



ELIMINATION 8

ANGOLA · BOTSWANA · MOZAMBIQUE · NAMIBIA · SOUTH AFRICA · SWAZILAND · ZAMBIA · ZIMBABWE

Impact of the Elimination 8

Driving Collaboration and Accelerating Progress Toward a Malaria-Free Southern Africa

Impact of the E8

- Catalyzing regional and cross-border collaboration, joint monitoring and accountability, and long-term commitment to the end-goal of elimination
- Facilitating alignment of programme planning and resource allocation between countries to improve intervention coverage in underserved areas of regional concern
- Improving regional surveillance and outbreak preparedness by establishing a Situation Room – the region's first malaria database and response hub
- Expanding access to malaria services to more than 300,000 mobile and migrant populations
- Enhancing national and regional capacity for elimination by building frontline health worker skills in diagnosis and case management
- Mobilizing more than \$22 million in resources, strengthening political will, and promoting stewardship and accountability for malaria elimination

The Elimination 8 has catalyzed the regional collaboration needed to eliminate malaria in Southern Africa.

Malaria transmission is highly interconnected between countries in southern Africa. Due to the complex movement of people and vectors, the progress or failure of one country's efforts to eliminate malaria is contingent upon the success of other countries in the region. In this context, the Elimination 8 (E8) Regional Initiative was established in 2009 as the first subsidiary health institution of the Southern African Development Community (SADC) with the mandate of coordinating an ambitious eight-country effort to jointly plan and execute a regional malaria elimination strategy.

The E8's efforts to institutionalize regional and cross-border collaboration have resulted in:

- **Vibrant bilateral and trilateral initiatives that are reducing cross-border transmission:** Under the auspices of the E8, three

cross-border collaborations have enabled greater coordination and commitment to malaria prevention and response at critical border areas where importation is high. Cross-border initiatives include the Mozambique, South Africa, and Swaziland (MOSASWA) initiative, the Trans-Kunene Malaria Initiative (TKMI) on the border between Angola and Namibia, and the Zambia-Zimbabwe (ZAM-ZIM) initiative. Other countries have committed to harmonized monitoring of vector control coverage and entomological surveillance.

- **A blueprint of a successful regional elimination initiative:** The E8 is a SADC subsidiary agency, and the bloc's first institution dedicated to collaboration in health. The E8's success in creating a functional, cooperative initiative has become a model for a well-coordinated regional elimination platform. Interest in regional approaches to elimination and a desire for a proven model have expanded to other geographies beyond southern Africa. The E8 has served as an example to other African regions, such as the Sahel, where a regional initiative could accelerate elimination.

The E8 has brokered cross-border partnerships through which countries are planning and allocating resources for mutual regional success, rather than optimizing for individual countries.

Within the E8, there is tension between the need to allocate finite resources towards high burden areas, while also maintaining support for the elimination goal, which requires allocating resources to lower burden areas, for whom the case for prioritization may be less appealing. The frontline countries of the E8 harbour "sinks" of malaria transmission, which receive imported cases from connected sources beyond their borders, thus undermining regional elimination efforts. The higher burden countries which neighbor the eliminating countries traditionally prioritize resources for higher burden areas, leaving some underserved "source" areas with sub-optimal coverage, and which support ongoing transmission in connected sinks. The E8 has:

- **Facilitated inter-country dialogue and negotiation for regional planning and resource allocation.** Angola has introduced efforts to expand coverage of prevention and treatment in its southern districts that border Namibia, while Mozambique has also expanded IRS coverage to support accelerated elimination in South Africa and Swaziland. The experiences of these two initiatives will serve as a blueprint for future strategies to target sources of infection in one area, to reduce transmission in connected areas in the same country, as well as across borders.

The E8 has created a regional surveillance platform and a facility for regional collaboration in outbreak monitoring and response.

The E8 has improved the region’s capacity to collectively understand where transmission is occurring and to rapidly disseminate information on outbreaks. The E8 has supported surveillance and epidemic preparedness and response capacity both at country and regional level, including the:

- **Creation of the E8 Situation Room:** In response to multi-country outbreaks in the region during the 2016/2017 transmission season, the E8 established a Situation Room to provide tailored support to national programmes in monitoring regional trends, troubleshooting response bottlenecks, and facilitating the incorporation of climate forecasting data. The E8 Situation Room now serves as a hub for regional monitoring and support for epidemic preparedness and response; as well as the deployment of surge capacity for surveillance in the border areas.
- **Rapid procurement and deployment of emergency commodities for outbreak response:** When outbreaks have occurred, countries have faced critical commodity shortages. The E8 has rapidly procured and deployed 325,000 RDTs and 1 500,000 ACTs to four of the eight

E8 countries, with an average lead time of four weeks between placement of an emergency order and delivery.

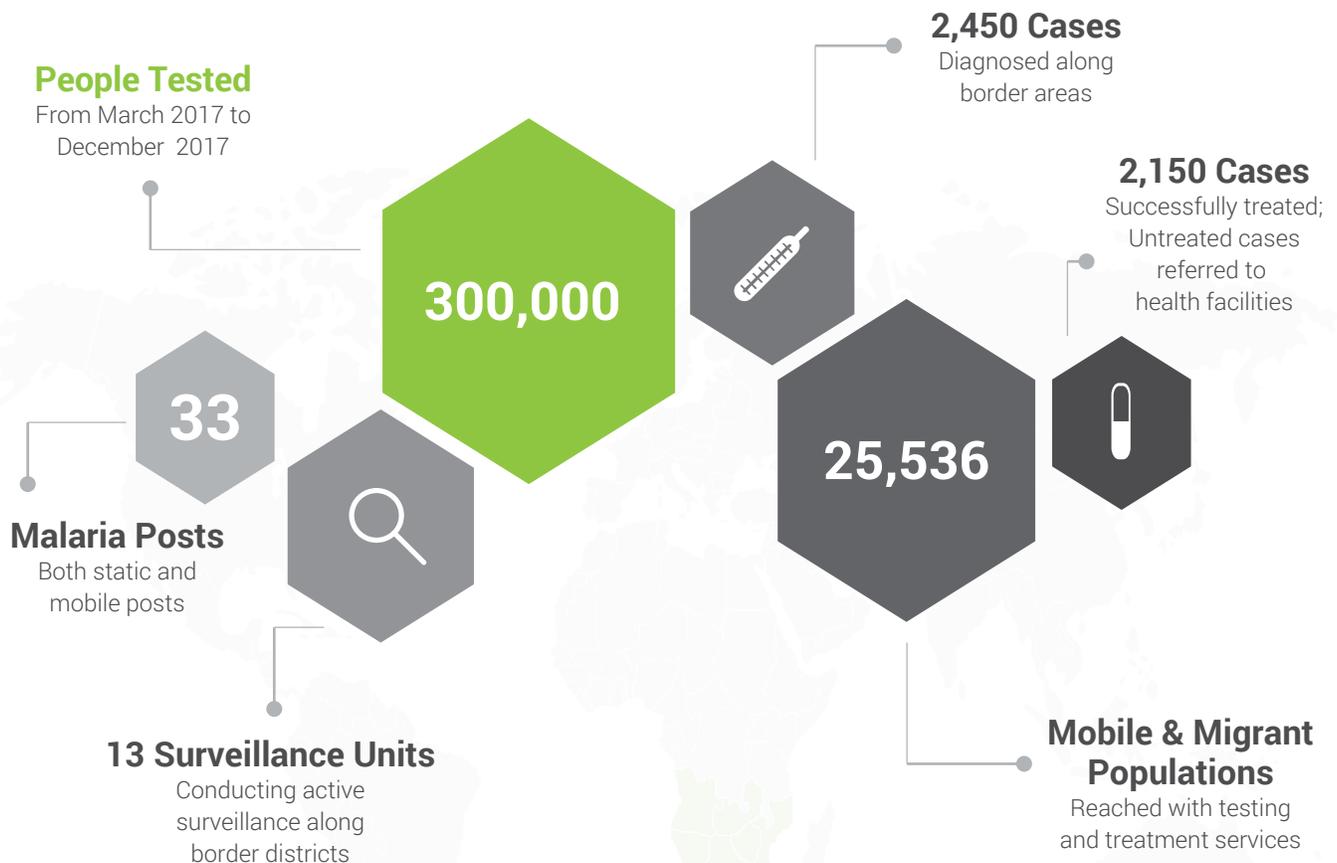
- **Establishment of regional malaria surveillance database:** The E8 has established a regional malaria surveillance database with the ability to aggregate malaria data from E8 member countries and to provide them, for the first time, with regional-level intelligence. The regional database, which is owned and used by E8 member states, provides regional and cross-border analysis to complement national surveillance systems. The outputs of this regional intelligence are summarized in monthly surveillance bulletins that are disseminated to countries to support planning and response.

The E8 has expanded access to essential malaria services among underserved populations, particularly mobile and migrant populations.

Through a Global Fund investment, the E8 has improved malaria testing, treatment, and tracking (“TTT”) among underserved and high-risk populations through the:

- **Establishment of 46 malaria border posts** (33 health clinics and 13 surveillance units) aimed at improving access to timely diagnosis and treatment. The E8 border posts, which are a combination

Reducing Importation across Borders through Expanded Access and Draining Sources of Infection



of both mobile and static facilities, are providing critical health services to mobile and migrant populations, as well as underserved residents of remote border communities. They are also reducing the reservoir of infectious parasites that would otherwise be carried over the border into lower transmission areas. In 2017 alone, more than 300,000 people were tested at an E8 border post which are located in areas identified by the E8 as high traffic points. The malaria posts are working under the supervision of national district health programmes and are quickly increasing the ability of NMCPs to identify infections and hotspots of transmission. The E8 border posts are able to capture a higher proportion of high risk populations, leading to greater access to malaria services by these populations.

The E8 has mobilized resources and political will and promoted visibility, stewardship, and accountability.

By effectively leveraging its anchor relationship with SADC, the E8 has created an enabling and supportive environment for mobilizing resources, political will, and accountability. By soliciting domestic financing commitments to fill national and regional-level gaps, the E8 will demonstrate that SADC Member States have the financial and political determination to get to zero. The E8 galvanizes high-level political commitment by:

- **Mobilizing additional resources and promoting stewardship:** The E8 has mobilized resources to support critical regional activities that would have otherwise likely gone unfunded and has demonstrated its ability to leverage additional resources from governments, promoting country ownership, shared responsibility, and sustainability of the initiative. At the outset of the current Global Fund grant to the E8, NMCPs of the E8 countries pledged to contribute an estimated \$5.7 million in domestic resources to support regional activities over the three-year grant cycle. The E8 Secretariat is an effective Principal Recipient and steward of Global Fund resources and has leveraged the Global Fund grant to successfully mobilize an additional \$4.2 million from the Bill & Melinda Gates Foundation, in addition to in-kind contributions from E8 governments and the SADC Secretariat, estimated to be worth over \$115,000. In 2017, the 15 SADC Ministers of Health unanimously endorsed a SADC Elimination Declaration, which will be presented to Heads of State for ratification in 2018. The Declaration reaffirms malaria elimination as a national and regional priority, whose progress will be annually monitored by Heads of State; it also seeks Heads of State support for allocation of additional domestic resources, including dedicated personnel in the health system to meet the rigorous demands of malaria elimination programmes.

- **Strengthening accountability:** The E8 has enhanced regional monitoring efforts through the roll-out of two scorecards: 1) an overall elimination scorecard which includes indicators for epidemiology, vector control, financing, policies, and programme management; 2) a vector control scorecard. These scorecards are updated on an annual basis and reviewed by the E8 Ministers of Health to assess regional progress.

The E8 has supported enhancements in availability of skilled diagnostic technicians to boost national malaria elimination capacity.

The E8 complements national elimination efforts by providing a strong regional coordination platform where strategies can be harmonized and resources can be shared across countries to resolve persistent bottlenecks. One such example has been the E8's investment in:

- **Improving national diagnostic capacity among member countries:** The E8 has designed and implemented a regional diagnosis programme that supports E8 countries by pooling expensive—yet critical—laboratory infrastructure and technical expertise in quality assurance and quality control. This regional diagnosis programme supports countries in improving their capacity to identify and confirm malaria infections—a key step to interrupting transmission. To date, six of the eight countries have increased their pool of expert accredited microscopists. Diagnosis trainings are being cascaded throughout the E8's national health systems, and a blood slide bank is being established to serve as a reference for quality assurance purposes.

About the SADC Elimination 8 Regional Initiative

The SADC Elimination 8 (E8) Regional Initiative aims to end local transmission in the four low-transmission “frontline” countries—Botswana, Namibia, South Africa, and Swaziland—by 2020 and to pave the way for elimination in the four higher-transmission “second line” countries—Angola, Mozambique, Zambia, and Zimbabwe—by 2030. The E8 provides a platform for member countries to jointly plan and execute a regionally coordinated strategy that accelerates progress towards the elimination of malaria from the region.