



WEST AFRICA SUB-REGIONAL NATIONAL MALARIA PROGRAMS AND PARTNERS ANNUAL MEETING

20TH NOVEMBER, 2023

Outline

- Program Implementation Status
- Achievements
- Challenges
- Best Practices
- Gap Analysis
- Acknowledgement

Program Implementation Status, Jan – Sep 2023 1/2

Indicator	Target	Result	Achievement (%)
Number of long-lasting insecticide nets distributed to targeted risk groups through continuous distribution	3,646,318	2,438,919	66.9
Percentage of population in target areas sprayed with indoor residual spraying in the last 12 months	90.0%	90.0%	100.0
Proportion of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria.	69.4%	59.0%	85.4
Proportion of children aged 3–59 months who received the full number of courses of SMC (3 or 4) per transmission season in the targeted areas	95%	88.6	93.28

Program Implementation Status, Jan – Sep 2023 2/2

Indicator	Target	Result	Achievement (%)
Proportion of suspected malaria cases that received a parasitological test in health facilities	100.0%	98.5%	98.5
Proportion of confirmed malaria cases that received first-line anti-malarial treatment in health facilities	100.0%	92.0%	92.0
Under-five Malaria Case Fatality	0.04%	0.05%	80.9

Major Achievements in 2023

- Zero Malaria Business Leadership Initiative was launched to support the Malaria fight.
- Ecobank donated seed money of USD 120,000
- Parliamentary Caucus in Malaria was formed in 2022 and this year two members from the parliamentary caucus on malaria participated in the 2023 ASTMH
- Underfive malaria case fatality rate reduced by 58% from 0.12 in 2020 to 0.05 in 2022 same period
- IPTp3 coverage improved by 21% between 2020 (47%) and 2023 (60%) the same period



Challenges And Recommendations

Challenges

Limited logistics such as vehicles and tablets for implementing concurrent and time bound activities such as SMC thus threatening timeliness and efficiency of implementation

Delay in clearance of commodities at the port resulting in stock out of AL,RDTs and SP

Recommendations

Advocating for procurement of additional vehicles and tablets

The Ministry of Health should ensure that Malaria commodities are cleared on time at the port

Best Practices

During SMC

- Health staff were assigned to work in conflict-prone areas instead of volunteers from the community
 - ✓ This was because most of them were not natives and thus were seen as neutral

Gap Analysis 2024

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	19,387,583.72	17,654,871	1,732,712.72
IRS US\$	13,520,917.20	11,528,656.75	1,992,260.45
ACTs (# number of commodities)	14,091,850.76	2,169,821.84	11,922,028.93
RDTs (# number of commodities)	7,824,838.13	2,154,961.98	5,669,876.15
Total US\$-Others			
Total US\$ need malaria strategic plan	57,899,016.73	33,691,787.86	24,207,228.87

Gap Analysis 2025

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	4,618,511.26	1,976,668	2,641,843.26
IRS US\$	15,684,263.95	13,651,400.27	2,032,863.68
ACTs (# number of commodities)	13,776,471.08	4,928,207.15	8,848,263.93
RDTs (# number of commodities)	7,433,596.22	4,447,203.48	2,986,392.74
Total US\$ need essential services			
Total US\$ need malaria strategic plan	41,512,842.51	25,003,478.90	16,509,363.61

Gap Analysis 2026

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	4,825,967.22	2,007,679.00	2,818,288.22
IRS US\$	17,723,218.26	15,648,886.87	2,074,331.40
ACTs (# number of commodities)	13,495,446.69	4,888,831.59	8,606,615.11
RDTs (# number of commodities)	7,061,916.41	4,344,852.52	2,717,063.90
Total US\$ need essential services			
Total US\$ need malaria strategic plan	46,990,255.44	27,672,440.92	19,317,814.51

2024 Implementation Support (TA) /Anticipated TA requirements for 2024

Activity	Support type (TA or financial)
Stratification and Interventions tailoring at the subnational level	Consultant and Finance
Establishing cross border collaboration (Surveillance)	Facilitation and funding support Development of guidelines
Malaria surveillance in elimination- country study visit	Facilitation and funding support

Acknowledgement

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- The Director General , GHS
- Director PHD and Staff
- Programme Manager NMEP and Staff
- PPME/GHS
- RDH and DHS
- All health facilities
- All Partners
- The Global Fund
- USAID and Implementing Partners
- WHO
- RBM/CRSPC



Thank You