

Malaria Elimination 8 Ministerial Meeting

Windhoek, Namibia

3-March 2009

RESOLUTION

Introduction

In 2007, during the third session of the African Union (AU) Conference of Ministers of Health, member states launched the Africa Malaria Elimination Campaign, committing to transition eligible countries from malaria control to malaria elimination. Later that year, the Southern Africa Development Community (SADC) followed suit, similarly pledging to eliminate malaria from Southern Africa. The SADC Ministers of Health approved the SADC Malaria Strategic Framework and a subsequent Malaria Elimination Framework, which urged member states to identify potential areas for elimination and to develop national malaria elimination strategic plans.

Encouraged by the promise that a coordinated regional approach holds for malaria elimination in Southern Africa, the concept of the Malaria Elimination 8 (E8) was proposed as a platform for deliberation on a strategy for a regional approach to malaria elimination. In 2007, SADC identified six countries as having the greatest potential to eliminate malaria by 2015 – Botswana, Namibia, South Africa and Swaziland, as well as the island states of Zanzibar and Madagascar. The concept of the E8 brings together the four mainland countries of those six targeted for malaria elimination (Botswana, Namibia, South Africa and Swaziland); these four are considered as the front-line countries in a Southern African malaria elimination approach. Their neighbours to the north with a relatively higher transmission of malaria – Angola, Mozambique, Zambia and Zimbabwe – constitute the second-line countries of the Malaria Elimination 8 (E8). The March 2009 E8 meeting is the first in a series of high-level coordination and consultation among Ministers and is intended to lead to practical implementation steps by the National Malaria Control

Programmes, regional institutions, and their technical partners.

The objectives of the meeting were:

1. To establish a sub-regional approach for achieving malaria elimination in the eight countries in the context of the SADC malaria elimination commitments;
2. To develop a functional mechanism for elimination support, recognizing the different needs of front-line and second-line countries;
3. To agree to a framework for financing and pursuing resources to support malaria elimination; and
4. To commit to supporting key cross-border initiatives which will move the region's elimination agenda forward.

Background

Recognizing that:

1. Malaria is a major impediment to human and economic development in the region;
2. In the SADC region, 20 million malaria episodes and an estimated 300,000-400,000 malaria-related deaths occur each year;
3. Significant progress has been made in the past years in reducing the burden of malaria in the SADC region using proven interventions such as indoor residual spraying (IRS), insecticide-treated nets (ITNs), intermittent preventive therapies (IPTs), rapid diagnostic tests (RDTs), artemisinin-based combination therapies (ACTs); and
4. The SADC pharmaceutical programme has been established to address issues of supply of medicines and commodities.

Appreciating that:

1. Commitment and buy-in for malaria elimination has been secured at the highest levels;
2. There is a need to strengthen laboratory support and health management information systems at country level;
3. Considerable progress is being made toward the elimination of malaria in the SADC region through various existing cross-border initiatives;
4. There is a need for stronger collaboration between the four front-line and four second-line malaria elimination countries; and
5. Malaria elimination among the E8 countries should be achieved through a three-part strategy whose components should occur simultaneously through:
 - a. Rapid scale-up and sustained control in higher transmission second-line countries, as they are also preparing to move to pre-elimination;
 - b. Elimination from the four lower transmission front-line countries; and
 - c. Research, development, and improvement of existing tools.

Action Points

We, the SADC Ministers of Health of the E8 countries, affirm that the following are our major priorities for achieving malaria elimination:

1. Strengthening of existing cross-border collaboration and establishment of additional initiatives between front-line and second-line countries;
2. Mobilizing resources for sustained financing in the elimination stages, particularly in the face of competing health challenges;
3. Mobilizing additional resources to scale up malaria control interventions in the second-line countries;
4. Building of health system capacity to effectively implement, sustain, monitor, and evaluate malaria elimination programmes;
5. Coordinating multi-sectoral efforts, which include non-health government sectors, the private sector, non-governmental partners, and faith-based organizations; and

6. Strengthening research efforts to develop enhanced technology to inform policy and improve programme implementation.

We, as SADC Ministers of Health of the E8 countries, commit to completing the following within one year:

1. Harmonize national and cross-border malaria strategies in accordance with SADC strategic approaches, including the SADC Malaria Elimination Framework;
2. Conduct financial and programmatic gap analyses and develop costed implementation plans for malaria elimination within the E8 countries, including cross-border initiatives, with the support of SADC, Southern African Roll Back Malaria Network (SARN), and other partners;
3. Develop costed action and monitoring and evaluation (M&E) plans for existing as well as new cross-border initiatives.¹ Subsequently, we commit to mobilizing internal as well as external financial resources;
4. Meet to review progress in the implementation of the action points;
5. Request that Namibia maintains leadership of the E8 forum until such time as decided otherwise by the SADC Ministers of Health;
6. Consult with the Global Fund, and engage with the eastern and southern African Global Fund Board member, to promote adopting policies supporting malaria elimination programmes;
7. Submit a report of the E8 meeting to the meeting of SADC Ministers of Health in April 2009 in Maputo, Mozambique; and
8. Establish a technical sub-committee comprised of E8 countries and relevant partners to guide the regional efforts towards malaria elimination.

We call upon SADC to complete within one year:

1. Develop a costed SADC framework for cross-border malaria collaboration among

¹ Existing initiatives include the Trans-Zambezi Malaria Control Initiative, Trans-Limpopo Malaria Control Initiative, Trans-Cunene Malaria Control Initiative.

- the E8 countries;
2. Harmonize case management, vector control, and surveillance strategies across member states; and
 3. Assess the feasibility of joint procurement and local production of DDT to facilitate IRS implementation.

The E8 countries, in the development of a consolidated cross-border operational plan, call upon the partners to complete the following within one year:

1. Facilitate the development of a consolidated cross-border operational plan for the E8 that moves the four front-line countries from malaria control to elimination and intensify malaria control in second-line countries and facilitate their engagement in cross-border collaboration;
2. Invite the World Bank to a formal dialogue with the Ministers of Health and the Ministers of Finance of the E8 countries to support the malaria elimination and control objectives of the sub-region (March-June 2009);
3. Assist in capacity building within the E8 countries for planning, implementing, monitoring, and evaluating of malaria elimination programmes;
4. Provide financial support for the activities of the technical sub-committee; and
5. Provide financial and technical assistance for malaria elimination efforts in front-line countries while they are mobilizing resources.