

From Framework to Practice

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The Comprehensive Multisectoral Action Framework

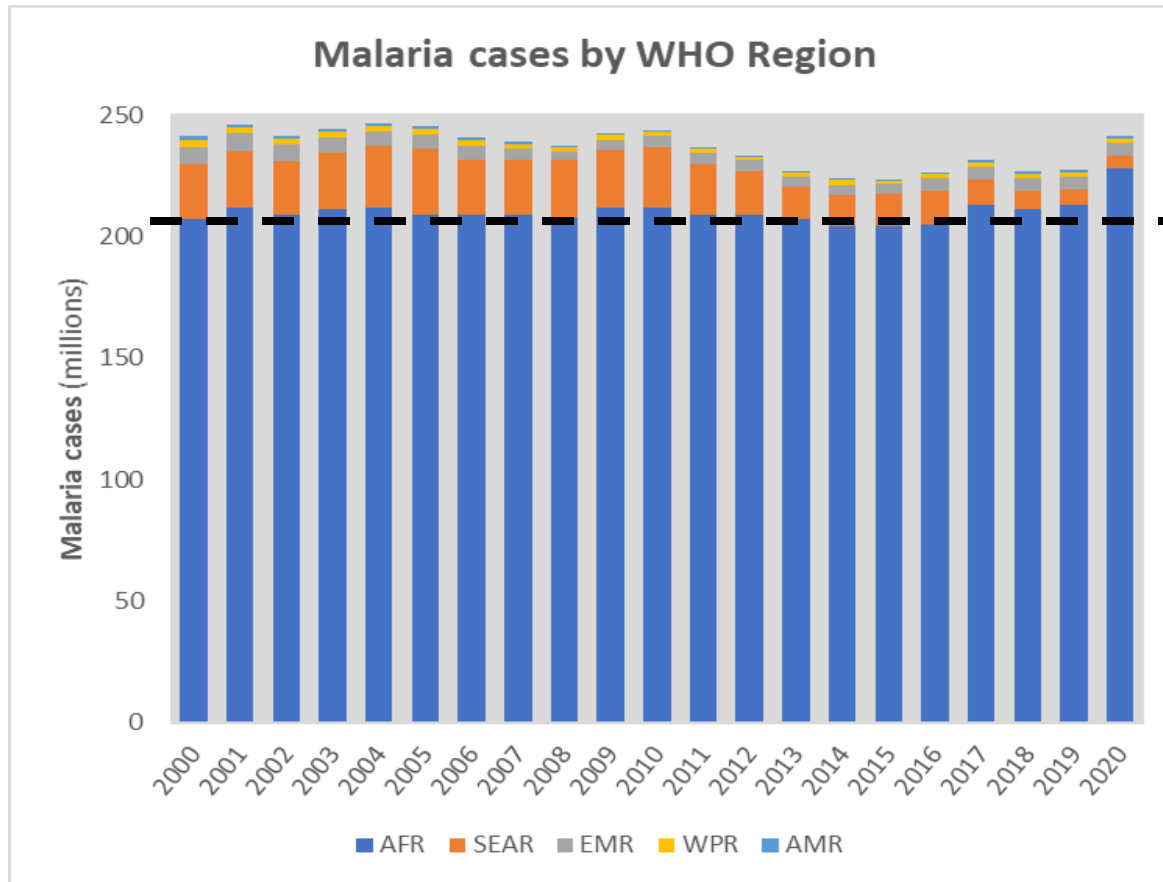
Malaria & Sustainable Development



Key features ...

- **Refreshment of the 2013 Framework**
- “*Comprehensive*” = complements and amplifies conventional malaria and selective sectoral approaches
- ***Leave no one behind & sustainable development*** - all 17 SDGs are integral parts
- ***Co-benefits & Mutual accountability*** – political, technical and public
- ***The Pathfinder Endeavour*** – “Try, learn and share”

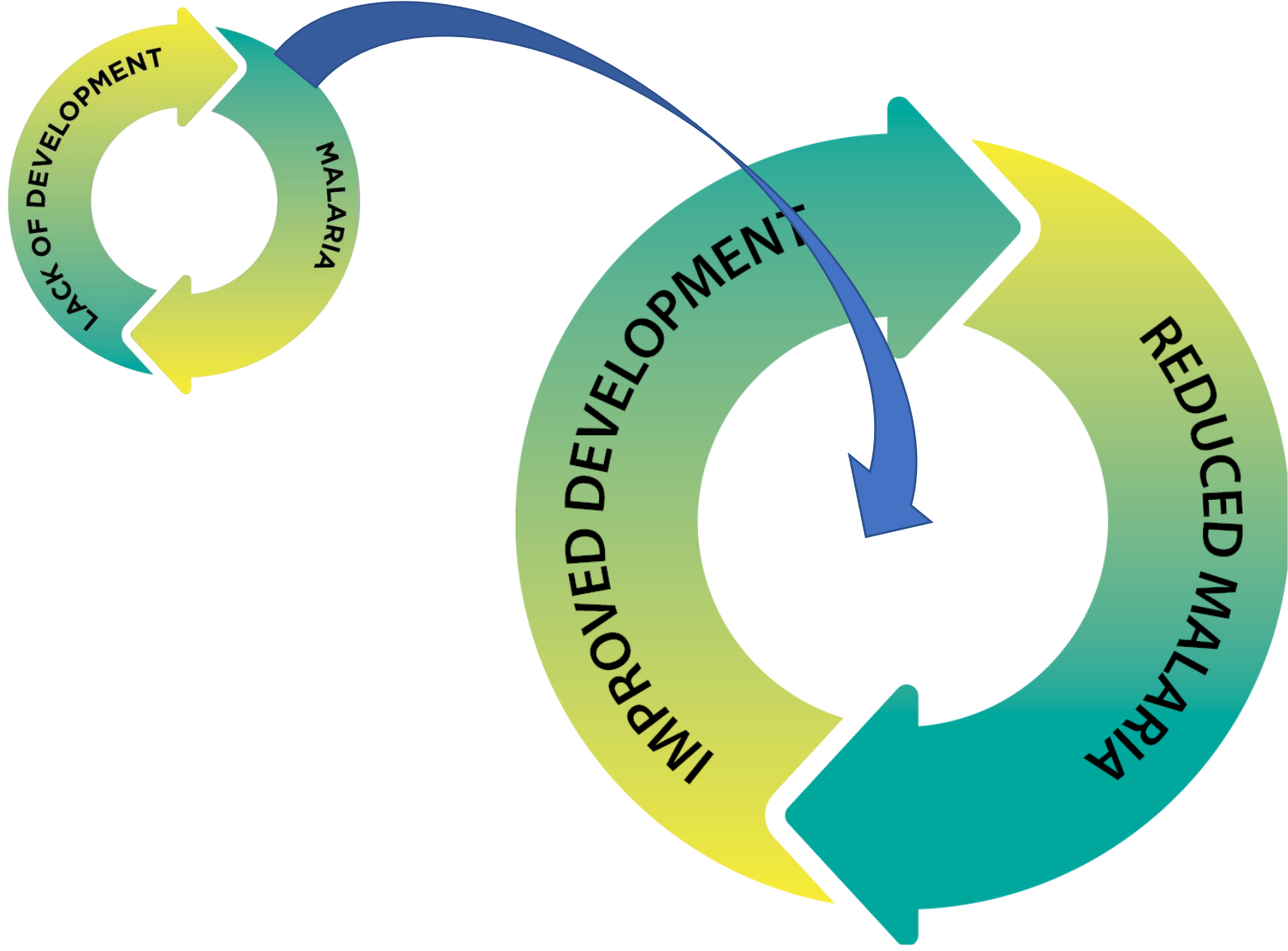
The Challenge ...



“Clearly, we need to change the course and improve how we combat malaria, particularly in those countries with the highest burden. The status quo will take us further off track and have significant negative socio-economic consequences beyond malaria” (Tedros, WMR 2018)



“A lack of economic gradients in the distribution of malaria services does not translate to equity in coverage, nor can it be interpreted to imply equity in distribution of risk or disease burden” (Galactionova et al., 2017)



**POLITICAL /
INSTITUTIONAL
CANVAS**



Two malaria-critical indicators for each of the 17 SDGs



All relevant global technical strategy for malaria indicators

5 STEPS

TO BECOMING MALARIA-SMART

SUSTAINABLE
ELIMINATION



Cross-walk to the GF Strategy 2023 – 2028

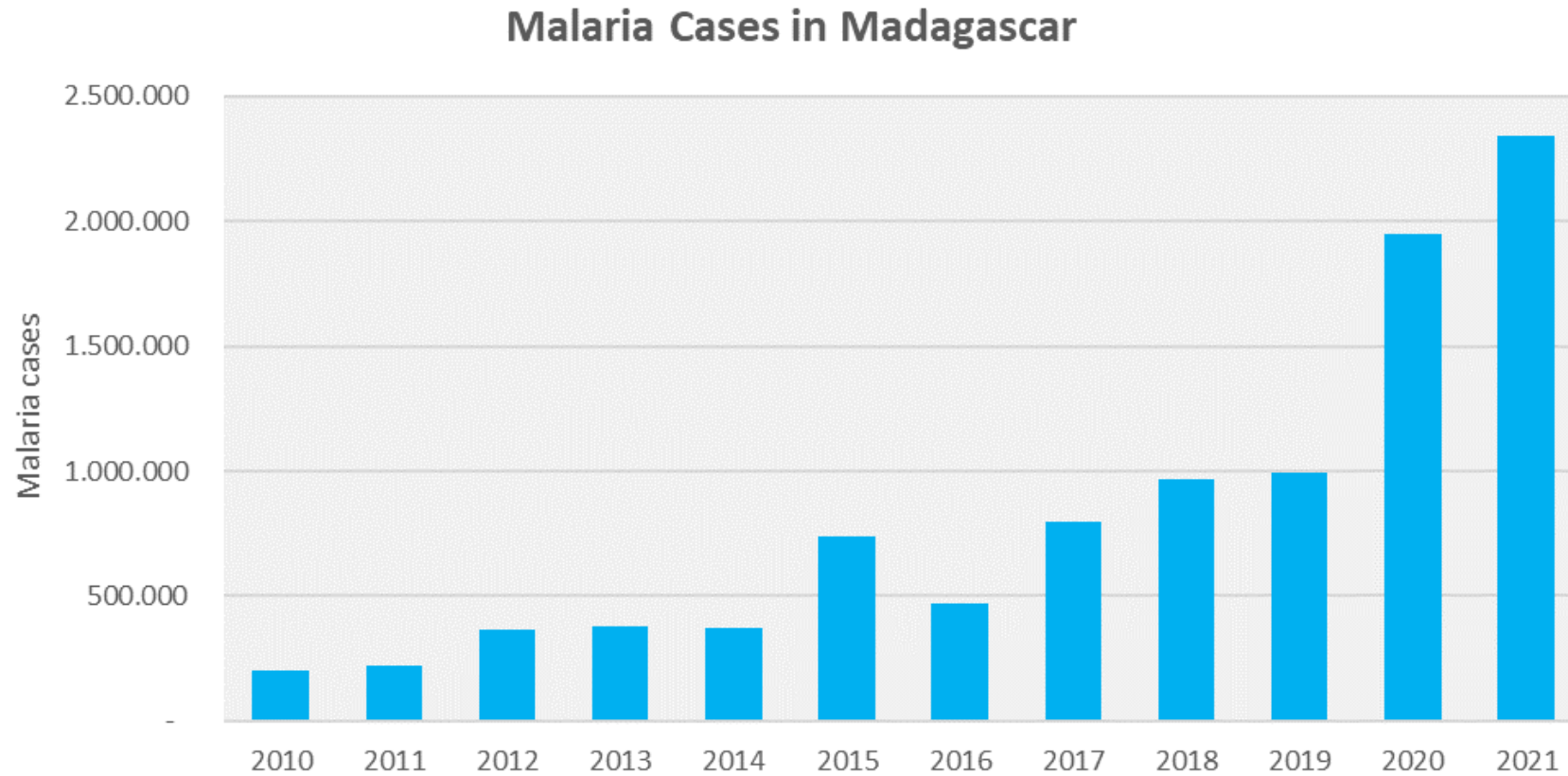
“Fighting Pandemics and Building a Healthier and More Equitable World”

GF-Strategy – Mutually reinforcing contributory objectives		The Framework
Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability	To catalyze sustainable HTM and broader health outcomes and in support of UHC, the Global Fund will strengthen RSSH by supporting countries and communities	The overall theme is to <i>‘leave no one behind and sustainability’</i> , the action theme is <i>‘a malaria-free world’</i> , and the collaborative theme is <i>‘co-benefits’</i> . This hierarchy of themes together with the <i>five-steps approach</i> supports sustainability across population health outcomes [including HTM], as well as other health and non-health sector outcomes
Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind	To deliver greater impact and ensure the HTM response is responsive to and led by those living with and most affected by the 3 diseases, the Global Fund will reinforce community leadership	Actively reaches out to <i>the furthest behind and most affected</i> by adverse development and public health conditions first. <i>Political, technical, and public accountability</i> for the local situations and with direct <i>real-time engagement of citizens and communities</i>
Maximizing Health Equity, Gender Equality and Human Rights	To improve HTM outcomes and drive more equitable access to health services, the Global Fund will support countries and communities	The determinants of health inequity, gender inequality, marginalization and discrimination are among <i>the root causes</i> for differential exposure, vulnerability, access, and health service outcomes, including for HTM – and are thus the <i>cornerstones</i> of the Framework.
Mobilizing Increased Resources	To strengthen the scale, sustainability, efficiency, and effectiveness of health financing for national and community responses the Global Fund will work across the partnership	The focus is on <u>unlocking synergies</u> , <u>co-benefits</u> , and using <u>existing resources</u> across all sectors and actors in each district better – <i>more value for the same money</i> – regardless of their source, primary purpose, and who controls them.

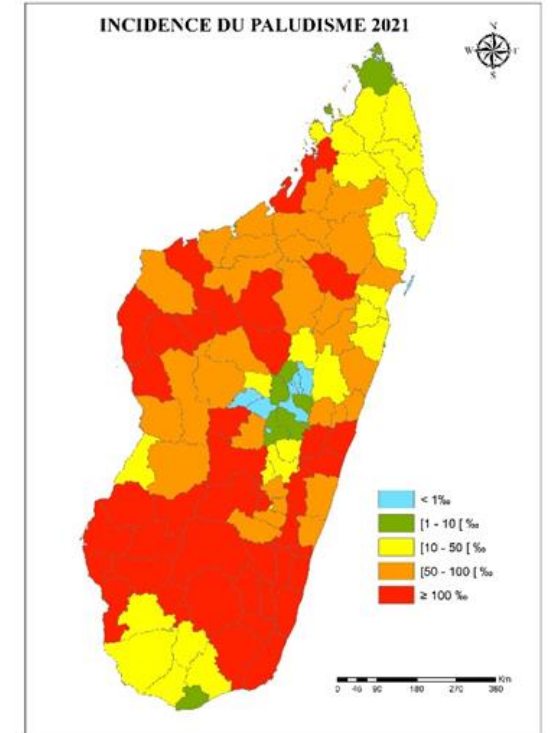
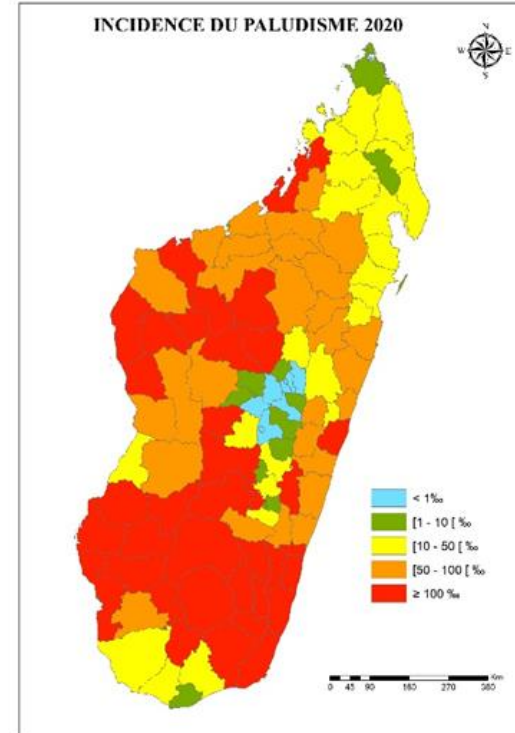
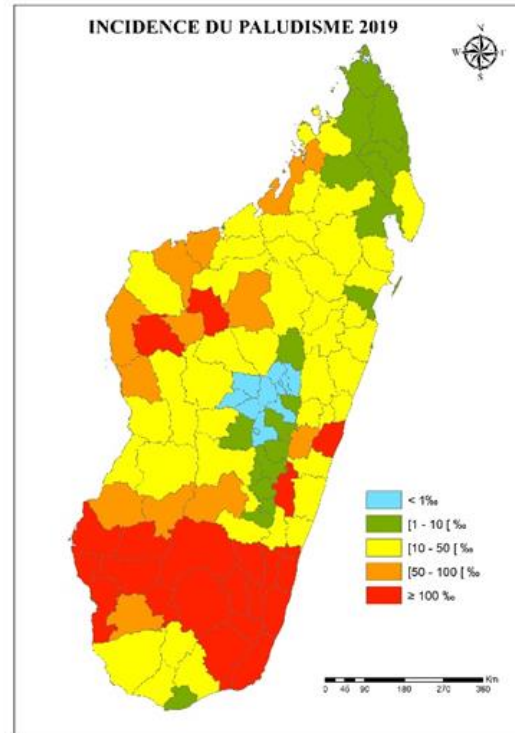
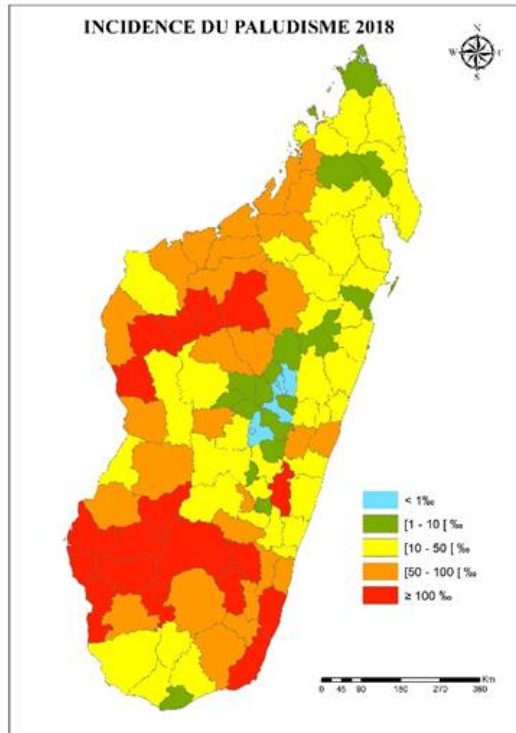


**A perspective
from Madagascar**

The Challenge ...



Geographical distribution of annual malaria incidence



Summary Review Findings "WHY"

Health Services

- Weak integration of malaria and covid_19 response
- Understaffing of health centers, insecurity in some areas, remoteness are challenge of access to health facilities when needed

Socio-economic factors

- Malaria intervention uptake are hampered by socio-economical and cultural barriers in Madagascar (acceptability, access to health facilities, traditional beliefs regarding use of LLINs)
- Self-medication and use of traditional medicine are predominant in Madagascar and delays malaria case prompt management,

Decentralization, local government / community

- Weak decentralization of decision power and lack of full autonomy of regions, districts health center are slowing down effectiveness of malaria intervention implemented at subnational level
- Data and information
 - Data quality at the regional and districts level is sub-optimal;
 - Monthly reporting timeliness still sub-optimal and impact rapid response to malaria case increase or epidemics;
 - Culture of data analysis and use for decision making at all level of the health system
- Although development partners support, multisectorial approach in implementing malaria interventions is very weak and need to be strengthen

Summary review recommendations "**WHAT To DO**"

Health Services

- Reinforce communication and social behaviour change activities (awareness in health seeking , preventive measures, adherence to prevention strategies..)
- Provide free consultation and treatment of malaria for all with focus on vulnerable and underserved areas populations
- Reinforce LLINs distribution campaign in all districts of Madagascar
- Reinforce routine LLINs distribution for vulnerable persons
- Ensure Intermittent Preventive Treatment for pregnant women including permanent availability of SP
- Scale up of Intermittent Preventive Treatment for pregnant women at the community level through community health worker's channel
- Implementing larviciding pilot study in two health districts and plan for scale-up if results are impactful, efficient and cost-effective
- Extension of malaria case management for children over 5 years of age at the community level

Summary review recommendations ”*WHAT To DO*”

Socio-economic factors

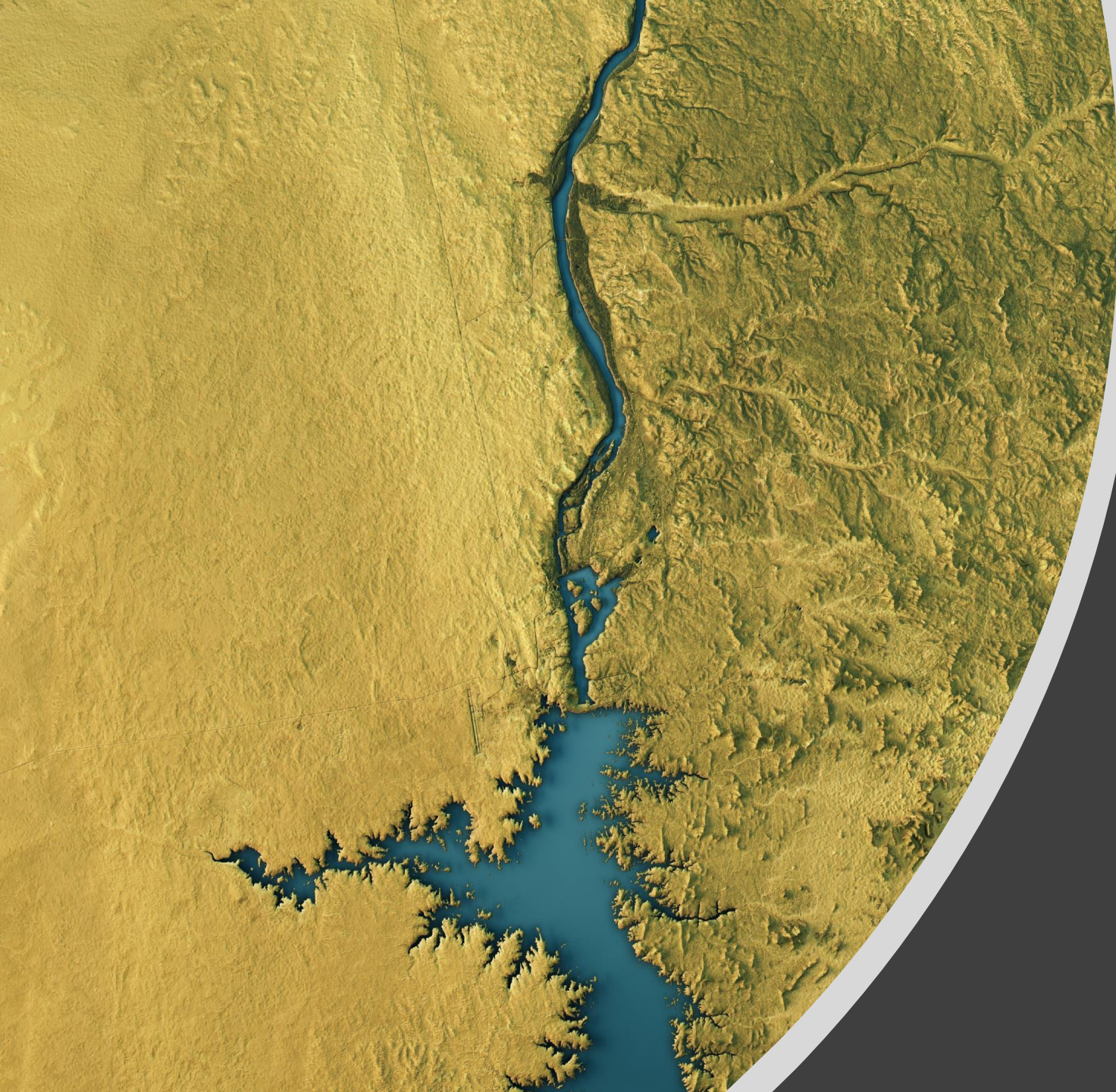
- Fill the gap in underserved areas with malaria interventions (reach unreachables, target vulnerable persons, deployment of staff in remote areas, etc..)

Decentralization, local government & community

- Empower health districts and centers to take ownership of malaria control and elimination activities as well as financial management and autonomy
- Empower community members for behavior change and communication activities implementation
- Monitoring the performance of actors at all levels;
- Scaling up of the electronic Monthly Activity Report at the CSB level;(robustness of devices, internet connection, skills of users..)
- Scaling up of the integrated electronic surveillance system (50% health centers covered by 2022);

Conclusion

- We need to step-up conventional malaria interventions and do better
- We need to complement with new ways of acting
 - That address the underlying multisectoral causes of the malaria situation
 - That enable and empower local governments and communities to analyze, act and take responsibility
- The *“Comprehensive Multisectoral Action Framework – Malaria & Sustainable Development”* and the *“Pathfinder Endeavour”* will help shaping these new ways of acting



Try
Learn
Share

The Pathfinder Endeavour

- Sustainable results in uncharted territory
- Four to five countries
- Three districts each
- The most disadvantaged first

Overriding theme: ‘leave no one behind and sustainability’

Action theme (vision): ‘a malaria free world’

Collaborative theme: ‘co-benefits’

”Do what you do best – but do it malaria-smart”

“Unlock Synergy”

*Use existing structures, tools, programmes and
resources better*

Pathfinder Champions

Country champion teams

- Ministry of Local Government/Planning, Ministry of Health/NMCP and a Lead Development Partner

District champion teams

- Local government officer, health/malaria officer, and locally present development partner

Mutual Accountability

Within participating districts / communities

- Political, technical, and public

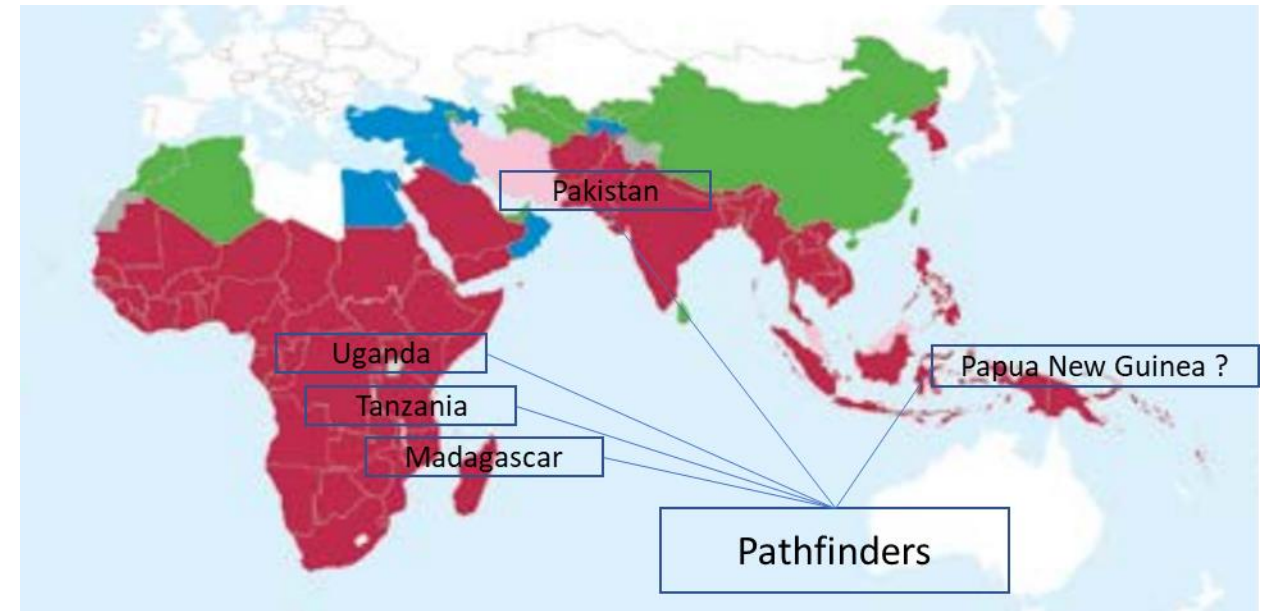
Across participating districts and countries

- Resources and progress against plans and targets

Roll-out ...

'Try, learn and share' – adjust as-go, based on collective experience

- **Cross-learning:** training, peer review and support, adjusting and adapting
 - Toolbox with options for each phase to be adapted, tried, adjusted, refined and shared
- **In-country programming:** planning and accounting for results in phases
 - Mutual accountability
 - Fixed budget envelopes
 - Unlock synergies
 - *“Non-permissible items”*: salaries, purchase of vehicles and commodities, etc.



Phased implementation

Roll-out - timeline	2022						2023						2024						2025																	
	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Pre-assignment							R																													
Phase I: Understand and clean-up								X					R																							
Phase II: Do no harm - do good									X					X					R																	
Phase III: Determinants & synergies										X					X					X																
Phase IV: Sustain																																				
Wrap up and final documentation																																				

Pre-assignment – rapid appraisal within each country to identify and select three of the ‘hardest’ districts in a competitive process: development and malaria challenges; and local commitment.

Phase I – understand the local situation and its determinants and anchor the multisectoral action in local ownership. Boost efforts to reduce malaria among own staff and clients (Step 1 and 2).

Phase II – stop producing malaria (*do-no-harm*) and start reducing malaria (*do-good*) (Step 3 and 4).

Phase III – address the priority socioeconomic determinants of malaria across all sectors (Step 5)

Phase IV – maintain and institutionalize the new ways of working.

Nothing to Lose – only Gain

Comprehensive multisectoral action for malaria complements
and amplifies conventional malaria and selective sectoral
approaches