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**SHARING BEST PRACTICES IN SCALING UP INTERVENTIONS FOR PREVENTION
AND CONTROL OF MALARIA**

Panel Discussions

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BACKGROUND

1. The African Region of WHO is the Region most affected by malaria. It accounts for about 60% of the estimated 300–500 million malaria cases worldwide and for more than 80% of the global malaria deaths recorded each year. The economic cost of malaria for the Region is estimated at US \$12 billion annually. There is general agreement on cost-effective interventions for malaria prevention and control, namely the use of insecticide-treated nets (ITNs), indoor residual spraying (IRS), intermittent preventive treatment for pregnant women and prompt and effective case management.

2. The expression of global interest in moving towards malaria elimination underscores the need to accelerate the scaling up of interventions. Most countries are implementing either single interventions or multiple interventions piecemeal but have yet to scale up their interventions. By the end of 2006, less than 10 % of children aged below five years who had fever had received Artemisinin-based Combination Therapy ACTs and only 10% of them on average slept under ITN. However, in some countries where ITN use is above 40%, e.g. Eritrea, Kenya, Rwanda, Sao Tome and Principe and Tanzania (specifically in the island of Zanzibar), there have been substantial reduction in malaria morbidity and mortality. Similar reductions have been observed in South Africa and Swaziland which mainly use IRS.

OBJECTIVES

3. The general objective of this panel discussion is to share best practices in order to help other countries to achieve similar results.

The specific objectives are:

- (a) to share best practices and lessons learnt in scaling-up malaria control;
- (b) to identify ways and means of accelerating the scaling up of interventions;
- (c) to make recommendations on the way forward to accelerate the scaling up of malaria prevention and control in the Region.

EXPECTED OUTCOMES

4. The expected outcomes are:

- (a) best practices and lessons learnt shared;
- (b) ways and means of accelerating the scaling up of interventions identified;
- (c) recommendations on the way forward to accelerate the scaling up of malaria control in the Region made.

PANELISTS

5. Proposed panelists:

- (a) Chairperson: Minister of Health (country to be determined).
- (b) Alternate chair (to be determined).
- (c) Facilitator (to be determined).
- (d) Experts from Eritrea and Rwanda.
- (e) Dr Rajendra Maharaj, a malaria expert from Medical Research Council, South Africa.

AGENDA

6. The agenda of this panel discussion will be as follows:
 - (a) Opening remarks and introduction of panelists (5 minutes): Chairperson.
 - (b) Rwanda experience in scaling up malaria prevention and control (10 minutes).
 - (c) Eritrea experience in scaling up malaria prevention and control (10 minutes).
 - (d) Experience in cross-border malaria prevention and control in Southern Africa (10 minutes).
 - (e) Experience of three other selected countries (5 minutes each).
 - (f) Discussions (85 Minutes): panelists.
 - (g) Recommendations by the Facilitator (10 minutes).
 - (h) Closing remarks by the Chairperson (5 minutes).