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EXECUTIVE SUMMARY

Early in 2016, the E8 reaffirmed its commitment to elimination by 2030, joining the African Union in calling for ambitious acceleration of malaria elimination goals across Africa. Two of the E8 countries – Botswana and Swaziland, which report 340 and 490 cases of malaria respectively – are well positioned to be the first mainland African countries to achieve elimination by 2030. The E8 partnership is supporting the frontline countries in their goals, demonstrating the importance of a regional approach to elimination, given the interconnectedness of transmission patterns in the region.

In 2016, the E8 countries achieved a significant milestone through the introduction of a regional platform for malaria surveillance, sharing data to allow better disease intelligence to drive country efforts to contain cross-border transmission. The attainment of this milestone is the culmination of much collaboration towards harmonization of standard indicators for surveillance across the countries, and negotiation on the level and parameters for data sharing.

Accountability is a central principle of the E8’s ambitious goal to eliminate malaria by 2030. The actions and decisions that are made in one part of the region will have an impact on trends in other parts of the region, given the connected catchment areas that occur across borders. The E8 Scorecard, which serves as a tool for joint monitoring and accountability, highlights recovery from the 2014 outbreaks that were recorded across the region, as well as noted improvements in coverage of prevention tools. The persistence of high incidence rates in the second line countries continues to serve as a barrier to the ambitions of the frontline countries to eliminate by 2020. In the frontline countries, more efforts are also needed to delineate the limits of transmission, and to focus interventions to investigate and eliminate the transmission foci. The region is therefore lagging behind in its projections towards elimination, and the E8 partnership will continue to convene member states and WHO, along other expert advisors, to support reorientation and establishment of aggressive acceleration plans.

Second line countries are scaling up coverage of vector control interventions, even reorienting to elimination in at the sub-national level, and exploring bold initiatives like mass drug administration (MDA) to accelerate the reduction in transmission. All four frontline countries are strengthening their surveillance systems to better monitor and contain transmission. These efforts will be supported through the operation of testing and treatment posts for mobile and migrant populations, whose movement has fueled cross-border transmission from more highly endemic areas to eliminating areas. A range of analytical exercises have been conducted to map the underserved populations and the routes used by the target mobile populations in order to inform the location of the malaria posts; these include data collection on coverage of health facilities, transmission risk in border areas, as well as key informant interviews in the target areas. As the E8 begins to operate the malaria posts in late 2016, plans are in place to closely monitor and evaluate this innovative strategy of testing and treatment of migrant populations as a tool for containing cross-border transmission; this information will be critical in assessing the value of this intervention as part of the E8 regional strategy.

A key role of the E8 partnership is its role as a platform for advocacy to accelerate the introduction of new technologies and tools, and to collaborate towards maintenance of regionally accepted and quality-assured standards of implementation. In this regard, the E8 has leveraged the role of the World Health Organization as a central body in establishing and monitoring adherence to normative guidance. Following the issuance of guidance by the WHO Malaria Policy and Advisory Committee on mass drug administration (MDA) as a promising tool for accelerating transmission reduction, the E8 developed a joint regional position, further acknowledging this tool, and encouraging further consideration of its role in national elimination strategies. WHO, as a member of the E8 Technical Committee, has also led the development of technical skills in the E8, including training and certification of Level 1 expert microscopists to support quality assurance of diagnosis, which is a key requirement for elimination programmes.

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As the E8 Secretariat has been in the process of establishing operations and building capacity to serve in its role, critical organizational systems have been established, particularly towards grants administration. In addition to establishing systems for procurement and contracting and financial management, a review of the governance of the Secretariat was conducted, leading to the identification of a new Secretariat Board, which is expected to further support governance and oversight of Secretariat functions, while bringing expertise to guide the E8’s strategy in communications and advocacy and resource mobilization.
BACKGROUND

The E8 Vision: A SADC Free of Malaria

Vision

To have a malaria-free southern Africa

Goal

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

Objectives

1. To strengthen regional collaboration in order to achieve elimination in each of the member countries
2. To elevate and maintain the regional elimination agenda at the highest political levels within the eight 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 for the region’s elimination ambitions.
The E8 partnership works through three main institutions. The E8 Ministerial Committee is a sub-committee of the Southern Africa Development Community (SADC) Joint Council of Ministers of Health. The E8 Ministerial 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 turn supported by the E8 Technical Committee (and three technical working groups) which is responsible for the technical implementation of the regional elimination plan. The E8 Secretariat is responsible for coordination, liaison, and monitoring of the operations of the E8. These committees are represented by the following members:

**Ministerial Committee**

- **Swaziland**: Hon. Sibongile Ndlela-Simelane (Chair)
- **Angola**: Hon. Dr. Luis Gomes Sambo
- **Botswana**: Hon. Dorcas Magagto Malesu
- **Mozambique**: Hon. Dr. Nazira Abdula
- **Namibia**: Hon. Dr. Bernard Haufiku
- **South Africa**: Hon. Dr. Aaron Motsoaledi
- **Zambia**: Hon. Dr. Chitalu Chilufya
- **Zimbabwe**: Hon. Dr. David Parirenyatwa

**Technical Committee**

- **Swaziland**: Mr. Simon Kunene (Chair)
- **Angola**: Dr. Pedro Rafael Dimbu
- **Botswana**: Ms. Tjantilili Mosweunyane
- **Mozambique**: Dr. Baltazar Cadrinho
- **Namibia**: Dr. Petrina Uusiku
- **South Africa**: Dr. Devanand Moonasar
- **Zambia**: Dr. Anthony Yeta
- **Zimbabwe**: Dr. Joseph Mberikunashe

**Secretariat**

- Ms. Kudzai Makomva
The tables below summarize the current levels of malaria transmission, represented by reported cases, in the E8 countries.

**Figure 2: Reported cases, E8 frontline, 2013 - 2015**

<table>
<thead>
<tr>
<th>Country</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>456</td>
<td>1,480</td>
<td>340</td>
</tr>
<tr>
<td>Namibia</td>
<td>4,592</td>
<td>15,543</td>
<td>12,045</td>
</tr>
<tr>
<td>South Africa</td>
<td>8,851</td>
<td>13,988</td>
<td>11,241</td>
</tr>
<tr>
<td>Swaziland</td>
<td>476</td>
<td>585</td>
<td>490</td>
</tr>
</tbody>
</table>

**Figure 3: Reported Cases, E8 second line, 2013 - 2015**

<table>
<thead>
<tr>
<th>Country</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>3,144,100</td>
<td>3,254,270</td>
<td>3,180,021</td>
</tr>
<tr>
<td>Mozambique</td>
<td>3,924,832</td>
<td>5,820,380</td>
<td>6,418,526</td>
</tr>
<tr>
<td>Zambia</td>
<td>5,405,713</td>
<td>5,192,162</td>
<td>6,124,911</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>357,092</td>
<td>535,783</td>
<td>391,326</td>
</tr>
</tbody>
</table>
In 2015, the frontline four countries, as well as Zambia and Zimbabwe, recorded a recovery in the malaria situation of 2014, where large epidemics occurred across the region. The total number of cases in the four frontline countries fell by 24% (Botswana – 77%, Namibia – 23%, South Africa – 20%, and Namibia – 16%). Zambia and Zimbabwe also reduced the number of cases by 15% and 27% respectively for the same reporting period. In Angola and Mozambique however, the number of cases increased by 2% and 10% respectively.

Botswana and Zambia in particular, reduced the number of malaria cases from the 2013 levels, continuing the strong downward trajectory previously registered prior to the 2014 epidemics.

The four countries targeting elimination by 2020 aim to reduce the local transmission to zero, while maintaining robust surveillance systems to rapidly detect imported cases, and to contain transmission before imported cases trigger secondary transmission. All frontline countries continue to experience a significant level of transmission of local cases; Swaziland records the lowest proportion of local cases, with 157 local cases (32% of call cases) in 2015.

In Angola, where transmission increased between 2014 and 2015, ongoing challenges include the reduction of financing for antimalarial medicines as well as vector control activities. This experience highlights the critical role of sustainable financing for malaria, through a combination of both domestic and external financing. Mozambique is conducting mass distribution of nets in 2016, which is expected to result in higher coverage and reductions in transmission in the coming 2016/2017 season, assuming strong uptake and usage of the nets.

Southern Mozambique is implementing intensive pre-elimination activities, including both IRS and parasite clearing strategies to knock down transmission. The implementation of the MOSASWA initiative (expected to start in early 2017), will provide more support for vector control and entomological surveillance in southern Mozambique, and in the border areas with South Africa and Swaziland.

Overall, the current trends do not suggest that the frontline 2020 goals of zero local transmission are on track, hence, intensified efforts are required to reverse this trend. In this regard, it is envisaged that the impending implementation of the E8 initiatives on testing tracking and treating of malaria cases will support reversal of this trend. Namibia, Swaziland, Zambia and Mozambique are currently conducting operational research on the potential for focal mass drug administration to accelerate the progress to zero cases (in the case of Namibia and Swaziland) and to rapidly reduce transmission (Zambia and Mozambique). South Africa and Botswana are also conducting field investigative studies in 2016 and 2017 to better define the limits of malaria transmission, map and analyze the remaining foci of transmission, enabling more effective response to the residual transmission. These aggressive efforts are underway as the E8 region focuses on attaining the ambitious 2020 goals. The persistence of high transmission in the second line countries also undermines the intended goal; the E8 platform needs to continue to work towards supporting coverage of strong prevention and control in the second line countries, thus reducing the sources of infection. The E8 Technical Committee will continue to monitor the progress of malaria in the sub-region, using this platform to address the containment of cross-border transmission.

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>TOTAL REPORTED CASES (% OF INDIGENOUS)</th>
<th>REPORTED MALARIA DEATHS</th>
<th>INCIDENCE RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>456 52% 1,480 48% 340 41%</td>
<td>7 22 5</td>
<td>0 3 0</td>
</tr>
<tr>
<td>Namibia</td>
<td>4,592 96% 15,543 97% 12,045 73%</td>
<td>20 84 43</td>
<td>2 9 5</td>
</tr>
<tr>
<td>South Africa</td>
<td>8,851 21% 13,988 40% 11,241 47%</td>
<td>105 174 136</td>
<td>1 3 1</td>
</tr>
<tr>
<td>Swaziland</td>
<td>476 28% 585 32% 490 32%</td>
<td>6 5</td>
<td>2 2</td>
</tr>
<tr>
<td>Angola</td>
<td>3,144,100 3,180,021 3,254,270</td>
<td>7,300 5,714 7,832</td>
<td>148 123 123</td>
</tr>
<tr>
<td>Mozambique</td>
<td>3,924,832 5,820,380 6,418,526</td>
<td>2,941 3,245 2,467</td>
<td>151 219 249</td>
</tr>
<tr>
<td>Zambia</td>
<td>5,405,713 6,124,911 5,192,162</td>
<td>4,204 3,224 2,397</td>
<td>371 407 336</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>357,092 535,783 391,326</td>
<td>383 717 462</td>
<td>29 39 29</td>
</tr>
</tbody>
</table>
To strengthen regional collaboration in order to achieve elimination in each of the member countries

Joint Planning and Coordination: The Convening Role of E8

One of the key functions of the E8 is its convening role, bringing together the eight member states, together with a variety of players who provide technical, strategic, and funding partnership towards the elimination goals. During 2016, the E8 member states demonstrated an increased level of commitment towards the regional partnership, using the E8 platform to deliberate on several policy, strategic, and operational issues affecting their individual and their collective malaria elimination programmes.

In 2016, the E8 discussed, negotiated and collaborated on the following topics:

Data:

* Malaria elimination is a data-driven endeavour.*

Countries are striving to introduce solutions that improve the quality and resolution of data that is collected, transmitted, analyzed, and used, and they are beginning to work towards harmonization of surveillance indicators and definitions. At the regional level, the E8's initial step towards regional surveillance and a regional surveillance database required several rounds of negotiation and several iterations before reaching consensus on the parameters of data that would be shared. Challenges raised by countries include the need for further investment in national systems before building regional platforms, and concerns about unauthorized data access and use. The initial consensus on a data sharing platform as described in the Surveillance report above is the first step towards a more dynamic platform that enhances the level of analysis, feedback, and collaboration across countries.

Services for mobile and migrant populations: Population movement across the E8's highly porous borders has long been considered a key constraint to the attainment of malaria elimination. In 2016, the E8 designed and conducted field assessments on malaria and movement in the border areas, aiming to determine the optimal deployment of approximately 35 malaria posts to expand access to testing and treatment, thus reducing transmission and importation in the border areas. The process of determining the locations of the malaria posts also involved negotiation by bordering countries, ensuring that locations on one side of the border were optimally located to address the respective “sources” of infection, thus limiting potential transmission to the other side of the border. The E8 technical working groups developed detailed operational plans for service delivery, data collection, and supply chain management in the malaria posts, the first set of which became operational in December 2016.

Diagnosis Strengthening:

Quality assured diagnosis remains a key challenge in the E8, while being a key tool for identification and interruption of infection chains. The E8 completed and endorsed a detailed assessment of the gaps in diagnosis capacity, and designed a regional program that complements country efforts by (i) external quality assurance, (ii) data management and analysis, (iii) training and accreditation (iv) specialized testing and (v) new product introduction. The E8 aims to achieve efficiencies and greater impact by using a joint approach to these objectives, and working towards harmonization of protocols, standards, and data on diagnosis across the partner countries.

New technologies and evidence to accelerate elimination:

Research on the potential for mass drug administration to reduce transmission and accelerate elimination is being conducted in Mozambique, Namibia, Swaziland, and Zambia. The E8 has served as a platform for the member countries and technical partners to consider its role in the national strategic plans; while findings on the research are still pending, the E8 endorsed a position paper, recognizing this as a potentially important tool for the E8's ambitions. The E8 continues to provide a platform for discussion and sharing of lessons with the aim of accelerating the introduction
of new technologies, such as the HS RDT and foci investigation for identifying sub-patent infections, and interrupting transmission.

The E8 diagnosis and case management TWG has identified the need for additional investigation and guidance on the role of sub-patent infections in supporting onward transmission in the region.

Regional Mandate:
As the E8 strengthens its partnership for elimination, the E8 member countries deliberated at length on the mechanisms for governance in the organization, particularly related to decision-making on policy and strategy, as well as use and administration of funds. The E8 Ministerial Committee, supported by the E8 Ambassador, has spearheaded these discussions, and brought in subject-matter experts to present options that ensure that the E8 is well-positioned as a regional organization to serve on its ambitious mandate. Following these deliberations, all eight countries signed the E8 Agreement, which formalizes the regional partnership, and further demonstrates the commitment to collaborating across the region in order to achieve a region free of malaria. Further discussion on governance in the section on Governance.

Advocacy and Communication
The E8 partnership continues to work towards elevating the malaria elimination agenda, particularly in light of competing health and development priorities in member countries, as well as in the global development field (e.g. sustainable development goals). The aim of the advocacy and communications efforts in 2016 was to convey the role of the E8 as the platform for countries and other regional actors to collaborate on the goal of malaria elimination; the areas of collaboration include advocating for new policy or technology introduction, monitoring and accountability for results, and engagement in diplomacy and dialogue between member states to ensure that national strategies are harmonized to support the objectives of the neighboring countries and of the region at large. The following are some of the key communications and advocacy events that took place during 2016.

• The E8 Technical Committee developed a position paper on mass drug administration, citing recent evidence by the World Health Organization (WHO) on the potential for MDA to accelerate elimination through the treatment of asymptomatic infections. As MDA is being trialed in 3 of the E8 countries, the E8 Technical Committee released a position paper, calling for countries to leverage the research findings, and further engage WHO and other technical experts to explore introduction of MDA into national strategic plans.

• The E8 Vector Control Working Group has explored the need for novel vector control approaches as a response to the emergence of insecticide resistance. Ambassador, Dr. Richard Kamwi, authored an opinion article on gene-drive, calling for greater participation of African scientists in the debate on gene drive, to ensure that the technological developments and the potential products from this research are applied safely, and in compliance with African regulatory frameworks.

• Dr. Richard Kamwi was selected as a member of the new Roll Back Malaria Board. Although he serves on the Board in his individual capacity, he has been requested to conduct outreach to the African region to bring country perspectives to the design of the new RBM architecture and strategy. Dr. Kamwi’s participation on the RBM Board is strategically beneficial for E8 and the SADC region, and further strengthens the partnership between E8 and RBM’s Southern Africa Network (SARN).

• A delegation from the E8 met with Bill Gates and Foundation staff to promote the region’s elimination strategy. The discussion focused on the elimination reorientation underway in the frontline countries to enhance diagnosis and surveillance, and to map connected catchment areas across borders. The Bill and Melinda Gates Foundation provides financial support for elimination efforts in E8 countries through various E8 Technical Committee member organizations, as well as through funding of the E8 Secretariat.
The E8 also launched a website to serve as an information portal for member states as well as partners. A newsletter was also initiated, which will be shared every two months to support communication and networking among the partnership, and to disseminate information on national and regional initiatives of note.

The E8 Chair, Hon. Ndlela-Simelane, and the E8 Ambassador, Dr. Richard Kamwi, continued to provide their leadership and voice to the E8’s advocacy and communications efforts.

Surveillance
The Windhoek Resolution, which first established the concept of the E8 partnership in 2009, recognized harmonization of surveillance strategies as a key strategy for the success of malaria elimination efforts in the region.

Malaria transmission across the E8 is closely linked; attempting to control and interrupt transmission in any one of the E8 countries thus requires an understanding of connected catchments areas across borders, and of the transmission dynamics that span across the region’s borders. Both national and regional responses must be based on a regional picture, enabling the use of regional data to analyze and characterize malaria transmission patterns, this informing more effective response and targeting of interventions at the local level. For example, continued investment in prevention in a community which serves as a recipient or a sink of malaria importation from another highly endemic source provides limited value; rather, it may be more effective to target the more highly endemic “source,” which is often located outside the country, and which is connected through human population movement. Such an approach therefore requires “regional intelligence” and the development of a regional picture of malaria transmission patterns.

However, the E8 identified varying data quality, inconsistent surveillance definitions, and limited access to timely malaria data from across the region as limiting factors in the effort to track regional trends, which is critical for control and elimination programming, both at the country level as well as the regional level. In particular, limited investment into national surveillance systems was also identified as a priority area of focus for the E8, undermining both the national and regional elimination strategies.

The E8 Technical Committee elaborated on the plans for regional surveillance in the E8 Strategic Plan 2015 – 2020; one of the objectives of the E8 Strategic Plan is to develop a data-sharing platform to enable the development of regional maps of transmission patterns, and evolving transmission patterns. With such data, the E8 Strategic Plan envisioned that E8 national malaria programmes would have access to data to better understand parasite transmission pathways, as well as “sources and sinks” of malaria transmission whose dynamics have a regional or cross-border element.

Following the framework for the regional surveillance database developed in 2015, the E8 successfully launched the first version of the E8 Regional Surveillance Database (ERSD) V.1 in 2016.

DHIS2 Database
DHIS2 is increasingly becoming a common platform for health systems reporting in the region, and therefore the regional database was designed on the same platform, to provide programs and surveillance officers with familiar technology and reporting dashboards. In most countries, DHIS2 at the national level collates monthly data, disaggregated down to the health facility level.

It is important to note that the regional surveillance effort is not a parallel system, but simply uses and builds on existing surveillance information in the E8
countries. The E8 regional malaria surveillance platform will not collect any new data, but rather integrate data from the various countries.

The first version of the database includes the data elements described in the table below.

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Period and Unit (all disaggregated by age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Outpatient attendance (both PHC and hospital OPD)</td>
<td>Monthly, by District</td>
</tr>
<tr>
<td>Malaria suspected cases</td>
<td>Monthly, by District</td>
</tr>
<tr>
<td>Malaria tested cases</td>
<td>Monthly, by District</td>
</tr>
<tr>
<td>Malaria confirmed cases</td>
<td>Monthly, by District</td>
</tr>
<tr>
<td>Inpatient malaria deaths</td>
<td>Monthly, by District</td>
</tr>
<tr>
<td>Outpatient attendance</td>
<td>Monthly, by District</td>
</tr>
</tbody>
</table>

The first version of the database features data exchange with five of the eight countries – Botswana, Namibia, Swaziland, Zambia, and Zimbabwe – while Angola, Mozambique, and Swaziland are expected to begin data exchange in early 2017. E8 malaria programmes have begun to access the database, and to use the following features of the platform:

- Viewing of monthly/weekly health facility and district malaria data from other countries
- Trend analysis of standard malaria morbidity and mortality data from the countries, at different administrative levels, and disaggregated according to age
- Visualization of temporal trends; these include comparative analysis of disease information for multiple units (i.e. health facilities, districts, countries, region)
- High spatial resolution mapping

Figure 4: Sample dashboard output of the E8 regional surveillance database, showing cross-border transmission patterns between Botswana and Zimbabwe

The E8 will continue to build on this initial effort, prioritizing the strengthening of national surveillance, further harmonization of indicators, and developing mechanisms for continuous monitoring and feedback through this platform.
Diagnosis

The primary aim of malaria microscopy quality assurance (QA) programmes is to ensure that microscopy services are delivered by competent and motivated staff.

E8 has identified the capacity for quality assured diagnosis as a key input to malaria elimination; the partnership is working towards a coordinated approach to establishment of the requisite skills to implement quality assurance according to common standards. Malaria microscopy QA programmes play a role where the need for reliable and accurate identification of malaria parasites in low density infections is critical. In addition, there is need for national core groups of certified, expert microscopists to spearhead quality assurance programmes, including validating of rapid diagnostic tests kits (RDTs), and conducting competence-based malaria microscopy refresher training.

E8, supported by WHO, began a series of steps towards the regional effort to strengthen diagnosis capacity. Seven microscopists from Namibia, Botswana, and Zimbabwe attained Level 1 certification in the External Competency Assessment of Malaria Microscopists (ECAMM), qualifying them to play lead capacity building roles for diagnosis in their respective countries. Thirteen laboratory technicians from the E8 were trained in the ECAMM in total.

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

Malaria Diagnosis and Treatment for Mobile and Migrant Populations

The frontline four countries (and 20 of the 62 districts in Zimbabwe) have suppressed transmission and reduced malaria incidence to less than 2 cases per 1,000.

However, the persistence of malaria transmission is largely caused by ongoing transmission in border areas as a result of the importation of infections from across the borders, where malaria transmission is higher, and access to health services is sometimes limited. The combination of these factors - (i) higher malaria transmission, (ii) low access to early diagnosis and treatment of malaria, and (iii) high volumes of human movement across southern Africa’s porous borders - facilitates the continued movement of parasites into the eliminating areas, serving as one of the key barriers to attaining elimination.

One of the key strategic interventions identified in the E8 Strategic Plan is the containment of cross-border transmission across the E8’s borders. The E8 Technical Committee identified early access to diagnosis and treatment for mobile and migrant populations as an important strategy for reducing transmission across borders. The target population for this strategy consists of both (i) mobile and migrant populations and (ii) resident populations of the border districts who, although they experience little to no travel, contribute to the infection reservoir that supports cross-border transmission.

The key objective of the malaria posts strategy is to reduce malaria transmission in areas serving as sources of malaria infection (and limit onward importation in the sinks) through expanded access to diagnosis and treatment for MMPs and border district populations. The strategy does not involve screening of every person crossing through the border areas, but rather relies on strong demand generation to encourage use of the
services through strategically located sites.

The E8 has conducted various assessments to determine the optimal implementation of this strategy, which was initially modeled after the experience on the Thai-Myanmar border, where early access to diagnosis and treatment for mobile and migrant populations resulted in reduced incidence in the border districts. Despite this precedent, the implementation of this intervention in the E8 region will require continuous and robust evaluation to determine the impact on cross-border transmission. (Two large evaluations are planned for 2017 and 2019, while continuous monitoring through routine and sentinel surveillance will also be conducted).

Based on quantitative modeling analyses as well as field assessments and stakeholder interviews, the following list of final locations has been identified. Field assessments in each of the 8 countries informed the final locations, ensuring input from ministries of health (district to national level), ministries of home affairs, as well as local government.

Beginning in November 2016, thirty-five malaria posts will be established across the E8, and establishment is expected to be completed by May 2017.

Global Fund Principal Recipient Capacity

The E8 Secretariat has established robust systems for the administration of the Global Fund grant awarded at the end of 2015. The full suite of grant management systems was put in place in 2016, covering procurement and contracts management, finance, pharmaceutical supply chain management, as well as monitoring and evaluation. In addition, eight country associates have been recruited and seconded to each ministry of health, to provide capacity to the malaria programme for the coordination of regional and cross-border activities, including the E8 Global Fund grant management at the country level.

The E8 Secretariat received support from Grant Management Solutions – a USAID funded project supporting Global Fund grant management capacity. The E8’s principal recipient systems have undergone rigorous evaluation by the GMS expert teams, and members of the E8 grant management team have also received capacity building as they undertake the challenging role of administering the regional grant.

In August 2016, the E8 Secretariat received its first assessment on the performance of the grant. The first assessment (focusing on programmatic performance only) concluded strong progress towards the initiation of regional programmes, although an official grant rating is only expected in 2017. The next evaluation in early 2017 will involve both programmatic and financial performance, and provide a grant rating.

To secure resources to support the regional elimination plan, and to ensure long term sustainable financing for the region’s elimination ambitions.
E8 was funded in 2016 through two income streams – the Global Fund to Fight HIV/AIDS, TB and Malaria, as well as the Global Health Group at the University of California – San Francisco (UCSF- GHG). (The GHG award is a sub-award from a grant of the Bill and Melinda Gates Foundation).

Table 2 shows the 2016 budget against expenditure*.

<table>
<thead>
<tr>
<th>Donor</th>
<th>Total Budget (2016)</th>
<th>Total Expenditure (2016)</th>
<th>Expenditure Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Fund</td>
<td>USD 2,579,489</td>
<td>USD 2,107,766</td>
<td>82%</td>
</tr>
<tr>
<td>UCSF - GHG</td>
<td>USD 450,850</td>
<td>USD 450,850</td>
<td>100%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>USD 3,030,339</td>
<td>USD 2,558,616</td>
<td>84%</td>
</tr>
</tbody>
</table>

*Expenditure is on an accrual basis, as per committed funds up to end of November 2016.

During 2016, the expenditure drivers were capital items for project implementation, coordination (convening E8 member states and technical partners) as well as organizational development (personnel, and consultant support). The development of the E8 database and the 8-country baseline assessment constituted the largest programmatic expenditures. Two large contracts were planned for 2016, being the implementation of the malaria posts in two border areas – MOSASWA and the Trans-Kunene region (Namibia/Angola border). While the first contract was signed, the second contract was not signed as no qualified implementing partners were identified for the Trans-Kunene border, resulting in the extension of the procurement process. The delayed contracting of an implementing partner for the Trans-Kunene border accounts for the balance of unspent funds; expenditure is expected to catch up in early 2017, once a partner has been identified.
GOVERNANCE
In 2015, the E8 Ministerial Committee took a decision to establish an E8 Secretariat, registered with the appropriate legal personality to allow the Secretariat to serve as the implementing arm of the E8, with capacity to enter into contracts (particularly with funding partners), and to administer the resources of the E8. The Secretariat was registered in 2015, in Windhoek, Namibia, with a preliminary board made of the national malaria control program managers of the E8 countries. This arrangement was entered into as a preliminary solution to expedite the registration of the E8 Secretariat within the small timeframe given to the Secretariat as a condition for eligibility for Global Fund support.

The structure of the Elimination 8 partnership comprises three institutions; these are the Ministerial Committee, the Technical Committee, and the Secretariat. These institutions and their roles are elaborated in the E8 Agreement, which is the agreement establishing the E8 initiative (signed in 2016).

As per the E8 Agreement, the E8 Ministerial Committee is the “supreme decision-making body” of the E8. The Technical Committee, whose membership is illustrated below, provides recommendations on the technical direction of the malaria elimination strategy.
During 2016, the E8 has undergone a process of reviewing the governance structure of the E8, to ensure that it allows optimal support and oversight to the business functions of the Secretariat. A review of the governance arrangements was conducted, led by external consultant support from Grant Management Solutions. The review included discussions with members of the E8, following which recommendations were made to the E8 Technical and Ministerial Committees, and subsequently adopted.

The adopted plan for strengthening the governance of the E8 includes the following:

- Establishment of a new Board maintains appropriate firewalls between the Technical Committee and the Secretariat Board. While the Technical Committee remains as the technical authority on the malaria elimination strategy, the Board is responsible for guiding business functions including, resource mobilization, programme performance, statutory and grants compliance, finance and audit oversight, as well as overall Secretariat effectiveness.

- The Board will bring together individuals with skills in finance, human resources, legal, multilateral collaboration, resource mobilization, and communications. Members will also be drawn from different sectors, to maintain inclusivity of different stakeholder interest groups; membership will aim to represent, government, the private sector, technical and development partners, Roll Back Malaria partnership, as well as mobile and migrant population interest groups.

- The Chair of the E8 Technical Committee and the Secretariat Director will be ex-officio members of the Board, with the Chair of the Technical Committee as a voting member.

- The Chair of the Board will report to the Chair of the E8 Ministerial Committee.

The Board recruitment process was overseen by the E8 Ministerial Committee Chair. Following confirmation of the new board members, a board induction meeting will take place in early 2017, when the new members will approve a set of draft bye-laws, and officially submit them to the E8 Chair for endorsement.

Terms of Reference of the E8 Secretariat Board and the Technical Committee

Secretariat Board

- Lead resource mobilization efforts and proposal development processes
- Collaborate with the Technical Committee to review proposal development processes
- Identify principal recipients/administrator of grants to the E8 Secretariat
- Maximize synergies across all Global Fund grants, particularly in closely related areas, such as in-country national malaria programs and regional investments in HIV and TB.
- Manage public relations and communication to affected communities and stakeholders, including the Global Fund
- Support and oversee effective organization and functioning of the E8 Secretariat, and oversight of programmatic, financial, and grant management
- Promote accountability and regional ownership by engaging a broad and representative range of regional stakeholders in the oversight role

Technical Committee

- Develop and recommend to the E8 Ministerial Committee, for its approval, the E8 Strategic Plans, and other regional malaria elimination priorities
- Review and develop technical and strategic guidance that is developed to accelerate progress towards elimination
- Develop the annual workplans of the E8, with support from the E8 Secretariat
- Receive programmatic updates from the Secretariat on programme areas of the E8
- Form its own technical working groups, as may be necessary for the performance of its functions
E8 2016 TIMELINE OF KEY EVENTS

MARCH

Dr. Richard Kamwi, E8 Ambassador, appointed to the Roll Back Malaria Board.

E8 convenes experts from the region and abroad to develop research methodology for a study on migration and cross-border malaria transmission in the E8, as well as monitoring of the impact of the E8 malaria posts for testing and treatment of mobile and migrant populations.

E8 discusses the regional malaria elimination progress with Bill Gates and team from the Bill and Melinda Gates Foundation. The Foundation will continue its support to E8, provided through UCSF Malaria Elimination Initiative, for another 2 years, 2017 and 2018.

MAY

At the bi-annual Technical Committee meeting held in Windhoek, Namibia, the E8 Technical Committee produced a position paper on mass-drug administration (MDA), calling for operational research to support national programmes in considering the potential role of MDA in national elimination strategies.

Inaugural meetings of the E8 vector control, and diagnosis and case management technical working groups. The Vector Control Working Group prioritized the implementation of regional entomological surveillance and insecticide resistance monitoring, while the diagnosis and case management TWG developed designs for the implementation of a regional diagnosis and laboratory programme.

JULY

E8 scorecard 2015 released at the E8 Ministerial Committee Meeting, noting recovery from the increases in cases seen in 2014 across the E8. However, overall progress to elimination by 2020 in the frontline remains behind schedule, although notable progress was recognized in Botswana and Swaziland. Zimbabwe was also commended for attainment of incidence of 1.2 per 1,000 in 20 of its 62 districts, as Zimbabwe and Mozambique commit to gradual establishment of malaria-free areas through sub-national elimination targets.
AUGUST

August issue of E8 newsletter (circulated every 2 months) highlights progress made in the E8 countries towards more rapid, responsive, and case-based surveillance in the E8 countries.

E8 joins University of Pretoria in the convening of a regional malaria elimination symposium, drawing researchers and malaria programme officers from across the E8 region to share new evidence and operational approaches to support elimination in the region.

MOSASWA trilateral collaboration receives provisional notice of Global Fund award of US$5.8 million, for strengthening vector control coverage and entomological surveillance in the border area shared by the 3 countries, reviving former collaboration under the Lubombo Spatial Development Initiative (LSDI).

SEPTEMBER

8-country assessment on malaria and migration conducted in the E8 to inform location of 35 malaria posts for diagnosis and treatment of mobile and migrant populations. The assessment involved data collection from health sector, community members, as well as immigration and civil society representatives.

OCTOBER

E8 Chair, Hon. Ndlela-Simelane visits E8 Secretariat in Windhoek. The E8 Secretariat, which became operational in 2015, is hosted in Namibia.

WHO conducts external competency assessment for malaria microscopists (ECAMM) training, achieving accreditation of 7 Level 1 microscopists from Botswana, Namibia, and Zimbabwe, as part of regional diagnosis programme in the E8.

NOVEMBER

E8 regional surveillance database launched at the second bi-annual Technical Committee meeting, with data exchange from five of the eight countries.
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