SADC Malaria Elimination Eight Initiative

ANNUAL REPORT

2019

WORKING TOWARDS A MALARIA-FREE SOUTHERN AFRICA
8 COUNTRIES, 1 GOAL
About This Report

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<td>AIDS</td>
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<td>BMGF</td>
<td>Bill and Melinda Gates Foundation</td>
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2019 marked 10 years since the historic declaration in 2009 by Eight (8) Ministers of Health to establish the Malaria Elimination 8 regional initiative under the auspice of the Southern Africa Development Community (SADC). The mandate was clear; to draw down cases and deaths caused by malaria to zero in each member state, while addressing cross border transmission across shared borders. This strategy was most important, requiring synchronization of interventions between common borders, and consistent dialogue between neighbouring countries, to ensure policies are in place to achieve elimination.

The past 10 years have been the most significant towards reducing cases and deaths in the southern Africa region. These efforts have been led by member states, and have taken a coalition of partners working together to bend the curve. Through active collaboration, the E8 has catalysed regional and cross-border collaboration at both technical and policy levels, improved regional surveillance and data sharing, expanded access to malaria services along our porous borders, and mobilized over 40 million US dollars towards the end-goal of elimination by 2030.

However, we still have a way to go.

Our annual Scorecard demonstrates that although member states have regained lost ground after the regional outbreaks experienced in 2017, progress towards zero is still slow for our frontline countries. The development of the E8 Acceleration Plan was instrumental in defining resource gaps for the region, and the E8 has used this plan to mobilize, allocate, and target resources where they are needed to bend the curve.

Today, all E8 second-line countries have stratified their transmission zones, and are implementing elimination-focused activities in their low-transmission areas, demonstrating that a phased elimination approach is feasible even within the context of high burden nationally. The southernmost parts of Angola, Mozambique, Zambia, and Zimbabwe are demonstrating remarkable progress in the shift from control to elimination. Indeed, “the journey of a thousand miles begins with one step.”

In March, the E8 signed its new three-year grant of US$14.2 million from the Global Fund to Fight AIDS, TB and Malaria (GF). This renewed funding builds on existing strategies that target the reduction of cross-border importation of malaria, and supports harmonization of policies and interventions across connected borders. One of the key milestones on this grant is a demonstration of the impact of the E8 border posts since their unprecedented deployment in 2016, as well as a systematic transition of these border health facilities to national governments. These transitions are underway and E8 governments have demonstrated strong leadership in integrating this model into the health system.

2019 also saw the sombre passing of Mr. Simon Kunene, a champion and hero in the regional fight against malaria, and the first Chairman of the E8 Technical Committee and the E8 Secretariat Governing Board. Mr. Kunene was instrumental in the set-up of the Elimination 8. In his honour, the E8 Technical Committee coined a proposal for a district-level E8 award which recognizes endemic districts in the region who make notable efforts towards achieving and maintaining zero. The Simon Kunene District Award will take shape in 2020.

The current E8 Strategy expires in 2020. This presents a great opportunity to reflect on the past 10 years, and to look to 2030 not as an E8 region alone, but as the whole of SADC, in order to meet the commitments of the Windhoek Declaration to Eliminate Malaria in SADC by 2030.

At their ordinary meeting in Dar es Salaam in November, the E8 Ministers endorsed a decision to develop a new 5-year Strategic Plan for the E8 for 2021 to 2026. As we take stock of lessons learned in the past decade, there is need to look at new evidence and new science to guide our new strategic direction in collaborating to achieve a malaria-free SADC by 2030.

Note from the Chair

Hon. Dr. Obadiah Moyo, Minister of Health and Child Welfare, Zimbabwe, Chair of the E8 Ministerial Committee
2019 assinalou 10 anos desde a declaração histórica feita em 2009 por Oito (8) Ministros da Saúde para estabelecer a iniciativa regional E8 para a Eliminação da Malária sob os auspícios da Comunidade para o Desenvolvimento da África Austral (SADC). O mandato era claro: baixar os casos e mortes por malária a zero em cada Estado-Membro, ao mesmo tempo que se lidava com a transmissão transfronteiriça através de fronteiras partilhadas. Esta estratégia era muito importante, exigindo a sincronização das intervenções em fronteiras comuns e um diálogo coerente entre os países vizinhos, a fim de garantir a aplicação de políticas que permitissem a eliminação da malária.

Os últimos 10 anos foram os mais significativos na redução de casos e mortes na região da África Austral. Estes esforços têm sido liderados pelos Estados-Membros, tendo sido necessária uma coligação de parceiros que trabalharam em conjunto para inverter a curva. Através de uma colaboração activa, a E8 catalisou a colaboração regional e transfronteiriça, tanto a nível técnico como político, melhorou a vigilância regional e a partilha de dados, alargou o acesso aos serviços contra a malária ao longo das nossas fronteiras porosas e mobilizou mais de 40 milhões de dólares americanos para o objectivo final de eliminação até 2030.

No entanto, ainda temos um caminho a percorrer.

O nosso cartão de pontuação anual demonstra que, embora os Estados-Membros tenham recuperado terreno perdido após os surtos regionais registados em 2017, os progressos no sentido de zero transmissão ainda são lentos para os nossos países da linha da frente. O desenvolvimento do Plano de Aceleração da E8 foi fundamental para definir as lacunas de recursos para a região, tendo a E8 utilizado este plano para mobilizar, alocar e direcionar recursos onde são necessários para dobrar a curva.

Atualmente, todos os países de segunda linha da E8 estratificaram as suas zonas de transmissão e estão a implementar actividades focadas na eliminação nas suas zonas de baixa transmissão, demonstrando que uma abordagem de eliminação faseada é viável, mesmo no contexto de carga elevada a nível nacional. As regiões mais a sul de Angola, Moçambique, Zâmbia e Zimbábue estão a demonstrar progressos notáveis na passagem de controlo para a eliminação. Com efeito, “a jornada de mil quilómetros começa com um passo”.

Em Março, a E8 assinou a sua nova subvenção de três anos, no valor de US$14,2 milhões de dólares do Fundo Global de Luta contra a SIDA, Tuberculose e Malária (GF). Este novo financiamento baseia-se nas estratégias existentes que visam a redução da importação transfronteiriça da malária e apoia a harmonização de políticas e intervenções através de fronteiras interligadas. Um dos principais marcos desta subvenção é uma demonstração do impacto dos postos fronteiriços da E8 desde a sua implantação sem precedentes em 2016, bem como uma transição sistemática destas unidades de saúde fronteiriças para os governos nacionais. Estas transições estão em curso e os governos da E8 têm demonstrado uma forte liderança na integração deste modelo no sistema de saúde.


A Estratégia actual da E8 expira em 2020. Isto representa uma grande oportunidade para reflectir sobre os últimos 10 anos, e olhar para 2030 não apenas como uma região E8, mas como o conjunto da SADC, a fim de cumprir os compromissos da Declaração de Windhoek para Eliminar a Malária na SADC até 2030.

Na sua reunião ordinária em Dar es Salaam, em Novembro, os Ministros da E8 aprovaram a decisão de desenvolver um novo Plano Estratégico de 5 anos para a E8, 2021 a 2026. À medida que fazemos o balanço das lições aprendidas na última década, há necessidade de olhar para novas evidências e novos dados científicos para orientar a nossa nova direcção estratégica no sentido de colaborarmos para alcançar uma SADC livre de malária até 2030.
E8 Overview

VISION:
A Malaria-free Southern Africa

GOAL:
To enable and accelerate zero local transmission in the four frontline countries by 2020, and the four second line countries by 2030, through the provision of a joint platform for collaboration and joint strategic programming.

The Elimination 8 Initiative (E8) is a coalition of eight countries; Angola, Botswana, Eswatini, Mozambique, Namibia, South Africa, Zambia and Zimbabwe, who are working across national borders to eliminate malaria in the sub-region by 2030. As the malaria response arm of the Southern Africa Development Community (SADC), the E8 is pioneering an ambitious regional approach and driving collective action to end this deadly disease once and for all. Guided by the belief that countries are stronger when they work together, the E8 is building a model that will inform coordinated efforts in southern Africa and beyond.

Figure 1: The E8 Frontline and Secondline Countries
The Elimination 8 (E8) Ministerial mandate -

1. **COORDINATE** - Regional coordination to achieve ‘0’ across E8 by 2030.
2. **ADVOCATE** - Elevate and maintain regional malaria high on leadership agenda.
3. **HARMONISE** - Promote knowledge management, quality control, and policy harmonization leading to elimination.
4. **ENGAGE** - Facilitate reduced cross border transmission.
5. **SUSTAIN** - Resource elimination efforts to ensure sustainable financing for elimination ambitions.

The E8 mandate was established in 2009 by the E8 Ministers of Health, a sub-committee of the Southern Africa Development Community (SADC) Joint Council of Ministers of Health and Ministers Responsible for HIV and AIDS. The E8 Ministerial sub-committee guides and monitors the strategic direction of the multilateral partnership, towards the attainment of a SADC free of malaria. The Ministerial Committee is in supported by the E8 Technical Committee, which is responsible for the technical implementation of the regional elimination plan. The regional mandate is coordinated by the E8 Secretariat, established in 2015 and based in Windhoek, Namibia. The Secretariat supports the member states and partners of the E8 initiative through coordination, liaison, and monitoring of the operations of the E8 mandate. Since its inception in 2009, the E8 Initiative has focused efforts on cross-border collaboration, and successfully implemented interventions across different malaria disciplines and contributed to the body of existing national strategic plans geared towards malaria control and elimination, including: vector control and case management; advocacy and partnerships; resource mobilization; surveillance, monitoring and evaluation, research and knowledge management.

### Strategic Objectives of the Elimination 8 Regional Initiative

- **To strengthen regional coordination in order to achieve elimination in each of the E8 member countries**
- **To elevate and maintain the regional elimination agenda at the highest political levels within the E8 countries**
- **To promote knowledge management, quality control, and policy harmonization to accelerate progress towards elimination**
- **To facilitate the reduction of cross-border malaria transmission**
- **To secure resources to support the regional elimination plan, and to ensure long term sustainable financing**

Figure 2: Strategic Objectives of the E8 Regional Initiative (2015-2020)
Malaria Trends and Progress Towards Elimination

Between 2010 and 2019, malaria incidence varied considerably across E8 countries (Figs. 1-4). In three of the frontline countries (Botswana, Eswatini and South Africa), a downward trend in case numbers over several years ended abruptly in 2017, which saw sharp increases in malaria incidence across most of the Southern African region. The surge in cases in 2017 has been reversed in part in 2018 and into 2019, but it remains to be seen whether the long term downward trend in these countries will be restored in the coming years. In Namibia, the downward trend in cases ended in 2013, with increases recorded in most subsequent years. As in other frontline countries, the steep surge in malaria in 2017 was significantly reversed in 2019.

For the second line countries; in Mozambique and Angola, malaria cases increased over most of the period. Zambia experienced a modest overall decline in incidence, whilst in Zimbabwe incidence remained more or less steady but with a noticeable decline from 2018 to 2019. Zimbabwe has demonstrated considerable progress in reducing morbidity in their southernmost provinces, gradually increasing the number of elimination districts which record incidence rates below 5 per 1000 population at risk. This owes to a deliberate shift from control to elimination programming in the south central districts of the country. A similar trend is projected for the southernmost parts of Angola, Mozambique, and Zambia.

Factors which contribute to malaria surge in the region:

- Poor timing, coverage, and quality of IRS due to delays in procurement of commodities and supervision of spray operators.
- Limited entomological surveillance leading to inadequate knowledge of vector species composition, abundance, distribution, and susceptibility to insecticides.
- Deficient epidemic detection and rapid response systems, which undermined timely detection and immediate response to outbreaks.
- Malaria importation due to large scale population mobility and economic migration within and across country borders.
- Climatic factors in the form of higher temperatures and significantly higher rainfall in some areas, particularly during the 2016-17 season
- A disruption of health systems due to natural disasters i.e. Cyclone Idai and Kenneth experienced in the east of the Southern Africa region.
Section 1: E8 Overview

Figure 3: Total reported malaria cases in frontline countries

Figure 4: Total reported malaria cases in second line countries
Progress Towards Zero

The SADC E8 Scorecard demonstrates that progress towards zero for the region was reversed in 2017, and transmission is normalizing – rather than declining. Part of this lost ground has been regained in 2018 and 2019, particularly in the frontline countries. To address these challenges, the SADC E8, in 2018/19 malaria season, prioritized regional efforts to address epidemic monitoring preparedness and response, in an effort to contain future outbreaks. The E8 Situation Room was instrumental in mobilizing resources for areas affected by cyclone Idai and Kenneth. Through this regional collaboration, the state of Madagascar donated 128,000 bottles of Pirimiphos-methyl CS (300CS) Actellic insecticide to Eswatini and Namibia at the height of the transmission season, when there were insecticides shortages across. This donation was facilitated and enabled by the WHO Africa Regional Office.
Figure 6: Indigenous malaria incidence per 1000 population at risk in frontline countries

Figure 7: Total malaria incidence per 1000 population at risk in second line countries
Factors which contributed to the decrease in malaria cases since 2017:

- Consistent and sufficient supply of malaria commodities in both private and public health facilities for early diagnosis and treatment.
- Timely deployment of spray teams with sufficient insecticides and the correct equipment to conduct Indoor Residual Spraying (IRS) in over 90% of targeted households.
- Early community case management upon reactive case detection which seeks to identify and interrupt pockets of transmission in eliminating countries.
- Reactive IRS deployed as a means to interrupt transmission in areas previously sprayed or such areas which were not targeted for the annual spray round.
- Increased access to malaria services for hard to reach communities, mobile and migrant communities through border health posts, mobile facilities and vigilant surveillance.
- Improved cross border planning for harmonised deployment of transmission interrupting interventions and targeting sources of transmission across borders.
Section 1: E8 Overview
SADC Heads of State and Government, through the 68th World Health Assembly of May 2015, the African Union, Common Wealth, and through the Windhoek Declaration of 2018 revisited their commitments to universal health care and to a malaria free Africa and the SADC region.

SADC Countries long acknowledged that no one country can successfully eliminate malaria without strong collaboration with its neighbour(s). The World Migration report, 2016 cites the Zimbabwe-South Africa, and the South Africa-Mozambique corridor as two of the top 20 migration corridors involving African member states (Fig 10).

To reduce the burden of malaria in the region, a coordinated, harmonised, and efficient approach between member states, as outlined in the SADC Protocol on Health, should be adopted. In light of this, as collaborating countries of the E8, a key highlight in 2019 was the strengthening of joint planning, monitoring, and response at the sub-national level. Cross-border initiatives at a district level are required to establish an operational dialogue and co-operation to implement harmonised, synchronised and optimised approaches to disease surveillance and transmission interrupting interventions at the local level.

Facilitating dialogue between countries remains a key priority under the objective of strengthening regional coordination. It is against this backdrop that the E8 Secretariat hosted its Technical Committee Meetings through the 2019 calendar year. These meetings present an opportunity for countries and their technical partners to share lessons, jointly plan for the deployment of regional interventions that complement national strategies, synchronize these activities, and bring to the attention of the E8 Ministers; the key resource gaps and propose mitigation strategies.

The E8 held its first Technical Committee meeting for 2019 in Maputo, Mozambique, hosted by the Ministry of Health for Mozambique. The Ministry of Health of Mozambique hosted the meeting, where the Elimination 8 reaffirmed their commitment to work together in tracking malaria cases, sharing information, and synchronizing spray activities across borders to maximize the impact of malaria efforts.
Dr Rosa Marlene Manjate, National Director of Public Health at the Ministry of Health, Mozambique, emphasized the collective vision of the African Union and the Southern Africa Development Community, to increase efforts towards a malaria free continent by 2030.

“We have the commitment from the highest political level, our role is to strengthen the technical implementation and to work together to ensure full coverage of key malaria interventions”

— Dr. Rosa Marlene Manjate, National Director of Public Health, Ministry of Health, Mozambique

**Key decisions and recommendations taken by the E8 Technical Committee in 2019 include the following:**

- Development of a concept to motivate and award E8 border districts achieving and sustaining zero local malaria transmission, the “Simon Kunene” District elimination concept.
- Technical Guidance for the deployment of interventions under the new E8 Global Fund grant, including the transitioning of border health posts to national governments.
- Deployment of a web-based app to share information in real time for regional surveillance, epidemic preparedness, and response.
- The Research sub-Committee, the research think-tank of the E8, mapped out research priorities for the year, with emphasis on partnerships with academic institutions with capacity to support member states in evidence-generation and analysis.

**Figure 9:** E8 Technical Committee members, partners, donors

**Figure 10:** Web-based App for Real-time Information Sharing Across the Region
Countries in southern Africa are already extensively interconnected, with high levels of migration and mobility that allow for malaria-infected mosquitoes and people to easily cross national borders. With this in mind, one of the E8’s strategic objectives are to elevate and maintain the regional elimination agenda at the highest political levels with the E8 countries. This has been largely supported by the signing of the Windhoek Declaration to Eliminate Malaria in the SADC Region, a commitment entered into by SADC’s Heads of State and Governments in August 2018. This set the blueprint for operationalizing the declaration, a task assigned to the E8 Initiative following consultations with the mother body, SADC. Operationalizing this agreement will form a large part of the activities to be implemented in 2020. The declaration sets out to achieve the following:

1. Firmly place regional malaria elimination on the agenda of all Member States;
2. Intensify resource mobilization;
3. Promote a supportive policy and legislative environment for malaria elimination;
4. Reinforce accountability among Member States to accelerate and achieve regional malaria elimination.

Figure 11: South Africa Minister of Heath - Dr Zweli Mkhize, consulting with the South Africa Director, Malaria and Vector Borne Diseases – Dr Devanand Moonasar; at the Annual Ministers of Health meeting in Dar es Salaam in 2019
It is against this backdrop that the E8 initiated a scoping mission to the SADC Secretariat during 2019, led by Zambia’s Minister of Health, Honourable Minister Dr. Chilufya, to cement the conversation on spearheading resource mobilization efforts, domestic financing mechanisms and putting into action the declaration on malaria elimination.

The annual E8 Ministerial Committee met on the side-lines of the Joint Meeting of SADC Ministers Responsible for Health and Ministers Responsible for HIV and AIDS in November, hosted by incoming SADC Chair, The Republic of Tanzania.

Resource mobilization for the E8 Regional Acceleration Plan was amongst the key focus areas during this meeting. Notably, countries have made strides in domestic financing activities, including Eswatini’s launch of its Malaria Fund which raised US$5m towards malaria elimination initiatives, supported by ALMA, and launch of the Zero Malaria Starts with Me campaigns, supported by RBM.

The following are key decision points emanating from this meeting:

Ministers observed a minute of silence in memory of the late Mr. Simon “Mbuzulwane-the mosquito” Kunene and approved the concept of an annual E8 Simon Kunene Award for performing districts.

Ministers recognized and applauded efforts made by Eswatini, South Africa, and Zambia in increasing domestic allocations for malaria within the last year, and endorsed a decision to support the roll-out of these national resource mobilization structures in other member states.

Ministers approved the recommendation by the E8 Technical Committee to conduct a Programme Review and develop a new, costed E8 strategic Plan for 2021-2025, that incorporates new and emerging evidence from the region, as appropriate.
STRATEGIC OBJECTIVE 3:
To promote knowledge management, quality control, and policy harmonization to accelerate progress towards elimination

As part of enhancing surveillance efforts in the region, the E8, through its regional data sharing platform, the “Situation Room, proposed to implement an Epidemic Preparedness, Response (EPR) application (app) which will provide real time monitoring surveillance of countries and send alerts for monitoring of possible epidemics to enable timely deployment of responses. The E8 focuses its intervention efforts along 86 border districts along the five priority borders in the E8. These borders are the Botswana – Namibia – Zambia; Mozambique – Zimbabwe, MOSASWA, Trans Kunene and Trans Limpopo Borders.

In 2019, the E8 reported high border district incidence in quarter one and two. In general, low rainfall patterns were observed across the region over the course of the year with the exception of two cyclones which affected the region. The two cyclones hit the coast of Mozambique; Cyclone Idai hitting landfall on March 14 and dissipating on the 21st of March, 2019; and Cyclone Kenneth on April 21, dissipating on the 29th of April, 2019. The cyclones brought torrential rainfall and high – speed winds, leaving devastating damage in their wake to parts of Mozambique, Malawi and Zimbabwe; and increasing the rainfall in neighbouring countries. Weekly malaria cases in the cyclone affected districts of Mozambique and Zimbabwe continued to rise up to July 2019. During the latter part of the year reports of declining malaria was recorded along all E8 borders, though more rainfall than average was recorded in the last quarter of 2019.

Figure 12: Malaria Incidence (Q1 - Q4) vs the Seasonal Precipitation Anomalies for the same periods
Figure 13: Malaria incidence along the E8 border districts in 2019
E8 countries are collaborating across their borders to synchronize elimination activities and expand access to timely diagnosis and treatment for mobile and migrant populations moving across the region’s porous borders, in so doing, draining potential transmission reservoirs that support malaria importation across borders. E8 frontline countries continue to report on importation rates.

E8 supported the following interventions targeted at reducing cross-border importation of malaria:

1. Facility Based Treatment and Surveillance in Border Areas

As part of the E8 regional grant, countries have established border health posts in key border districts and transportation zones to provide early diagnosis and treatment to mobile and migrant populations and border communities. Border health posts fall into four categories based on the structure and setup of the post and the methods for screening and treating the population.
**Figure 16:** Malaria Plus - a refurbished storage container providing the core diagnosis and treatment of malaria, as well as a basic package of primary health care modelled after the primary health care facilities in the country where they are located.

**Figure 17:** Malaria Basic Team - set-up of a movable tent/"gazebo-like " structure providing only core diagnosis and treatment of malaria.
To date, E8 countries have launched 48 malaria border posts, as shown in the map below. The malaria border posts have managed to test over 1.1 million people since the initiation of the program in March 2017 and people treated for malaria. The number of people tested and treated have significantly improved from those reported in 2017 and 2018, when clinics were still being set up and community mobilization was being initiated. In 2019, over 420,000 people was tested across the five priority borders at the Border Health Posts. This resulted in a 99.11% testing rate. Out of those tested; 20,000 positive cases diagnosed and treated; 35% being mobile and migrant populations.
Section 2: Key Performance Highlights

Figure 19: “TTT” Outlook in 2019

- **280 000** Total Tested
- **65 000** Mobile and Migrant Populations
- **215 000** Border Community Residents
- **15 000** Total Positive Cases
- **7 000** Mobile and Migrant Populations Positive
- **90%** Total Percentage Cases Treated
- **2 000** Total Cases in Frontline Countries
- **900** Total Indigenous Cases in Frontline
E8 Malaria Border Health Post Impact Evaluation study

The E8 embarked on a multi-country evaluation of the role of these clinics in providing access to malaria diagnosis and treatment to migrant and mobile populations (MMPs) and to residents in border communities.

To date, sixteen separate surveys were completed in five countries, namely, Angola, Mozambique, Namibia, Zambia and Zimbabwe. Further fieldwork will take place in Botswana and South Africa in 2020.

Figure 20: Field researchers conducting interviews with participants in Mutare, Zimbabwe (A) and Omusati Region, Namibia (B)

Figure 21: A resident focus group discussion being conducted in Ressano Garcia, Mozambique (A) and an MMP focus group discussion conducted in Chinaka, Mutasa - Zimbabwe (B)
These surveys collected information from border area community residents as well as MMPs in selected sites along key borders. More than 5000 participants were interviewed, 71 Focus group discussions, 105 individual in-depth interviews were conducted. In addition, a two-year retrospective data review was conducted in Namibia.

More comprehensive results, including a Regional analysis of the data, are expected in 2020.

I. Regional Networks
Regional networks have been shown to have a greater capacity to tackle programmatic challenges faced by individual member states. In 2019, led the development of the following networks in the region:


◊ **Southern and Central African Network for Monitoring Anti-Malaria Therapeutic Efficacy (SCAN-MATE)** - The over-arching purpose of the Southern and Central African Network for Monitoring Antimalarial Treatment Efficacy, is to enhance surveillance of pfhrp2/3 deletions and antimalarial drug efficacy with the aim of informing effective case management practices in support of national and regional malaria goals.

![Figure 22: Researchers from Angola, Mozambique, Namibia, Zambia and Zimbabwe and SADC-MEES participating in a qualitative analysis workshop in Windhoek Namibia](image)
II. Integrated Community Case Management

For the 2019-2021 Global Fund grant, the E8 proposed to strengthen diagnosis and treatment of malaria through the scale up of community case management by community health workers (CHW), a service delivery model showing impressive results across the region and beyond.

The expansion of community health worker programmes improves early detection and treatment of malaria infections, before they report to a health facility.

E8 conducted trainings for CHWs in the western part of Zambia bordering Angola and part of Namibia, the south of Angola and the north of Namibia. Namibia’s Health Extension Worker (HEWs) programme is fairly new, and has deployed over 1962 HEWs who function as a link between health care facilities and the community.

Figure 23: Districts with CHWs trained under the E8 Programme
Section 2: Key Performance Highlights

Results

The SADC E8 has managed to equip 81 CHWs in the targeted districts of Namibia and Zambia. Districts listed in table 1 have managed to train CHWs on the use of a malaria test, malaria treatment regime for uncomplicated malaria and the prevention of malaria. Critical in the training is early diagnosis and treatment to prevent malaria deaths.

Table 1: Number of CHWs trained in Namibia

<table>
<thead>
<tr>
<th>Region</th>
<th>Total trained</th>
<th>Number of trainers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omusati</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Oshana</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Oshikoto</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Ohangwena</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Kavango East</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Kavango West</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Zambezi</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

Zambia has managed to train a total of 36 CHWs on the management of uncomplicated malaria at community level. CHWs are known to have in depth knowledge of the community and its health needs, therefore, expanding their presence, visibility and reach promotes malaria prevention, community case management and the optimal use of health resources.

Figure 24: CHW Training in Zambia

<table>
<thead>
<tr>
<th>District</th>
<th>Total trained</th>
<th>Number of trainers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sikongo</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Sioma</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Shang’ombo</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>36</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>
Community Testing and Treatment by ADECOs in southern Angola

The introduction of Malaria Community Case management activities for the first time in Cunene and Cuando Cubango was a major milestone of this TSI investment. A total of 210 ADECOs were trained and deployed in seven districts of southern Angola. Since their deployment in seven border districts between Angola and Namibia; 188,706 individuals were tested and 37,458 treated for malaria; with 99,151 being referred to the nearest government health facilities. This component was directly responsible for increasing access to health care in areas of very low access to formal health services; resulting in a drop in the number of cases arriving at Angolan health units and decreasing the number of Angolans seeking malaria care at Namibian clinics. In southern Angola, the ADECOs programme was managed jointly by the Ministry of Territorial Administration (MoAT), Social Action Fund (FAS) and the Ministry of Health (MoH), and implemented by the E8, through World Vision.
III. Indoor Residual Spraying

Strengthening Integrated Vector Management (IVM) is one of the pillars under the E8 Acceleration plan. This pillar addresses the need to build vector control and entomological capacity in the E8 region to complement epidemiological data to fully comprehend transmission dynamics within the context of malaria elimination. Operational research is key to providing evidence for policy-decision making and optimal application of interventions. In 2019, the E8:

- Supported Angola to implement an Indoor Residual Spraying (IRS) campaign
- Pooled procurement of insecticide (Actellic) for Namibia and Angola
- Conducted a regional harmonized IRS Training of Trainers and the completion of the regional entomological surveillance fellowship. Under operations research, key activities involved; coordinating the impact evaluation of border health posts research and collaboration with academic, research institutions and other stakeholders in developing concept notes for possible future funding.

A. Indoor Residual Spraying support and activities in Countries

Namibia

The E8S supported Namibia in Procuring 10,368 bottles of Pirimiphos-Methyl 300CS (Actellic) to bridge the gap as the country transitions from Pyrethroid to Organophosphates-based IRS. Furthermore, by request of the malaria programme, the E8S provided Technical Assistance through consultancy to strengthen supervision of training and spraying activities in the north of Namibia, conducting an inventory of all IRS equipment and provision of a budgeted work plan for the maintenance of equipment in the country.

Figure 26: Insecticide being offloaded in Namibia
Angola

During the previous support by the Bill and Melinda Gates Foundation support, an IRS decision map was developed for the 2018/19 spraying season. With recent data from the 2018 malaria indicator survey, the map has been revised based on malaria prevalence rates to guide decisions for IRS operations.

The implementation of IRS was subcontracted to MENTOR initiative, who during the 2018/19 season under the BMGF grant, supported the Ministry of Health (MoH) Angola to carry out all IRS activities in southern Angola. The EBS collaborated with the MoH and MENTOR in drafting the work-plans, targeting of districts and formulating standard operating procedures (Environmental Safeguards/BCC, training manuals, storage and transportation of commodities) and provision of Technical Assistance in developing an innovative mobile disposal unit for environmental compliance. This was a cost saving approach as a Mobile unit cost about $40 compared to $2130 for the standard static wash bay.

Figure 27: Indoor Residual Spraying decision-making map for Southern Angola

Figure 28: Innovative Mobile Disposal Unit (A) and Traditional Static Washing Bay (B)
B. Regional Harmonized IRS Training of Trainers

The E8S collaborated with RBM and WHO in the development of a harmonised training of trainers’ manual to standardized capacity and quality across the region. The training was conducted in South Africa with a total of 32 participants attending from all the E8 countries. To validate the manuals’ content, four countries (Angola, Namibia, Zambia and Zimbabwe) piloted the use of the manual and its recommendations within the 2019 peak-transmission season.

Entomology Fellowship Program:

A novel entomological surveillance capacity building initiative in Southern Africa

The (E8) Entomology Fellowship program was established with the aim to strengthen capacity for entomology and its application within E8 country national malaria control and elimination programs, to complement other interventions within malaria elimination strategies, and enhance programmatic decision-making. The program was designed to bridge entomological capacity gaps identified by malaria control and elimination programs.

Eight fellows each from either their respective NMCP or its affiliates were selected and endorsed by the Ministries of Health of their respective countries. In the year 2018, the fellows attended in-residence training programs at elected academic and research institutions (Wits University South Africa, Ifakara Health Institute in Tanzania and Liverpool School of tropical Medicine in the United Kingdom).

Figure 29: Participants during the training (A). Trainer presenting during a combined theoretical and practical session
Entomology Fellows (2018 – 2019)

Angola
Andre Jose Domingos
Malaria Supervisor: Provincial Directorate of Health - Cunene

Botswana
Mooketsi Segaetsho
Senior Technical Officer
Ministry of Health & Wellness

Eswatini
Zulilele Zulu
Senior Program Officer
Ministry of Health

Mozambique
Dulcisai Marrenjo
Entomologist
Ministry of Health

Namibia
Michael Lifasi
Environmental Health Officer
Ministry of Health and Social Services

South Africa
Silindile Sibambo
Environmental Health Practitioner
Department of Health

Zambia
Willy Ngulube
Principal Malaria Control Officer
Ministry of Health

Zimbabwe
Regis Mavhiva
Environmental Health Practitioner
Ministry of Health and Child Care

Figure 30: Entomology Fellows (2018 – 2019)

Witwatersrand University
Liverpool School of Tropical Medicine
Ifakara Health Institute

Figure 31: Highlights of the E8 Fellowship Study Weeks
Between November 2018 to May 2019 Fellows were implementing Capstone Projects as operational research assignment as part of the fellowship completion fulfilments. These projects were designed to bridge respond to an operational research question relevant to the country’s malaria elimination strategy. During the capstone project implementation, Fellows were accorded to choose a Mentor of their choice – preferably from within the country.

Selected captions of the fellows conducting their projects in the field

**Figure 32:** E8 fellows in the field
Networking, Fellows Presentations and Exposure at different international conferences

Zulisile Zulu (Eswatini) and Dulcisaria Marrenjo (Mozambique) during poster presentations during the 5th Annual South Africa Medical Research Council (SAMRC) Malaria Research Conference 2019 in Pretoria, South Africa.

Mooketsi Segaetsho (Botswana) as part of the tema presenting a poster during the 2019 American Society of Tropical Medicine and Hygiene, Maryland U.S.A.

Michael Lifasi and Regis Mavhiya share their experiences during the entomological capacity development symposium at the 2019 Pan-African Mosquito Control Association Annual Conference in Yaoundé, Cameroon.

Figure 33: Captions from the annual SAMRC, PAMCA and ASTMH attended and participated by selected fellows in 2019

Entomological Fellowship Evaluation Preliminary Findings

- Results show that the program meets a gap for capacity development within the E8 member
Despite development assistance for malaria almost quadrupling between 2007 and 2013, the proportion channelled to eliminating countries decreased by over 80% and continues to decline. In 2018, the E8, with the support of RBM, developed a regional resource mobilization strategy that seeks to enable and sustain malaria elimination efforts in southern Africa. Developing a regional resource mobilisation strategy and implementation plan that is aligned with the E8 Acceleration Plan was crucial for the E8 to magnify the impact of current resources and explore opportunities to mitigate the impact of further decreases in donor funding.

**LONG TERM RESOURCE MOBILIZATION GOAL:**
Support the E8 vision in ensuring adequate resources and sustainability of efforts towards malaria elimination

<table>
<thead>
<tr>
<th>INTERMEDIATE GOAL</th>
<th>MOBILIZE</th>
<th>CURRENT GAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>USD 213,000,000</td>
<td>USD 27,000,000</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>STRATEGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocate for increased domestic financing for malaria elimination programs</td>
<td>E8 Ministerial Commitment</td>
</tr>
<tr>
<td>Increase available resources to the E8S for regional-level priorities</td>
<td>Partner in domestic resources mobilization</td>
</tr>
<tr>
<td>Align and coordinate Partners to one unified regional strategy</td>
<td>Funding Partners E8 Secretariat Board</td>
</tr>
<tr>
<td></td>
<td>Innovative financing and non-traditional donors</td>
</tr>
<tr>
<td></td>
<td>Partnership Co-ordination Document and Communicate national needs</td>
</tr>
</tbody>
</table>

Mobilizing resources at the regional level offers strong value for money to both national programs and donors

- Rather than investing individually, countries are able to pool requests for technical expertise, capital expenditures, and commodities to reduce procurement costs.
- Regional investments can have significant returns and will provide access to essential resources that otherwise may be out of reach to individual countries. A regional resource mobilization strategy allows E8 countries to better target their resource mobilization efforts as existing resources decrease, such as transitioning out of legibility for donor aid, and/or decreasing availability of external funding/while the cost of sustaining the gains and accelerating to zero becomes transiently more expensive.
- Advocating for resource mobilisation at a regional level also enables financial cases to be made for larger investments by private sector and other sources as the impact of malaria elimination of a region is more significant. While national level resource mobilisation is important, these activities can and should run complimentary to each other, leveraging investments to have a larger impact than on one country or sub-district alone.
- The development of a regional plan will also enable a greater social return on investments by strategically identifying areas that may not be prioritized at the national level due to competing interests and limited funding.

In 2019, the E8 mobilized over **17 million USD in additional funding for malaria elimination in southern Africa**.

**E8 Acceleration Plan funding gaps**

When it was developed in 2017, the E8 Acceleration Plan was costed at US$213 million to meet the current gap. The E8 region, with support from partners, have stepped up efforts to decrease this gap, resulting in a current funding gap of USD27 million to achieve the objectives of the plan by the end of 2021.

High level political advocacy and commitment, Co-financing agreements between governments, investment cases, private sector engagement, and elevation of national programs to directorate status are some of the strategies E8 member states have implemented with support of their partners, to address gaps, particularly along the border transmission zones.

The E8 will continue to serve as a platform for resource mobilization in the region to address service and capacity gaps across E8 countries and maximize Global Fund country and regional investments.

Angola’s health systems are still recovering from a long period of social unrest and have only in recent years begun to benefit from investments into health systems strengthening. Southern Angolan communities that border Namibia and Zambia have historically had inadequate access to malaria testing and treatment options, fueling transmission both locally, and across connected borders. Inadequate household-level knowledge about malaria prevention and treatment, inadequate demand for and use of prevention and treatment services, and low availability of long-lasting insecticide treated nets (LLINs) and indoor residual spraying (IRS) in Southern Angola exacerbate Angola’s malaria burden, and contribute to cross border malaria transmission.

In 2017, the E8 mobilized a catalytic investment on behalf of Angola, Namibia, and Zambia, of approx. USD5 million from the Bill and Melinda Gates Foundation to spearhead a package of high impact interventions in Southern Angola, and to conduct robust research to inform an updated ecological and epidemiological profile that would; a) inform Angola’s progression from control to elimination by 2030, and b) drain sources of infection in Angola that fuel transmission in Northern Namibia and Western and Southern Zambia.

The result is a costed operational plan for malaria elimination in Southern Angola the informed by the following information collected and evidence generated:

1. **Malaria Prevalence Survey** – Provides key guidance on malaria burden and priority areas to be targeted for burden reduction activities or elimination/surveillance focused activities

   ![Figure 36](smoothed map of prevalence of infection with P. falciparum)

2. **Insecticide Resistance and Management Plan** – Provides key evidence on vector abundance, behaviour and insecticide resistance levels to guide deployment of vector control interventions and insecticides. This is published in the Angola Insecticide Resistance and Monitoring Plan and the Malaria Prevalence Report.

   ![Figure 37](Angola Insecticide Resistance and Monitoring Plan)
3. **LLIN distribution and IRS data** – Provides areas covered with key vector control interventions to guide future deployment and to strengthen SBCC interventions to improve LLIN use.

### Table 3: Number of CHWs trained in Namibia

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Total Targeted HH</th>
<th>Total HHs sprayed</th>
<th>Total People reached</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUNENE</td>
<td>Ombadja</td>
<td>3490</td>
<td>3009</td>
<td>19345</td>
<td>86%</td>
</tr>
<tr>
<td></td>
<td>Cuvelai</td>
<td>5343</td>
<td>4670</td>
<td>28324</td>
<td>87%</td>
</tr>
<tr>
<td></td>
<td>Namacunde</td>
<td>3998</td>
<td>3833</td>
<td>23680</td>
<td>96%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>12831</td>
<td>11512</td>
<td>71349</td>
<td>90%</td>
</tr>
<tr>
<td>CUANDO</td>
<td>Calai</td>
<td>1549</td>
<td>1490</td>
<td>10447</td>
<td>96%</td>
</tr>
<tr>
<td>CUBANGO</td>
<td>Cuangar</td>
<td>3320</td>
<td>2882</td>
<td>14888</td>
<td>87%</td>
</tr>
<tr>
<td></td>
<td>Dirico</td>
<td>1654</td>
<td>1498</td>
<td>7235</td>
<td>91%</td>
</tr>
<tr>
<td></td>
<td>Rivungo</td>
<td>1725</td>
<td>1516</td>
<td>7545</td>
<td>88%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>8248</td>
<td>7386</td>
<td>40115</td>
<td>92%</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td></td>
<td><strong>21079</strong></td>
<td><strong>18898</strong></td>
<td><strong>111464</strong></td>
<td><strong>90%</strong></td>
</tr>
</tbody>
</table>

4. **Health Facility Assessment** – Provides evidence on access to health services within the existing national system

> There is a need to streamline and standardize the different collecting platforms, collecting similar indicators (Department of Hygiene and Epidemiological Surveillance, Malaria HMIS, and DHIS2), and address gaps related to delays in submission of monthly reports.

> They improvise the patient registers, and it is not well organized. It is missing dates and sex of the patients. Lack of data makes it difficult to compare between the registers and monthly reports. Archives are disorganized, reports from health facilities are not correctly filled, missing a lot of health facility report...

> The technician wants to work but lacks capacity on guidelines of diagnosing and treating malaria from the NMCP, and also capacity to treat and analyze data. He is lacking technical supervision and access is difficult which makes it difficult to report on time.

**Figure 38**: Illustrative results from Key Informant Interviews - Data collection, reporting, and surveillance strategies
Section 2: Key Performance Highlights

5. **Entomological assessment data** – Provides key evidence on vector abundance, behaviour and insecticide resistance levels to guide deployment of vector control interventions and insecticides.

6. **Surveillance assessment** – Provides details of key bottlenecks found to guarantee accurate data that should guide essential surveillance for malaria elimination activities.

7. **Community Case Management Data** – Informs about key challenges and opportunities to implement malaria community case management and surveillance activities through rapid scale-up of community health cadres.

8. **Lessons learned from E8 Border Posts** – Provides key information about border surveillance and opportunities to contain malaria transmission through this particular strategy.

The Operational Plan

The plan is aligned to the NMCP Strategy and was developed through a technical collaborative approach led by the Government of Angola and the Elimination 8, and supported by partners. It defines a package of activities to reduce the malaria burden in high transmission areas of southern Angola, while it highlights some first steps to be made to improve surveillance activities in low transmission areas. Through the implementation of these strategies and activities, it is expected that a significant decline in malaria transmission will be achieved, laying the groundwork for a program scope that is elimination-oriented.

The Operational Plan provides a framework of activities that can guide effective targeting and deployment of resources to achieve maximum impact for:

- The Government of Angola’s health and development agenda
- Existing partners and donors such as The Global Fund, The Bill and Melinda Gates Foundation, PMI, and others
- Potential new partners needing to fill knowledge gaps about the epidemiology in Angola, and to invest in small or large-scale malaria control and elimination activities
- The NMCPs of neighboring countries interconnected with Southern Angola through population movement, who need information from across the border in order to harmonize interventions. (e.g Northern Namibia, Western Zambia)

Given the heterogeneity of transmission across the provinces, districts and villages, interventions must be targeted to the level of transmission verified in its area. Ideally, refined risk stratification would be available to micro-target interventions and obtain quicker gains. The Operational Plan provides this detail to the district-level.

The goals of the operational plan are to:

1. Reduce malaria incidence by 60% from the 2018 level in southern Angola (provinces of Namibe, Cunene and Cuando Cubango) by 2021
2. Achieve a test positivity rate below 20% by 2021 in southern Angola (provinces of Namibe, Cunene and Cuando Cubango)
PROGRAM MANAGEMENT: At least 75% of targeted frontline districts in southern Angola are implementing malaria focused action plans by 2021.

PREVENTION: At least 80% of targeted population is targeted by at least one vector control intervention by 2021.

CASE MANAGEMENT: 100% suspected malaria cases tested, 100% confirmed malaria cases treated as per national guidelines.

SEEK PROMPT HEALTH CARE: At least 80% of population seek prompt health care by 2021.

ACTIVE SURVEILLANCE ACTIVITIES: 80% of very and low-transmission districts are implementing active surveillance activities, by 2021.

COMPLETE, TIMELY & ACCURATE DATA: Objective 6 – SM&E – 100% of health facilities and districts are implementing complete, timely and accurate data collection and reporting by 2021.

Figure 39: Expected Results by 2021 of the Operational Plan
Malaria Elimination Transition Plan

The first malaria operational plan (MOP) was developed for Angola and a very important milestone of this project and; important tool for malaria control and elimination in Southern Angola. The MOP strategy and narrative was largely informed by the evidence generated from the operational research conducted under this project. The research included: malaria prevalence study, health facility surveillance capacity assessment study, vector bionomics surveillance, Measurement and Learning (ADECOS and LLIN evaluations), IRS campaign, E8S border posts and final project impact assessment analysis. Additional information from the regional Global Fund malaria grant (2019-2021) and provincial/district governments constituted essential components informing the final document.
**Section 3: Financial Update**

**Consolidated Budget Trend**

The consolidated E8 Secretariat budget 2019 reduced by 24% as compared to the budget for 2018. This reduction was due to the ending of the Secretariats two main grants: Global Fund (March 2019) and Bill and Melinda Gates Foundation (BMGF TSI, June 2019) with the follow-up grants, including BMGF Core Support grant, being of lower amount. It is anticipated that the 2020 budget will reduce by 40% due to reduced cost of the Test, Treat & Track project as the E8 border health posts will transition to national programs. Closure of the GHG Entomology (December 2019) and Impact study (June 2020) sub-contracts have also contributed to reduced 2020 budget.

The table below indicates the contributions of each grant to the E8 Secretariat 2019 budget:

<table>
<thead>
<tr>
<th></th>
<th>GF</th>
<th>BMGF Core Support</th>
<th>BMGF TSI Extension</th>
<th>GHG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>$7,175,938.72</td>
<td>$1,734,302.05</td>
<td>$247,998.13</td>
<td>$335,861.00</td>
</tr>
<tr>
<td>%</td>
<td>76%</td>
<td>18%</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>

The chart below indicates the expenditure by intervention:

![Figure 40: E8 Budgets from 2018 - 2020](image)

![Figure 41: Expenditure By Intervention](image)
Grant Performance

A. Closed Grants

2019 saw two of E8 Secretariat’s first grants come to an end. The first Global Fund grant ended in March 2019 (extended from September 2018) while the first BMGF grant which funded the TSI Angola project ended in June 2019. December 2019 also saw the end of GHG Entomology sub-contract.

Table 5: E8 Closed Grants

<table>
<thead>
<tr>
<th></th>
<th>Global Fund</th>
<th>BMGF TSI Angola</th>
<th>GHG Entomology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget</td>
<td>19,860,460</td>
<td>4,447,096</td>
<td>300,732</td>
</tr>
<tr>
<td>Actual</td>
<td>19,112,071</td>
<td>4,449,569</td>
<td>300,365</td>
</tr>
<tr>
<td>Burn rate</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

B. Live Grants

In 2019, the E8 Secretariat started implementing two new grants, a BMGF Core Support grant (signed November 2018) and a Global Fund follow-up grant (signed March 2019). In addition to this, the Secretariat continued to implement the GHG Impact Study and General sub-contracts. Performance for these live grants in 2019 is presented below:

Table 6: E8 Live Grants

<table>
<thead>
<tr>
<th></th>
<th>Global Fund</th>
<th>BMGF Core Support</th>
<th>GHG Impact Study</th>
<th>GHG General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget</td>
<td>6,268,151</td>
<td>994,952</td>
<td>310,562</td>
<td>92,431</td>
</tr>
<tr>
<td>Actual</td>
<td>4,351,526</td>
<td>752,007</td>
<td>210,912</td>
<td>103,979</td>
</tr>
<tr>
<td>Burn rate</td>
<td>69*</td>
<td>76%**</td>
<td>68%***</td>
<td>112%****</td>
</tr>
</tbody>
</table>

*underspend mainly due to delayed signing of SA agreements; lengthy review and approval process for IRS sub-contractor; delayed recruitment and training of Surveillance officers in Angola and Namibia.

** underspend on personnel costs as the organisation was undergoing a human resource restructuring and strategy development.

*** underspend due to delayed ethical approvals.

**** overspend due to recovery of expenses not invoiced in 2018.

It is anticipated that the GHG Impact Study and General sub-contract will be fully spent by June 2020 and December 2020, respectively.
## Statement of Financial Position as at 31 December 2018

<table>
<thead>
<tr>
<th>Assets</th>
<th>Note(s)</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>2</td>
<td>1,880,674</td>
<td>1,761,161</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventories</td>
<td>4</td>
<td>-</td>
<td>212,903</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>3</td>
<td>1,216,444</td>
<td>1,505,287</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>5</td>
<td>1,565,679</td>
<td>3,042,757</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td></td>
<td>2,782,123</td>
<td>4,760,947</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td></td>
<td>4,662,797</td>
<td>6,522,108</td>
</tr>
</tbody>
</table>

| Equity and Liabilities                      |         |            |            |
| Equities                                    |         |            |            |
| Retained surplus                            |         | 1,013,913  | 930,248    |

| Liabilities                                 |         |            |            |
| Current Liabilities                         |         |            |            |
| Trade and other payables                    | 6       | 109,921    | 56,959     |
| Unexpended grants                           | 7       | 3,538,963  | 5,534,901  |
| **Total Equity and Liabilities**            |         | 3,648,884  | 5,591,860  |
| **Total Equity and Liabilities**            |         | 4,662,797  | 6,522,108  |
SADC Malaria Elimination Eight Secretariat  
(Registration number: 21/2015/0147) 
Annual Financial Statements for the year ended 31 December 2018

**Statement of Comprehensive Income**

<table>
<thead>
<tr>
<th>Figures in US Dollar</th>
<th>Note(s)</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Revenue</td>
<td>8</td>
<td>14,217,354</td>
<td>6,922,311</td>
</tr>
<tr>
<td>Other income</td>
<td>9</td>
<td>5,357</td>
<td>57,892</td>
</tr>
<tr>
<td>Operating expenses</td>
<td></td>
<td>(14,139,338)</td>
<td>(6,202,035)</td>
</tr>
<tr>
<td>Operating (deficit)/ surplus</td>
<td>10</td>
<td>83,373</td>
<td>778,168</td>
</tr>
<tr>
<td>Interest received</td>
<td>13</td>
<td>292</td>
<td>28</td>
</tr>
<tr>
<td>(Deficit)/ surplus for the year</td>
<td></td>
<td>83,665</td>
<td>778,196</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive (loss)/ income for the year</td>
<td></td>
<td>83,665</td>
<td>778,196</td>
</tr>
</tbody>
</table>
The E8 mandate is supported by a coalition of donors and partners:
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WORKING TOWARDS A
MALARIA-FREE SOUTHERN AFRICA
8 COUNTRIES, 1 GOAL