td>Short</td>
<td>SADC</td>
</tr>
<tr>
<td>Ensure procurement processes are timely enough to include the full scope of services and specifications expected from suppliers.</td>
<td>Immediately</td>
<td>NMCP/SADC</td>
</tr>
<tr>
<td>Improve information sharing on best practices to better inform decision making and program design.</td>
<td>Short</td>
<td>GBC Health</td>
</tr>
<tr>
<td>Establish a focal point within the National Program for managing PPP.</td>
<td>Short</td>
<td>NMCP’s/SADC</td>
</tr>
<tr>
<td>Create synergies amongst National Programs within the region (protocols, collaboration).</td>
<td>Medium</td>
<td>SARN RBM</td>
</tr>
</tbody>
</table>

GROUP 2 ACTION PLAN: TANZANIA, MALAWI, MOZAMBIQUE

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Timeframe</th>
<th>Commitment From</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up/Revive a PPP forum</td>
<td>Short Term</td>
<td>NMCP</td>
</tr>
<tr>
<td>Technical working groups on thematic areas</td>
<td>Short Term</td>
<td>NMCP</td>
</tr>
<tr>
<td>Obtain companies buy-in to National Plan</td>
<td>Medium Term</td>
<td>NMCP</td>
</tr>
<tr>
<td>Implementation</td>
<td>Timeframe</td>
<td>Commitment From</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Strengthen M &amp; E</td>
<td>Medium Term</td>
<td>NMCP</td>
</tr>
<tr>
<td>Sustaining and strengthening of cross border initiatives</td>
<td>Medium Term</td>
<td>NMCP’s/SADC</td>
</tr>
</tbody>
</table>

**GROUP 3 ACTION PLAN: SOUTH AFRICA, BOTSWANA, SWAZILAND, NAMIBIA**

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Timeframe</th>
<th>Commitment From</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOUTH AFRICA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthen Cross-border initiatives (LSDI, MOZIZA)</td>
<td>Short - Medium</td>
<td>NMCP/SADC/SARN</td>
</tr>
<tr>
<td>- Funding (LSDI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Champion/Project Manager (MOZIZA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Build local capacity</td>
<td>Medium – Long term</td>
<td>NMCP</td>
</tr>
<tr>
<td>Investigate cross-border support with sms technology</td>
<td>Medium – Long term</td>
<td>NMCP</td>
</tr>
<tr>
<td>IEC – billboards at ports of entry</td>
<td>Medium – Long term</td>
<td>NMCP</td>
</tr>
<tr>
<td>Basic health screening of temporary farm workers can include malaria and IEC materials</td>
<td>Medium – Long term</td>
<td>NMCP</td>
</tr>
<tr>
<td>Include NGO’s &amp; Private sector in NDoH annual planning</td>
<td>Medium – Long term</td>
<td>NMCP/SADC</td>
</tr>
</tbody>
</table>

**BOTSWANA**

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Timeframe</th>
<th>Commitment From</th>
</tr>
</thead>
<tbody>
<tr>
<td>SADC to update strategic plan to include private sector</td>
<td>Short – Medium Term</td>
<td>SADC</td>
</tr>
<tr>
<td>Join transport wellness campaign with malaria screening and treatment</td>
<td>Short Term</td>
<td>NMCP</td>
</tr>
</tbody>
</table>

**SWAZILAND**
Obtain sustainable financing to get to zero local malaria cases | Medium – Long term | NMCP/SADC

### SADC ACTION PLAN

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Timeframe</th>
<th>Commitment From</th>
</tr>
</thead>
<tbody>
<tr>
<td>SADC integrated strategic plan (public-private initiative)</td>
<td>Short Term</td>
<td>SADC</td>
</tr>
<tr>
<td>SADC malaria fund</td>
<td>Long Term</td>
<td>SADC</td>
</tr>
<tr>
<td>SADC standards</td>
<td>Medium Term</td>
<td>SADC</td>
</tr>
<tr>
<td>Request in-kind contributions from private sector to make progress</td>
<td>Medium Term</td>
<td>SADC</td>
</tr>
<tr>
<td>Localised Production</td>
<td>Medium – Long Term</td>
<td>SADC/ALMA</td>
</tr>
</tbody>
</table>

### PERMANENT SECRETARIES AND CHIEF EXECUTIVE OFFICERS ACTION PLAN

<table>
<thead>
<tr>
<th>Action Item</th>
<th>Timeframe</th>
<th>Commitment From</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interface between Public and Private Sector</td>
<td>Immediately/Short – Medium Term</td>
<td>SADC</td>
</tr>
<tr>
<td>Pooled procurement of Commodities at country level</td>
<td>Short – Medium Term</td>
<td>SADC</td>
</tr>
<tr>
<td>Further dialogue between PS’s and CEO’s</td>
<td>Immediately – Long Term</td>
<td>PS’s/CEO’s</td>
</tr>
<tr>
<td>Funding and capacity to implement</td>
<td>Medium – Long term</td>
<td>SADC/CEO’s</td>
</tr>
<tr>
<td>Surveillance Monitoring and Evaluation (SME)</td>
<td>Immediately/Short – Medium Term</td>
<td>SADC</td>
</tr>
<tr>
<td>Harmonization of Country Programmes</td>
<td>Short -Medium Term</td>
<td>SARN</td>
</tr>
</tbody>
</table>