

RBM PARTNERSHIP TO END MALARIA

MEETING REPORT

RBM Country Regional Support Partner Committee Eastern and Southern Africa Sub-Regional National Malaria Control Programs and Partners Meeting, Lusaka, Zambia: 16 – 19 September 2019

Introduction

The RBM Partnership to End Malaria, through its Country/Regional Support Partner Committee (CRSPC) in collaboration with partners, organised a 4 day sub-regional national malaria control/elimination programmes and partners meeting which was attended by 21 malaria endemic countries from Eastern and Southern Africa countries, and international and local partners (including WHO, UNICEF, USAID/PMI, BMGF, GFATM, ALMA, IFRC, CHAI, PATH, MMV, Malaria Consortium, IVCC, UCSF, BAAM, NgenIRS, SBCC WG, CMWG, VCWG, MSWG, Boston Consulting Group, Breakthrough ACTION, CRS, GFC, Isdell Flowers, HIL (India) Limited, High Lantern Group, Groups Focused Consultations, Homegains, International Water Association Switzerland, Jhpiego, KEMRI, Malaria No More, Melcome Pharmaceuticals Ltd, NICD, Novartis, Regent University of Science and Technology, PSI, Sanofi, SADC E8, SADC MHS, Shin Poong Pharma Co, Sumitomo Chemical Co. Ltd, Syngenta, UN-Habitat Switzerland, Vestergaard, World Vision Mozambique, and Regional Economic Communities (EAC, IGAD and SADC)) as listed in Annex I. The meeting was held in Lusaka Zambia, 16-19 September 2019.



Pic. Participants of the meeting

The meeting provided the National Malaria Control Programmes (NMCPs) and partners an opportunity to review the status of the implementation of national malaria strategic plans towards achieving national, regional and global targets, and the recent developments in the malaria landscape. It also allowed for the follow up on the status of the implementation of the domestic resource mobilisation efforts, including commitments made by governments in different forums such as pledges made by Heads of States during the Commonwealth Heads of Governments meeting in London in May 2018, and the Zero Malaria Starts with Me! campaign that was approved by AU in its meeting on July 2018. It also allowed for progress and lessons learned in the High Burden High Impact approach to be shared more broadly.

As 2020 is the start of the new Global Fund funding cycle, national malaria programmes and partners were oriented on the highlights of the global fund application materials and tools for the 2021-2023 funding cycle.

The meeting also provided an opportunity to identify some of the malaria programme implementation bottlenecks that compromise the efficient utilisation of existing funds and that countries require additional technical support from Global Partners such as RBM in addition to the effort being made at country and sub-regional levels. Sharing of best practices was among the highlights of the meeting.

Objectives of the Meeting

The main objective of the meeting was to engage NMCPs and partners to conduct peer review of the status of implementation of national malaria programs, identify major implementation bottleneck/challenges and the solutions adopted, and share best experiences and practices. The specific objectives of the meeting were to:

1. Engage the NMCPs and partners to conduct peer review, identify malaria programme implementation bottlenecks and challenges and share experiences, best practices and propose solutions;
2. Provide updates on the Global Malaria Control and Prevention strategy, tools and Perspectives;
3. Follow up on the level of implementation of the *Zero Malaria Starts with Me!* Campaign;
4. Follow up on the level of implementation of pledges made by Heads of States during the Commonwealth Heads of Governments meeting in London in May 2018;
5. Tracking progress sand Lessons learned in the High Burden High Impact approach;
6. Prioritize the malaria program implementation bottlenecks for technical support;
7. Orientation on the Global fund application tools.

Opening Session

The meeting was officially opened by the Zambia Minister of Health, Honorable Dr. Chitalu Chilufya. He was concerned that progress in the fight against has stalled in Africa and asked what could done differently? He stressed that it was important, therefore, to move from rhetoric to action. He further stated that we need to raise domestic financing, scale up interventions, all sectors should be involved, strengthen community participation, maximise innovations such as vaccines, build coalition local and international to ensure adequate resources.

He informed the meeting that President of Zambia launched the National Malaria elimination strategy. Zambia has set up the end malaria council, end Malaria Fund, National Health insurance, Health worker recruitment. He was pleased that malaria prevalence in Zambia had been reduced from 17% in 2015 to 9% in 2018 but there more that need to be done to eliminate malaria in Zambia.

Dr. Nathan Bakyaite, Zambia WHO Representative on behalf of AFRO Regional Director, said that the meeting was held at a critical juncture in the global fight against malaria, according to the 2018 World malaria report, the world is off track in achieving the 2020 target of reducing malaria deaths and disease by at least 40%. He also said that being the region with more than 90% of the global malaria burden, the global malaria crisis was seen as an African crisis. Indeed, all but one of the 15 countries responsible for 80% of the global burden of

malaria, are in the WHO African Region. He said that to deal with the high burden of malaria in the region, the High Burden to High Impact Approach (HBHI) consisting of four mutually reinforcing response elements – political will; strategic information; better guidance; and coordinated response was launched and was jointly supported by WHO and the RBM Partnership to End Malaria. This approach emphasizes partner engagement and coordination, and the appropriate use of granular sub-national data to prioritize interventions and reach the unreached populations at risk for maximal impact. He thanked Zambia and Eswatini for mobilising additional domestic resources for the malaria fight.

Dr Melanie Renshaw, CRSPC Co-Chair on behalf of the CEO of the RBM Partnership to End Malaria, thanked Zambia government for hosting the meeting and having support for malaria control at the highest political level. She thanked all the country delegates and partners for their dedication to come to the meeting.

At the start of the meeting, one-minute silence was observed in honour of the late Mr Simone Kunene, former Eswatini NMCP manager.

Meeting Modality and Participation

Meeting Modality

Presentations were made in plenary which were followed by discussions on technical updates, countries implementation achievements, best practices, challenges and technical requirements as well as partners presentation. Eastern and Southern Africa countries also held separate meetings to discuss their specific regional agenda as well as Commonwealth heads of government meeting (CHOGM). Also, side meetings were held with individual sub regions, partners, private sector and countries.

Participation

The meeting was attended by delegates from 21 national malaria control program managers along with malaria M&E Officers, country Global Fund focal persons and other relevant persons from Eastern and Southern Africa countries, international and local partners from the sub-region and partners. A total of 187 participants with 90 from the partners attended the meeting (Annex II).

Country Presentations

Status of Malaria

Malaria cases have shown decreasing trend in Botswana, Comoros, Eritrea, Eswatini, Ethiopia, Malawi, Namibia, Rwanda, Somalia, South Africa, Tanzania, Uganda, Zambia and Zimbabwe while cases have increased in Angola, Kenya, Madagascar, Mozambique, South Sudan, Sudan and Zanzibar.

Malaria deaths have shown a decreasing trend in Angola, Botswana, Comoros, Eritrea, Eswatini, Ethiopia, Malawi, Mozambique, Namibia, Rwanda, South Africa, Tanzania, Uganda, Zambia, Zimbabwe while increases in deaths have been noted in Madagascar, Somalia, South Sudan, Sudan and Zanzibar.

Status of Implementation of Malaria Strategic Plans

The following countries are on track to achieve the targets set in their MSP: Eritrea, Eswatini, Ethiopia, Kenya, Malawi, Rwanda, Somalia, South Africa, Tanzania, Uganda, Zanzibar, Zambia, Zimbabwe while Angola, Botswana, Comoros, Madagascar, Mozambique and Namibia expressed that they are not on track to achieve the targets set in MSP. A number of key bottlenecks were raised including lack of resources to fully implement the national strategy, upsurges in some countries as a result of flooding, implementation difficulties in complex emergency countries, and the ongoing threat of insecticide resistance.

Best Practices Shared

Eswatini and Zambia presented on their National End Malaria Councils and Funds. The main features of End Malaria Councils / Funds are:

- Country-owned and led
- Convene senior leaders across sectors
- Promote malaria elimination as a national development priority
- Provide a venue where the NMCP can engage other sectors for support
- Support implementation of Zero Malaria Starts with Me campaign
- Mainstream responsibility and mobilise resources across all sectors

Objectives of End Malaria Councils

- Advocacy - Malaria remains high on the national development agenda
- Resource Mobilisation - Mobilise financial contributions to close national budget gaps
- Accountability - Sectors mutually accountable for implementing commitments
- Action - Mobilise in-kind commitments for action to support NMCP

Eswatini National Malaria Fund

- It was announced as a strategic priority by His Majesty for the Kingdom of Eswatini in 2017. The fund was launched on 31 May 2019 under the banner of “Zero Malaria Starts with Me”
- The Multisectoral taskforce was established to design and implement the End Malaria Fund
- The End Malaria Fund is an independent public-private partnership between the government, private sector, traditional leaders, and global champions
- Received pledges worth US\$600,000 during the launch event

- Deputy Prime Minister’s Inter-Ministerial Task Force reviews malaria as a standing item on its agenda - the inter-ministerial task force convenes Ministers from across multiple sectors
- The members of Inter-ministerial Task Force appointed staff to design and implement the Malaria Fund and some of the examples are:
 - Minister for Finance championed the Fund’s regulations and introduced into parliament
 - Ministry of Health developed a “Zero Malaria Starts with Me” song and helped plan the fund launch
 - Ministry of Foreign Affairs and King’s Office engaged foreign leaders and private sector companies to attend the launch event
- Best practices of the End Malaria Council and Fund
 - Strong top-down mandate from the Head of State & Government to support “Zero Malaria Starts with Me” and launch of the Fund
 - Multisectoral collaboration during the design and implementation of the Fund
 - Participation of private sector is critical to resource mobilisation mission of the fund
 - Fund is independent and adopts best practices from the private sector on transparency and reporting

Zambia End Malaria Council & Fund

- Zambia committed to eliminating domestic transmission of malaria by 2021
- H.E. President Lungu announced a plan for an End Malaria Council and launched “Malaria Ends with Me” in 2018
- Multisectoral End Malaria Council launched in March 2019
- Council recently established a public-private fund to mobilise resources
- The End Malaria Council is composed of senior representatives from multiple sectors: Senior Government / Parastatal Representatives, Private Sector Leaders, Traditional and Religious Leaders and have collective ownership of malaria control and elimination in the country and members meet their costs to participate in council meetings
- The End Malaria Council (EMC) meets regularly to discuss progress
 - EMC uses the National Malaria Scorecard to identify bottlenecks and areas of progress
 - NMEC presents the national malaria scorecard in its update to the EMC
 - Using the scorecard enables council members to quickly identify operational bottlenecks and areas to prioritize for action and accountability

- Actions are documented and tracked in a centralised work plan
- EMC members engaged their sectors/constituencies to generate commitments for action
- The EMC establish a public-private fund as a vehicle for mobilising, pooling, managing, and distributing financial resources to support the national strategic plan
- The fund operates as a sub-committee of the EMC with a subset of the EMC and co-opted members serving as the fund's Board
- EMC approach to eliminate malaria is proven and costed. For example, for only \$14 a year a Zambian living in a community can receive lifesaving information and access to malaria services – all provided by a skilled community health worker
- The EMC is revitalising District Malaria Teams as “End Malaria Task Teams” to convene multi-sectoral action at the local level

Technical Assistance Provided in 2019 and the Needs for 2020

The Technical Assistance (TA) that were planned in 2019 by the NMCPs were provided through partners at different levels as planned. The TAs were provided mainly through local and international partners while CRSPC provided those escalated to international level through a triage mechanism. The TA provided include support to address bottlenecks in planning for long lasting insecticidal net (LLIN) campaigns, conducting malaria programme reviews and developing national malaria strategic plans, and development of a behavior change communication (SBCC) strategies, resource mobilization, roll out of the High Burden High Impact approach, malaria gap analysis and regional strategic plan development among others.

For 2020 countries indicated their TA needs. Emphasis was made on the need to include the TA needs for Global Fund application for the submissions to be made in early 2020. These TA needs will be compiled and shared with partners to ensure the triage mechanism of TA requests.

Policy Updates and Partners Presentations

The meeting also served as an opportunity for partners to hold differenced discussions in order to give updates to countries on the key priority areas and ongoing activities. The key updates include:

- Technical and policy updates from WHO
- Updates on new tools and approaches in malaria prevention and control
- Updates from the different RBM working groups and CRSPC workstreams.
- Update on the Global Fund application materials and tools

- The role of private sector in malaria control
- Updates on the implementation of the Zero Malaria Starts with Me! Campaign
- Implementation of High burden and High impact approaches
- Updates from the regional economic communities

Parallel Session and Individual Country Consultations

Multi partner bottleneck resolution discussions with each country/partner were held during the period of the meeting. These side discussions cover a number issues including Zero malaria starts with me launching, Procurement and Supply Management strengthening, high staff attrition rate and low program capacity, increase community health workers, Malaria program reviews/Midterm reviews and High Burden to High Impact approach support, continue to enlist the support of political leadership and preparations of 2019 the SADC Ministers of Health Meeting and the SADC Malaria events that would be held in Tanzania, in November 2019 had started with the coordination support of SADC Health, ALMA and RBM.

Elimination 8 countries

- E8 countries are facing challenges in in the procurement of Insecticides which has resulted in stockouts
- Countries such as Eswatini, Namibia, South Africa and Zimbabwe will this season utilize stocks that were delivered late last season, and this will cover the current spraying requirements. However, they will not have adequate reserve stocks in case of emergencies
- PSM challenges range from delays in registration of some commodities, systemic bottlenecks of processing the procurement in countries where the PR is MoH and also from the GF delayed disbursement of funds to weak logistics resulting from shortage of skilled HR/transport shortages and delivery of commodities to the districts and inadequate storage facilities
- Despite these challenges, preparations for spraying n particular training of spray teams has started well in most countries
- In Angola, he commodities have started arriving and this has resulted in delayed launch of training of spray operators and delivery of commodities in difficult terrain and in some districts, there remain some land mines.
- Insecticide resistance still remain a challenge that requires on-going monitoring
- For case management and diagnosis, most countries have the commodities, but others have experienced challenges in RDTs and ACTs stockouts – It was agreed that the E8 cross-border

agreement will be used when necessary to ferry commodities from one country to another should the need arise.

- Some limited outbreaks have resulted in some Cyclone Idai affected districts especially two eastern districts in Zimbabwe bordering Mozambique, but these are under control. Both Eswatini, South Africa and Zimbabwe expressed concern over the continued importation of malaria from Mozambique and in Namibia from Angola.
- Managers expressed concerns over the way E8 coordination was being carried out and that SADC Secretariat needs to align and take charge of E8 and partners coordination.

CHOGM Countries

Discussions were carried out with malaria program managers from 11 CHOGM countries to follow up on the commitments by the Heads of States as discussed in London in April 2018 and the way forward for the support needed for compiling the report of the commitment during the upcoming CHOGM 2020 meeting in Kigali, Rwanda. The idea of each country to assign a focal point for who will follow up with RBM was agreed. Some countries gave their focal points and others indicated that they would want to consult when back to the country and then provide the names.

Regional Economic Communities (RECs)

- Discussions were carried out with EAC, IGAD and SADC on the joint 2020 Workplan based on the MOU which SADC had signed and While EAC and IGAD MOUs are being finalized for signing. All RECs gave their inputs on the workplan and a consensus was reached on both content and time lines while considering activities specific to each REC.
- Both EAC and IGAD confirmed that they would ready to sign the MOU as soon as it is ready.

EARN Countries

- EARN countries discussed collaboration around the Great Lakes Malaria Initiative (GLMI) and the Horn of Africa Malaria Initiative (HAMI) – these were seen as central to malaria elimination in the two regions especially on how they would collaborate given that some countries fall in both initiatives.
- Agreement was reached on mechanisms of strengthening the EARN coordination. Operationalization of the CHOGM agreement especially on what each country has committed.

SARN Countries

- Discussions centred on finalization of the SADC Malaria Report which had been delayed due to data sets which WHO-AFRO and IST-ESA were finalizing. The report would be presented to the SADC Health Ministers during their November 2019 meeting in Tanzania.
- Programs expressed their views on the delays by SADC Secretariat in delaying the attachment of EARN team at SADC Secretariat as directed by the Ministers – the SADC Senior Health program officer was requested to follow up and provide feedback before the ministers meeting. The need to align E8 and partners coordination under the umbrella of SADC was emphasized
- CHOGM countries were requested to provide updates on what countries have committed towards operationalization of the agreement.
- Based on the RBM-ALMA-SADC MOU, countries agreed to the joint workplan especially in ensuring that the SADC Malaria Strategic Plan is reviewed and updated in early 2020.

Conclusions and the Way forward

The Overall Outcomes of the Workshop were:

- Country participants and partners received an updated information on the technical developments in malaria control;
- Experience on country programme implementation, challenges and best practices shared;
- The Zero Malaria Starts with Me! Campaign and HBHI progress tracked including CHOGM pledges by countries;
- Malaria program implementation bottlenecks and technical assistance required for 2020 were identified;
- Country gap analysis for 2019/2020 updated
- Global Fund application process including support that will be provided by the CRSPC shared;
- Agreement reached with EAC and IGAD on fixing signing dates and also on the Generic Annual Workplan.

In conclusion, the meeting was a success in that it was well attended by both country (all invited countries of the eastern and southern Africa sub-region with exception of Djibouti and Yemen) and partners and that the main objective of the workshop was achieved as shown in Annex III, Meeting Evaluation.

Next Steps & Follow-up

1. CRSPC to ensure regular communications with National malaria programme managers for better early detection of major malaria programme implementation bottlenecks resolution.

2. NMCP managers to consultant amongst their teams and partners to finalize technical assistance needs for 2020 and share with RBM. CRSPC to compile and further develop all the TA needs for each of the countries and share the final version with the RBM partners.
3. Closely follow up with the malaria programme managers to identify the specific TA needs for the next Global Fund funding application proposal development.
4. Finalise the country malaria commodity and financial gap analysis for 2019/2020 based on the presentations by countries.
5. Follow up the rollout of Zero malaria Starts with Me campaign, implementation of HBHI, CHOGM commitments and provide the necessary supports needed.
6. Follow up on the signing of MOUs by EAC and IGAD;
7. Align RECs workplan as agreed during discussions with each REC and agree on activities to be implemented now and end of the year;
8. Prepare countries for the orientation meeting on Global Fund application process planned for December especially the gap analysis; and ensure bottlenecks are addressed to ensure the current Global Fund grants are fully expended by the end of the grant.

Annex I: Agenda of the Meeting

Day 1 - Monday 16 September 2019			
Date/Time	Details of Activities	Facilitator/Presenter	Moderator
08:00-08:30	Registration	Organisers	
	Opening session		
08:30-08:40	Welcoming remarks	Dr Abderahmane Diallo, CEO, RBM Partnership	Gen. (Dr) Kaka Mudambo, ESA Coordinator
08:40-08:50	Welcome remarks	WHO Representative	
08:50-09:00	Remarks	IGAD Representative	
09:00-09:10	Remarks	SADC Representative	
09:10-09:20	Official opening	H.E Minister of Health, Zambia	
09:20-09:45	Group Picture with Guests of Honours	Organisers	
09:45-10:15	Coffee break	Organisers	
10:15-10:20	Objectives of the ESA NMCP managers and partners meeting	Gen. (Dr) Kaka Mudambo, ESA Coordinator	
10:20-10:35	Accessing financing for Malaria	Dr Joshua Levens- ARMPC Manager	
10:35-10:45	Strategic communications and the RBM Partnership	Xenya Scanlon, SCPC Manager	
10:45-11:00	Global Malaria Situation	WHO GMP	
	Country Presentation - Programme Implementation		
11:00 -11:20	Zambia	Dr Mutinta Mudenda, NMCP Acting Director	Dr Peter Olumese, CRSPC co-chair
11:20 -11:40	Malawi	Dr Michael Kayange, NMCP Manager	
11:40 -11:50	Discussion		
11:50 -12:10	Mozambique	Dr Baltazar Candrinho, NMCP Director	
12:10 -12:30	Angola	Dr Jose Martins, NMCP Manager	
12:30-12:50	Discussion		
12.50 -13.50	Lunch Break		
13.50 -14.10	Tanzania	Dr Ally Mohamed, NMCP Manager	SADC Representative
14.10 -14.30	Ethiopia	Mr Mebrahtom Haile, NMCP Manager	
14.30-14.40	Discussion		
14.40 -15.10	Coffee break		
15.10 -15:20	Uganda	Dr Jimmy Opigo, NMCP Manager	
15.20-15:40	South Africa	Dr Patrick Moonasar, NMCP	

		Director	
15.40-15:50	Discussion		
15.50 -16:10	Rwanda	Dr Aimable Mbituyumuremyi, Division Manager	
16.10-16.30	Namibia	Dr Petrina Uusiku, NMCP Manager	
16.30 -16.40	Discussion		
16:40 -17.00	Zimbabwe	Dr Joseph Mberikunashe, NMCP Director	
17:00--17:20	Kenya	Dr Grace Ikahu, NMCP Director	
17:20-17:30	Discussion		
18:00 – 20:00	Evening session: - Private sector engagement though BAAM – followed by light cocktail	Organisers	

Day 2 - Tuesday 17 September 2019			
Date/Time	Details of Activities	Facilitator/Presenter	Moderator
	Country Presentation - Programme Implementation		
08:00-08:20	Eswatini	Mr Quinton Dlamini, NMCP Manager	EAC Representative
08:20-08:40	Zanzibar	Dr Abdullah S. Ali, NMCP Manager	
08:40-08:50	Discussion		
08.50-09.10	Sudan	Dr Mariam Adam Babiker Adam, Malaria focal person	
09:10-09:30	Botswana	Ms Tjantilili Mosweunyane, NMCP Director	
09:30-09:40	Discussion		
09:40-10:00	Madagascar	Dr Nambinisoa Andriamananjara, NMCP Director	
10.00 -10.20	Burundi	Dr Jeanne d'Arc Ntiranyibagira, NMCP Director	
10.20-10.30	Discussion		
10:30-11.00	Coffee break		
11:00-11:20	Somalia	Mr Ali Abdirahman Osman, NMCP Manager	
11.20-11:40	South Sudan	Dr Harriet Pasquale, NMCP Director	
11:40-11:50	Discussion		
11:50-12:10	Comoros	Dr Anfane Bacar, NMCP Director	
12.10-12.30	Eritrea	Mr Selam Mihreteab, NMCP Director	

13.30-13.50	Discussion		
13.50-14.30	Lunch Break		
14:30-14.45	Malaria update – SADC region	SADC Representative	TBC
14.45 -15.00	Malaria update – EAC region	EAC Representative	
15.00–15.15	Malaria update – IGAD region	IGAD Representative	
15.15-15.30	Business Alliance Against Malaria	BAAM	
15.30–16.00	Country Resource mobilisation and the Technical supports provided to countries	Dr Peter Olumese/Melanie Renshaw CRSPC Co-chair Ms Jessica Rockwood, CReMA Workstream Co-chair	
16.00 -16.20	Tea Break		
16.20–16.50	Implementation support: Identification of implementation bottlenecks and solution - experiences so far and the way forward	Drs Sussann Nasr/Marcy Erskine - ISW Co-chairs	
16.50 -17.05	Updates on the implementation of the Zero Malaria Starts with Me! campaign	Matthew Boslego, Policy advisor to CEO, RBM Secretariat	
17.05 -17.25	Country experience in rolling out of ZMSWM		
17.25-17.40	Social and Behavioral Change Communication Working Group	Anna McCartney-Melstad, Co-Chair, RBM SBCC WG	
17:40-17.50	General Discussions		

Day 3 - Wednesday 18 September 2019			
Date/Time	Details of Activities	Facilitator/Presenter	Moderator
08.00-10.00	WHO session (WHO to update)	WHO	Dr Peter Olumese
10.00-10.30	Coffee break		
10.30-12.00	WHO session (WHO to complete)	WHO	
	Updates from RBM Working Groups		TBC
12.00-12.15	Case Management Working group	Co-chairs	
12.15-12.30	Malaria in Pregnancy Working Group	Co-chairs	
12.30-12.45	Monitoring and Evaluation Reference Group	Co-chairs	
12.45-13.00	Vector Control Working Group	Co-chairs	
13.00-13.15	Multisectoral Working Group	Co-chairs	
13.15-14.15	Lunch Beak Targeted sessions: for Commonwealth	Co-chairs	

	countries to follow up on the commitments made in London in June 2018. Participants: Relevant countries and Partners		
14:15–15:30	Country experiences in the HBHI approach	Uganda, Mozambique, Tanzania	Dr Melanie Renshaw
	GFATM funding cycle 2021-2023		
15:30-16:00	Update on the Global Fund application materials and tools	Roopal Patel, Malaria, GFATM	
16:00-16:30	Coffee break		
16:30-17:00	Update on the Global Fund application materials and tools	Roopal Patel, Malaria, GFATM	
17:00-17:30	Discussion on GFATM		

Day 4 - Thursday 19 September 2019			
Date/Time	Details of Activities	Facilitator/Presenter	Moderator
	The role of Partners engagement in malaria control		
08:00-08:15	The experiences from Elimination 8 - Maximizing regional, coordinated efforts towards malaria elimination	E8 Representative	Dr Melanie Renshaw
08:15-08:30	The role of private sector in malaria including the experience in MOSASWA	BAAM/Goodbye Malaria	
08:30-08:45	IMCI/iCCM and consolidated planning and budgeting for malaria and child health programming particularly in the context of upcoming Global Fund	Dr Valentina Buj	
08:45-09:00	Effective transmission reduction: sub-national approaches and tools for malaria programs and partners	Dr Roly Gosling, UCSF	
09:00-09:30	Severe malaria presentation by MMV and CHAI	Dr Hans Rietveld (MMV)	
09:30-09:45	New generation IRS project (NgenIRS)	IVCC	
09:45-10:00	The New Nets Project	Marcy Erskine	
10:00-10:30	Tea Break		
10:30-10:45	Civil Society for Malaria Elimination (CS4ME) presentation	Olivia Ngou	
10:45-11:00	Updates from ALMA	Mr Samson Katikiti, ALMA	
11:00-11:15	Update including impact/cost-effectiveness	NgenIRS	

	data, market impact (pricing, product choice, etc.) and forecasting integration		
11:15-11:30	Registration of vector control products in Africa is complex: The outcome of a recent assessment	Innovation to Impact	
11:30-11:45	General discussion		
	Sharing of Best Experiences by NMCPs		
11:45-12:15	Zambia experience in Establishing End Malaria Council		
12:15-12:30	Discussion		
12:30-13:00	Country technical assistance requirements Discussion	Dr Kaka Mudambo	Dr Daddi Wayessa
13:00-14: 00	Lunch Break		
14:00-16:00	Sub-regional Sessions: East Africa and Southern Africa	Dr Kaka Mudambo	
16:00-16:20	Tea Break		
16:20-16:50	Summary of the key points, recommendations and the way forward	Rapporteurs	CRSPC Co-chairs
16:50-17:00	Closing of the meeting	CRSPC co-chairs	

Annex II: List of Participants

		Name	Title	E-mail address
Country participants				
1	Angola	Dr Jose Franco Martins	Coordenador do Programa Nacional de Controlo da Malaria	jose.martins8219@gmail.com
2		Ms Elisa Miguel	Ponto Focal do Fundo Global para Malaria	miguelis@ yahoo.com.br
3		Ms Fernanda Guimaraes	Responsavel pela Monitoria e Avaliacao do Programa Nacional de Controlo da Malaria	fernandaguimaraes@live.com.pt
4		Mr Marques Jose Gomes	Ponto Focal do ADECOS do Programa Nacional de Controlo da Malaria	marquesgomes463@ yahoo.com.br
5	Botswana	Ms Mpho Motlaleng	Health Officer (Monitoring and Evaluation)	p72201055@ yahoo.com mpmotlaleng@gov.bw
6		Ms Tjantlili Mosweunyane	Chief Health Officer	tmosweunyane@gov.bw tmosweunyane@gmail.com
7		Ms Onthatile Nteleba	Malaria Global Fund	onteleba@gov.bw

			Grant Focal Point	onthalilenteleba@gmail.com
8		Mr Kabo Garegae	Senior Technical Officer (Malaria ACSM)	kgaregae@gov.bw chamlyg@gmail.com
9	Burundi	Dr Jeanne d'Arc Ntiranyibagira	Directeur	jntira70@gmail.com
10		Dr Felicien Ndayizeye	Responsable de la Riposte et Gestion des Epidemies	ndayizeyefelicien@gmail.com
11		Dr Lydwine Baradahana	Point Focal du Fond Mondial pour le paludisme	baradahanalidwine@gmail.com
12		Dr Longin Manirakiza	Conseiller a la Direction du Programme National Integre de Lutte contre le Paludisme	m.longin@yahoo.com
13	Comoros	Dr Abdérémane Karima	Chargée de promotion à la santé au ministère de la santé	karima.abderemane@yahoo.fr
14		Dr Mohamed Hafidhou	Responsable du suivi et évaluation et de la surveillance au PNLP	hafidhou2001@yahoo.fr
15		Mme Dhouhiratoul- Mouhoutarami Said Kamil	Chargée de la surveillance de paludisme à la DRS Ndzouani	doulfat@yahoo.fr doulfatkamal@gmail.com
16	Eritrea	Mr Selam Mihreteab	Program Manager	selamino2001@yahoo.com
17	Eswatini	Mr Quinton Dlamini	Malaria program Manager	quintond50@gmail.com
18		Ms Zulisile Zulu	Senior Program Officer: Monitoring and Evaluation	meo@malaria.org.sz
19		Mr Steven Mthethwa	Malaria Global Fund Grant Coordinator	gm@malaria.org.sz
20		Gabsile Nhlengethwa		healthpromotion@malaria.org.sz
21	Ethiopia	Mr Mebrahtom Haile Zeweli	NMCEP Manager	mebrahtom2007@gmail.com
22		Mr Gudissa Assefa Bayissa	NMCEP Surveillance and M&E Focal Person	gudisaasefa@yahoo.com
23		Mr Seife Bashaye Hamiza	GF Focal Person	hbashayeseife@gmail.com
24		Mr Samuel Hailu Tsigie	NMCEP Communication Focal Person)	yabsami@gmail.com

25	Kenya	Mwangi Joseph Muiruri Kibachio	Head for Department of Strategic National Public Health Programs	kibachiojoseph@gmail.com
26		Omar Ahameddin Hassan	Focal Person, Malaria Surveillance, M&E	deen_omar@hotmail.com
27		Bitange Deborah Ikonge	Planning Officer & Global Fund Focal Person	ikongedebs@gmail.com
28	Madagascar	Dr Raphael Hotahiene	Directeur de Lutte contre les Maladies Transmissibles	hotahiene@yahoo.fr
29		Dr Mauricette Andriamananjara	Coordinateur du Programme National de Lutte contre le Paludisme	nambinisoa@yahoo.fr
30		Dr Sabas Rabesahala	Cellule de Suivi et Evaluation des Performances du Programme National de Lutte contre le Paludisme	rabesmahefa@yahoo.fr
31		Dr Rasolonirina Rabibizaka Urbain	NMCP Data Manager	drbabainbis@yahoo.fr
32	Malawi	Dr Michael Kayange	Program Manager	mikayange@yahoo.com
33		Mr Austin Gumbo	Monitoring and Evaluation Head	aagumbo@yahoo.co.uk
34		Mr Mike Nkhata	Global Fund Malaria Program Officer	mcnkhata@gmail.com
35		Mr Taonga Mafuleka	SBCC Head	mafulekat@yahoo.com
36	Mozambique	Silvia Pedro	NMCP SM&A (will represent the Program Manager)	silviamourinhop@gmail.com
37		Mercia Diogo Dabo Dimene	NMCP Case Management focal point	merciad40@yahoo.com.br
38		Samira Sibindy	NMCP M&A	sasibindy-mz@hotmail.com
39		Luis Augusto Ribeiro Ismael	Malaria Global Fund focal person	lismael.ugfg@gmail.com
40	Namibia	Dr Petrina Uusiku	Chief Medical Officer of the National Malaria Programme	uusikup@nacop.net
41		Ms Rauha Jacob	Malaria Surveillance, Monitoring and	rauhajacob93@gmail.com

			Evaluation focal person	
42		Ms Salotte Hanghome	Global Fund focal person for the Malaria Programme	HanghomeS@mohss-pmu.com.na
43	Rwanda	Dr Aimable Mbituyumuremyi	Head of NMCP	aimable.mbituyumuremyi@rbc.gov.rw
44		Dr Semugunzu Michee Kabera	Director of Epidemiology Unit in RBC/Malaria Program	michee.kabera@rbc.gov.rw
45	Somalia	Ali Abdirahman Osman Isha Hussein Adan	NMCP Manager	malaria@moh.gov.so
46		Hamdi Ahmed Ali	Surveillance and Data manager	idmax27@gmail.com
47		Abdullahi Abdihakim Ismail	M&E Officer	indhocel@gmail.com
48		Dr Abdikarim Hussein Hassan	NMCP Manager	puntland.nmcp@gmail.com
49		Mariam Said Mohamed	M&E Officer	mirosaid4@gmail.com
50		Ali Hassan Mohamed	PR GF coordinator	alhmohamed@unicef.org
51	South Africa	Joseph Maranela Mumbire	Global Fund Focal Point	joseph@hpp-sa.org
52		Dr Patrick Moonasar	Director, Malaria and Other Vector Borne Diseases	moonad@health.gov.za
53		Dr Eunice Misiani	Deputy Director, Malaria and Other Vector Borne Diseases	Eunice.Misiani@health.gov.za
54		Ms Mbavhalelo Shandukani	National Malaria M&E Officer	Mbavhalelo.Shandukani@health.gov.za
55	South Sudan	Dr Harriet Pasquale	Director Malaria Control Program	harrietpasquale@gmail.com
56		Dr Martina Constantine Jervase Yak	Malaria Case management specialist	martinayak@yahoo.com
57		Mr Bakhit Sebit Saleh Lemi	NMCP M&E officer	bsslemi@gmail.com
58		Mr Dhieu Marial Gum	Malaria Control Programme Monitoring and Evaluation Officer	belicmarial@hotmail.com
59	Sudan	Dr Mariam Adam	Malaria focal Person	mariamadam484@gmail.com

		Babiker		
60		Mr Abdalla Ahmed Ibrahim	Head of M&E CNCD/CD	abdalla.ibrahim121@gmail.com
61		Ms Lubna Mohammed Yahya Nawai	PMU- GF	lubnanawai@hotmail.com
62		Dr Mousab Siddig Elhag Ali	VC program assistant	mousabsiddig@gmail.com
63	Tanzania mainland	Dr Ally Mohamed	Programme Manager - Malaria	allykayaga@gmail.com
64		Mr Charles Dismas Mwalimu	Head; Vector control, National Malaria Control Programme	dismasi@yahoo.com
65		Dr Anna Mahendeka Bulilo	Surveillance, Monitoring and Evaluation Officer	anna.mahendeka@yahoo.com
66		Ms Anna David Mwasomola	Programme Pharmacist	anydavid2001@yahoo.com
67	Zambia	Dr. Mutinta Mudenda	Acting Director National Malaria Elimination Center	mudendamutintac@gmail.com
68		Dr. John Banda	Global Fund Malaria Focal Person	longo95@yahoo.com
69		Dr. Busiku Hamainza	Epidemiologist	bossbusk@gmail.com
70		Mr. Japhet Chiwaula	Biostatistician	inesschiwaula@yahoo.com
71		Dr James Banda	Senior Advisor, Malaria, Policy, Strategy and Management (SPSMA)	jbanda@path.org
72		Ms. Pauline Wamulume	Principal SBCC Officer/RBM Zero-Malaria Starts with Me/SADC E8 Country Focal Person	pwamulume@gmail.com
73		Dr Anthony Yeta	Deputy Director National Malaria Elimination Center	anthonylyeta@yahoo.com
74	Zimbabwe	Dr Joseph Mberikunashe	NMCP Director	joewy23mberi@gmail.com
75		Dr Celestino Basera	Principal Recipient (PR)	drctbasera@gmail.com
76		Mr Andrew Tangwena	M&E Officer	atangwena@nmcpzim.co.zw
77		Mrs Fortunate Manjoro	SBCC Officer	fmanjoro@nmcpzim.co.zw

78	Uganda	Dr Jimmy Opigo	Programme Manager	opigojimmy@gmail.com
79		Mulyazzawo Mathius Kasule	Global Fund FP	mmkasule@yahoo.com
80		Dr Damian Rutazana	Monitoring and Evaluation FP	damianamanya@gmail.com
81		Peter R Kwehangana Mbabazi	Finance & Multisectoral Collaboration Expert	mbabazipeter@gmail.com
82	Zanzibar	Abdullah Suleiman Ali	ZAMEP Program Manager	busudi@gmail.com
83		Mwinyi Issa Khamis	Head SBCC Unit	mwikha@hotmail.com
84		Faiza Bwanakheri Abbas	ZAMEP Deputy Program Manager	faizaabbas@yahoo.com
85		Mohamed Haji Ali	Head M&E	alkitwasi@gmail.com
RBM participants				
86	RBM secretariat	Daddi Wayessa	CRSPC Manager	Daddi.Wayessa@endmalaria.org
87	RBM secretariat	Joshua Levens	Advocacy and Res. Mob. Partner Committee Manager	Joshua.Levens@endmalaria.org
88	RBM secretariat	Matthew Boslego	Policy Specialist	matthew.boslego@endmalaria.org
89	RBM secretariat	Radhika Jain	Advocacy and Res. Mob. Partner Committee Associate	Radhika.Jain@endmalaria.org
90	RBM secretariat	Maria Schiavo	Strategic Communications Analyst	Maria.Schiavo@endmalaria.org
91	RBM secretariat	Laura Davina Kuen	Assistant to CRSPC Manager	Laura.Kuen@endmalaria.org
92	RBM WCA	Philippe Batiénon	Sub-Regional officer for Western and Central Africa	Philippe.Batiénon@endmalaria.org
93	RBM WCA	Monique Murindahabi	Sub-Regional Coordinator for Western and Central Africa	Monique.Murindahabi@endmalaria.org
94	RBM ESA	Kaka Mudambo	Sub-Regional Coordinator for Eastern and Southern Africa	Kaka.Mudambo@endmalaria.org
95	RBM ESA	Daniso Mbewe	Sub-Regional officer for Eastern and Southern Africa	Daniso.Mbewe@endmalaria.org
96	UNOPS UN portfolio	Roxana HORDILA	Operations Analyst	RoxanaC@unops.org
97	UNOPS Finance	Jean-Olivier JIPGUEP TEMI	Finance expert	JeanOlivierJ@unops.org

98	RBM CRSPC	Melanie Renshaw	CRSPC Co-chair	melanie@alma2030.org
99	RBM CRSPC	Peter Olumese	CRSPC o-chair	olumesep@who.int
100	CRSPC Workstream	Marcy Erskine	Co-chair	marcy.erskine@ifrc.org
101	CRSPC Workstream	Mr Khoti Gausi	Co-chair	gausik@who.int
102	CRSPC Workstream	Valentina Buj	Co-chair	vbuj@unicef.org
103	CRSPC Workstream	Duncan Earle	Co-chair	dearle@path.org
104	CRSPC Workstream	Jessica Rockwood	Co-chair	
105	RBM WGs	Konstantina Boutsika	WGs Secretariat	konstantina.boutsika@swisstph.ch
106	RBM SBCC WG	Anna McCartney-Melstad	Co-chair	
107	RBM Consultant	Denise meya	Technical Support Senior Specialist	denise.meya@gmail.com
108	RBM Consultant	Morris Okumu	Technical Support Consultant	morriokum@gmail.com
WHO AFRO / NPOs				
109	WHO Eswatini	Mr Makhoselive Dlamini	National Malaria Programme Coordinator	dlaminim@who.int
110	WHO Eritrea	Dr Assefash ZEHAIE KASSAHUN	NPO/MAL	zехаiea@who.int
111	WHO Zimbabwe	Mr Jasper Pasipamire	NPO/MAL	pasipamirej@who.int
112	WHO Malawi	Mr Wilfred DODOLI	NPO/MAL	dodoliw@who.int
113	WHO Rwanda	Daniel NGAMIJE Madandi	Malaria & Neglected Tropical Diseases Programs Officer	ngamijed@who.int dngamije1@gmail.com
114	WHO South Sudan	Ms Julia Joseph Ladu Sube	NPO South Sudan	subej@who.int
115	WHO Ethiopia	Dr Worku Bekele	NPO Ethiopia	workub@who.int
116	WHO Mozambique	Eva Amelia Stuart Torrie De Carvalho	NPO Mozambique	carvalhoe@who.int
117	WHO Botswana	Kentse MOAKOFHI	NPO Botswana	moakofhik@who.int
118	WHO Kenya	Ms Josephine Wambui Njoroge	NPO Kenya	njorogej@who.int
119	WHO Madagascar	RABARIJAONA Henintsoa	NPO Madagascar	rabarijaonah@who.int
120	WHO Namibia	Dr Wilma Florenze Soroses	National Malaria Coordinator, WCO	sorosesw@who.int

			Namibia	
121	WHO South Africa	Ms Mary Anne Groepe		groepem@who.int
122	WHO Uganda	Mr Paul Mbaka	NPO – Data manager DPC and WHE, AHO	mbakap@who.int
123	WHO Zambia	Dr Freddie Masaninga	NPO - Zambia	masaningaf@who.int
124	WHO Comoros	Dr Nassuri Ahamada	NPO/MAL/Bureau OMS/Comores	nassuria@who.int
125	WHO AFRO	Dr Jackson Sillah	Medical Officer	sillahj@who.int
126	WHO AFRO	Dr Ebenezer Baba	Medical Officer	babae@who.int
127	WHO IST/ESA	Mr Anderson Chinorumba	Technical Officer	chinorumbaa@who.int
128	WHO IST/ESA	Ms Charity Garapo	Secretariate	garapoc@who.int
Regional Economic Communities				
129	SADC Secretariat	Dr Willy Amisi	Senior program officer for Health	wamisi@sadc.int
130	EAC	Dr Michael Jackson Katende	Senior program officer for Health	MKatende@eachq.org
131	IGAD	Dr Hassan M. Mohamed	Program Officer, Cross Border Health	hassan.mohamed@igad.int
Partners				
132	ALMA	Mr Samson Katikiti	Senior Programme Officer	skatikiti@alma2030.org
133	ALMA	Dr Abraham Mnzava	Senior Malaria Coordinator	amnzava@alma2030.org
134	ALMA	Corine Karema		CKarema@alma2030.org
135	ALMA	Anne Gassasira		AGassasira@alma2030.org
136	BASF	Mr Alexander Heimsch	Commercial Manager - Business Management Global Public Health	alexander.heimsch@basf.com
137	Boston Consulting Group	Ms Isabella Soehn		Soehn.Isabella@bcg.com
138	Breakthrough ACTION	Dr Gabrielle Hunter	RBM Working Group	gabrielle.hunter@jhu.edu
139	Catholic Relief Services (CRS)	Ms Hilda Rakotondraibe spouse Ralambomanana	Malaria & immunization project manager	Hilda.rakotondraibe@crs.org
140	CHAI	Dr Mireia Aguirre Soriano		

141	Clinton Health Access Initiative	Mr Anthony Yuen		
142	Clinton Health Access Initiative (CHAI)	Ms Mireia Aguirre Soriano	Regional Manager, Global Malaria, East Africa Region	msoriano@clintonhealthaccess.org
143	Flowers Cross Border Malaria Initiative	Ms Rebecca Vander Meulen		rebecca@jcflowersfoundation.org
144	Gates Foundation	Mrs Diana May Measham		diana.measham@gatesfoundation.org
145	Global Fund Representative	Ms Roopal Patel	Malaria Disease Advisor	Roopal.Patel@theglobalfund.org
146	Groups Focused Consultations (GFC)	Mr Field Phiri	Executive Director	phirifd@gmail.com
147	High Lantern Group	Mr Mario Ottiglio	Managing Director	mottiglio@highlanterngroup.com
148	HIL (India) Limited (A Government of India Limited)	Mr Rajendra Thapar	Manager (Public Health and Exports)	rajthapar2010@gmail.com
149	Homegains	Dr Jonathan Mufandaedza	CEO	jmufandaedza@gmail.com
150	International Water Association, Switzerland	Dr Robert Bos	RBM Working Group	robert.bos53@gmail.com
151	IVCC	Mr John Ngosa		John_Ngosa@pmivectorlink.com
152	Jhpiego, USA	Dr Elaine Roman	RBM Working Group	Elaine.Roman@jhpiego.org
153	Jhpiego, USA	Dr Kristen Vibbert	RBM Working Group	Kristen.Vibbert@jhpiego.org
154	Kenya Medical Research Institute	Dr STEPHEN MUNGA	Centre Director and Chief Research Officer	munga_os@yahoo.com
155	Malaria Consortium, UK	Dr Arantxa Roca-Feltre	RBM Working Group	a.roca@malariaconsortium.org
156	Malaria No More UK	Ms Annemarie Meyer	MD Global Advocacy, Policy & Partnerships	annemarie.meyer@malarianomore.org.uk
158	Medicines for Malaria Venture - MMV	Mr Pierre Hugo	Snr Director, Access and Product Management	hugop@mmv.org
159	Medicines for Malaria Venture - MMV	Mr Adam Aspinall	Director, Access & Product Management	aspinalla@mmv.org

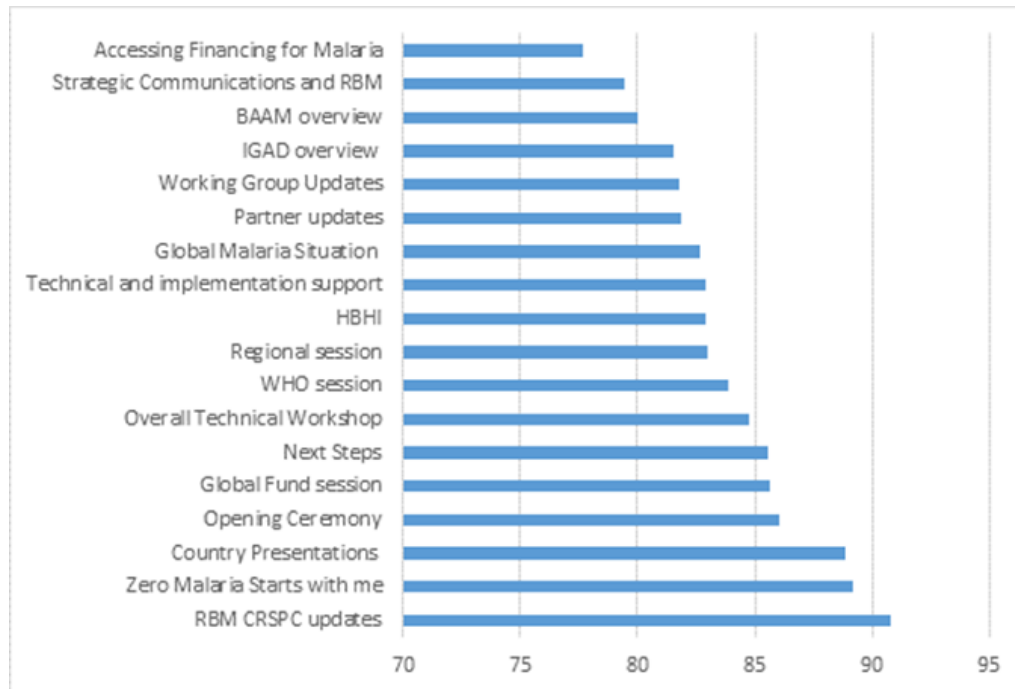
160	Melcome Pharmaceuticals Ltd	Mr Sadik Seedat	Executive Director	saseedat@zamnet.zm
161	National Institute for Communicable Diseases	Dr Jaishree Raman	Research Scientist	jaishreer@nicd.ac.za
162	Novartis	Mrs Rachel Hinder	Head Key Account Management - Malaria	rachel.hinder@novartis.com
163	Novartis	Dr Nathan Mulure	Cluster Head, Novartis Social Business	nathan.mulure@novartis.com
164	PATH	Ms Molly Robertson		
165	PMI Impact Malaria / PSI	Dr Moussa Thior	Senior Technical Advisor	mthior@psi.org
166	Public Health Services	Ms Merna Amade	Public Health officer	merna.amade@health.gov.sc
167	Regent University of Science and Technology	Prof Isaac Kweku Quaye	Professor and Prinipal Investigator Malaria Research	dr.quaye@gmail.com
168	SADC military	Col Alexio Tafirenyika	SADC Military Malaria Regional Coordinator	
169	SADC Elimination 8	Ms Phelele Fakudze	Advocacy	pfakudze@elimination8.org
170	SADC Elimination 8	Mr Bongani Dlamini	Surveillance	bdlamini@elimination8.org
171	SANOFI	Dr Amy Niambo NDAO ep FALL	Global Health Medical Lead for Africa	amy.fall-ndao@sanofi.com
172	Shin Poong Pharma Co.	Mr Kangethe Ngure		
173	Shin Poong Pharma Co.	Ms Minnie Mwangi		
174	Shin Poong Pharma Co.	Dr Ammar Hamid		
175	Shin Poong Pharma Co.	Ms Su-Mi Oh	Director of Global Business Department	sumioh@shinpoong.co.kr
176	Sumitomo Chemical Co. Ltd	Ms Milka Njung'e	Technical Consultant	mnjunge@sumivector.com
177	Sumitomo Chemical Co. Ltd	Mr Jotham Katana	Consultant	jkatana@SumiVector.com

178	Sumitomo Chemical East Africa	Mr Jean Denis Nkongolo Elumba	Integrated Vector Management Department	elumba@Sumichem-EastAfrica.com
179	Syngenta	Mr David Zinyengere		
180	UN-Habitat, Switzerland	Dr Graham Alabaster	RBM Working Group	graham.alabaster@un.org
181	USAID	Ms Stefanie Evans	Technical Advisor	stevans@usaid.gov
182	USAID/PMI	Mrs Julie Wallace	USAID US President's Malaria Initiative (PMI) Agency Lead	jwallace@usaid.gov
183	Vestergaard	Mr Harkirat Sehmi	Regional Area Manager	hss@vestergaard.com
184	Vestergaard	Mr Patrick Sieyes	Head of Global Growth/Director Africa	ps@vestergaard.com
185	Vestergaard SA	Mrs Emmie Françoise Asta CACACE	Regional Manager East Africa Public Health	efc@vestergaard.com
186	World Vision Mozambique	Mr Chandana Mendis		
187	USAID/PMI Madagascar	Dr Jocelyn RAZAFINDRAKOTO	Infectious Diseases Specialist	jrazafindrakoto@usaid.gov

Annex III: Meeting Evaluation by the Participants

Participants were asked to rate the content of the meeting on a scale of 1= Poor, 2 = Fair, 3 = Good, 4 =Very Good, 5 = Excellent.

The technical component of meeting evaluation was good. Participants found relevant the topics discussed especially CRSPC updates, country presentations and best experiences, WHO technical update, etc. They also highlighted the importance of holding such forums that gathers partners and NMCPs.



Country participants in particular highlighted the value of the rich information exchange between countries through the country presentations as being valuable with several indicating they plan to implement some of the experiences that were shared.

The three areas additionally called out by participants as highlights include:

1. The Zambia End Malaria Council panel presentation (“truly fantastic”, “inspiring” “we hope the CRSPC will support us to establish our own council” and several noted the Zambia Tax Revenue authority’s best practice!)
2. The Zero Malaria Starts with Me session which also included the rich country experiences to date of the roll out of the campaign – countries planning their own campaign noted that they have a better understanding now of what is required.
3. The GF application process, including support that will be provided by the CRSPC – participants noted that they are now more aware and better informed of the process “we will be ready”

Others noted that the meeting overall demonstrated the true value of partnership, that it is the countries' meeting and is truly owned and led by the countries "uniquely superb" "highly beneficial"

Recommendations for improvement included:

- having fewer presentations and more panel discussions, especially for partners,
- an emphasis that the countries should stick to the template provided and these should be pre-screened, but countries in particular highlighted the value of the country presentations.
- consider splitting the two sub-regions east and south, and therefore hold separate meetings.
- Consider adding an additional day to the workshop to allow more time

On the logistics participants also rate as follows:

