1. E8 Regional Malaria Elimination Strategy and Acceleration Plan

Following the mandate from the E8 Ministerial Committee Chair, the E8 has embarked upon a process to develop a regional plan to accelerate progress towards the fast-approaching 2020 goals. The Regional Malaria Elimination Acceleration Plan is intended to identify a roadmap towards attainment of malaria elimination by 2020 in the frontline four, identifying critical strategies that will catch up and accelerate progress, following the setbacks over the last two years. A small expert group was convened by the South Africa Department of Health, in collaboration with the E8 Secretariat to identify key transformative pillars that will serve as the focus of the acceleration efforts.

The expert group discussed and prioritized the role of connected malaria catchments across borders, and the need to develop a truly regional plan that identifies and targets connected sources and sinks, even where they occur across borders. The group also considered the need to integrate more robust efforts in climate monitoring for epidemic preparedness, integrated parasite management, and mitigation of both drug and insecticide resistance into the Acceleration Plan. Four key pillars and two supportive interventions were identified, and will be elaborated further during a larger E8 Technical Committee meeting, to be held in September 2017. The framework for the Regional Malaria Elimination Strategy and Acceleration Plan is illustrated below, and is being developed into a Concept Note which will be disseminated in the coming weeks.
2. Focus on Surveillance and Epidemic Preparedness and Response at E8 Technical Committee Meeting

Following the reported outbreaks during the 2016/2017 peak malaria transmission season, E8 countries focused their discussions during the bi-annual E8 Technical Committee meeting on reviewing drivers of the previous outbreaks, and sharing preparedness and response plans for the upcoming 2017/2018 malaria season. The E8 Technical Committee Meeting, which was hosted by Zambia between the 3rd and 6th of July, brought together representatives from each of the E8 countries, together with technical partners, to discuss remedial action and responses to get the E8 countries back on track towards the 2020 and 2030 goals respectively. The upcoming 2017/2018 season is a critical opportunity for countries to course correct, particularly as the frontline four countries approach 2020.

During their emergency convening in March 2017, in response to the reported outbreaks, the E8 Ministerial and Technical Committees identified the key drivers of the surge in cases in the 2016/2017 period as (i) low coverage of indoor residual spraying (below the 80% WHO threshold) due to limited supervision capacity; (ii) weak surveillance and early warning systems; and (iii) rainfall and flooding resulting in increased vector density, as well as population displacement.

The E8 Technical Committee reviewed country epidemic preparedness and response (EPR) plans, which prioritized the following strategies:

- Training of health workers on EPR for early detection and control of outbreaks;
- Development of systems of recording consumption and tracking of antimalarials by pharmaceutical units;
- IRS microplanning with malaria regions to prioritize spray areas by risk;
- Outbreak preparedness for regional response, and formation of response teams to be in place at the beginning of the malaria season;
- Improved reporting and surveillance systems, with 100% of health facilities and districts reporting complete, timely, and quality data for evidence-based decision-making at all levels.

3. Key Resolutions of E8 Technical Committee, July 2017

During the Technical Committee meeting, the World Health Organisation (WHO) presented the new malaria elimination
framework, emphasizing the critical role of surveillance, as well as effective service delivery. This served as the basis for a series of resolutions which were recommended by the technical working groups, and subsequently adopted by the Technical Committee. These include:

- E8 countries are encouraged to develop epidemic preparedness and response plans in order to strengthen response and efficient resource mobilization in the event that malaria outbreaks occur (all countries are encouraged to review their malaria epidemic thresholds and strengthen their early warning system for rapid response);
- Strengthen sharing of information among countries that share borders to enable synchronisation of vector control and entomological surveillance, and to mitigate against insecticide resistance;
- Prioritize policies and regulations to support universal access to accurate malaria diagnosis;

Strengthening research of the role of sub patent and asymptomatic infection in the E8 countries, with priority on the E8 border areas

4. MOSASWA Launches Global Fund Grant

The tri-lateral country partnership between Mozambique, South Africa and Swaziland (MOSASWA) launched its Global Fund grant in Maputo in May, 2017. The launch event, which was chaired by the Minister of Health of Mozambique, Hon. Dr. Nazira Abdula, was attended by representatives of the ministers of South Africa and Swaziland, along with the Global Fund’s Head of Grant Management, Mr. Mark Edington.

Between 2000 and 2016, the three countries achieved a combined reduction of malaria cases from 60 million to 45 million. Acknowledging that there have been some improvements in addressing malaria across these countries, the leaders of the initiative noted that there remains an urgent need to strengthen regional collaboration, alongside recent expansions in indoor residual spraying and insecticide-treated net coverage. IRS (which has been a key intervention in this region since the 1940s) will remain the main intervention under this partnership, as per Pillar 1 of the Global Technical Strategy for Malaria, “Ensure universal access to malaria prevention, diagnosis and treatment.”

In his remarks, Mr. Mark Edington emphasized that the new Global Fund strategy is determined to figure out how to end, rather than suppress the three diseases, including malaria. He suggested that the MOSASWA model provides an opportunity to demonstrate how cross-border collaboration can accelerate the end of malaria, and that the experience of the recent malaria outbreaks demonstrates the need for such partnerships, across borders, as well as between the public and private sectors. The grant supports indoor residual spraying in southern Mozambique, thus targeting sources of infection for Swaziland and South Africa, as well as capacity building for entomological surveillance.

The MOSASWA Global Fund grant is a total US$10 million project, with US$4 million in co-financing from the private sector; this model is unique in that it recognizes the critical nature of financing partnerships, for sustainability. The principal recipient is LSDI2; which will administer the grant between January 2017 and December 2019. The LSDI initiative was the first regional malaria program supported by the Global Fund and, under the revitalized MOSASWA Initiative, the region is once again set to make malaria history, this time ending malaria transmission for good across these three countries.

As a part of the E8 Initiative, MOSASWA’s strategic and implementation frameworks are aligned with the broader regional goals. The additional resources secured through the MOSASWA grant will bring additionality to the E8 grant, which is focusing on access for mobile and migrant populations in this area, as well as regional disease surveillance and accountability mechanisms.

5. Early Experiences from the E8 Malaria Posts as Countries Prepare for 2017/2018 Peak Malaria Transmission Season

More than 20 malaria posts and surveillance units are operational across the E8 region, and national malaria control efforts will be positioning these facilities to play a key role in the upcoming peak malaria transmission season. National
malaria programs and E8 malaria post implementing partners from Mozambique, South Africa, and Swaziland met to review experiences of the first 5 months (March to July 2017) of implementation. Data from static and mobile border posts were presented to assess testing and treatment performance, the appropriateness of clinic locations, and the potential role of the malaria posts in reducing cross border malaria importation as countries gear up to the 2017/2018 malaria transmission season. Implementers presented data on number of people tested and treated, sharing successes, challenges and lessons learnt. The key conclusions were:

1. Border health posts are a feasible intervention to screen and treat large numbers of travellers and residents of border areas;
2. The overall test positivity rate was approximately 1.65%, with MMP prevalence slightly higher than that in residents. To adequately assess the positivity rate in the malaria posts interventions, data from a full season need to be analysed.
3. 555 individuals resident in border communities, and 238 mobile and migrant populations (MMPs) were diagnosed and treated for malaria in Mozambique during the start-up period March to July
4. Of travellers who were positive, 89% and 11% reported their destination to be South Africa or Swaziland respectively; identifying and treating them not only benefited the individuals themselves, but also reduced parasite importation into low transmission eliminating countries;
5. The national officials and stakeholders will continue to analyse sources of information related to travel histories of travellers, in order to better target infection finding, which may suggest revision of the post locations in some areas

*Early Experiences: Targeting Reduced Importation in MOSASWA, Data from March to July 2017*
6. Trans-Kunene Malaria Initiative Mobilizes US$4 million

Namibia and Angola’s joint partnership on malaria control – the Trans-Kunene Malaria Initiative (TKMI) - which was made official by the signing of an MOU in 2011, recently received a boost towards its malaria elimination efforts. The Bill and Melinda Gates Foundation has awarded the E8 Secretariat US$4 million in grant funding to support the TKMI to target sources of infection in southern Angola, targeting sinks in northern Namibia and western Zambia. The grant, signed by the E8 Secretariat on behalf of the TKMI partnership, catalyses an effort to aggressively expand prevention and treatment in southern Angola, thus targeting the reservoirs of infection that are connected to neighbouring Namibia and Zambia. The effort is designed to simultaneously generate evidence for a gradual move to establish malaria free areas in southern Angola. With this support, Angola will introduce integrated community case management, indoor residual spraying, and community mobilization to the districts along the Angola-Namibia border. The investment leverages a universal LLIN distribution campaign, led by the Government of Angola, and supported by the U.S. President’s Malaria Initiative (PMI). The Government of Angola has committed up to US$1.5 million in co-financing for the effort, while Namibia’s government will also continue to support indoor residual spraying through domestic resources. It is anticipated that this funding will significantly address the high imported incidence in Namibia, with the additional IRS.

7. Zambia Secures US$69 million in Malaria Funding from the Global Fund
Zambia has secured US$69 million towards malaria elimination between 2018 and 2020, after its funding request was approved by the Global Fund.

The Zambia Malaria Funding Request was a collaborative effort, led by the Ministry of Health’s National Malaria Elimination Programme (NMEP). The proposal development process included representatives from government ministries, development partners, implementing partners, civil society and other key stakeholders. The proposal was further refined following Mock Technical Panel Review meetings held in Uganda (March, 2017) and Kenya (April, 2017).

The funds will significantly contribute to the resource envelope required to enable the country attain the vision of a ‘Malaria – Free Zambia by 2021,’ in line with the National Malaria Elimination Strategy (2017-2021). The funded activities include malaria commodities, operations, monitoring and evaluation, surveillance, Pharmaceutical Supply Management (PSM), programme management, operations research and Social and Behaviour Change Communication (SBCC).

Since 2000, Zambia has recorded a marked reduction in malaria transmission, with particularly dramatic and impressive reductions occurring in Eastern Province (through scale up of indoor residual spraying), as well as Southern Province (through deployment of infection finding by community health workers, and mass drug administration). Incidence in Southern Province has declined from 118 per 1,000 in 2011 to 29 per 1,000 in 2015. The country has reduced malaria deaths by 70%, from a baseline of 51.2 per 100,000 in 2010 to 15.5 per 100,000 in 2015. Zambia is now progressing steadily towards a bold vision of a malaria free Zambia by 2021.

8. E8 Launches Website

The E8 website is up! Please bookmark the website and visit it to stay in touch with the E8 and the various efforts happening across the region towards zero transmission.

The website can be found at www.malariaelimination8.org

E8 Featured in the latest issue of Development Finance

The issue features integration within SADC, including the challenge of eliminating malaria. Read the article here:
http://en.calameo.com/books/003329972daedaf6e5e54

9. Updates from the Region by E8 Partners

RBM-CRSPC-SARN Support to E8 Countries on Global Fund Grant Applications
Roll Back Malaria (RBM), through its Country Regional Support Partnership Committee (CRSPC) and the Southern African Regional Network (SARN) has been providing support to countries for developing, negotiating, and signing Global Fund grants. During grant implementation, CRSPC-SARN also provides support for bottleneck resolution in countries where grant delivery is failing to achieve the set milestones/targets/indicators.

### Table 1

<table>
<thead>
<tr>
<th>Country</th>
<th>Type of Grant Application</th>
<th>Grant Amount (USD)</th>
<th>Status</th>
<th>Support Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>Tailored – Material change</td>
<td>23,000,000</td>
<td>Development stage, submission 28 August 2017</td>
<td>Consultant and USD10,000 for in-country consultative meetings being processed</td>
</tr>
<tr>
<td>Botswana</td>
<td>Tailored - Transition</td>
<td>1,287,500</td>
<td>Development stage, submission 28 August 2017</td>
<td>Consultant and USD10,000 received for in-country consultative meetings</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Program Continuation</td>
<td>167,870,339</td>
<td>Developed and submitted on 20 March 2017, now in grant making process</td>
<td>Consultant and USD10,000 received for in-country consultative meetings</td>
</tr>
<tr>
<td>Namibia</td>
<td>Tailored (Simplified)</td>
<td>1,823,863</td>
<td>Developed and submitted on 23 May 2017, TRP recommended for iteration before grant making to re-submit in November 2017</td>
<td>Consultant and USD10,000 received for in-country consultative meetings</td>
</tr>
<tr>
<td>South Africa</td>
<td>Not Eligible for Malaria Grant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swaziland</td>
<td>Program Continuation</td>
<td>2,581,055</td>
<td>Developed and submitted on 20 March 2017, now in grant making process</td>
<td>Consultant (PSM) and USD17,700 received for in-country consultative meetings</td>
</tr>
<tr>
<td>Zambia</td>
<td>Full Review</td>
<td>69,000,000</td>
<td>Developed and submitted on 23 May 2017, now in grant making process</td>
<td>Consultant and USD10,000 for in-country consultative meetings and local consultant</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Full Review</td>
<td>53,685,777</td>
<td>Developed and submitted on 20 March 2017, finalised grant making process and proceeding to grant signature</td>
<td>Consultant and USD10,000 for in-country consultative meetings being processed</td>
</tr>
</tbody>
</table>

**E8 COUNTRIES TOTAL (GF): 319,248,534**  
**77,700**

**RBM Funds for in country consultations:**

### Upcoming Events:

**19 – 20 August 2017**  
SADC Heads of State Summit,

**September 4 – 8, 2017, Pretoria**  
SADC Malaria Managers’ Meeting and E8 Managers’ Meeting

### Partner Publications:
• Over the past year, the WHO has been working to develop a Global Vector Control response which calls for strengthened vector control for preventing disease and responding to outbreaks through improved entomological surveillance, improved national research agendas, coordination between sector, greater community involvement, better M&E and novel tools: http://www.who.int/malaria/global-vector-control-response/en/

• Malaria Modelling Consortium results on mass drug administration: http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30220-6/fulltext

• Preliminary survey on Anopheles species distribution in Botswana shows the presence of Anopheles gambiae and Anopheles funestus complexes: https://malariajournal.biomedcentral.com/articles/10.1186/s12936-017-1756-5