Rational Pharmaceutical Management Plus
Annual Review and Planning Meeting of the Eastern Africa Roll Back Malaria Network, Rwanda, November 2004: Trip Report

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About RPM Plus

The Rational Pharmaceutical Management Plus (RPM Plus) Program, funded by the U.S. Agency for International Development (cooperative agreement HRN-A-00-00-00016-00), works in more than 20 developing countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

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ACRONYMS

ACT	Artemisinin-based Combination Therapies
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
CB	Community Based
CDC	US Centers for Disease Control
CQ	Chloroquine
DHS	Demographic and Health Survey
EARN	Eastern Africa Roll Back Malaria Network
GF	Global Fund
GFATM	Global Fund to Fight AIDS, Tuberculosis & Malaria
HIV	Human Immunodeficiency Virus
ICP	Inter Country Programme
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Nets
LLINS	Long Lasting Insecticide Treated Nets
MAC	Malaria Action Coalition
MAL	Malaria
MICS	Multiple Indicators Cluster Survey
MIS	Malaria Indicator Survey
MMSS	Malaria Medicines Supply Service
MNH	Maternal and Neonatal Health Program
MSH	Management Sciences for Health
PLWHA	People Living With HIV/AIDS
PNLP	Programme Nationale Integre de Lutte Contre le Paludisme
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Test
REAPING	RBM Essential Actions, Progress & Investments Gaps
REDSO	Regional Economic Development Services Office for East and Southern Africa
RPM Plus	Rational Pharmaceutical Management Plus
SP	Sulphadoxine Pyrimethamine
TA	Technical Assistance
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

BACKGROUND

More than 90% of the clinical cases of malaria each year occur in Africa with much of the burden in children under five years of age. Pregnant women are especially at risk and strategies to decrease the morbidity in this group have been found to be effective. Strategies to address these challenges must be implemented in collaboration with programs aimed at integrated approaches to childhood illness and reproductive health.

Management Sciences for Health's (MSH) Rational Pharmaceutical Management Plus (RPM Plus) Program has received funds from USAID to develop strategies to implement malaria policies and to provide technical assistance in pharmaceutical management issues for malaria. RPM Plus is a key technical partner in the USAID Malaria Action Coalition (MAC), a partnership among four technical partners: The World Health Organization (WHO), working primarily through its Africa Regional Office (AFRO), the US Centers for Disease Control (CDC), the ACCESS Program of JHPIEGO and RPM Plus. A key objective of the MAC is to create partnerships and linkages with other RBM partners.

RPM Plus has been working to improve pharmaceutical management for malaria in countries in Africa by identifying and addressing the causes of poor access, ineffective supply, and inappropriate use of antimalarials. RPM Plus has developed and applied tools to assess pharmaceutical management for malaria and has worked to provide technical assistance to countries by working with policymakers, researchers, managers, and providers in the public and private sectors to implement new and proven interventions. Significant among these interventions are Artemisinin-based Combination Therapies (ACT).

Since 2003, when it was agreed that the Roll Back Malaria (RBM) partnership would operate through networks at sub-regional level; RPM Plus through its network membership has provided support to countries in technical and operational issues relating to pharmaceutical management. The countries included in the Eastern Africa RBM Network (EARN) namely Burundi, Djibouti, Comoros Islands, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, Sudan, Tanzania and Uganda have benefited from RPM Plus' expertise through the development and implementation of joint EARN workplans and information sharing.

Purpose of Trip

Gladys Tetteh from RPM Plus traveled to Kigali, Rwanda to attend the EARN Annual Review and Planning meeting held from the 15th to the 19th of November, 2004. Since the first annual review and planning meeting in October 2002, the countries in Eastern Africa have made considerable progress in rolling back malaria. The membership of EARN has continued to grow with four network meetings and one annual planning meeting which involved all stakeholders being held in the last 12 months. The purpose of the annual meeting was to review progress and share experiences and lessons learnt as a sub-regional partnership over the past 12 months. EARN's strategic focus for the year 2004-2005 which includes coordinated delivery of technical support; consensus on best practices, planning and implementation support and monitoring implementation progress, guided the planning process.

RPM Plus, being a member of the EARN network, provided technical input regarding pharmaceutical management issues to the discussions.

Scope of Work

The scope of work for Gladys Tetteh on this trip was to:

- Attend and participate in the EARN Annual Review and Planning Meeting 2004
- Provide technical input for pharmaceutical management issues during the discussions
- Meet with other EARN and RBM partners attending the Annual Review and Planning Meeting
- Provide an arrival briefing and/or departure debriefing to USAID upon request

ACTIVITIES

Attend and participate in the EARN Annual Review and Planning Meeting 2004

This was the fourth Annual Review and Planning Meeting for Roll Back Malaria in Eastern Africa. More than 120 participants attended the meeting including representatives of ten national malaria control programs: Burundi; Eritrea; Ethiopia; Kenya, Rwanda, Somalia, South Sudan, Tanzania, Uganda and Zanzibar in addition to bilateral agencies, private sector companies, United Nations and other international agencies, non-governmental organizations and research institutions.

The objectives of the meeting were to:

1. Update participants on malaria implementation in the various countries in the past year.
2. Work on key issues for focus in the upcoming year.
3. Share experiences on how to design and implement the scaling up of programs.
4. Review policy frameworks.
5. Identify key systematic issues preventing malaria control.
6. Identify key technical support areas.

Day One of the meeting focused on progress and achievements to date in three key Abuja target areas: case management, malaria in pregnancy and vector control, including ITNs. An update was given on EARN's progress based on recommendations made at the 3rd Annual Review and Planning Meeting held in Jinja, Uganda.

Participants were reminded of the EARN membership statement of principle. The definition of EARN, its mission statement, constituency, structure and roles, motivation, sustainability, operational principles and criteria for membership were presented *(*see Annex*)*.

Day Two of the meeting began with an update and status by country from the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) and an update on the global issues associated with ACT. The afternoon session was devoted to insecticide treated nets (ITN) and indoor residual spraying (IRS), and this was followed by practical demonstrations in (re)treatment and IRS.

The third day's morning proceedings touched on current knowledge on interactions between HIV and malaria and discussed programmatic consequences and opportunities for synergy. A regional perspective of the challenges in intermittent preventive treatment (IPT) implementation and the alternative drugs to Sulphadoxine Pyrimethamine (SP) for IPT was also shared. The afternoon was devoted entirely to rapid diagnostic tests (RDT) - implementation experience and issues, supply and procurement and a practical session.

Day Four began with a session on evaluation and saw partners thinking through various tools for data collection (DHS2, MICS2, MIS) according to funds available or to be mobilized. This session on evaluation was designed to get countries to start thinking about how to report their

achievements in meeting the Abuja targets at the African Union meeting of presidents to be held in July 2005. A special presentation given by the Rwanda team covered the current status in the country with respect to the key Abuja target areas. The afternoon was devoted to country group work to identify program priorities for 2005 and technical support needs.

An informal EARN meeting was held in the afternoon by EARN partners excluding the countries. The meeting introduced the coordination members of the network, namely:

Dr. Charles Paluku	WHO/ICP
Dr. Melanie Renshaw	UNICEF
Dr. Graham Root	Malaria Consortium
Dr. Halima Mwenesi	Netmark
Dr. Kaendi Munguti	JHPIEGO

The date of the next EARN quarterly meeting was set for the January 18-19, 2005 to be held in Kampala, Uganda.

The final day of the meeting included a summary of priority activities for 2005, a summary of technical support needs and a discussion of the key recommendations and issues arising during the meeting. The tentative dates and venue for the next annual review and planning meeting were set for sometime during the first two weeks of November 2005 in Kenya.

Issues and Recommendations

- ***ACT Supply***
    - There is a predicted global shortfall of 1.3 million doses in the supply of artemether-lumefantrine in the fourth quarter of 2004 and almost 3.5 million doses in the first quarter of 2005, based on current orders.
    - The situation regarding other ACTs is more favorable with no supply problems predicted in relation to current orders.
    - Confirmation of the global capacity for supply of all ACTs should be compiled by WHO/UNICEF/MMSS and circulated to countries and partners by EARN.
    - Countries, with assistance from EARN, should prepare malaria medicines procurement forecasts at least annually.
    - EARN will circulate to countries and partners the outcome of November's UNICEF-hosted meeting with ACT suppliers in Copenhagen, before the end of November.
    - EARN will circulate to countries and partners the outcome of the 26 November meeting between WHO, Novartis and GFATM by first week in December.
    - GFATM to consider other sources of evidence beyond efficacy data in making funding decisions in relation to combination therapies currently in use in the sub-region, e.g. Uganda and pre-packaged chloroquine (CQ) + SP at community level.

- ***Vector Control***

  - Both IRS and ITNs are effective and cost-effective malaria interventions for the eastern Africa sub-region.
  - EARN supports the WHO position that IRS is most appropriate in areas of unstable, seasonal malaria or in epidemic-prone areas, such as highlands and desert fringes. IRS also represents a highly effective tool in controlling epidemic outbreaks.
  - To be effective IRS must be applied to a high proportion of unit structures and be subject to good planning, management, supervision and monitoring.
  - The decision on whether or not to use IRS as a malaria control intervention should be evidence-based and should be made after considering the criteria identified by WHO.
  - Re-treatment of existing conventional nets needs to be prioritized by all countries to increase ITN coverage rates during the transition to long lasting insecticide treated nets (LLINs), as successfully demonstrated by mass net re-treatment campaigns during 2004 in Uganda and Eritrea.
  - Countries, with assistance from EARN, should prepare ITN/LLIN procurement forecasts at least annually.

- ***Malaria and HIV/AIDS***

  - There is compelling evidence that HIV immuno-suppression can make malaria worse in adults especially pregnant women.
  - Malaria increases the HIV viral loads in adults and pregnant women and could potentially increase mother-to-child transmission of HIV.
  - EARN should disseminate the WHO/UNAIDS fact sheet summarizing key data on the interaction between HIV/AIDS and malaria and identify opportunities for joint programming.
  - Three IPT doses are recommended in high *P. falciparum* transmission areas where HIV prevalence in pregnant women antenatal care (ANC) exceeds 10%
  - Countries should review potential programmatic linkages between HIV/AIDS and malaria and make efforts to further develop mechanisms to facilitate joint programming.
  - People living with AIDS (PLWHA) should be included as one of the vulnerable groups to be prioritized, alongside pregnant women and children under five, in the programming of malaria prevention and control interventions: cotrimoxazole prophylaxis; effective antimalarials; and ITNs. Every effort should be made when designing programs to avoid the risks of stigma for PLWHA.

- ***Malaria in Pregnancy***

  - The meeting recommended that as a matter of urgency, a technical consultation should be convened to WHO to review the role of IPT in areas with high resistance to SP.

- On behalf of countries the EARN Secretariat will provide written comments on the draft IPT statement presented by WHO at the EARN meeting.
- Mechanisms for delivering IPT outside health facilities, in situations where health infrastructure and/or ANC attendance is very low, need to be identified.

- ***Rapid Diagnostic Tests***

  - EARN broadly supports the WHO recommendation on the use of RDTs and other diagnostic methods for malaria.
  - EARN will provide assistance to countries to facilitate decision-making on the use of RDTs, pilot studies, and scaling-up where appropriate.

- ***GFATM***

  - Countries and partners expressed concern over the sustainable and medium- to long-term future of the GFATM and its potential consequences for program implementation in the sub-region.
  - Countries are encouraged to prepare funding proposals for the fifth round of GFATM (initial call for proposals March 2005).
  - EARN is available to provide assistance in proposal development as required.

- ***Evaluation and Reporting on Abuja Targets***

  - Given that most countries will be involved in intensive scaling up of interventions in 2005, it is proposed that countries rely on recent or already planned MICS or DHS surveys (those that include malaria indicators) and utilize additional data from other sources or modeling to develop coverage estimates.
  - If no MICS or DHS is planned in 2005 then countries with capacity should carry out national surveys based on the stand-alone MIS.
  - Countries with strategic plans coming to an end in 2004/2005 should consider carrying out an evaluation of program performance with results feeding into the preparation of their next strategic plans.

Provide technical input for pharmaceutical management issues during the discussions

RPM Plus provided technical inputs for pharmaceutical management issues during all the discussions held at the EARN meeting.

Meet with other EARN and RBM partners attending the Annual Review and Planning Meeting

RPM Plus held various informal meetings with EARN and other RBM partners to discuss the coordination of technical assistance to countries in the Eastern Africa region. In addition, discussions were held with partners and country national malaria control programs representatives on country specific drug management issues.

A meeting with Dr. Claude Emile Rwagacondo, Coordinator of the Integrated National Malaria Control Program was held on Friday November 19, 2004 to discuss a request by the program for technical assistance from RPM Plus for quantification of ACTs in the planned new treatment policy. The technical assistance (TA) request also included a request for support with the development of the malaria component of Rwanda's round 5 proposal to the Global Fund. The timing for fulfillment of the TA request would be December 2004. It was agreed that RPM Plus would upon receipt of further details on the planned phasing-in of the new policy, discuss the request internally and give a response to the program coordinator by the week of November 29, 2004.

A meeting was held between RPM Plus and the EARN coordination members to discuss the introduction of a technical assistance questionnaire/checklist to program managers at the EARN meeting. The questionnaire, which was developed by RPM Plus/MSH in conjunction with the Global Fund, RBM Geneva and USAID, was conceptualized to assist countries to define needs for technical assistance with policy change and implementation of ACT. RPM Plus updated the EARN coordination team on the MAC case management workplan, which would see MAC partners (WHO/AFRO, CDC, JHPIEGO/ACCESS and MSH/RPM Plus) providing support to GFATM by offering TA to key countries to move to and implement ACTs through the following mechanisms:

a. Exploratory visits: planned use of TA questionnaire to identify TA areas which are not necessarily intuitive to national malaria control programs. It is expected that the questionnaire would make countries think about specific relevant areas listed in the questionnaire/checklist and potentially ask for support.
b. Follow up for specific TA
c. TA to the development of new GFATM proposals
d. Develop implementation plans

Upon receipt of this information, the EARN coordination team recommended that since TA needs identified by countries at the ongoing annual meeting would be incorporated into the 2005 EARN joint workplan, it would be practical to defer the introduction of the questionnaire and first determine the countries requesting TA for treatment policy change implementation. Once identified, missions would be planned to these specific Eastern African countries and the TA questionnaire could be used on these missions to clarify and get more detail on the specific areas of TA requested. Following this, partners could coordinate the provision of TA to the meet the particular areas of need.

Provide an arrival briefing and/or departure debriefing to USAID upon request

A brief informal meeting was held with Dr. Jules Mihigo of the USAID/Rwanda mission on Wednesday November 17, 2004. Issues discussed included:

- ***The EARN annual meeting proceedings*** – particularly the shortage of global supply of ACTs and decreasing effectiveness of SP and the implications of these two pronouncements on Rwanda's forthcoming antimalaria treatment policy change to artemether-lumefantrine and IPT adoption using SP. It was certain that Rwanda would

be firm with the decision to change its antimalaria treatment policy to ACTs. Also the adoption of IPT using SP would happen on a pilot basis in parallel with global research into the effectiveness of SP.

- ***Potential technical assistance by RPM Plus to the Integrated National Malaria Control Program [Programme Nationale Integre de Lutte Contre le Paludisme (PNLP)]*** - A request made by Dr. Claude Rwagacondo for RPM Plus to provide technical assistance to the quantification of ACTs and development of the GFATM round 5 proposal was discussed. It was agreed that the PNLP would provide some more details on the TA request and that RPM Plus would discuss the request internally and plan to provide the TA to PNLP in a timely fashion using USAID/REDSO funds.

- ***Attendance of RPM Plus at the IPT consensus meeting to be held in Kigali on Tuesday November 23, 2004*** – All the partners of the Malaria Action Coalition (CDC, WHO, JHPIEGO, RPM Plus) are scheduled to attend this meeting. RPM Plus would be represented by Antoine Gatera, Senior Technical Advisor for the RPM Plus Rwanda office, who would offer specific drug management expertise for implementation of IPT at the meeting.

Next Steps

Immediate Follow-up Activities

- Obtain more technical detail on Rwanda's plan for the change to and implementation of an ACT policy.
- Discuss the technical assistance request presented by PNLP with the RPM Plus malaria team
- Determination of the feasibility of responding to the PNLP TA request in December, 2004
- Discuss RPM Plus attendance at January 18-19, 2005 EARN planning meeting in Kampala, Uganda
- Disseminate the TA questionnaire/checklist to the EARN focal point and coordination members for their input

Annex 1

FOURTH EARN ANNUAL PLANNING AND REVIEW MEETING AGENDA
Kigali, Rwanda: November, 2004

	Theme and presentations	Presenters
Day One: Sunday 14 November	**Arrival and settling in**	
	Registration	
Day Two: Monday 15 November	**Session 1: Opening Ceremony (JC)**	
09.00 – 09.05	Objectives	John Chimumbwa
09:05 – 10:15	Introductions	Dr, Claude Rwagacondo
09.15 - 10.15-	Official opening	Dr Rwagacondo
10.15 – 10.45	**Tea break**	
10.45 – 11.00	Review of the agenda	John Chimumbwa
11.00-11.20	Rwanda	
11.20-11.40	Burundi	
11.40-12.00	Ethiopia	
12.00-12.20	Kenya	
12.20-12.40	Discussion	
12.40-14.00	**Lunch**	
14.00-14.20	Tanzania	
14.20-14.40	Zanzibar	
14.40-15.00	Uganda	
15.00-15.20	Eritrea	
15.20-15.30	Discussion	
15.30-16.00	***Tea break***	
16.00-16.20	Somalia	
16.20-16.40	Sudan	
16.40-17.00	Discussion	
17.00-17.30	EARN Progress and update	John Chimumbwa
Day Three: Tuesday 16 November		
09:00 – 10:30	***Session 1: GFATM (GR + HM + GMW)***	
10.00 – 10.30	GFATM – update and status by country	Sandi Lwiin
	TEA	

11.00- 11.15	*ACTs update*	Dr Andrea Bosman
11.15-11.25	Proposal development – Ethiopia	Ethiopia
11.25-11.40	Accelerating sub recipient access to funds - the experience of Kenya	Hezron Ngugi, AMREF Kenya
11.40-12.00	Implementation and monitoring - Zanzibar	Zanzibar and Uganda
12.00-12.30	Panel discussion	
11:00 – 12:30	***Session 2: GFATM (GR + HM + GMW)***	
	Lunch	
13.30-17.30	Session 3: IRS:ITN Session	Melanie
13.30-14.00	IRS: Introductory presentation	Melanie/Edith/Kabir
14.00-14.20	Eritrea: ITNs and IRS at scale	Dr Tewolde
14.20-14.40	Ethiopia: Experiences with IRS	Dr Getachew Alemayehu
14.40-15.10	Supply and procurements of ITNs/LLINs	J Morley-Lippert
15.10-15.30	ITN retreatment campaigns	Michael Okia
15.30-15.45	***TEA BREAK***	
15.45-17.00	IRS Practical session	
17.00-17.30	ITN practical session	
Day Four: Wednesday 17 November		
09:00 – 10:30	***Session 1: HIV & Malaria & IPT (AK + CP)***	
9:00 – 9:20	Interactions between HIV and malaria: current knowledge and open questions	Albert Kilian
9:20 – 9:30	Programmatic consequences and opportunities for synergy	Albert Kilian
9:30 – 9:45	Cotrim prophylaxis: benefit and practical implementation	CDC Entebbe Dr John Lule
9:45 – 10:00	Risk of cross resistance Cotrim - SP	Ambrose Talisuna/A. Kilian
10:00 – 10:10	Implications of cotrim prophylaxis for IPT	A. Talisuna
10:10 – 10:30	Discussion	Moderation: A. Kilian
10:30 – 11:00	Tea Break	
11:00 – 12:30	***Session 2: HIV & Malaria & IPT (AK + CP)***	
11:00 – 11: 15	Challenges in IPT implementation – a regional perspective	Dr BA-nguza
11: 15 – 11:30	Alternative drugs to SP for IPT	CDC (Robert Newman or Monica Parise)
11:30 –12:30	Discussion	Chair: Dr A. Bell
	Lunch	

	Session 3: Diagnostics (AC)	
13.30 – 13.45	Introduction to diagnostics session	Andrew Collins
13.45- 14.45	Rapid diagnostic tests – practical session	A. Collins
14.45-15.30	Rapid diagnostic tests – implementation experience and issues	Elizabeth Streat
15.30-16.00	Tea Break	
16.00-16.30	RDTs- Supply and Procurement	Crown Agents
16.30-17.30	RDTs –Panel discussions (Above presenters plus Andrea Bosman, WHO and Louise Causer (CDC Atlanta)	Chair to be decided
Day Five: Thursday 18 November		
09:00 – 10:30	***Session 1: Evaluation (CPK + JB)***	
09.00 – 09.15	Introduction to the evaluation session	Dr James Banda
09.15 – 09.30	Introduction to RBM assessment Tool	Dr James Banda
09.30 – 10.15	Group work on application of the tool	Dr Charles Paluku
10.15 – 10.30	Plenary discussion and way forward	J. Banda/C. Paluku
9:00-9:20	Existing nationally representative household surveys	MAL–AFRO
9:20-9:45	DISCUSSIONS	MAL-AFRO /CPK
9:45-10:30	Development of a master schedule based on country plans on upcoming Demographic and Health Surveys (DHS), Multiple Indicators Cluster Surveys (MICS), or Malaria Indicator Survey (MIS)	Dr C. Paluku
	Tea Break	
11:00 – 12:30	***Session 2: Rwanda Special Presentation (CR + team)***	
	Lunch	
13:30 – 17:30	**Session 3: Group Work – Priorities and support needs**	
13:30 – 13:40	Introduction to country group work	Dr E. Lyimo/J. Chimumbwa
13:40 – 15:30	Country Group work	
15:30 – 16:00	Tea Break	
16:00 – 17:30	Finalize Country group work	
Day Six: Friday 19 November		
09:00 – 10:30	***Session 1: Group Work – Priorities and support needs***	
09:00 – 10:30	Presentation of country priorities and Technical assistance needs: Rwanda, Burundi, Djibouti, Ethiopia, Kenya,	Country teams

	Tanzania, Zanzibar, Uganda, Eritrea, Somalia, Sudan (N/S)	
10.3—11.00	Tea Break	
11.00-12.30	**Session 2: Group work – Priorities and support needs**	Dr E. Lyimo/J. Chimumbwa
12.30-14.00	Lunch	
14.00-14.30	**CLOSE**	EARN

Annex 2

EARN MEMBERSHIP
A STATEMENT OF PRINCIPLE

Mission statement
To coordinate partner support on technical and operational matters for going to scale with effective malaria prevention and control interventions to countries in the Eastern Africa sub-region. The priority is to support EARN countries to create an enabling policy environment that supports access to increased resources, enhanced resource absorptive capacity and implementing interventions at scale, leading to sustained reduction in the negative impacts of malaria.

EARN Definition
EAR network is loose structure (no contracts or memoranda of understanding) where decisions are based on collective agreements and representation is by focal points (Senior) of each institution.

Constituency
Any institution whose operational principle acknowledges the negative impact of malaria on the population on the EARN and whose mandate includes mitigating the negative effects of malaria.

- A potential member organization could be local, regional or global
- Public or private
- Profit or non-profit
- Bi-lateral or multilateral
- General or specialized
- Governmental or non-governmental
- From any sector; social, academic, economic, cultural etc

Structure and roles
The structure of the network includes the 10 malarious countries of East Africa, EARN organizations and institutions, the EARN coordinating group comprised of four institutions and the EARN focal point.

The countries
The role of the national authorities is to ensure a conducive environment in which a coordinated approach to malaria prevention and control is possible. The countries are also responsible for implementing the most rational best practices possible based on evidence.

The network's role is to develop and implement a joint work plan and to address technical and operational issues faced by the sub-region.

The coordinating group.
Their role is to ensure the key activities contained within the annual work plan are carried out in a coordinated way. This core team also over-sees the day-to-day operations of the network including guiding and directing the operations of the EARN Focal Point. The coordinating

team also monitors the implementation of the joint partnership work plan and represents EARN at all fora of interest to the network.

The EARN Focal Point's key roles include: providing a secretariat function to the network to plan and organize the activities of the coordinating team, to organize the network planned activities such as quarterly and annual meetings and to link EARN to other RBM working groups.

Motivation for the Network

EAR network is a partnership of organizations, which share a common vision of working in concert to increase the returns on their investments in malaria prevention and control through synergy, while each one fulfilling their own institutional mandates. The buy-in by institutions is based on fulfillment of their expectations of positive outputs and outcomes.

Sustainability

- There are many factors responsible for keeping the **EARN** together. Notable among these are:
- Effective leadership demonstrated by the coordinating group
- Maintenance of motivating factors and expectations of future successes
- Self driving and motivation through unconditional commitment to the vision
- Transparency and accountability- the absence of hidden agendas
- Maintenance of own identity by each partner while working in concert
- Synergistic results (positive and negative) realized and shared accordingly

EARN Operational Principles

1) As of June 2003, EARN was officially recognized as an official organ of the global malaria partnership and as part of the Roll Back Malaria Partnership Secretariat as contained in the communication to countries to that effect.
2) The Secretariat of EARN is administratively hosted by UNICEF based at UNICEF-ESARO in Nairobi, Kenya.
3) The day to day operations of the EARN are over-seen by an elected coordinating group supported by a lean secretariat comprising a focal point and a project assistant.
4) The coordinating group is elected into office for a one-year mandate (which is silent on the matter of renewal). The focal point is a full time employee also on a one-year service contract.

Criteria for membership to EARN

- Commitment:
  I. to the ideals and utopia of RBM
  II. to the best practices in malaria prevention and control
  III. outputs are more important than structures
  IV. to attendance of at least two EARN meetings one year
  V. to scaling up of interventions and alleviation of suffering from malaria
  VI. to participation, supporting and contribution to the joint work plan
  VII. to representation of EARN and to be represented by EARN
  VIII. to a coordinated implementation of the joint work plan
  IX. to invest time, technical and material resources into EARN
- Sub-regional presence and/or representation (Naming of a focal point officer). The actions of EARN are governed by a country- focused approach and all members of EARN are equal.

- Transparence and sharing of information (work plans and reports), collective responsibility, carrying out activities to contribute to the greater good of EARN and well-being of the population
- Responsibility.
    - Interest in the health sector, malaria, RBM, well-being of the people, to the best interest of EARN
    - Institutions are members of EARN, but institutions representing them are just as important
- The focal point is responsible to the EARN through the coordinating team and directly answerable to the RBM partnership Secretariat.

Inclusiveness

a) EARN is open to all who meet the conditional criteria for membership
b) New members may be proposed by any active member (attending more than 50% of meetings in the past one year)
c) Institutions and organizations representing all areas of human endeavor, namely social, economic, cultural, scientific etc, are eligible, conditional to acceptance and abiding by the principles
d) Where a constituency member group becomes uneconomically too large to be individually represented at EARN for a, constituent or quarter representation may apply

Penalties

- Absence from two consecutive scheduled meeting would result into dropping from the network with voting rights
- 90%-100% attendance of scheduled meetings qualifies for election to the coordinating group
- Having more than 50% of attendance where they are eligible may retain the right to participate in the election of the coordinating group representatives
- Engaging in activities contrary to the best interest of EARN would result in suspension for a year
- Commercial contracts on behalf of EARN are first open to the network membership

Financing

In the medium to long term, network membership through the coordinating team have the responsibility to raise resources to support EARN activities. The RBM Secretariat was identified to as a source of funding for EARN in the short term. Specific areas for funding from this quarter include:

- Focal point and administrative assistant
- Coordinating secretariat activities
- Quarterly and annual events
- Administrative support to constituency unable to finance own participation in EARN
- Country support activities especially as regards REAPING, micro-planning and the GFATM
- Evidence building and sharing of best practices

Gratitude

The EARN membership will continue renewing its gratitude to those visionary individuals, organizations and governments who have selflessly given their time and resources to the creation, development and sustainability of EARN from its inception to date. To them, the PLWM in EARN will forever be indebted

Annex 3

Recommendations from 3rd Annual Review and Planning Meeting and Progress Made

Global level -

- Acceleration of the pre-qualification process by WHO
  - *Some drugs at pre-pre qualification stage*
- RBM partnership to support ACT manufacturing in Africa
  - Planting artemisia, extraction plant in the offing
- Working groups were urged to provide guidance on IPT, CB-ACT, Diagnostics
  - *MIP guidelines in place to be shared here.*
  - *Sub-task force of the case management group, global meeting held on this*
  - *with C-B ACT experiences from Ghana & Zambia, guidelines will be produced.*
- Resource mobilization to meet REAPING gaps RBM
  - *Round 4 GF, Some cases e.g. Italian funds,*
- Info strengthened flow between RBM entities & countries
  - *Area of weakness, consensus statements from board, Zimbabwe meeting*
- Global partners to work through EARN to ensure coordination of efforts at country level
  - *More work needed on this, e.g. GF on ACTs, not through EARN*
- Countries to be given chance to comment on global strategy document
  - *Circulated but no comment, EARN reviewed it*

Sub-regional level

- National programs continue representation at EARN fora
  - *They continued to attend*
- Info dissemination function of EARN is essential
  - *Institutionalized & Malaria Consortium has contract*
- All EARN countries to be REAPED
  - *South Sudan, Somalia, Burundi & Zanzibar remain*
- Standardization & harmonization of RBM indicators & tools
  - *Update refers to Household survey tools; a document has been produced at RBM Headquarters.*