SADC Malaria Elimination Eight Initiative

Annual Report 2020

About This Report

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Executive Summary

Hon. Gen. (Retd) Dr. C. G. D. N. Chiwenga ‘GCZM’
Vice President of the Republic of Zimbabwe and Minister of Health and Child Care

2020 marked a challenging year for public health, with the plight of the Covid-19 pandemic causing devastating impact to our people, our communities, and our health systems. The region recorded over 1 million cases of Covid – 19 in 2020. Similarly, the E8 countries collectively recorded 25, 370, 133 confirmed cases of malaria, with a significant upsurge observed in the early months of 2020.

The Covid – 19 pandemic affected the effective deployment of interventions to control malaria during a peak and environmentally favourable season, disrupting global supply chains of essential commodities, and enforcing restrictions on movement and social gatherings such as; essential trainings, community health work, access to health facilities and care, and indoor residual spraying.

The E8 mitigated the effects of covid19 on malaria transmission at both national and regional level by driving innovation, procuring emergency personal protective equipment for essential workers, hosting virtual meetings at all levels; technical, strategy, and policy, and strengthening health systems to mitigate the spillover effects of one epidemic upon another. The E8 Ministers of Health pledged their commitment to mobilize additional resources, to continue to collaborate at a policy level and lead the vision towards a malaria-free region.

The current E8 Strategic Plan expired in 2020, and the E8 Technical Committee embarked on a consultative process to take stock of the last 10 years of the Elimination 8, distill lessons learnt, and identify strategic priorities to address persistent challenges. Additionally, the E8 welcomed its new Chairperson, Dr. Zweli Mkhize, Honourable Minister of South Africa, who will chair the E8 for the next two years until 2022. South Africa takes over the chairpersonship from Zimbabwe, the outgoing E8 Chair since 2018.

The E8 community looks forward to a refreshed vision towards malaria elimination, with a new Strategic Plan for 2021 – 2025.

“One is aware of the mammoth task that lies before all of us to eliminate malaria from the E8 region and beyond; and we commit to working with everyone to realise the vision of a malaria-free southern Africa. I am inspired by the passion and hard work shown by all the member states towards the fight against elimination. The possibility of reaching the target is much closer than we realise; as the building blocks, the relevant teams and a strategy for elimination exist.” – Dr. Zweli Mkhize, SADC Malaria Day 2020
Sumário Executivo

Hon. Gen. (Retd) Dr. C. G. D. N. Chiwenga ‘GCZM’
Vice President of the Republic of Zimbabwe and Minister of Health and Child Care


A pandemia da Covid-19 afectou a implementação eficaz de intervenções para o controlo da malária durante uma estação alta e ambientalmente favorável, interrompendo cadeias de fornecimento globais de bens essenciais, e impondo restrições à circulação e reuniões sociais, tais como; formações essenciais, trabalho de saúde comunitária, acesso a Unidades e cuidados de saúde, e a pulverização residual intra-domiciliária.

A E8 mitigou os efeitos da Covid-19 na transmissão da malária tanto a nível nacional como regional, impulsionando a inovação, adquirindo equipamentos de protecção pessoal de emergência para trabalhadores essenciais, realizando reuniões virtuais a todos os níveis; técnico, estratégico, e de políticas, e reforçando os sistemas de saúde para mitigar os efeitos de repercussão de uma epidemia sobre outra. Os Ministros da Saúde da E8 comprometeram-se a mobilizar recursos adicionais, e a continuar a colaborar a nível político e a liderar a visão rumo a uma região livre da malária.


A comunidade E8 aguarda com expectativa uma visão renovada para a eliminação da malária, com um novo Plano Estratégico para 2021-2025.

"Estamos cientes da tarefa gigantesca que nos incumbe a todos de eliminar a malária da região E8 e para além fronteiras; e comprometemo-nos a trabalhar com todos para tornar realidade a visão de uma África Austral livre da malária. Inspiro-me na paixão e no trabalho árduo demonstrado por todos os Estados membros em prol da luta contra a eliminação da malária. A possibilidade de se alcançar o objectivo está muito mais próxima do que imaginamos; como elementos fundamentais, existem as equipas relevantes e uma estratégia de eliminação". Dr. Zweli Mkhize, Dia da Malária da SADC de 2020
Acronyms

BMGF  Bill and Melinda Gates Foundation
COVID-19  Coronavirus Disease of 2019
DCM  Diagnosis and Case Management
DNA  Deoxyribonucleic acid
EPR  Epidemic Preparedness and Response
FM CISM  Fundación Manhica
GF  The Global Fund to Fight AIDS, Tuberculosis and Malaria
GHG  Global Health Group
IHI  Ifakara Health Institute
IRS  Indoor Residual Spraying
LLIN  Long-lasting Insecticidal Nets
MOSASWA  Mozambique, South Africa and Eswatini
NICD  National Institute for Communicable Diseases
PPE  Personal Protective Equipment
RACD  Reactive case detection
RSC  Research Sub-committee
SADC  Southern Africa Development Community
SA-MRC  South Africa Medical Research Council
SBC  Social Behaviour Change
SME  Surveillance, Monitoring and Evaluation
TC  Technical Committee
TERG  Technical Evaluation Reference Group
TWG  Technical Working Group
UNAM  University of Namibia
UQD  Unfilled Quality Demand
VCES  Vector Control and Entomological Surveillance
WHO  The World Health Organisation
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Section 1: Overview
Background

The Elimination 8 (E8) Initiative was born out of the recognition that no one country can successfully eliminate malaria alone and that the progress or failure of one country’s efforts to eliminate malaria is connected to the success of other countries in the region. It is against this backdrop that the Elimination 8 (E8) Initiative was established to coordinate a collaborative effort, led by the Ministers of Health in eight countries, to jointly plan and execute a regional malaria elimination strategy.

Since its inception in 2009, the E8 Initiative has 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.

CORE MANDATE

The 5 core mandate areas of the SADC E8 are:

1. To **COORDINATE** - Regional coordination to achieve ‘0’ malaria across E8 by 2030: Successful malaria elimination by the E8 countries is highly dependent upon strong cross-border collaboration to mount a coordinated response to limit malaria importation. The E8 provides a functional regional coordination platform at both technical and policy levels for E8 member states and their partners in malaria elimination.

2. To **ADVOCATE** - Elevate and maintain malaria high on regional leadership agenda: High-level political commitment enables malaria elimination. The formation of the E8 by the eight Ministers of Health in 2009 signalled a high level of support for elimination at the ministerial level. Through the E8 platform, the Ministers of Health provide additional leadership for malaria elimination.

3. To **HARMONISE** - Promote Policy harmonization, knowledge management and quality control leading to elimination: To affect a regional approach to elimination, the region builds on the harmonization efforts being spearheaded by its mother body, the Southern Africa Development Community (SADC). These efforts support national programmes and regional actors to design and execute elimination strategies that complement and reinforce each other across connected, porous borders.

4. To **ENGAGE** - Facilitate reduced cross-border transmission: For the E8 countries, malaria importation and transmission in border areas has been a significant barrier to accelerating the pace of elimination. The E8 provides an active platform through which bi- and tri-lateral cross border initiatives can jointly plan, implement, and monitor elimination activities across shared borders.

5. To **SUSTAIN** - Resource mobilization efforts to ensure sustainable financing for elimination ambitions: Financing is critical to the long-term sustainability of the E8’s malaria programming, helping to ensure that once elimination is achieved, it is also sustained.
**ELIMINATION 8 ANNUAL REPORT 2020**

**VISION**
To have a malaria-free southern Africa.

**GOAL**
To enable and accelerate zero local transmission through the provision of a platform for collaboration and joint strategic programming.

*Figure 1: E8 Goal and Vision*

**E8 VALUE PROPOSITION**

<table>
<thead>
<tr>
<th>E8 is a SADC subsidiary with a member-state led mandate</th>
<th>E8 provides the platform for cross-border collaboration and learning</th>
<th>Resources can be pooled at a regional level to address shared challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The E8 was born out of SADC. The focus of its Strategic Plan is to complement national-level efforts and investments, thus accelerating progress of each member state towards zero transmission.</td>
<td>• Disease intelligence is central to the region’s efforts to track and target hot spots—geographic areas at high risk of malaria transmission. The E8 has provided countries with a regional forum to share data, knowledge and information across countries.</td>
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</tr>
<tr>
<td>• Because the E8 provides an effective platform, solutions to challenges such as cross-border movement, commodity supply and security can be solved collectively.</td>
<td>• While the scope of national health information systems is limited by political boundaries, malaria transmission extends beyond these boundaries.</td>
<td>• While the scope of national health information systems is limited by political boundaries, malaria transmission extends beyond these boundaries.</td>
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</table>

*Figure 2: E8 Value Proposition*
Malaria Trends and Progress Towards Elimination

I. Summary and analysis of the malaria trends and situation and in the E8 Region since 2015

The 2015 - 2020 E8 strategic plan set an ambitious target to eliminate malaria in the four frontline countries of the E8, namely Botswana, Eswatini, Namibia and South Africa. However, after malaria outbreaks of 2017, hopes of reaching the zero-malaria milestone in one country would prove to be a challenge. Remarkably, the target of elimination got back on track and was reaffirmed by the reduction of confirmed malaria cases in 2018 and 2019. This raised hopes that the zero-malaria target in at least one of the E8 countries would be realised. In 2020 the lowest record of malaria cases was in Botswana and Eswatini, recording 927 and 322. Both Eswatini and Botswana continue to show promise to reach elimination given their meso-endemicity, because of the seasonality of malaria transmission and existing non-receptive zones.

The E8 is premised on the conviction that no one country in the subregion can succeed in eliminating malaria on its own. To do this, the eight southernmost malarious countries of SADC including their districts collaborate across borders to prevent the spread of malaria in contiguous zones. Countries with moderate to high transmission, also known as second line countries, have continued to record increases in malaria. The year 2020 was not different as second line countries recorded higher malaria cases compared to the previous year. Mozambique reported over 11 million malaria cases in 2020, the highest since the start of the E8 initiative in 2009.
Factors contributing to sustained malaria transmission in the E8 region:

1. A disruption in health systems in early 2020 because of the COVID-19 pandemic which required the reallocation of malaria resources to respond to the pandemic.

2. Cyclical climatic trends of drought years followed by warm and wet conditions which give rise to naturally occurring variations in malaria trends. This was observed in frontline countries which experienced major malaria epidemics as observed in 2017.

3. Delayed outbreak detection systems which lead to widespread community transmission, increasing the force of infection, vectoral capacity and ultimately malaria mortality.

II. Routine Reporting

Malaria situation along E8 borders reflects the persistence increment of malaria transmission in districts between Zimbabwe, Mozambique and Zambia in quarter 1 & 2 and slightly reduced trends toward quarter 3. As it was discussed in the previous sections, the impacts of weather have hugely contributed to increased transmissions. For example, it was reported in one of the countries that high rainfalls interfered with transports infrastructures that results to limited implementations of surveillance activities across the borders.

In the front-line countries, the entry points of Eswatini followed by Botswana have continued to maintain low levels of transmissions. The bordering districts of Namibia with Angola had higher incidence rates over the time as shown in the figure below, the reasons might be due to ongoing population movements in both countries and challenges to access treatments centers.
III. Epidemic Preparedness and Response

Through the regional situation (SR) room platform, the E8 convened at least 13 meetings to discuss about regional epidemic preparedness and response (EPR) plans within the member states. The meeting involves country EPR focal persons to provide key highlights on malaria transmissions status. In general, most countries experienced malaria epidemic between January to May. In this period there are reported weather conditions that do favour malaria transmissions. On the other hand, the effect of Covid-19 restrictions on individuals’ movement between and within the country has been reported to reduce access health facilities for treatments services. In responding to various situations, the member states continued utilizing online platforms in ensuring adequate availability of malaria commodities and strengthens of surveillance team works across the border points.

In strengthening of the regional surveillance, the E8 region launched information reporting platform to facilitate malaria epidemic monitoring, preparedness and responses plans activities among member states. This platform is currently known as EPR system. The functioning of this platform commenced consistently with the trainings provided to all users within the region.
Section 2:
The impact of Covid-19 on the malaria response in the region
Since COVID-19 was declared a global epidemic, over 1.2 million Covid cases had been reported in the SADC region by December 2020. Over 90% of these confirmed cases were documented to be from the E8 region. The health pandemic negatively affected access to health care services and the related restrictions slowed the implementation of malaria initiatives.

In response to the Covid-19 pandemic, the E8S invited The World Health Organisation (WHO) to the technical working group (TWG) meetings for Vector Control and Entomological Surveillance (VCES) and Diagnosis and Case Management (DCM) to provide guidance on how countries ought to continue providing malaria services to their communities amidst the pandemic. Additionally, another call to capacitate countries by sharing best practices on how to train and implement indoor residual spraying (IRS) amidst Covid-19 pandemic was conducted. The key milestone was that countries developed and adapted the WHO recommendations and regional best practices for the training and implementation of IRS amidst the pandemic.

Several risks were observed that affected timely implementation of malaria in the region. These included:

- Reprioritization of public resources such as human resource, funds, and other logistics towards combating the COVID-19 pandemic.
- Disruption of global supply chains, affecting the timely availability of malaria commodities for: vector control e.g., Long Lasting Insecticidal nets (LLINs), insecticides, Personal Protective Equipment (PPE) and case management e.g., Rapid Diagnostic Tests (RDTs) and artemisinin-based combination therapies (ACTs).
- Disruption in the implementation of key vector control activities such as Indoor Residual spraying (IRS) and LLINs.
- Low treatment seeking behaviour by communities due to among other things, lockdowns.
- The health pandemic restrictions had a significant impact on grant management and implementation. It necessitated reprogramming of regional GF grants (E8 and MOSASWA –Mozambique, South Africa and Eswatini –to allocate between 3.25% - 10% of existing grant resources to mitigate the effects of COVID-19 on malaria programming. These resources were redirected to procure emergency commodities for malaria, enhance social behaviour change (SBC) for migrants and travellers, and to procure additional personal protective equipment for malaria personnel, enabling malaria programs to continue. As there were travel bans and restrictions, most of the reprogrammed funds were reallocated from travel and face-to-face meetings resulting in all meetings being conducted virtually.
- While virtual meetings provided cost-effective and innovative means of coordination, some challenges were observed regarding connectivity in certain countries thereby limiting the number of attendees, and inconsistencies in meeting attendances were noted. In this grant the E8 will utilize virtual meetings and restrict face-to-face meetings to those necessitating their need.

Figure 6: Business unusual – a masked – up field team in southern Angola prepares to conduct indoor residual spraying in a village during the Covid -19 pandemic
Section 3: Key Performance Highlights
E8 Strategic Objectives

1. To strengthen regional coordination in order to achieve elimination in each of the E8 member countries

2. To elevate and maintain the regional elimination agenda at the highest political levels within the E8 countries

3. To promote knowledge management, quality control, and policy harmonization to accelerate progress towards elimination

4. To facilitate the reduction of cross-border malaria transmission

5. To secure resources to support the regional elimination plan, and to ensure long term sustainable financing

Figure 7: E8 Strategic Objectives
Strategic Objective 1: To strengthen regional coordination to achieve elimination in each of the E8 member countries.

I. Technical Committee Meetings

The E8 held two virtual Technical Committee (TC) meetings in the year 2020. The Technical Committee is an organ of the E8 that provides technical oversight on malaria control and elimination in the sub-region. In its first sitting of the year, the TC designed a roadmap for the development of the E8 Strategy for 2021 - 2025. As a matter of urgency, the TC commissioned an end term review of the 2015-2020 strategy to inform new priority areas for the next 5 years. In its second sitting the TC designed an innovative approach for subnational malaria elimination certification. This approach seeks to provide enough tools and resources for districts that reach zero malaria, to support these districts maintain their zero status and prevent the reestablishment of local transmission.

II. Technical Working Group Meetings

As part of preparations for the Annual E8 Ministerial meeting, the SADC-E8S coordinates Technical Working Groups (TWG) on key malaria thematic areas which are Diagnosis and Case Management (DCM), Surveillance, Monitoring and Evaluation (SME), Vector Control and Entomological Surveillance (VCES). Additionally, a Research subcommittee (RSC) was established to respond to regional research priorities, which at its formation included the evaluation of the impact of the E8 border posts study. Each working group and the research subcommittee provides recommendations, emanating from discussions around pertinent issues impacting on regional malaria elimination efforts. Recommendations are meant to improve regional coordination, harmonizing policies, synchronization of activities (along the common borders) and application of evidence-based research findings, best practices, and innovations for optimal application of interventions. In the 2020, calendar year, the working groups were expected to meet during quarter 1, however, due to the Covid-19 pandemic, restrictions in travel and physical meetings were not possible. This resulted in the TWGs being conducted via virtual calls/meeting during the second quarter of this year.

III. Partnership Coordination

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. Partnership coordination is integral to the success of the regional elimination agenda of the E8 and henceforth in 2020, numerous partnerships were established, while existing ones were strengthened.
During the year 2020, the following key partnerships were established, to strengthen the fight against malaria as shown in Table 1.

**Table 1: E8’s Key Partnerships in 2020**

<table>
<thead>
<tr>
<th>Partnership Type</th>
<th>Partnership Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bayer Pharmaceuticals (Nov 2020)</td>
<td>Sponsorship US$10,000 towards Mozambique End Malaria Council</td>
</tr>
<tr>
<td>Syngenta (Nov 2020)</td>
<td>Sponsorship Donation of insecticide worth US$50,000 to E8</td>
</tr>
<tr>
<td>NICD, UNAM, IHI, MRC</td>
<td>MoU: Centre of Excellence Establish centres of excellence</td>
</tr>
</tbody>
</table>
Strategic Objective 2: To elevate and maintain the regional elimination agenda at the highest political levels within the E8 countries.

I. Ministerial Committee Meeting

The E8 Ministerial Committee is the supreme decision-making institution of the E8, which is made up of the 8-member country Ministers of Health and supported by technical partners and donors. The E8 Ministerial Committee met November 5th, 2020, for its annual meeting. During this meeting, ministers were appraised of the progress, the key challenges, and mechanisms in place to strengthen interventions for malaria elimination in the E8 region.

Key decisions emanating from this meeting are reflected in Figures 8.

<table>
<thead>
<tr>
<th>DECISION</th>
<th>Issue</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>On the issue of inadequate resources for health in general and malaria elimination in particular:</td>
<td>The Ministers resolved to strengthen the participation of the private sector in domestic resource mobilization efforts.</td>
</tr>
<tr>
<td>2</td>
<td>On the issue of a phased approach to elimination, using the district as the unit of measure:</td>
<td>The Ministers endorsed the Annual E8 Simon Kunene Award for districts that successfully eliminate malaria.</td>
</tr>
<tr>
<td>3</td>
<td>On the issue of the SADC E8 Ministerial Committee Chairmanship and Tenure:</td>
<td>South Africa will Chair the E8 Ministerial Committee, Technical Committee, and working groups for a period of 24 months, from 2020 - 2022.</td>
</tr>
<tr>
<td>4</td>
<td>On the issue of Heads of State Commitment to eliminate malaria in all of SADC region by 2030:</td>
<td>The Ministers pledged to support the resolution of the Heads of Stated Declaration and facilitate the leadership roles assigned to E8 and its structures.</td>
</tr>
<tr>
<td>5</td>
<td>On the issue of a proposed revision to the original E8 Agreement:</td>
<td>The Ministers commissioned the E8 Technical Committee to deliberate on a review of the E8 Agreement and provide recommendations for amendment.</td>
</tr>
</tbody>
</table>

Figure 8: Key E8 Ministerial Committee decisions passed in 2020
Driving Political advocacy to keep malaria elimination high on the national and regional agenda, sustain existing resources in the context of COVID-19 to maintain the gains made to date in lowering malaria transmission.

Advocate for increased domestic resources of malaria as 4 out of eight Elimination 8 countries are no longer eligible for donor funding.

Continuing to drive the Elimination 8 agenda of working towards a malaria-free Southern Africa by 2030.

Working Collectively to mitigate malaria resurgence in the Southern Africa Elimination 8 region.

Driving an aggressive and sustained response to support the Malaria resilience plans post COVID-19.

“Il is therefore important to remind communities at risk and travellers to endemic areas that malaria is a life-threatening disease caused by parasites that are transmitted to people through the bites of infected mosquitoes. Let us take the necessary precautions, as we battle with both pandemics and balance the mitigation measures accordingly. Our message to communities is to take the necessary precautions to prevent contracting the disease and seek treatment as early as possible when they experience signs and symptoms. Malaria is a preventable and curable disease, if detected early and treatment started promptly”

Figure 9: Dr Zweli Mkhize, Minister of Health South Africa and Incoming E8 Ministerial Chair

II. Senior Officials Meeting

The E8 Senior Officials is a body of Permanent Secretaries of Health of E8 member countries who serve as a link between the technical and policy aspects in the implementation of a regional approach towards malaria elimination.

Constituted and established in 2020, the E8 Senior Officials held their inaugural meeting in June 23, 2020, in joint effort with the Global Fund under the theme “Preserving Gains made in Malaria Elimination: Addressing Malaria Outbreaks in Southern Africa within the Context of the COVID-19 Pandemic”. Amidst reports of upsurges in malaria cases and deaths during the 2020 malaria transmission season, the E8 Senior Officials and partners committed to collaborating at a regional level to jointly plan and mitigate the impact of outbreaks and ensure the region is optimally prepared for the next transmission season.

Figure 10 Statement of Commitment by the E8 Permanent Secretaries of Health
III. SADC Malaria Week

To commemorate SADC Malaria Day and in recognition of the “new normal” E8 supported SADC in developing a digital educational series dubbed SADC Malaria Week. This series which ran from 16-20 November 2020, was designed around raising awareness, mobilising communities to take ownership over the fight to end malaria and promote partnerships. During this week, SADC Malaria Day was commemorated to highlight the plight of malaria among communities at risk and to advocate for support from key decision makers and stakeholders for malaria control and elimination efforts in the Region. The fight against malaria can be reached if the community is mobilised through health education to:

- Recognise signs and symptoms of malaria
- Provide more home-based treatment
- Seek treatment when they become ill
- Use personal protective measures

The weeklong educational series included some key activities such as:

1. Edu-series on malaria with speakers sharing 10-minute video talks highlighting the importance of maintaining the focus on malaria control and elimination in 2020 as well as sharing experiences, challenges success and lessons learned.
2. Showcase video footage of malaria interventions on the ground across SADC countries highlighting lessons learned, gaps and challenges and how these are being addressed in country at the grass root level. In so doing, audience members got an appreciation of work on the country at the community level.
3. Sharing various online publications from different partners on the work done throughout 2020.
Figure 12: Key Speakers of the E8 Malaria Edu-Series held during the SADC Malaria Week of 2020
Strategic Objective 3: To promote knowledge management, quality control, and policy harmonization to accelerate progress towards elimination.

I. Centres of Excellence

The E8S coordinated efforts to engage with Regional Centres of Excellence (CoE) in research and technical areas. The regional CoE are positioned to provide capacity needs to countries requiring support and skills in various areas of malaria elimination; these range from operational research to guide policy decision making, molecular laboratory capacity, surveillance, epidemic preparedness mentorship and other malaria programmatic areas. The E8S coordinated the process of identifying both country-specific and regional needs and collaborate with the CoE capable of addressing those needs. Currently, five memorandums of understanding have been signed with University of Namibia, Southern Africa Medical Research Council, University of Witwatersrand (a Wits Health Consortium) and Fundación Manhica (FM CISM) of Mozambique and the Ifakara Health Institute (IHI). To this effect, through the research sub-committee, regional research priorities have been identified of which members of various CoEs are incorporated in the development of concept notes to address regional gaps in research to provide solutions for policy decision making towards malaria elimination in the region.

II. Regional Knowledge Sharing

The E8 hosted its first webinar under this platform titled, Malaria importation and the need for improved surveillance in E8 region. This webinar addressed the role of E8 malaria border posts and the need for improved surveillance to reduce cross border transmission across the E8 region.

Due to the high degree of inter-connectedness within the region, countries that have reduced malaria to low levels face the challenge of persistent importation of parasites by cross-border travellers from neighbouring countries with higher rates of malaria infection. This webinar aimed to address the role of E8 malaria border posts and the need for improved surveillance to reduce cross border transmission across the E8 region.

PRESENTATIONS

- Access to malaria prevention, diagnosis, and treatment in border areas of E8 countries: results from an evaluation of malaria border posts in second line countries (Ms. Mukosha Chisenga and Prof. Immo Kleinschmidt)

The E8 Border Post Evaluation aimed to assess the impact that E8 border health facilities have on access to malaria diagnosis and treatment, knowledge and behaviour related to malaria prevention and treatment seeking, and to determine patterns of travel amongst residents and mobile and migrant populations (MMPs). The studies in Angola, Mozambique, Zambia and Zimbabwe consisted of cross-sectional surveys of residents living in an area where a border health post had recently been established. Study results and key recommendations for the region were presented.
Table 2: Key recommendations from the Evaluation of Malaria Border Posts in Secondline Countries

**Key Recommendations**

- The message about seeking treatment when experiencing fever needs to be re-emphasized in public awareness campaigns.
- Health post staff need to be reminded that patients presenting with fever should always be tested for malaria parasites.
- Messaging should include the use of protective measures such as LLINs, malaria chemoprophylaxis and repellents when travelling, particularly if this involves sleeping outside.
- Provision of health border posts should be extended to those border areas that are currently not served by nearby health facilities, since timely health seeking is dependent on easy access to such facilities.
- Better surveillance is needed to assess the impact of cross-border travel on malaria transmission.

- Plasmodium genomics as a surveillance tool for monitoring local malaria transmission networks and importation in Northern Namibia (Prof Davis Mumbengegwi)

Gaps in knowledge exist about infection risk factors in low malaria transmission settings such as Namibia. Due to limitations in malaria surveillance using reactive case detection (RACD), a study was undertaken to determine the usefulness of microsatellite markers in resolving differences between parasites in Namibia to determine genetic similarities within parasite populations at a regional level, classify malaria cases as local or imported, monitor transmission networks and to determine the contribution of imported infections to local transmission. Study results and key recommendations for the region were presented.

Table 3: Key recommendations from the study on plasmodium genomics as a surveillance tool for monitoring local malaria transmission

**Key Recommendations**

- Parasite genomics using routinely collected RDTs and DBSs as sources of DNA can inform decision making for malaria elimination in the E8 region.
- \( P. \) falciparum diversity in the region should be investigated to better understand transmission dynamics. High resolution genotyping can be used to accurately assign parasites to their origin.
- Strategically designed genotyping can help address unique challenges related to malaria elimination in E8 countries.

- Antimalarial Drug Resistance Surveillance, Primaquine and E8 malaria border posts in South Africa (Dr Jaishree Raman)

Following the reaching the WHO malaria incidence threshold for elimination in 2007, South Africa adopted a malaria elimination agenda in 2012. However, since its adoption, the country has never been able to reach the levels seen in 2007 emphasizing the need for new tools and to determine the factors that are contributing to sustained transmission. Several studies were undertaken to address these questions. Results and key recommendations were presented.
Table 4: Antimalarial Drug Resistance Surveillance, Primaquine and E8 malaria border posts in South Africa

### Key Recommendations

- E8 surveillance and border units are critical to the E8 Region’s elimination aspirations.
- They should be used to increase access to malaria testing and treatment with transmission blocking.
- There is a need to expand essential routine surveillance activities.
- The region would benefit from a genomic surveillance program to monitor parasite drug and diagnostic resistance at a regional level.

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**E8 Webinar**
8 December 2020

**MALARIA IMPORTATION AND THE NEED FOR IMPROVED SURVEILLANCE IN THE E8 REGION**

**Moderator**

**Speakers**

![Moderator and Speakers at the E8 Webinar](image)

**Figure 13: Speakers at the E8 Webinar - December 2020**

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### III. Capacity Development

Entomological fellowship report produced and shared through the E8S web site. The report highlights the key milestones of the entomological surveillance fellowship and recommendations for future capacity building models in addressing regional capacity needs. Last year, the E8S working in collaboration with E8 countries and WHO developed a harmonized guide for training of trainers for indoor residual spraying in the region. During the 2020 calendar year, the guide was translated into a slide deck as a resource for countries to access for their training of trainers in IRS. This will be shared and disseminated to stakeholders through the E8 website.

**Figure 14: The Evaluation of the inaugural year of the SADC E8 Entomology Fellowship**

Strategic Objective 4: To facilitate the reduction of cross-border malaria transmission.

I. Facility Based Treatment

The E8 hands over all border health posts to E8 countries by March 31st, 2020. Through the E8 Global Fund regional grants, countries established and maintained 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. Between March 2017 and June 2020, E8 operated 48 malaria border posts stationed along the five priority borders in the E8 region.

The malaria border posts managed to test over 1.2 million people since the initiation of the program and over 75,000 people treated for malaria. In 2020, the E8 began a process of transitioning the malaria border health posts to the respective governments in a move which showed how the E8 catalyses regional elimination and ensures sustainability. After 3 years of implementing the malaria border health post programme, the E8 handed over all tools and implementation oversite to E8 countries. To sustain operations of border health facilities, countries committed to continue operations of facilities either through domestic resources or through partner support.

Figure 15: Malaria testing in the community in January 2020
Evaluating the Impact of E8 Malaria Border Posts in Second-line Countries

The goal of malaria border health posts was to reduce importation of parasites from second-line countries to the front-line countries by improving access to malaria prevention, testing and treatment services, targeting (i) Mobile and Migrant Populations (MMPs), and (ii) underserved residents of border districts. Once these border health facilities were implemented, there was a need to assess their impact on malaria diagnosis and treatment, on knowledge and behaviour related to prevention and treatment seeking, and to determine patterns of travel amongst residents and mobile and migrant populations (MMPs). The studies in Angola, Mozambique, Zambia, and Zimbabwe consisted of cross-sectional surveys of residents living in one study site where a border health post had recently been established. Results on this report are available on the E8 website.

Key findings:

- Nearly all those who reported a positive blood test result received medication at the place where they sought care.
- In general lack of access to a health care due to distance or cost or mistrust of the provider was rare or not reported all.
- There was a high level of correct knowledge of causes, symptoms, and prevention of malaria.

Recommendations:

1. In areas where there is malaria, the message about seeking treatment when experiencing fever needs to be re-emphasised in public awareness campaigns.
2. Amongst providers, health post staff need to be reminded that patients presenting with fever should always be tested for malaria parasites.
3. Messaging to residents in border areas should include the use of protective measures such as LLINs, malaria chemoprophylaxis and repellents when travelling, particularly if this involves sleeping outside.
4. Provision of health border posts should be extended to those border areas that are currently not served by nearby health facilities, since timely health seeking appeared to be dependent on easy access to such.

The development of the front-line report is ongoing.
II. E8 Vector Control Support in Southern Angola

Indoor Residual Spraying

The E8S has been supporting the implementation of vector control in southern Angola as a strategy to reduce transmission in southern Angola whilst reducing parasite importation into Namibia. Between September and December, a total of 29,971 houses were sprayed giving a coverage rate of 101% and protecting 107,740 people in five districts in Cuando Cubango province (Table 5). Spray operators were trained based on the E8 regional training of trainers manual and slide deck developed by the E8 vector control technical working group. Additionally, WHO covid-19 guidelines were adapted to the local setting. The guidelines also incorporated best practices on IRS implementation amidst Covid-19 shared by countries during a virtual call in 2020.

Coverage of Indoor residual spraying in five districts in southern Angola

Table 5: Coverage of Indoor Residual Spraying in southern Angola

<table>
<thead>
<tr>
<th>District</th>
<th>Population protected</th>
<th>Houses targeted</th>
<th>Houses sprayed</th>
<th>Coverage (%) of houses sprayed</th>
<th>Insecticides used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rivungo</td>
<td>23,606</td>
<td>6,789</td>
<td>5,803</td>
<td>85</td>
<td>1,436</td>
</tr>
<tr>
<td>Calai</td>
<td>14,867</td>
<td>4,600</td>
<td>4,180</td>
<td>91</td>
<td>804</td>
</tr>
<tr>
<td>Dirico</td>
<td>11,754</td>
<td>3,107</td>
<td>3,104</td>
<td>100</td>
<td>575</td>
</tr>
<tr>
<td>Cuangar</td>
<td>23,472</td>
<td>6,403</td>
<td>7,283</td>
<td>114</td>
<td>1,767</td>
</tr>
<tr>
<td>Menongue commune</td>
<td>31,041</td>
<td>8,835</td>
<td>9,601</td>
<td>109</td>
<td>2,412</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>104,740</strong></td>
<td><strong>29,734</strong></td>
<td><strong>29,971</strong></td>
<td><strong>101</strong></td>
<td><strong>6,994</strong></td>
</tr>
</tbody>
</table>

Approximately 42,000 houses are targeted for spraying in Menongue (Menongue sede) during the first quarter of 2021.

Figure 17 Spray operations in the communities
To support the vulnerable communities which includes children under-fives, pregnant women, mobile migrant population, and others. A total of 454,641 nets were distributed with a projected 818,029 population to be protected in Cuando Cubango and Cunene districts.

Table 6: Total population of targeted districts for LLIN in southern Angola

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Total district population targeted</th>
<th>Total net distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuando Cubango</td>
<td>Cuchi district</td>
<td>39,514</td>
<td>21,952</td>
</tr>
<tr>
<td></td>
<td>Cuito Cuanavale</td>
<td>40,756</td>
<td>22,642</td>
</tr>
<tr>
<td></td>
<td>Mavinga</td>
<td>21,336</td>
<td>11,853</td>
</tr>
<tr>
<td></td>
<td>Nankova</td>
<td>4,342</td>
<td>2,412</td>
</tr>
<tr>
<td>Cunene</td>
<td>Cuanhama</td>
<td>351,329</td>
<td>195,183</td>
</tr>
<tr>
<td></td>
<td>Namacunde</td>
<td>130,030</td>
<td>72,239</td>
</tr>
<tr>
<td></td>
<td>Ombadja</td>
<td>177,417</td>
<td>98,565</td>
</tr>
<tr>
<td></td>
<td>Cuvelai</td>
<td>53,305</td>
<td>29,614</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td></td>
<td><strong>818,029</strong></td>
<td><strong>454,461</strong></td>
</tr>
</tbody>
</table>

Entomological surveillance in Southern Angola

To provide evidence for decision-making in selecting appropriate vector control tools, the E8 supported the Angolan government through the implementation of an entomological surveillance in two IRS supported districts (Cuangar and Menongue). Using adult mosquito collection tools - CDC light traps and Prokopack - mosquitoes were collected from October to December 2021 (Figure 18).

A total of 478 mosquitoes were collected. From the 115 Anopheles mosquitoes collected, 98% were collected from Menongue district. Of all the Anopheles collected, 94% were An. funestus, 3% An. gambiae s.l while the rest comprised other vectors.
Long Lasting Insecticide Net Distribution

In order to supplement IRS in southern Angola, a total of 454,461 long lasting insecticidal nets (LLINS) were procured for Angola to protect children under five and pregnant women through continuous distribution channels in two provinces of Southern Angola (Cuando Cubango and Cunene). The district benefiting from this intervention were not targeted for IRS and they are in proximity to the IRS targeted districts. The table below summarizes the distribution of nets in selected districts.

Table 7: Distribution numbers of LLINs in southern Angola

<table>
<thead>
<tr>
<th>Province</th>
<th>District</th>
<th>Total net distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuando Cubango</td>
<td>Cuchi district</td>
<td>21,952</td>
</tr>
<tr>
<td></td>
<td>Cuito Cuanavale</td>
<td>22,642</td>
</tr>
<tr>
<td></td>
<td>Mavinga</td>
<td>11,853</td>
</tr>
<tr>
<td></td>
<td>Nankova</td>
<td>2,412</td>
</tr>
<tr>
<td>Cunene</td>
<td>Cuanhama</td>
<td>195,183</td>
</tr>
<tr>
<td></td>
<td>Namacunde</td>
<td>72,239</td>
</tr>
<tr>
<td></td>
<td>Ombadja</td>
<td>98,565</td>
</tr>
<tr>
<td></td>
<td>Cuvelai</td>
<td>29,614</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>Total</strong></td>
<td><strong>454,461</strong></td>
</tr>
</tbody>
</table>
Strategic Objective 5: To secure resources to support the regional elimination plan, and to ensure long term sustainable financing.

Resource Mobilization

Highlights

During the period under review, E8 resource mobilisation strategy took shape and initiatives started bearing fruit. In pursuit of its objective to secure resources to support the regional elimination plan, and to ensure long term sustainable financing, the E8 actively leveraged traditional funding to get additional non-traditional funding sources from the private sector in the form of sponsorships and donations.

Towards the of the reporting period, there was a strong and proactive multi-stakeholder engagement with a range of partners where meetings with potential partners were held, proposals and concepts notes made to non-traditional private sector companies from different organisational background. The grant application process for one of the traditional donors was also started.

Internally at operational level, planning was also started in terms of putting structures in place, unpacking the E8 Resource Mobilisation Strategy by developing institutional policies and sector related strategies for targeting organisations from diverse sectors, namely, Civil Society Organisations (CSOs), Private Sector, Academic Institutions, Multilaterals, Member Countries governments, Foundations and Individuals.

It is hoped that this vertical multi-threaded approach will bring in diversified revenue streams and provide a variety of in-kind support for national governments and the region, including technical assistance, service implementation, research and evidence generation, advocacy and resource mobilization. It will also complement the horizontal multi-threaded approach which continues to be done through advocacy at different levels of governance, e.g., at head of state, (presidential), ministerial, permanent secretaries, and NMCPs levels.

Traditional donors

For the previous years including the period under review, Global Fund, BMGF, and U.S. government’s President’s Malaria Initiative, continued to be E8’s main partners. In addition to the E8 and MOSASWA elimination grants, the Global Fund supported all E8 countries in exception of Botswana South Africa because of the Global Fund’s eligibility criteria as far as their economic status is concerned.

This was done through country specific malaria grants, which principally funded gaps in the National Strategic Plans (NSPs). The BMGF supported the E8 region through evidence generation and operational research, surveillance systems development, and technical support.
Non-Traditional donors

Non-traditional partners continued to play a pivotal role at country level supplementing domestic financing efforts. Domestic funding supplemented by traditional funding from continued to be inadequate creating funding gaps that required non-traditional donors to play their part financially and/or in-kind.

Partners aiding varied from single country to regional. The E8 continued 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, as recommended by the TERG.

The E8 Acceleration Plan over the 2018-2020 period still required an investment of US$206.5 million, with approximately 78.3% of those costs going to underserved areas. To fully cover the cost of eliminating malaria in Southern Africa, additional resources needed to be mobilized among a wide variety of sources, including country governments traditional and non-traditional donors.

By close of the period under review E8 had strengthen engagement in increasing domestic resource allocations across countries and developing partnerships with the private sector.

The Evolution of Malaria Domestic Funding in the E8 Region (2010 and 2019)

Figure 21: Changes in domestic funding between 2010 and 2019

Challenges

The Covid-19 pandemic, which sufficed at the beginning of the period under review created a lot of challenges and problems for the E8’s resource mobilisation efforts among them business bankruptcy and travel restrictions.

Domestic financing was also affected since the budgeted resources in every country, for everything including malaria were redirected to fight Covit-19. The E8 region also experienced climate change phenomenon of flooding which resulted in more resources required to fight malaria outbreaks.

E8 believes that mobilizing resources at the regional level (as opposed to the national level) offers strong value for money to both national programs and donors. This will continue to be pursued during n the next planning period.
Section 4:
Financial Update
Budget Trend

The budget for the year 2020 dropped by 29% and it is expected that the budget will drop by a further 44% for the year 2021. The reduction in the 2020 budget was mainly driven by the reduced activity in the Test, Treat and Track project as the E8 border health posts transitioned to national programs by the end of March 2020. The significant drop in the 2021 budget is mainly due to the reduced activity in the Global Fund grant which ends in September 2021. There will also be significant reduction in sub-recipient (SR) spending as the only notable SR expenditure will be incurred by MENTOR under the IRS intervention. Funding from the GHG grant will also be limited as the General subcontract ends in December 2020 while the Baseline subcontract ends in June 2021. The remaining quarter of 2021 will only be funded on by the Bill and Melinda Gates Foundation grant.

The 2020 and 2021 budgets by funding source are presented below:

Table 8: E8 funding sources for 2020 - 2021

<table>
<thead>
<tr>
<th>Year</th>
<th>GF</th>
<th>BMGF</th>
<th>GHG</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>5,421,058</td>
<td>939,034</td>
<td>347,904</td>
<td>43,815</td>
<td>6,751,811</td>
</tr>
<tr>
<td>2021</td>
<td>2,680,658</td>
<td>1,038,507</td>
<td>44,920</td>
<td>43,815</td>
<td>3,807,900</td>
</tr>
</tbody>
</table>
Grant Performance

The total expenditure for the year ended December 2020 per funding source is presented below:

Table 9: E8 Total expenditure per funding source

<table>
<thead>
<tr>
<th>Total Expenditure Per Funding Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMGF</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>768,388.70</td>
</tr>
</tbody>
</table>

Figure 23: E8 expenditure per malaria intervention
## Statement of Financial Position as at 31 December 2019

<table>
<thead>
<tr>
<th>Figures in US Dollar</th>
<th>Note(s)</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Current Assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>2</td>
<td>969,239</td>
<td>1,880,674</td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>3</td>
<td>1,309,336</td>
<td>1,216,444</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>4</td>
<td>1,375,888</td>
<td>1,565,679</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Assets</td>
<td></td>
<td>2,685,224</td>
<td>2,782,123</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3,654,463</td>
<td>4,662,797</td>
</tr>
<tr>
<td><strong>Equity and Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained surplus</td>
<td></td>
<td>82,972</td>
<td>1,013,912</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>5</td>
<td>76,963</td>
<td>109,922</td>
</tr>
<tr>
<td>Unexpended grants</td>
<td>6</td>
<td>3,494,528</td>
<td>3,538,963</td>
</tr>
<tr>
<td>Total Equity and Liabilities</td>
<td></td>
<td>3,571,491</td>
<td>3,648,885</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3,654,463</td>
<td>4,662,797</td>
</tr>
</tbody>
</table>
SADC Malaria Elimination Eight Secretariat (Non-profit association incorporated under Section 21)
(Registration number: 21/2015/0147)
Annual Financial Statements for the year ended 31 December 2019

Statement of Comprehensive Income

<table>
<thead>
<tr>
<th>Figures in US Dollar</th>
<th>Note(s)</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant Revenue</td>
<td>7</td>
<td>7,008,846</td>
<td>14,217,354</td>
</tr>
<tr>
<td>Other income</td>
<td>8</td>
<td>1,047</td>
<td>5,357</td>
</tr>
<tr>
<td>Operating expenses</td>
<td></td>
<td>(7,941,611)</td>
<td>(14,139,339)</td>
</tr>
<tr>
<td>Operating (deficit)/ surplus</td>
<td>9</td>
<td>(931,718)</td>
<td>83,372</td>
</tr>
<tr>
<td>Interest received</td>
<td>12</td>
<td>778</td>
<td>292</td>
</tr>
<tr>
<td>(Deficit)/ surplus for the year</td>
<td></td>
<td>(930,940)</td>
<td>83,664</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>(930,940)</td>
<td>83,664</td>
</tr>
</tbody>
</table>
Acknowledgments

The E8 mandate is supported by a coalition of donors and partners:

E8 PARTNERS