



# NATIONAL MALARIA ELIMINATION/CONTROL PROGRAMS AND PARTNERS ANNUAL MEETING

MoHSS

MALARIA PROGRAMME PROGRESS UPDATE

03-06- October 2023

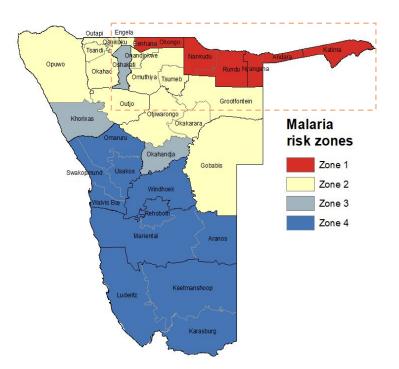
## Outline

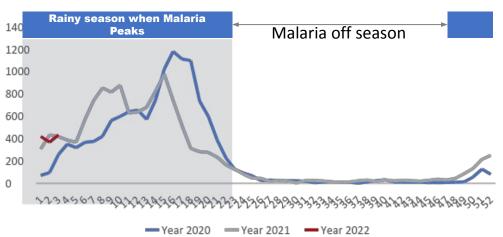
- Program Implementation Status
- Achievements
- Bottlenecks/Challenges
- Best Practices
- Gap analysis
- Technical Assistance



The incidence of malaria varies from region to region in Namibia, with the load increasing as one travels up to the northernmost regions of the country

#### Malaria Risk Map 2018





Malaria risk is highest in the seven northern regions, namely Ohangwena, Kavango East ,Kavango West, Oshana, Omusati, Kunene and Zambezi with peaks and outbreaks during the raining season

## Implementation Status: Is the country on track with addressing the MSP targets?

Indicator Name	2022	
	Target	Achieved
Total Number of Malaria cases	3000	11,847
Total Number of Local Malaria cases	1	10,310
Total Number of Malaria Deaths	5	35
Total Number of Malaria Admissions	100	753
Malaria incidence (confirmed malaria cases (microscopy or RDT)) per 1000 persons per year	1,18	4,5
Number of malaria deaths per 100,000 persons per year	0,2	1,3
Number of districts that have zero local cases	36	5
Malaria test positivity rate	0,8	3,5

## PROGRESS AGAINST THE TARGETS 2022

Indicators	Target	Actual (compared to 2020)
Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	100%	98% (1%)
Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	100%	100%
Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that were received in the DHIS2	100%	98% (1%) 👚
Timeliness of facility reporting: Percentage of submitted facility monthly reports (for the reporting period) that are received on time in the DHIS2	100%	70% (24%)

## PROGRESS AGAINST THE TARGETS 2022

Indicators	Target	Actual
Proportions of targeted structures sprayed by IRS within the last 12 months	85%	67%



#### **Programme Management**

- Established Angola-Namibia and Zambia-Namibia health testing posts at the borders
- Functional Regional Task Force in Zambezi,
   Kavango, Ohangwena regions (FLAME)
- Conducted End-Term Review of the National Malaria Strategic Plan 2017-2022 and NMSP 2023-2027 developed.
- Strengthened cross-border collaboration meetings between Namibia -Zambia

#### Surveillance M&E

- Updated malaria risk maps to inform strategic planning
- Improved data quality by effecting national bi-annual data review meetings with key partners
- Roll out Epidemic Preparedness Response tool for surveillance systems at all levels in order to detect early warning and monitor outbreak
- Upgraded the DHIS2

#### **Vector Control**

- Mapping of breeding sites to create a database
- Maintained susceptible mosquito colony at Oshakati and Zambezi insectaries
- AFRO II Project (larviciding) demonstrated acceptance and ownership by community members
- Conducted Entomological Surveillance studies

#### **Case Management**

- Commencement of the Therapeutic Efficacy Study (TES)
- Cascaded trainings on revised national malaria case management guidelines to Omusati ,Ohangwena, Oshikoto and Kavango East regions
- Trained 137 CHWs on test and treatment of uncomplicated malaria
- Revised QC/QA guidelines

## Bottlenecks/Challenges

- Lengthy procurement processes affecting timely delivery of malaria commodities
- Low IRS coverage due to logistical challenges
- Analysis of drivers of transmission in high burdened regions shows evidence of behavioral factors contributing to the upsurge of cases while SBCC interventions are under-funded
- High staff turnover affecting implementation of activities
- Under funded National Strategic Plan (2017-2022)

### **Best Practice**

- Stratification of malaria risk zones has improved targeting and implementation of interventions Improved data use for targeted interventions i.e. village data from the rapid notification system used for targeting of villages for the IRS campaign
- Automated analytical dashboards in the DHIS2 to monitor potential outbreaks
- Conducted virtual meetings
- Combined trips with other programmes due to lack of transport

## Gap analysis

2024	Need	Financed	Gaps
# LLINs	165,000	165,000	0
IRS (US\$ or household	4,376.053	4,132,939	243,114
ACTs (# treatment doses)	25,000 units	25,000 units	0
# RDTs	20, 000 units of P/25	20, 000 units	0
Total US\$ (need essential services ( from gap analysis)	25,007,186	16,348,936	8,658,250
Other costs			
Total US\$ need	132,364,253	86,319.736	46,044,517



## THANK YOU!!!



