



## **EXECUTIVE SUMMARY**

### **USAFRICOM East African Malaria Task Force Meeting**

**Dar es Salaam, Tanzania**

**24-26 July 2012**

The United States Africa Command (USAFRICOM) and the Armed Forces Health Surveillance Center (AFHSC) sponsored the second meeting of the East Africa Malaria Task Force (E-AMTF), hosted by the Tanzania People's Defense Forces (TPDF) in Dar es Salaam, Tanzania. The TPDF's Chief of Medical Services and Task Force Co-chair, Brigadier General Adam Mwabulanga, and the USAFRICOM Command Surgeon, CAPT David Weiss, delivered opening and closing remarks at the meeting.

The second meeting of the E-AMTF was attended by military medical representatives from all 6 member nations: Burundi, Kenya, Rwanda, South Sudan, Tanzania, and Uganda, as well as invited observers from Senegal and Ghana. US Department of Defense (US DoD) organizations in attendance included AFHSC, US Army Medical Research Unit Kenya (USAMRU-K), Walter Reed Army Institute for Research, the Armed Forces Pest Management Board, the Uniformed Services University (USU) and representatives from the US embassy in Tanzania.

The first day of the meeting was comprised of summary presentations and discussion by task force members of each nation's analysis of gaps and shortcomings in their military malaria programs. The gap analysis from each country, conducted in advance of the conference, concentrated on malaria prevention, diagnostics, treatment, surveillance, human resources, and capacity building.

One of the largest gaps for a number of member nations involves soldiers deploying to malaria-endemic areas outside of their own borders while supporting United Nations, African Union, and other peacekeeping missions. While many of the deploying troops have partial malaria immunity against local strains, infections with heterologous strains during deployment could increase their risk of developing clinical malaria. Additional rigors of deployment may increase transmission risk from infected mosquitoes. For these reasons, introduction of malaria preventive measures throughout all phases of deployment are essential. Lack of supplies, such as



insecticide treated uniforms, long last insecticide-treated nets and mosquito repellent, as well as lack of preventive guidelines, such as training and education for deploying soldiers, were recurring themes brought up by the member nations.

The second day of the meeting consisted of US DoD malaria experts briefing the task force on their challenges and lessons learned in protecting US troops against malaria. These presentations were intended to offer the E-AMTF member nations possible solutions to gaps identified during their gap analysis. Notable presentations included a brief on the US DoD Malaria Stakeholders' meeting in May 2012, in which Dr. Robert DeFraités (USU) gave a summary of some of the challenges faced by US troops deploying to malaria-endemic regions, as well as some of the potential solutions which are currently being developed. CPT Elizabeth Wanja of USAMRU-K presented on the Malaria Diagnostic Center in Kenya and the various courses which could potentially be offered to E-AMTF member nations. CPT Eric Stringer, USAFRICOM, also presented on a Defense Institute of Medical Operations course that may be of interest to E-AMTF partners.

The final day of the meeting was a closed session restricted to E-AMTF member nation representatives and support staff. The members analyzed their gap analysis results, tied together with presentations from the US DoD experts, and endorsed a draft roadmap for the way ahead. The members voted to assign responsibilities for a member nation to take the lead on a particular topic area. For example, Kenya was elected by the group to take the lead on malaria diagnostics efforts since Kenya already possesses the facilities and resources at USAMRU-K to host and facilitate training on malaria diagnostics. Other members with lesser capabilities lobbied to host and lead other subject areas so that their nations might benefit from the effort and experience. The votes for each topic area were noted in the roadmap document.

The task force agreed to finalize the roadmap document in the coming months, in order to have a document to present to potential stakeholders whose existing programs and funding resources may be leveraged to fill the identified gaps. In support of this initiative, AFRICOM presented a draft revision of the President's Malaria Initiative policy to include support to host nation military malaria programs through their Ministry of Defense. Currently, PMI support is restricted to the civilian sector, generally through the Ministry of Health. Along with other potential stakeholders, PMI funding may serve as a potential solution for many of the gaps identified during this meeting, including increased civil-military collaborations in the fight against malaria and increased opportunity for military members to gain access to malaria programs and training.