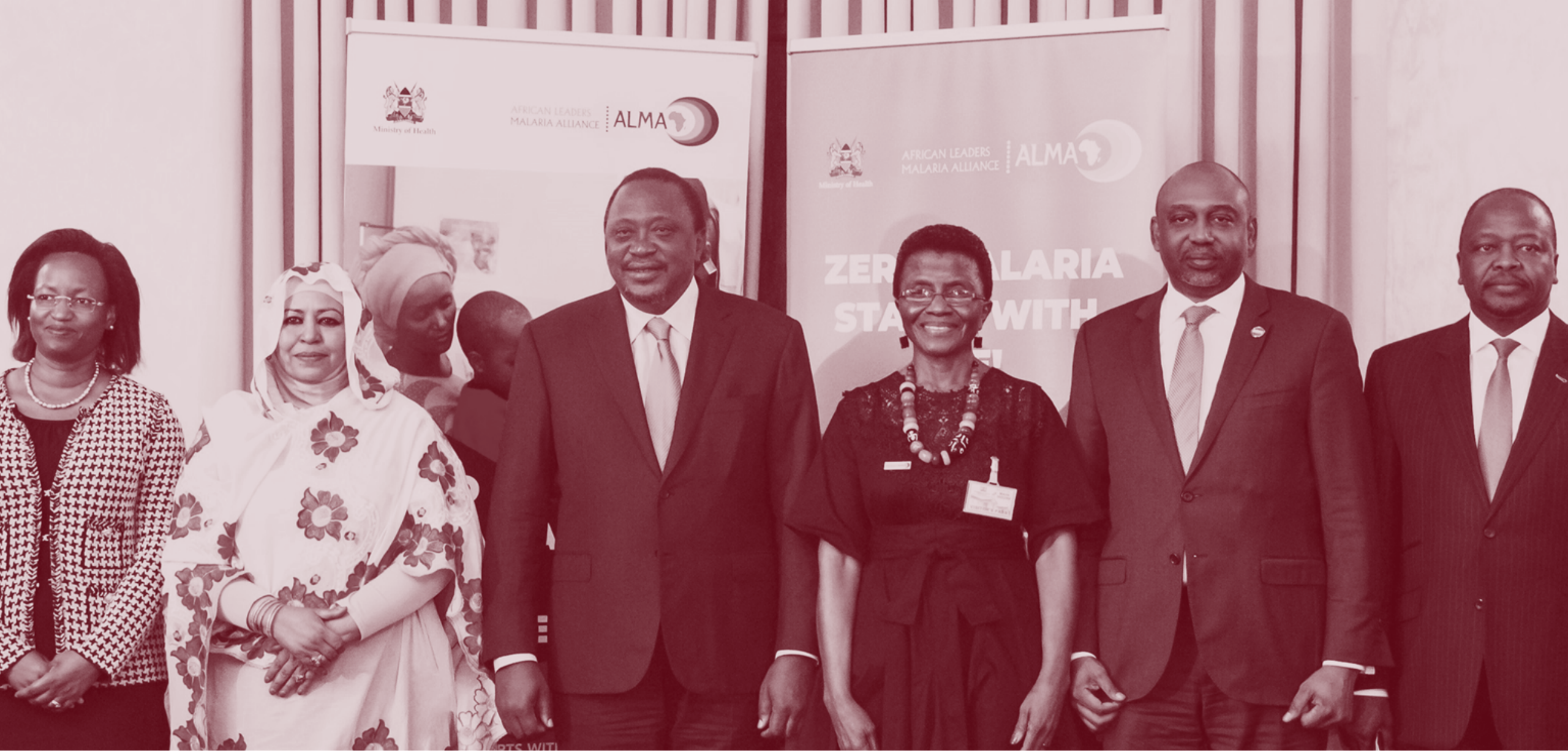
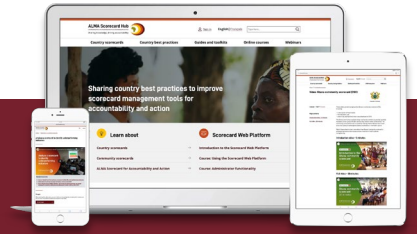
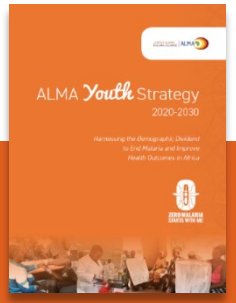


ALLIANCE DES DIRIGEANTS AFRICAINS CONTRE LE PALUDISME
ALMA

Programme du Président d'ALMA



Accroissement de la numérisation et de l'utilisation d'instruments factuels (y compris les cartes de score nationales sur le paludisme et les plans de travail)



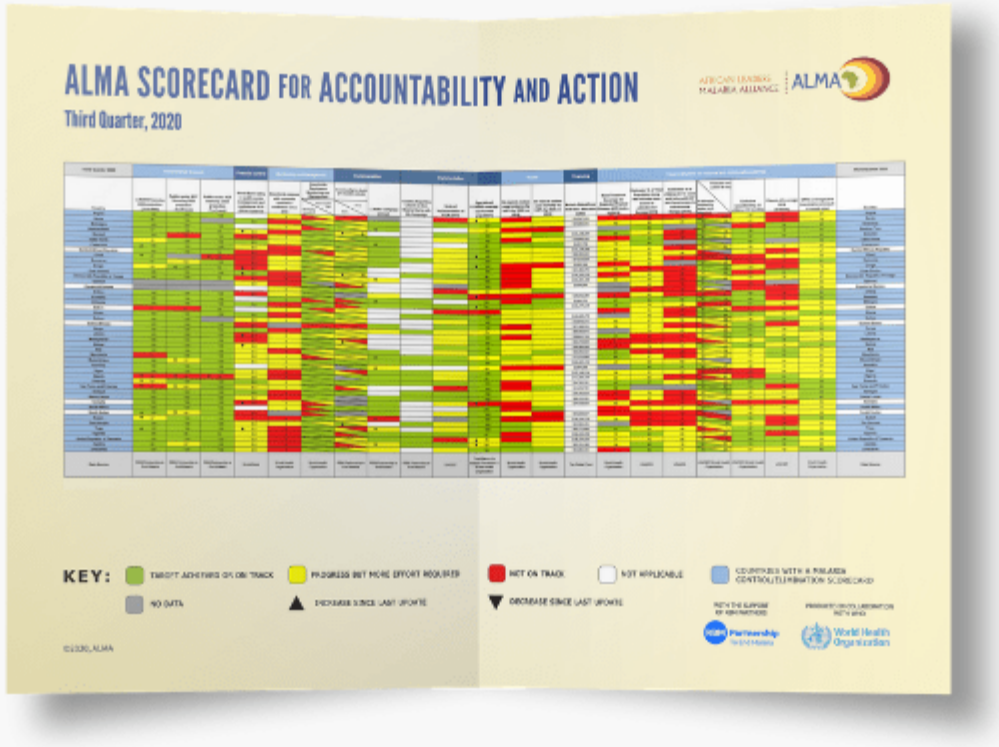
Création d'armées nationales des jeunes contre le paludisme pour le recrutement et l'engagement de jeunes leaders appelés à devenir les champions de la lutte

Établissement de conseils et fonds pour l'élimination du paludisme appelés à soutenir une riposte multisectorielle au paludisme

Amélioration de la coordination régionale contre le paludisme à travers les Communautés économiques régionales

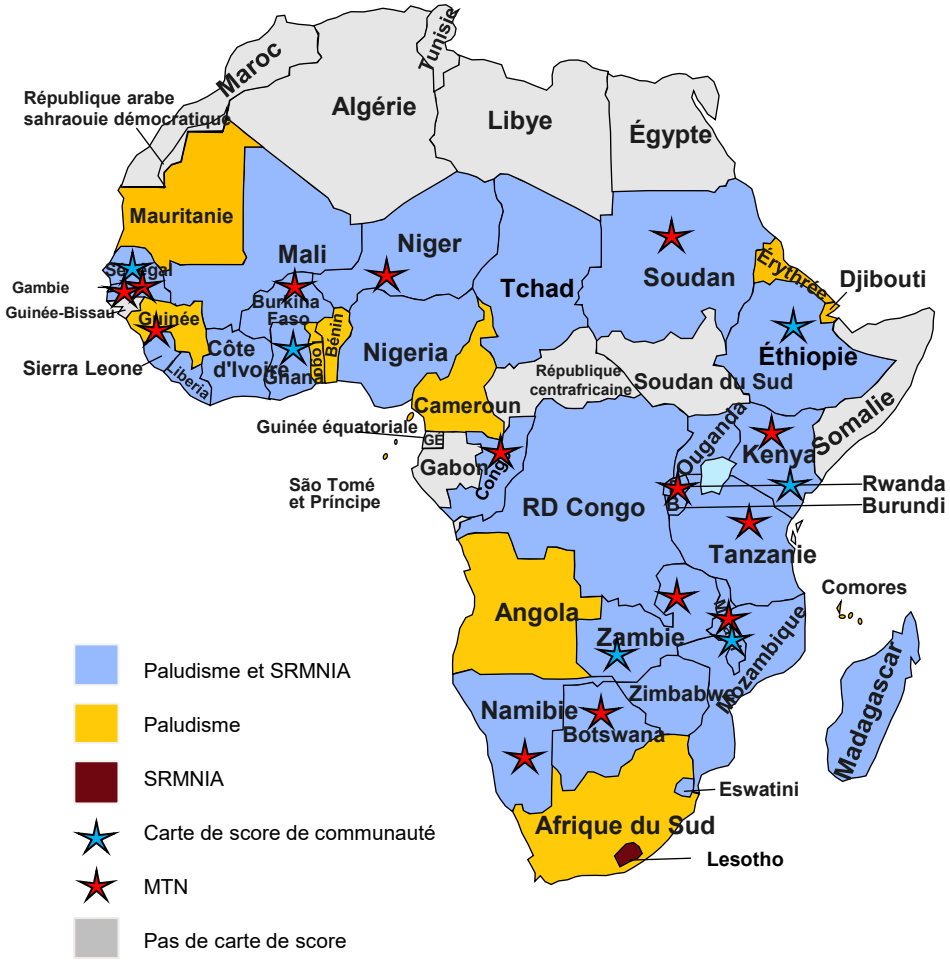
Engagement renouvelé envers la fabrication locale des produits

La carte de score ALMA pour la redevabilité et l'action met en lumière les résultats d'indicateurs clés à l'intention des chefs d'État et de gouvernement



- La carte de score trimestrielle d'ALMA est communiquée aux chefs d'État et de gouvernement, aux ministres de la Santé et des Finances et aux ambassadeurs.
- Elle présente une série d'indicateurs relatifs au paludisme, ainsi qu'aux maladies tropicales négligées, à la SRMNIA et à la COVID-19.
- Les rapports trimestriels qui l'accompagnent font le point sur les progrès réalisés, les actions recommandées et la riposte.

ALMA a aidé les pays à mettre en œuvre 40 cartes de score pour la redevabilité et l'action relatives au paludisme, 29 cartes sur la SRMNIA, 13 sur les MTN, trois sur la nutrition et six au niveau communautaire.



Les outils de gestion de la carte de score sont propres aux pays. Ils servent à :

- suivre en temps réel les données de santé nationales et sous-nationales par rapport aux indicateurs prioritaires alignés sur les plans nationaux
- identifier les goulots d'étranglement ou les déficits
- accroître la redevabilité
- renforcer la prise de décision pour entraîner l'action

Ils sont intégrés aux processus existants de redevabilité et de gestion.

Ils entraînent l'action, par ex., pour faire face aux recrudescences, résoudre les ruptures de stocks, transférer les tâches, combler les déficits de ressources, etc.

Ils sont utiles au niveau national, sous-national et même communautaire (qualité des soins), ainsi qu'au niveau technique et politique.

La Tanzanie a formé 90 parlementaires supplémentaires à l'utilisation de la carte de score sur le paludisme.

Le Nigeria a lié sa carte de score au nouveau référentiel de données sur le paludisme (DHIS2) et planifie la décentralisation au niveau de l'État en 2022.

La Zambie a piloté sa carte de score de communauté (CSC) et produit des vidéos de formation, lié la carte de score à DHIS2. La carte de score est utilisée lors des rencontres du CEP.

Le Kenya a lié sa carte de score sur le paludisme à DHIS2 et l'a décentralisée vers 10 comtés à tendance épidémique.

Le Ghana a mobilisé 3,2 millions de dollars pour le renforcement de l'utilisation de la carte de score au niveau communautaire et l'a liée au réseau médiatique AMMREN. Le pays a formé ses parlementaires à la carte de score.

La RDC a renforcé la capacité d'une équipe centrale en préparation à la décentralisation.

L'Angola a décentralisé la carte de score sur le paludisme vers toutes les provinces et a lié la carte à DHIS2.

La Guinée a décentralisé la carte de score sur le paludisme vers toutes ses régions et districts et a lié la carte à DHIS2.

Le Burkina Faso a décentralisé la carte de score sur le paludisme vers trois régions avec l'aide de l'initiative CHAI.

Le Mozambique a lié la carte de score à DHIS2 et inclut maintenant les données au niveau de la structure de santé.

Le Togo a établi le lien à DHIS2 et décentralisé sa carte de score sur le paludisme vers toutes les régions et tous les districts du pays.

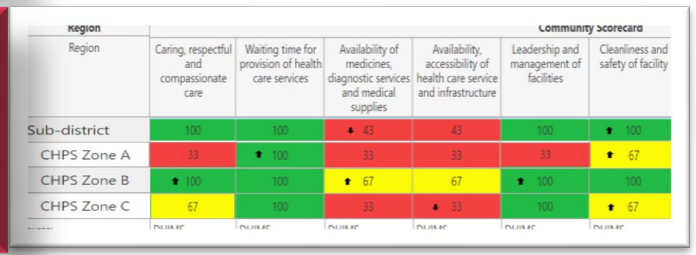
Le Burundi a lié la carte de score à DHIS2 et l'a décentralisée vers toutes les régions.

CARTES DE SCORE COMMUNAUTAIRES

- Instrument de redevabilité sociale mobilisant les communautés à participer plus activement au renforcement des systèmes de santé
- Chaque trimestre, la communauté vote et cote les indicateurs relatifs à la qualité des soins pour produire la carte de score.
- La communauté et le personnel de la structure de santé élaborent des plans d'action communs en vue combler les déficits identifiés sur la carte de score.
- Les cotes et les plans d'action sont téléchargés vers le SIGS et sur la plateforme web en ligne pour produire des cartes de score codées-couleurs porteuses de données agrégées qui peuvent être utilisées par tous les intéressés pour identifier et résoudre les goulots d'étranglement.
- ALMA a facilité l'élaboration de cartes de communauté en Éthiopie, au **Ghana**, au Malawi, au **Sénégal**, en Zambie et au Kenya.
- Indicateurs courants : soins respectueux, temps d'attente, disponibilité de médicaments, qualité de l'infrastructure, propreté et sécurité de la structure, gestion, services des ASC, assurance, véhicule de secours

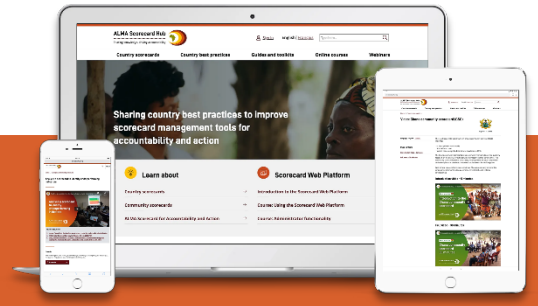
Session d'évaluation

Retour de la communauté capturé sur la carte de score



Region	Community Scorecard					
Region	Caring, respectful and compassionate care	Waiting time for provision of health care services	Availability of medicines, diagnostic services and medical supplies	Availability, accessibility of health care service and infrastructure	Leadership and management of facilities	Cleanliness and safety of facility
Sub-district	100	100	↓ 43	43	100	↑ 100
CHPS Zone A	33	↑ 100	33	33	33	↑ 67
CHPS Zone B	↑ 100	100	↑ 67	67	↑ 100	100
CHPS Zone C	67	100	33	↓ 33	100	↑ 67

Plans d'action



Hub ALMA des cartes de score

Répertoire public des cartes de score partagées par les pays d'Afrique (filtrables par pays, type de carte de score et année)

Pratiques exemplaires des pays et études de cas vidéo illustrant comment les pays ont mis à profit les outils cartes de score

Guides et boîtes à outils présentant pas à pas les étapes de création, d'analyse et d'amélioration des outils cartes de score

Cours et formations en ligne à l'intention du personnel national et sous-national du ministère de la santé en vue du renforcement de leurs capacités d'exploitation des outils de gestion de carte de score

Événements et webinaires pour encourager les utilisateurs à partager leur expérience des cartes de score et développer une communauté de pratique

Assistance technique aux ministères de la santé, pour la demande d'aide et d'orientation sur les outils de gestion de carte de score

Tous les documents sont proposés en anglais et en français

Soutien financier supplémentaire de : CIFF CHILDREN'S INVESTMENT FUND FOUNDATION

ALMA Scorecard Hub

Since February 2021

34,000 visitors
have visited the Scorecard Hub since February 2021
Monthly avg: 2,430 visitors

940 people
have attended ALMA webinars
Webinar avg: 134 attendees

1,845 certificates
have been issued (including 700 young people)
Monthly avg: 132 certificates

Scorecard sharing

14 countries
have shared scorecards on the hub

10 countries share malaria scorecards

8 countries share RMNCAH scorecards

4 countries share NTD scorecards

Country best practices

The total numbers do not match because some best practices cover multiple health groups and some countries have multiple best practices.

44 best practices
available on the hub, covering case studies from 14 countries

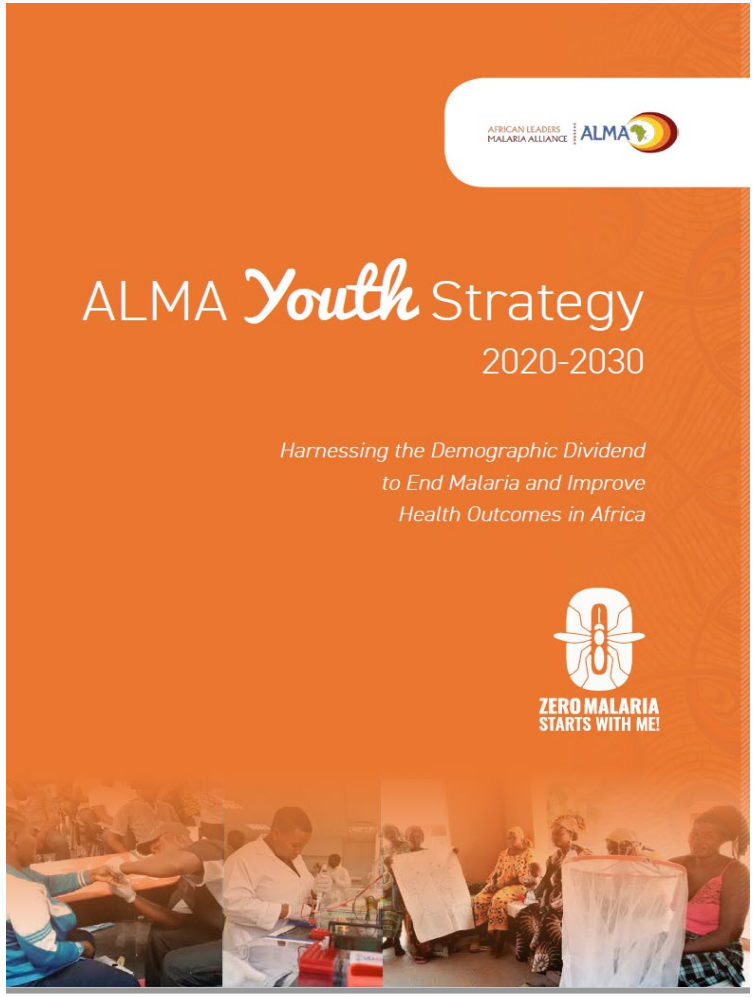
16 malaria scorecard best practices

15 RMNCAH scorecard best practices

8 community scorecard best practices

7 neglected tropical disease scorecard best practices

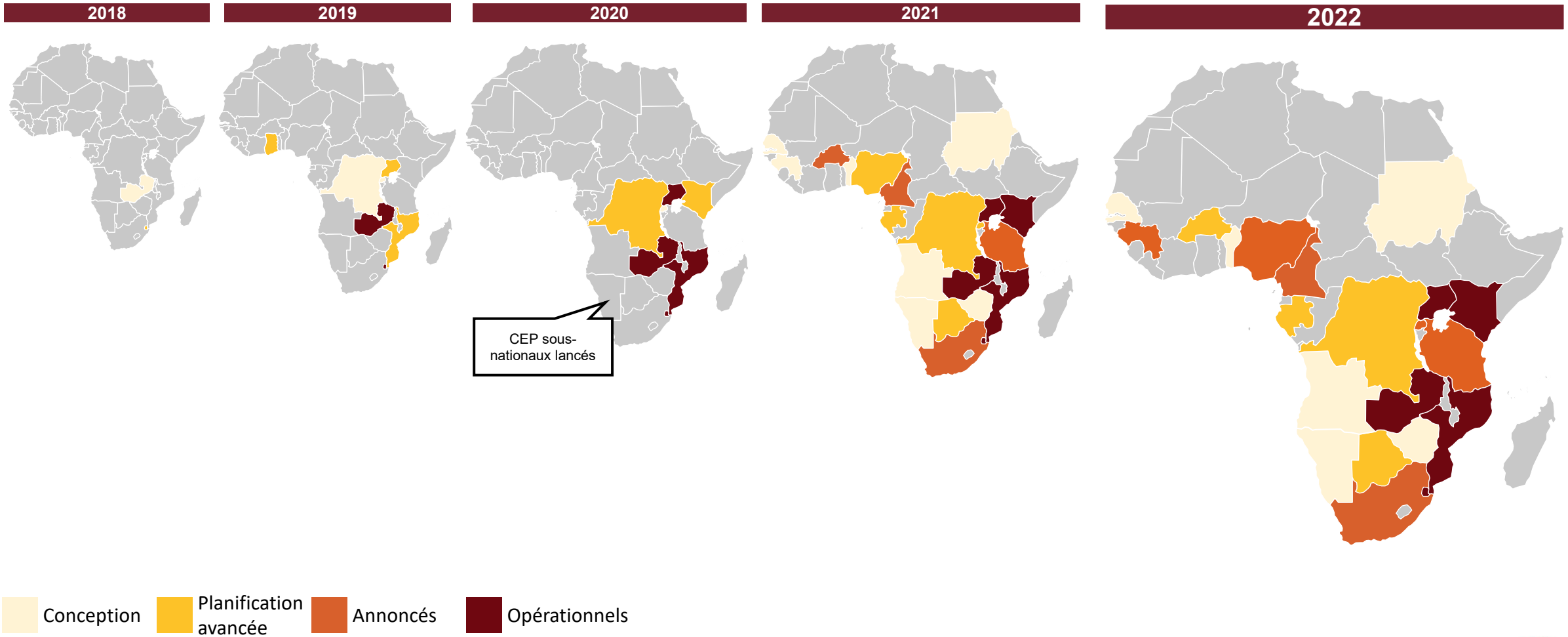
ALMA a instauré une stratégie continentale et un conseil consultatif des jeunes



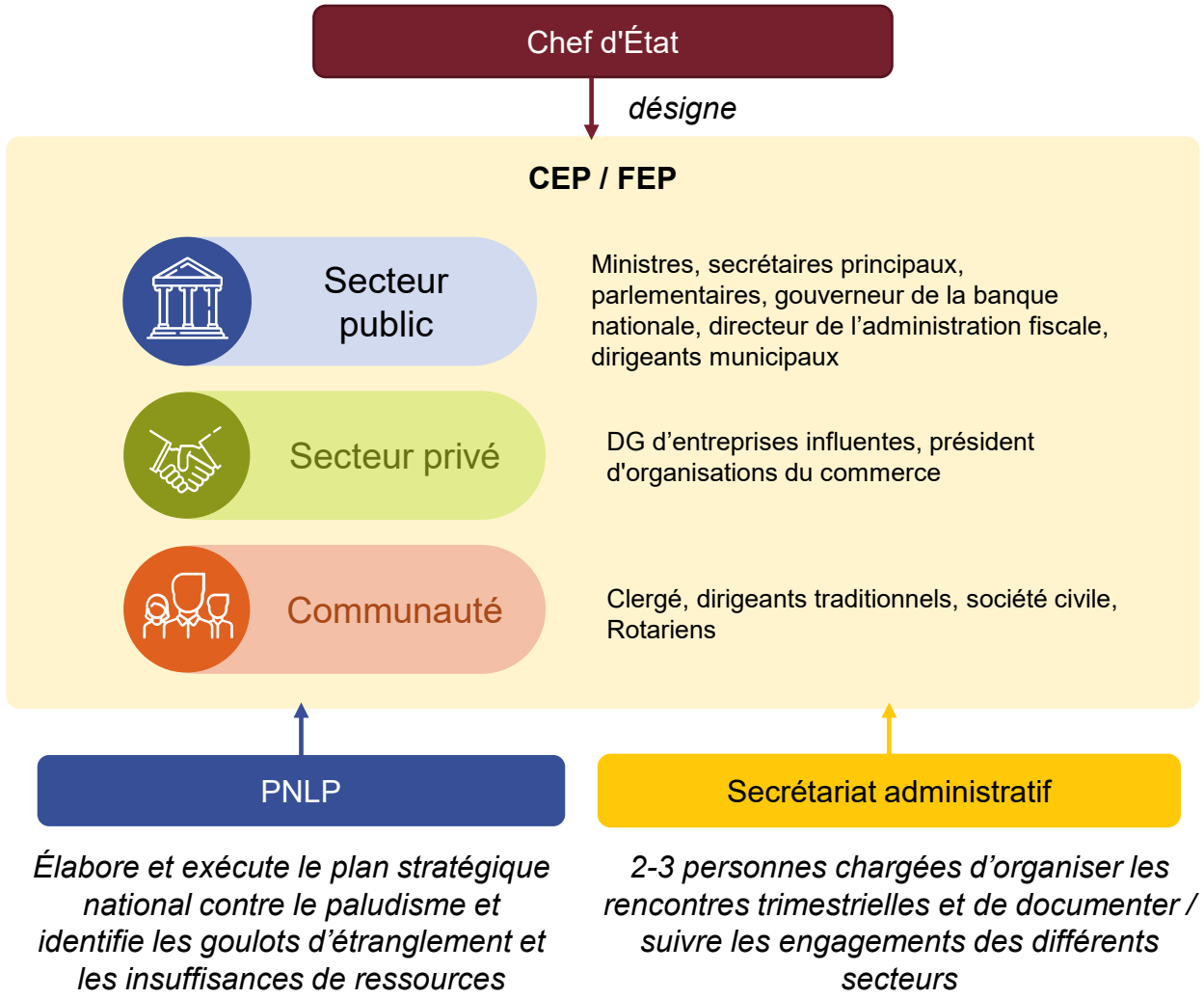
Conseil consultatif ALMA des jeunes

Des armées nationales des jeunes contre le paludisme s'organisent sur le continent pour mobiliser une nouvelle génération d'acteurs du plaidoyer et de leaders

Les conseils et fonds pour l'élimination du paludisme se répandent rapidement sur tout le continent africain



Les conseils et fonds pour l'élimination du paludisme sont des dispositifs multisectoriels assumés et dirigés par les pays au soutien du plan stratégique national contre le paludisme

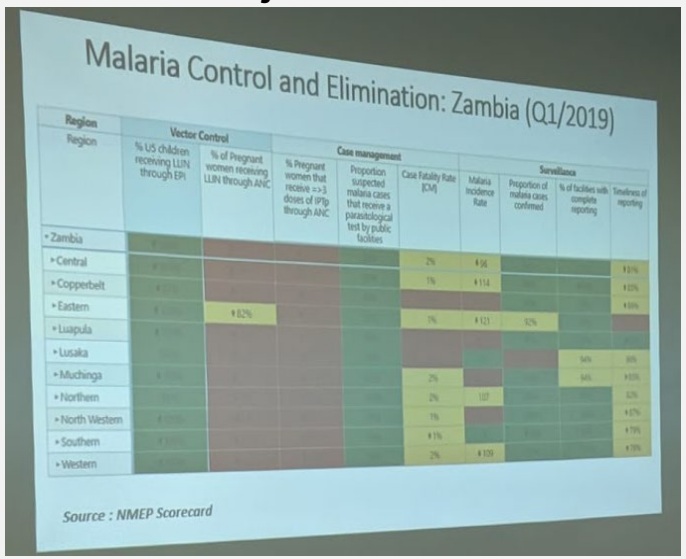


Les CEP forment un forum de hauts dirigeants qui se réunissent trimestriellement pour examiner l'état de progression du contrôle et de l'élimination du paludisme (y compris à travers la carte de score nationale).

Les membres engagent ensuite leurs secteurs respectifs pour mobiliser les engagements de plaidoyer, d'action et de ressources aptes à combler les déficits au soutien de la lutte contre le paludisme.

Les cartes de score nationales sur le paludisme peuvent aider à hiérarchiser les priorités et à entraîner le plaidoyer, l'action et la mobilisation de ressources à travers les CEP

La carte de score nationale sur le paludisme sert, lors des rencontres du CEP, à hiérarchiser les priorités et à encourager la redevabilité mutuelle en vue de l'accès aux objectifs nationaux



Carte de score nationale sur le paludisme présentée au conseil pour l'élimination du paludisme lors de la rencontre du CEP de juin 2019

Contexte

- En 2019, la carte de score a révélé de très faibles niveaux de couverture TPIp.

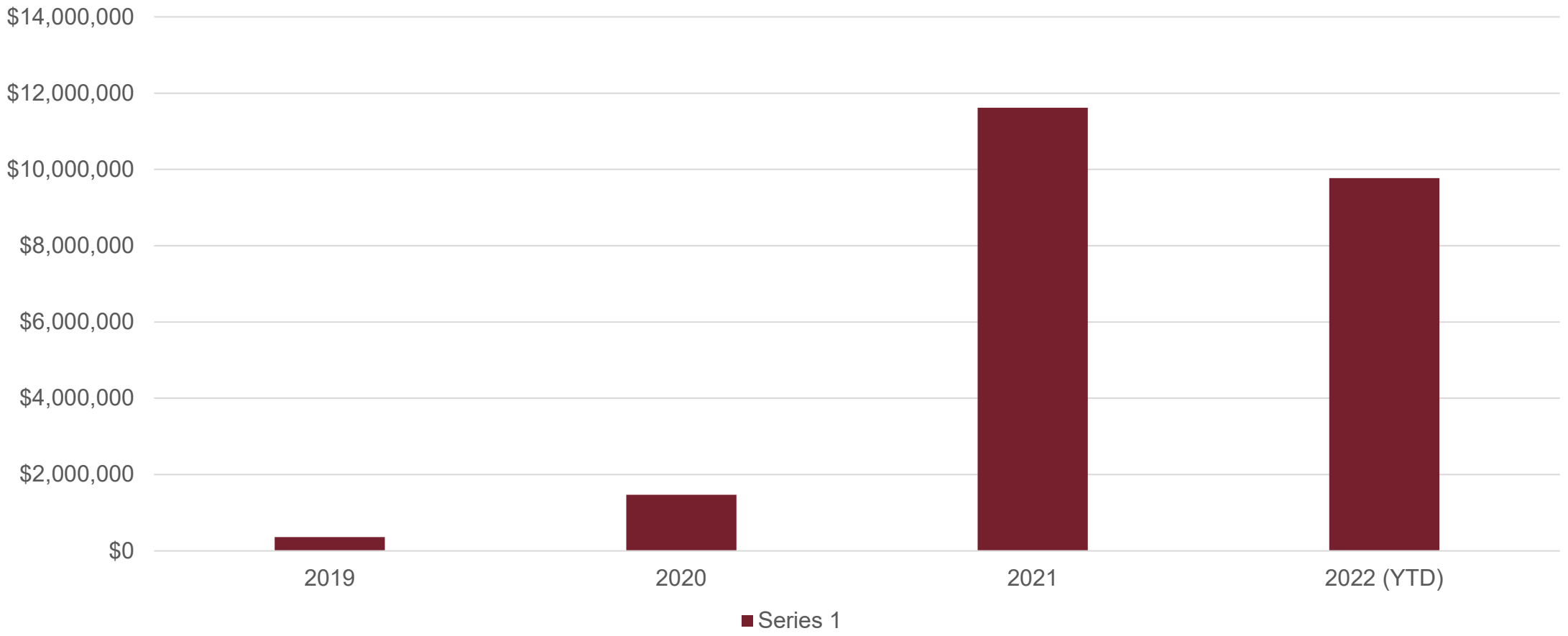
Engagement du CEP

- Le secteur privé et les dirigeants de la communauté ont interpelé le ministère de la Santé sur les causes profondes de la sous-performance.
- Il est apparu qu'il y avait rupture nationale des stocks de SP, sans ressources disponibles pour le réapprovisionnement.

Mesures prises

- Un groupe de travail a été établi pour mobiliser les ressources nécessaires.
- Les partenaires ont assuré un financement d'urgence pour la reconstitution des stocks.
- Le secteur privé s'est engagé à soutenir un approvisionnement durable en produits.

Des engagements financiers et en nature représentant plus de 23 millions de dollars ont été mobilisés par les conseils et fonds pour l'élimination du paludisme



Eswatini

- Achat d'antipaludiques après une rupture de stock nationale pour éviter les perturbations de prise en charge des cas
- Financement des salaires des opérateurs IRS pendant la campagne 2020/21
- Organisation d'un fête nationale de la jeunesse avec, en vedette, Yvonne Chaka Chaka et lancement de l'armée nationale des jeunes contre le paludisme
- Sélection en tant que véhicule d'allocation de 100 000 dollars de ressources COVID-19 excédentaires pour renforcer le secteur de la santé

Zambie

- Mobilisation de ressources financières et en nature représentant >8 millions de dollars à ce jour
- Poursuite d'une campagne de messages médiatiques, avec diffusions hebdomadaires à la télévision et à la radio
- FLAME (organisation de plaidoyer de chefs religieux pour l'élimination du paludisme) continue de convoquer les dirigeants interconfessionnels pour entraîner le plaidoyer et mobiliser l'engagement de ressources financières et en nature
- Organisation d'une table ronde du secteur privé à l'occasion de la Journée mondiale contre le paludisme, pour sensibiliser de nombreux hauts cadres d'entreprises privées

Mozambique

- Mobilisation de ressources financières et en nature représentant >8 millions de dollars pour combler les déficits du plan stratégique national contre le paludisme
- Financement d'activités IRS, CCSC et autres pendant la dernière saison du paludisme
- Lancement de l'armée des jeunes contre le paludisme et d'un forum parlementaire sur le paludisme
- Organisation d'une conférence des bailleurs de fonds en partenariat avec le ministère de la Santé et Goodbye Malaria, à l'occasion de la Journée mondiale contre le paludisme

Ouganda

- Organisation d'une campagne nationale de communications pour accroître la visibilité du paludisme et y sensibiliser l'opinion publique
- Soutien de formations du personnel de pharmacie et d'agents de santé privés sur les meilleures pratiques de lutte contre le paludisme dans plus de 25 districts, y compris des formations toujours en cours dans les régions de recrudescence
- Lancement conjoint de ZMBLI en partenariat avec Ecobank Uganda
- Efforts de mobilisation de ressources aptes à combler les déficits opérationnels avant la campagne MILD 2023

Kenya

- Finalisation du protocole d'entente avec SC Johnson pour la fourniture de ressources de CCSC, contrôle des vecteurs et fabrication locale de produits antipaludiques
- Organisation d'une table ronde avec les DG des six principales entreprises médiatiques pour parler du soutien aux CCSC et de la mobilisation de ressources
- Engagement avec d'autres responsables exécutifs et ambassades étrangères (par ex., Israël) pour discussion d'investissements de ressources supplémentaires
- Soutien du lancement de l'armée kenyane des jeunes et de la Great Lakes Malaria Initiative

Les CEP ont annoncé un engagement collectif de mobilisation de 100 millions de dollars à l'occasion du Sommet de Kigali

Aloyce Urassa and 3 others liked

David Reddy
@DavidReddy_MMV

"Malaria doesn't discriminate - it doesn't care if you are the president or a pregnant CEO". — Thandile Nxumalo, #EndMalaria Council #Eswatini

3:32 PM · 6/23/22 · Twitter Web App

4 Retweets **1** Quote Tweet **16** Likes

Plusieurs obstacles entravent encore la fabrication locale d’antipaludiques et autres produits de santé

Coûts de main-d'œuvre élevés, rare expertise

Taxes sur les matières premières importées (les produits finis importés sont exonérés)

Politiques de change défavorables

Manque d’assurance des marchés régionaux et internationaux

ALMA s'est associée à AUDA/NEPAD, MMV et autres partenaires au soutien de la fabrication locale

- Plaidoyer pour la mise en œuvre du Plan de fabrication de produits pharmaceutiques pour l'Afrique par NEPAD
- Mise en lumière des goulots d'étranglement de la fabrication locale et de l'enregistrement auprès des chefs d'État et de gouvernement africains
- Soutien de la rationalisation des réglementations pharmaceutiques par diffusion de notre évaluation des cadres réglementaires
- Promotion de l'harmonisation de l'enregistrement des produits de contrôle des vecteurs à travers les Communautés économiques régionales (CER)
- Identification des créneaux de résolution des insuffisances et d'accroissement des investissements dans la fabrication locale et facilitation du transfert de technologie (par ex., Tanzanie)
- Évaluation des capacités de fabrication nationale et aide ciblée aux fabricants génériques en vue de la préqualification OMS (par ex., assistance technique de MMV aux pays)

La collaboration se poursuit avec les Communautés économiques régionales pour engager les chefs d'État et de gouvernement à relever les défis et à apporter des solutions utiles pour mettre fin au paludisme

Cartes de score régionales soumises à l'examen des chefs d'État et de gouvernement et des ministres de la Santé et des Finances

Partage des enseignements tirés et des meilleures pratiques

Prix de l'Excellence au niveau régional

Communauté économique régionale	Signature du protocole d'entente	Élaboration du plan de travail	Engagement des forums de chefs d'État et des ministres	Élaboration de carte de score sous-régionale
SADC	✓	✓	✓	*Carte de score E8* ✓
CEDEAO	✓	✓	*Engagement parlementaire* ✓	✓
CEEAC	✓	✓	✓	✓
CAE	✓	*Great Lakes Malaria Initiative* ✓	⇢	✓
IGAD	✓	✓	⇢ *Groupe de travail technique sur le paludisme réactivé dans le cadre de la structure d'IGAD*	⇢

- **Soutien continu de la carte de score E8, du rapport annuel sur le paludisme et du plan stratégique de la SADC**
- **Plaidoyer contre le paludisme intégré à l'agenda des rencontres virtuelles du ministre**

- **Soutien de l'élaboration de la carte de score SaME et du plan MR SaME**
- **Lancement du réseau REPEL**

- **Séance d'information conjointe ALMA RBM à l'intention des commissions de la CEEAC**
- **Soutien du plan stratégique**

- **Soutien à la mobilisation de ressources pour le secrétariat de la CAE sur la coordination de la lutte contre le paludisme**
- **Renforcement de la carte GLMI**

- **Soutien à la mise en œuvre d'un plan de travail régional**
- **Évaluation rapide de la situation du paludisme**

Conclusions et recommandations

1. Nous apprécions profondément les efforts déployés pour maintenir la lutte contre le paludisme parmi les hautes priorités du programme de développement.
2. Nous encourageons les pays à institutionnaliser davantage les cartes de score nationales et sous-nationales sur le paludisme et à les publier sur la plateforme Hub ALMA des cartes de score, entre autres forums, pour entraîner la redevabilité et l'action multisectorielles.
3. Nous nous réjouissons de la réponse reçue des jeunes sur tout le continent et de nos prochaines collaborations avec les pays concernant les « armées des jeunes contre le paludisme ».
4. Les conseils et fonds pour l'élimination du paludisme poursuivent leur élan et nous nous réjouissons des prochaines inaugurations planifiées.
5. Nous nous réjouissons à l'idée d'une coordination et collaboration transfrontalières accrues, notamment à travers les Communautés économiques régionales.
6. Les goulots d'étranglement au niveau de la chaîne d'approvisionnement restent problématiques concernant les produits de santé mondiaux et nous encourageons la région à prioriser la fabrication locale de produits antipaludiques pour améliorer la résilience.

BMGF OVERVIEW

CRSPC Central Africa Meeting

Seynude Jean-Fortune Dagnon

Malaria SPO, Strategic Partnership and Country Engagement, SPACE
Western and Central Africa, based in Abuja

August 10, 2022

WHAT DOES BMGF DO?

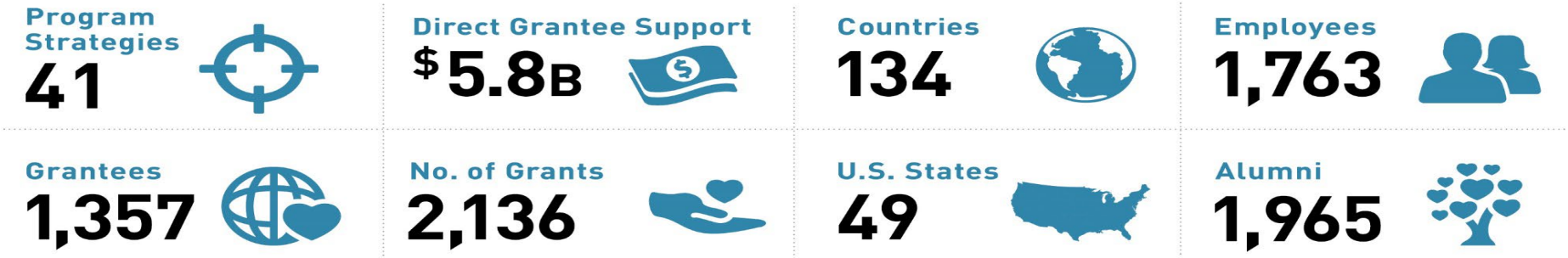
- We are a **funding agency** that supports partners around the world to do excellent work, largely in the global health and development space
- Our **malaria funding** supports

-large international organizations (e.g., WHO - $30M, GFATM - $760M),

-product development partners (e.g., MMV, IVCC) and

-providers of technical and other support (e.g., CHAI, ALMA, RBM Secretariat) across Africa

- We do not provide direct funding to NMCPs, but work with partners who provide various services to country programs (e.g., campaign digitization, surveillance strengthening, modeling and analytics, molecular work, operational research)



MALARIA TEAM

Philip Welkhoff
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DD Strategy, Planning & Management

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Jean-Luc Bodmer
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Sr PO Portfolio & Platform Lead

Matthew Steele
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Tom Cummins
Sr Program Officer, Diagnostics

Helen Jamet
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Dave Malone
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Laura Norris
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TBD
DD GFST & Malaria, NTD, GH Advocacy

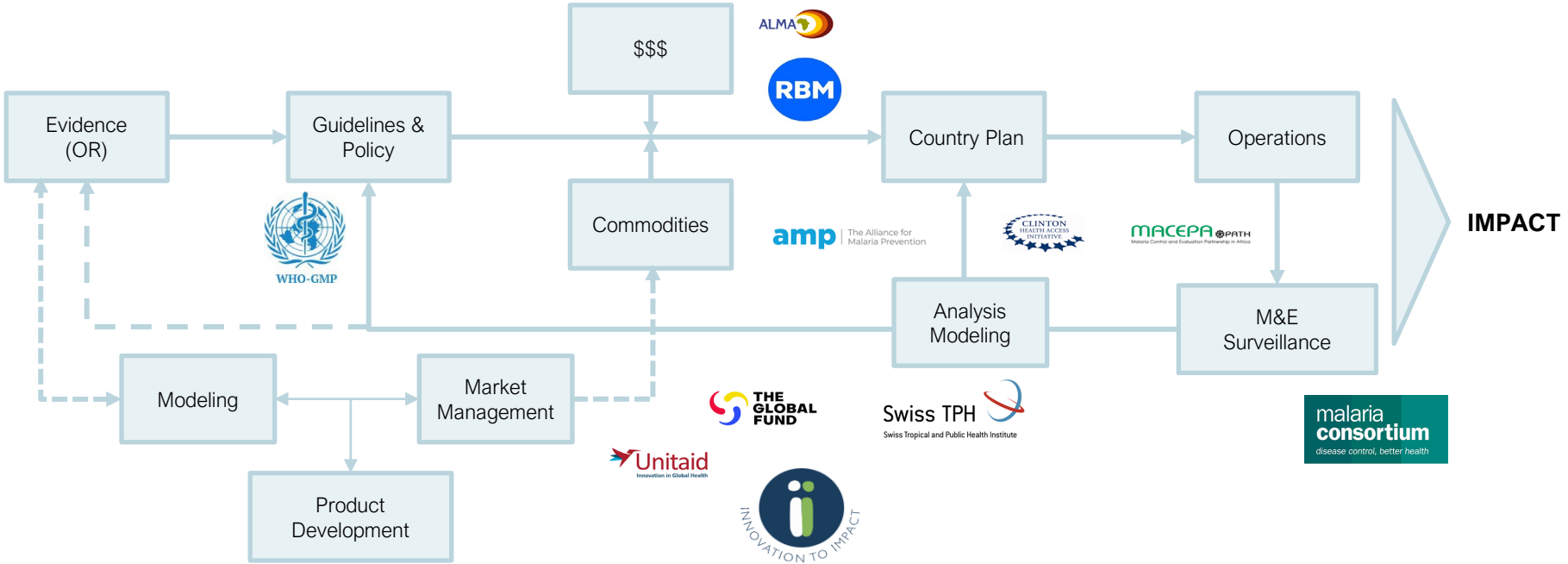
Amy Kesterton
Sr Program Officer Malaria PAC

Michal Fishman
Sr Program Officer Malaria PAC

Chrishan Thuraisingham
SPO Malaria PAC

WE ARE A SMALL FUNDER IN DELIVERY, SO WE SPEND ON KEY PARTS OF THE MALARIA ECOSYSTEM

Because we represent < 3% of global malaria funding, we rarely directly invest in commodities or operations as our funding would only be marginally incremental. We do catalytic investments.



OUR GOAL IS TO ERADICATE MALARIA

① DRIVE DOWN BURDEN

In the short- and medium- term, scale surveillance + data-driven sub-national optimization, chemoprevention & case management in high burden settings to reduce deaths and cases

② SHORTEN THE ENDGAME

Enabling environment for winning endgame in high endemic SSA by investing in next-generation surveillance systems and R&D today

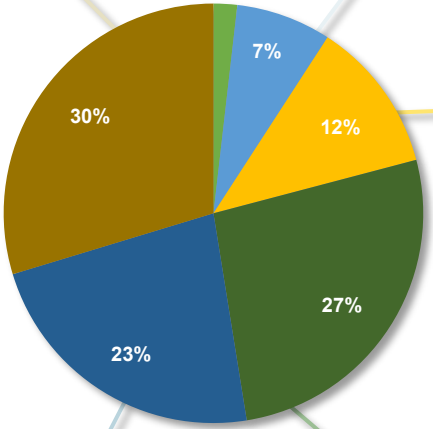
③ GET AHEAD OF RESISTANCE

Mitigate the emergence of drug & insecticide resistance by developing a robust pipeline of AIs and analyzing entomological and genetic data to quickly respond to threats

BMGF MALARIA INVESTMENT PORTFOLIO OVERVIEW

ANTIMALARIAL INTERVENTIONS
- develop novel non-ART combinations for case management
- new chemoprevention regimens
- target discovery and development of 2nd generation vaccines
- monoclonal antibodies for improved seasonal/annual protection.
- improved rapid tests with lower limits of detection
- RDTs robust to hrp2/3 deletions
- endectocides

VECTOR CONTROL
- novel insecticide active ingredients for use in new ITNs and IRS products
- novel insecticide delivery systems, e.g. ATSBs
- innovative vector surveillance.
- self-limited and gene drive approaches to suppress or replace mosquito populations



Over 2022-5, the Malaria PST has an approved budget of **$1.16B, with a 2022 budget of $274M**

ADVOCACY
- sustained political will, leadership and accountability for malaria as a global health priority
- increased financing
- country-level momentum & resource mobilization.

DATA & DIGITAL INNOVATION
- expanding molecular surveillance
- expanding mathematical and geospatial modeling
- campaign digitization
- strengthen routine data collection, reporting and response.(support malaria data repository)

COUNTRY SUPPORT & DELIVERY INNOVATION
- support for data-driven national strategic plans
- strengthened surveillance systems
- improving access to quality care in the public and private sectors
- optimizing chemoprevention
- global, regional and country partnerships

*Funds capacity building, conference/convening support, *ad hoc* special projects

INVESTMENTS IN SURVEILLANCE, SUPPORT NMCPS TO USE HIGH-QUALITY DATA FOR PLANNING AND DECISION-MAKING

Collect → Manage & Store → Analyze → Use

TOOLS & METHODS

DIGITAL TOOLS & DATA INTEGRATION PLATFORMS: Digital & mobile tools to improve data collection; data integration platforms to facilitate management & insight

STRATIFICATION & SUB-NATIONAL TAILORING: Data-driven strategic planning and GFATM application development

MALARIA MOLECULAR SURVEILLANCE: Amplicon sequencing, WGS, and other molecular methods to interrogate biological threats to case management, assess population diversity and structure, and distinguish local from imported infections. Includes parasite and vector work.

NMCP SUPPORT

ENTOMOLOGICAL SURVEILLANCE: Support improved collection and analysis of entomological data, and integration with routine epidemiological data

SURVEILLANCE STRENGTHENING & TECHNICAL ASSISTANCE: Through TA partners, support surveillance assessments and targeted systems strengthening, including improving in-country analytical and modeling capacity

PRIVATE & COMMUNITY SECTORS: Improving CHW and intervention coverage data quality and accessibility

EOC: Emergency Operations Centers for x-disease integration, surveillance, and intervention campaigns

POLICY

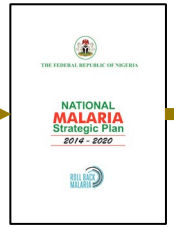
Support the development & uptake of toolkits, technical guidelines, and normative guidance through collaboration and information-sharing with WHO, GFATM, PMI and other global partners

National Strategic Plan
Sub-National Tailoring of Intervention Mixes

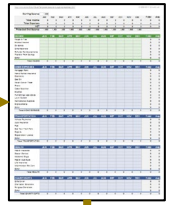
Prioritized Costed Implementation Plan
(Line Item BUDGET)

STPH

Modeling and Epi Analysis



CHAI, WHO, RBM



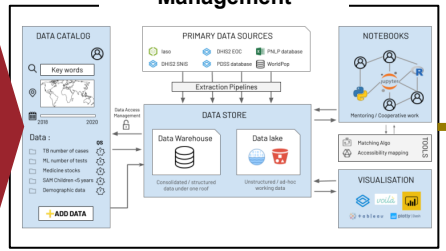
CHAI, WHO, RBM

CRS, CHAI, …

Data Sources

Routine HMIS
Entomological
Molecular
Coverage (digitized campaigns)
LMIS
HR
CGRs

Data Integration & Management



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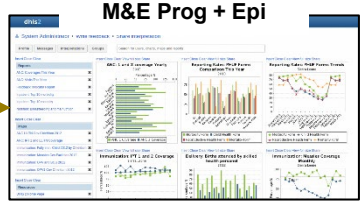


M&E Prog + Epi

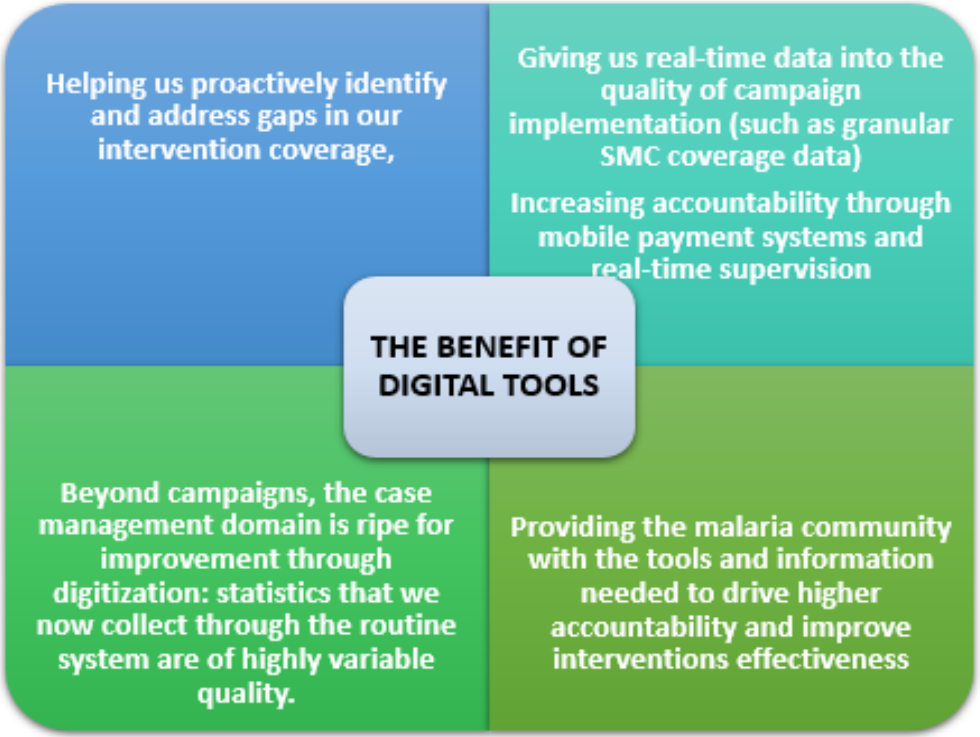
Univ Oslo, CHAI, MACEPA

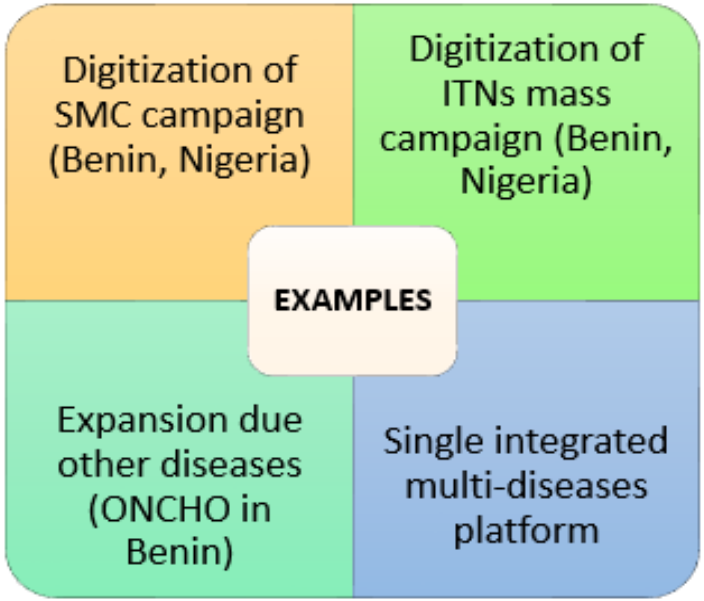
GFATM?
Others?

Expenditure

Help to develop methods and tools for data driven prioritization/budget optimization

WHY DIGITAL HEALTH INNOVATION AND ROLL OUT IS SO IMPORTANT FOR US?





STRATEGIC PARTNERSHIPS AND COUNTRY ENGAGEMENT INVESTMENTS FOCUS ON

1. Supporting data- and evidence-based national/sub-national **strategy development**, operational planning, and execution to maximize impact of donor and government resources
   - We support WHO GMP, RBM, GFATM, AMP/IFRC at the global/regional level
   - We provide embedded support to NMCPs through our anchor partners CHAI and MACEPA
   - Exploring opportunities to have donors fund against 1 costed prioritized operational plan based on HBHI/SNT approach
2. Scaling adoption of **chemoprevention** to rapidly reduce morbidity and mortality
   - OR on iPTi and SMC in newly eligible areas.
3. Improving **quality of care** in the public sector (including community delivery) and private sector
   - Partly through TSU support (public sector) and OR in private sector
   - Landscaping CHW in collaboration with UNICEF
4. Supporting key initiatives to advance the collective, **regional efforts** to reduce burden and eliminate malaria (MOSASWA, E8, RMEI, RAI)

PARTNERS IN THE CENTRAL AFRICAN REGION

- **CHAI** (DRC,)
- **PATH MACEPA** (DRC)
- **BLUE SQUARE** (Cameroon)
- **ECOBANK** Zero Malaria Business Leadership Initiative (Cameroon)
- **PAMCA** (Cameroon)
- **Pathogens genomics Diversity Networks Africa, PDNA** (Cameroon, Gabon,)
- **SWISS TPH** (Cameroon)

- This list is NOT exhaustive

WHAT ARE WE EXCITED ABOUT? HOW CAN WE HELP YOU?

- We are excited to see NMCPs use **stratification and sub-national tailoring** to develop your NSPs and Global Fund applications. We encourage you to use the RBM Dashboard to request support,

- Our funded technical support partners are ready to help you.

- We are excited about the **flexibility in the new WHO guidelines** that allows countries to tailor recommendations to their specific local contexts. We can connect you with partners who can help you adapt and scale interventions

WHAT ARE WE EXCITED ABOUT? HOW CAN WE HELP YOU?

- We are excited about WHO's upcoming **resistance strategy** and the opportunities that will be created for coordinated regional and continental surveillance. We can help you be a part of these surveillance networks and to use molecular capacity for tracking drug resistance.

- We are excited about the increasing use of **digital tools**, especially for campaign digitization, and can connect you with the partners and platforms to implement this in your country

- We are excited about **capacity-strengthening** initiatives in the analytics and modeling space. We can help you find local or regional data scientists and modelers to connect with.

Singuila, Merci, Thank You

BILL & MELINDA GATES *foundation*

www.gatesfoundation.org

Training on community, human rights and gender in malaria programmes

Annual meeting of the National Subregional Malaria Control Programme and partners
RBM CPSR Meeting, 09-12 AUGUST 2022
Kintele, Congo Brazzaville

Dr. Denise Njama-Meya, consultant CRSPC MBCHB, DTMH, MSc.

Training Overview

Session 1: Overview of Malaria epidemiology and programming.

Session 2: Conducting an assessment of community, gender and human rights related barriers to accessing malaria services.

Session 3: Designing Programmatic Approaches and Interventions.

Learning Objectives

Build knowledge

- Equity,
- Gender and
- Human Rights

Build capacity

- Identify vulnerable and underserved populations
- Identify inequities and barriers
- Identify actions

RBM Partnership To End Malaria

THE GLOBAL FUND

SESSION 1:INTRODUCTION

Malaria epidemiology and programming

- Understanding malaria epidemiology in a country is a critical component in programming.

- Malaria epidemiology varies widely over relatively small geographic areas, and this variation has implications for national programs.

- Severity of malaria infection depends not only on the species of malaria parasite but also on the level of malaria-specific acquired immunity of the individual.

Identify malaria risk factors including biological, socio-economic and cultural factors.

Identify the resulting high risk and underserved populations respectively.

Biological Risk factors

Not all people in malaria endemic areas are at the same risk of becoming sick or dying from malaria.

Acquired immunity is an important factor.

After repeated attacks of malaria, a significant degree of immunity is acquired.

This partial immunity reduces the risk that malaria infection will cause severe disease.

Malaria non-immunes are those who have had minimal or no previous exposure to malaria infection.

The risk of severe disease and potentially death is high among non-immunes or those with low immunity to malaria parasites.

File Photo: The Independent Uganda

High Risk populations

© World Vision, Uganda

Children under 5 years of age in high-transmission areas

© The Global Fund to Fight AIDS, Tuberculosis and Malaria

Pregnant women

© PMI, U.S. President's Malaria Initiative

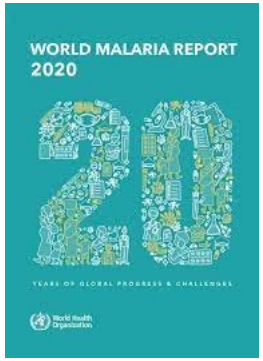
Non-immune migrants, mobile populations and travellers

Socio economic and cultural risk factors

Risk factors		
Poverty	Accessibility barriers	Social exclusion
Literacy barriers	Human rights barriers	Economic opportunities
Financial barriers	Cultural norms	Complex emergencies
Physical barriers	Psycho-social barriers	

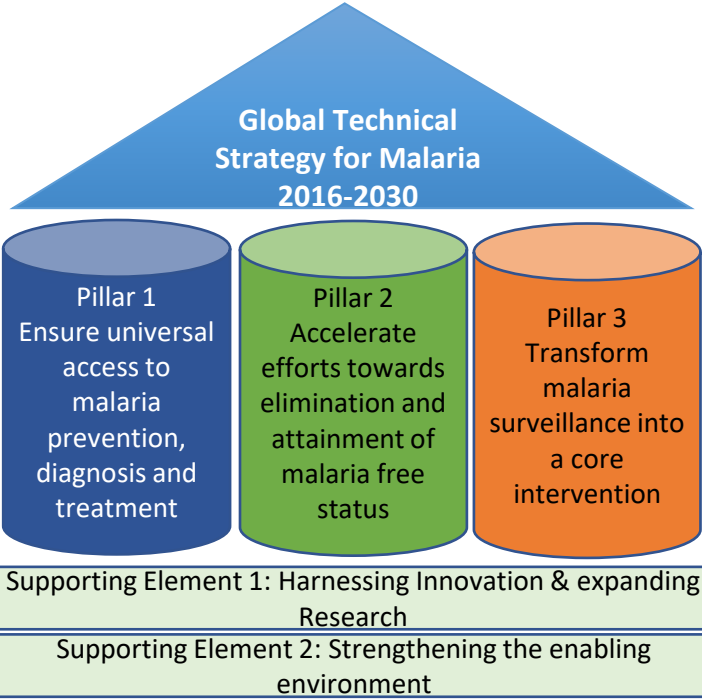
Underserved populations

Populations impacted by conflict e.g., refugees and internally displaced populations		
Populations living in remote areas facing geographical barriers to services		
Women and children from poor settings	**Indigenous populations**	**Prisoners**
Undocumented workers	**Ethnic minorities**	**Migrant Workers**



- Globally there has been **tremendous progress since 2000** in reducing the burden of malaria.

- Scaling up access to effective preventive strategies has **prevented over 1.5 billion malaria cases and 7.6** million deaths globally.



Most countries are not on track to achieving the <u>Global Technical Strategy for malaria</u> milestones.

Ensuring universal access to malaria services through addressing equity, gender and human rights issues in malaria programming is essential to enable countries get back on track.

MALARIA SERVICES FOR ALL

Effective malaria control strategies

Effective malaria control strategies should include interventions that are:

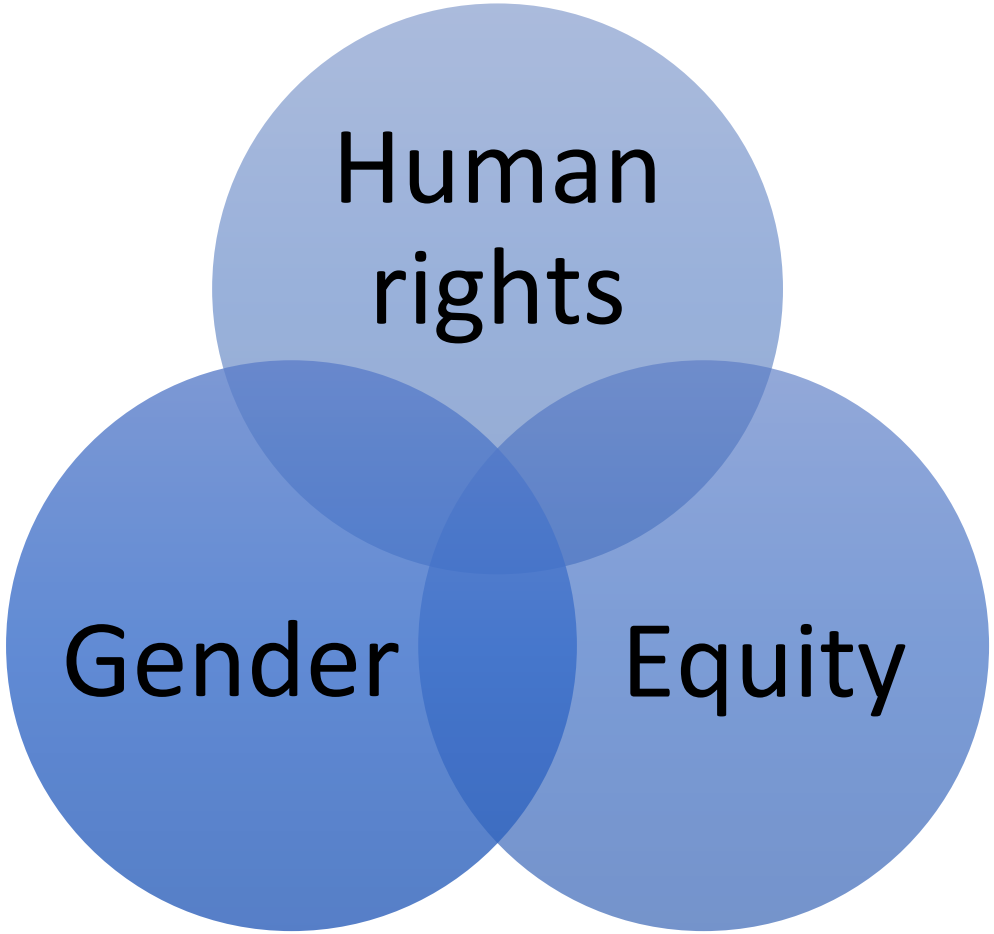
1. Integrated

2. Equitable

3. People-centred

4. Community Systems Strengthening

Defining key concepts




What are human rights?

Human rights in the context of malaria

Promoting Human rights can:

- Can help overcome barriers to malaria service access.
- Can create optimal conditions for the uptake of essential malaria prevention and treatment services.
- Can empower individuals and communities to ensure that national and subnational responses address their malaria need.
  - ❖ Understanding and adapting malaria programming to consider the social and structural determinants of health.
  - ❖ Supporting effective community dialogue and engagement, including at risk and underserved populations, ensuring their involvement in the strategic development of actions to obtain local and feasible solutions to identified barriers to malaria services.

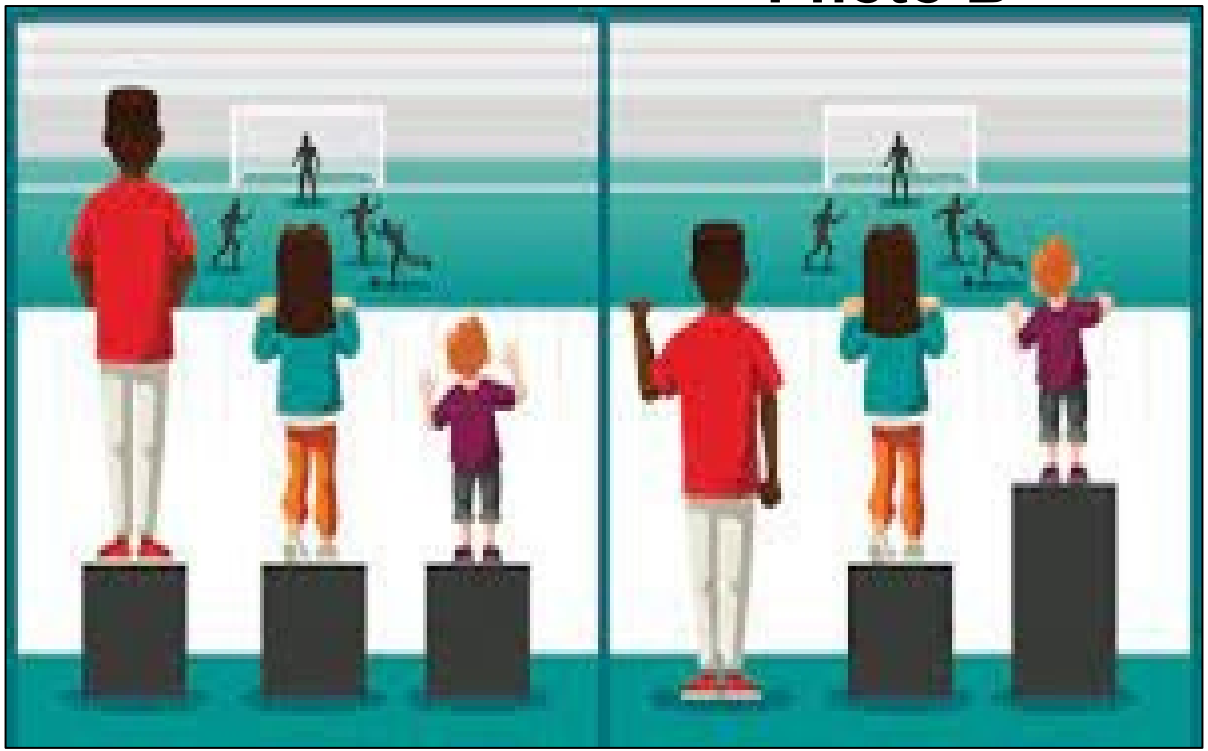
Human rights-based approach in malaria programming

- Malaria is a human rights issue. The right to health includes the right to accessible and quality medical care including malaria prevention and treatment services.
- Malaria is preventable and controlled through an integrated package of effective interventions (ITNs, IRS, SMC, IPTp, SBC, timely diagnosis and treatment).
- There still remain populations who are underserved and unable to receive these services.
- All health programs, including malaria programs are obligated to conform to human rights standards and deliver services to all without discrimination.
- Understanding how to adapt and provide inclusive, non-discriminatory malaria services will: increase programmatic effectiveness; improve cost-effectiveness; provide optimal individual outcomes; increase community benefit of malaria control efforts.

Core components of the right to health in the context of malaria

Photo A

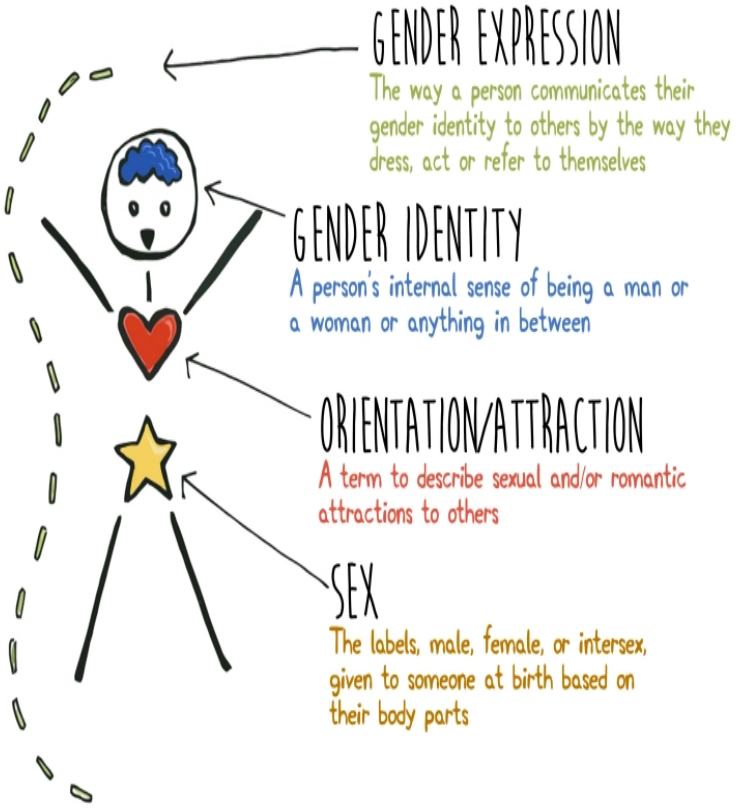
Photo B



Which photo represents Equity and which one equality?

What is Gender?

- A social construct that relates to women, men, girls, boys and gender diverse communities.
- Norms, behaviours and roles associated with being a woman, man, girl, boy, or non – traditional gender identity as well as relationships with each other.
- Gender varies from society to society and can change over time (WHO).
- Gender is different from sex.



Why does Gender matter in malaria programming?

Use one or two words to describe these photos

SESSION 2: CONDUCTING AN ASSESSMENT ON COMMUNITY, HUMAN RIGHTS AND GENDER (CRG) RELATED BARRIERS TO ACCESSING MALARIA SERVICES -THE MALARIA MATCHBOX TOOL

What is the Malaria Matchbox Tool?

Overview of the Malaria Matchbox Tool

- It is an equity assessment toolkit.

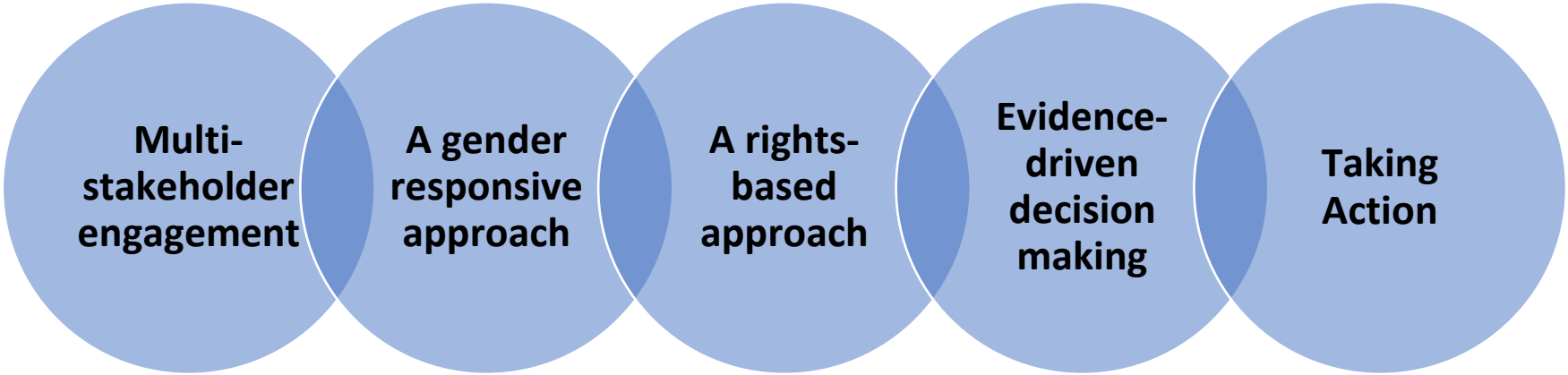
- Used to help identify:
  1. **Who** are the populations, groups or individuals most affected by malaria (high-risk and underserved).
  2. **What** are the key social rights and gender related barriers disproportionately affecting malaria outcomes in those populations.
  3. **How** their malaria programmes can address those barriers.

Other useful documents Health Equity Assessment Toolkit (HEAT) and the Equitable Impact Sensitive Tool (EQUIST)

When to use the Malaria Matchbox Tool

- As a part of national program processes, such as MPRs
- To guide strategic and implementation plans.
- In response to Technical Review Panel comments of Global Fund country applications.
- To provide evidence and guidance in the development of specific initiatives e.g. HBHI approach

Overall principles



Adapted to the required scope and country context

Structure of the Malaria Matchbox Tool

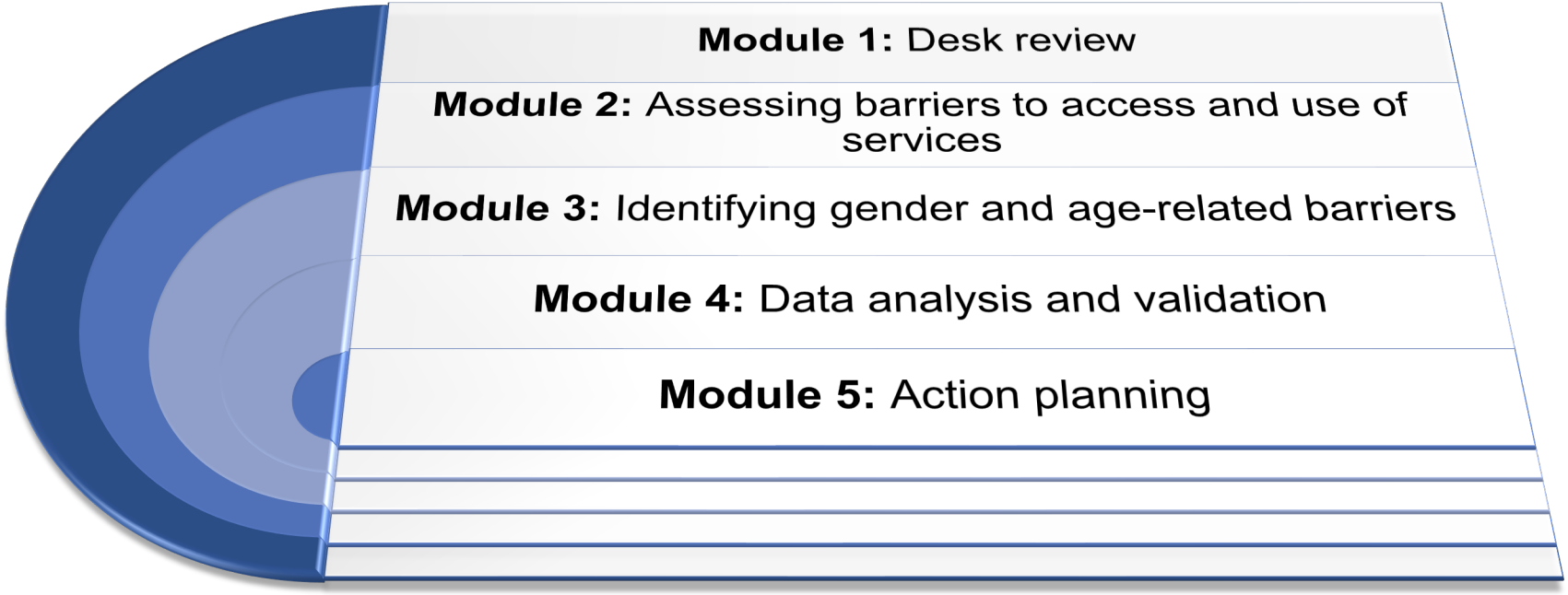
Pre-assessment Phase

Assessment phase

Pre-assessment/preparation steps

Country Context	Engage stakeholders	Form the assessment team	Planning and budgeting	Development of the research proposal
• Understand what the country's specific needs are. • Identify if/how the tool can be placed in the national malaria strategic planning process	• Led by the national malaria program. • Multisectoral participation. • Map key stakeholders. • Secure commitment at all levels.	• Select a team with diverse skills. • Ensure clear terms of reference. • 5-7 core members with dedicated time.	• Assess what data is available and what data needs to be collected and how. • Develop a concept note. • Develop a budget and identify source of funding.	• Develop the full proposal. • Develop data collection tools. • Obtain ethical approval. • Obtain informed consent.

Assessment Phase



Module 1: Identifying the populations most impacted by malaria

Aim: To identify and spatially locate the populations most impacted by malaria.

Specific Objectives:

1. Understand the overall country malaria burden.
2. Understand the country policy and programme context.
3. Identify inequities in malaria service coverage and outcomes.
4. Identify potential areas/populations with sub-optimal access and use of services.
5. Identify the information gaps.

Module 2: Examine how risk factors, barriers to accessing services, and bottlenecks for service delivery affect health equity in the context of malaria

Objectives

1. Assess potential prohibitive factors and barriers to access and use of malaria services.

2. Engage key stakeholders to better understand the context.

Focus areas

1. Behaviour and sociocultural barriers to services.
2. Information accessibility and health literacy.
3. Financial accessibility.
4. Geographical accessibility.

Module 3: Identifying intra-household inequity

Specific Objective

- Collection of intra-household qualitative data to inform key areas where gender- and/or age- responsive approaches are needed.

Includes assessment of:

i. *Intra-household decision power affecting malaria prevention.*
ii. *Intra-household decision power affecting treatment*
iii. *Division of labour*

Module 4: Data analysis and validation

- When implemented as part of a HBHI strategy or MPR/MTR, data analysis will be conducted in line with the recommended processes.
- Analyse, synthesize and triangulate data to identify barriers.
- Document identified barriers and where applicable merge into the HBHI or MPR/PTR preliminary report to be shared with technical experts.
- Conduct a 2–3-day stakeholder meeting to review and validate findings.
- Produce and disseminate a draft assessment report of the validated findings.

Module 5: Action planning

Specific objectives:

1. Review the assessment findings and identified barriers.
2. Develop actions to address barriers and improve equity in the malaria programme.
3. Review and prioritize proposed actions.
4. Outline next steps to mainstream proposed actions.

Methodology

- Conduct a consultative review of the findings.
- Multisectoral participation & community engagement are essential.
- Review and prioritize each of the barriers identified.
- Develop actions to address barriers.

Module 5: Methodology

- Prioritize the actions to be taken.
- Mainstream the actions.
- Develop the final assessment report including an action work plan

Table of barriers and proposed actions/strategies

Barriers	Associated program area	Proposed actions/ strategies	Target group /Community	Indicators	Strategic partners	Responsible Sectors/Entity	Implementation budget


QUESTIONS
ANSWERS

RBM Partnership To End Malaria

THE GLOBAL FUND

COUNTRY EXPERIENCES IN CONDUCTING THE MALARIA MATCHBOX ASSESSMENT

Olivia Ngou


10 min

RBM Partnership To End Malaria

THE GLOBAL FUND

SESSION 3

DESIGNING OF PROGRAMMATIC APPROACHES AND INTERVENTIONS TO ADDRESS IDENTIFIED BARRIERS IN COMMUNITY, GENDER, AND HUMAN RIGHTS DETERMINANTS OF THE MALARIA PROGRAMME

Program Area 1: Monitoring and reforming laws, policies and guidelines

- Ensure that laws, policies and guidelines are non-discriminatory and advocate for improving access to malaria services.

- Prioritize ensuring a policy environment that guarantees inclusivity of all, including undocumented migrants, refugees, asylum-seekers and prisoners.

- Ensure the implementation of existing relevant policies, laws and guidelines.

- Identify laws, policies and guidelines that may prevent or delay access to malaria services.

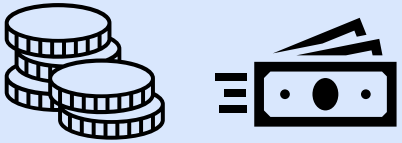
Case Study: Addressing policy and male involvement barriers to IPTp services in Uganda

Background: To encourage men's engagement in ANC, the Ministry of Health in Uganda implemented a national policy requiring men to accompany women to their first ANC visit. As an incentive, couples who attend together are prioritized for service. compared with the national average.

Barriers: Led to delay ANC attendance.
Resulted in health workers giving preferential treatment to women attending with their partners prioritizing them over single mothers.

What action can be taken to address this barrier?

Barriers related to laws, policies and guidelines and possible actions

Barriers	Actions
User fees 	• Provision of vouchers. • National health insurance programs for informal sector. • National subsidies. • Removal of user fees.
Laws and policies 	• Transformative gender policies. • Inclusion and empowerment of high risk and vulnerable populations. • Advocacy for amendment or removal of the barrier laws, policies or strategies. • Multisectoral involvement.

Program Area 2: Addressing barriers to ITN use

- ITN coverage needs to reach population groups at risk.
- There is both inadequate coverage and inadequate usage.
- Understanding barriers to receiving and using a net will help programs modify their distribution and SBC strategies appropriately.
- Consider strategies to target high risk, vulnerable populations.
- Malaria programmes should identify, deploy and evaluate innovative methods to address barriers
- Ensure access and utilization of ITNs is achieved without leaving anyone behind.

Examples of barriers to ITN use and possible actions (1)

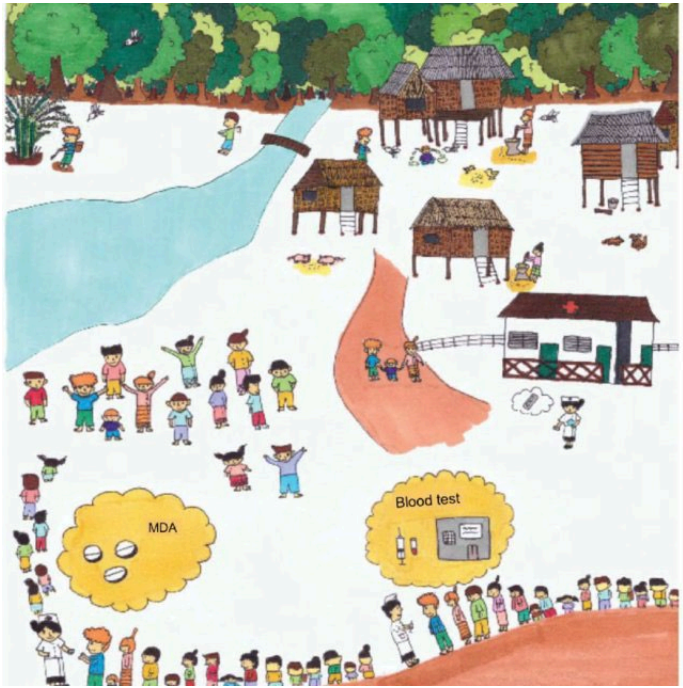
Barriers
Limited ITN access in hard-to-reach populations

Examples of barriers to ITN use and possible actions (2)

Barriers	Action
Gender or age - related barriers	1.Develop gender- and age-specific SBCC strategies. 2.Ensure adequate number of nets are provided to each household. 3.Recruiting and training more females to support the ITN mass campaign distribution.
Socially or legally excluded populations	1.Targeted ITN distribution. 2.Community dialogue and engagement. 3.Establish innovative registration techniques. 4.Multisectoral engagement.

Examples of barriers to ITN use and possible actions (2)

Barriers
Low literacy/language diversity barriers



ACTION

1.Messages are translated to the local language.

2.Pictorial messaging in the case of limited literacy.

3.Messaging adapted to take into consideration specific cultural beliefs, barriers.

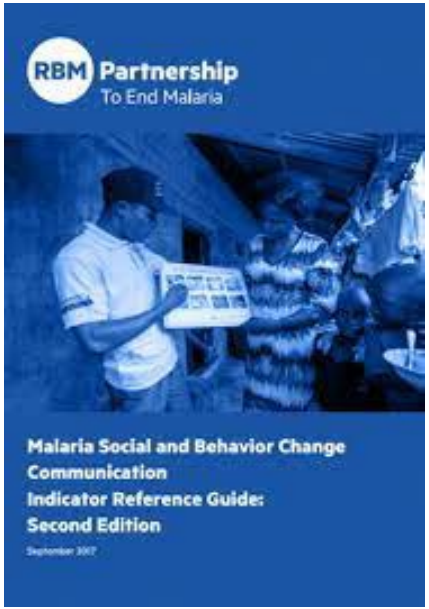
Program Area 3: Addressing barriers to IRS

- Understanding the barriers to community and individual household acceptance is important.
- Acceptance of IRS is often also influenced by socio-economic and cultural factors.
- Multisectoral engagement is essential in the development of innovative strategies to target specific populations.

Barriers
Inadequate information and education
Operational barriers e.g., limited vehicles and/or transportation challenges.
Religious beliefs and cultural practices
Gender barriers

Program Area 3: Possible actions to IRS barriers

Inadequate information and education



Religious beliefs and cultural practices.

Gender barriers

Operational barriers in hard to reach areas

Program Area 4: Addressing barriers in IPTp

Barriers
Negative healthcare-worker attitudes and cultural/social.
Delayed or lack of attendance of ANC
Language and literacy barriers
Economic barriers such as transport costs, time off work etc.
Cultural and gender norms, and intrahousehold dynamics

Actions:

- Sensitization/training of health care workers.
- A women/adolescent-centred approaches.
- Explore existing evidence-based strategies.
- Identify, pilot and evaluate innovative actions.

Program Area 5: Barriers to Seasonal Malaria Chemoprevention (SMC)

- Acceptability of SMC is influenced by social and cultural factors.

Barriers	Actions
Hard to reach areas due to poor infrastructure, insecurity, political unrest, floods etc.	• Provide safe and alternative transportation for CHWs and of SMC commodities. • Provide alternative innovative distribution strategies.
Language and literacy barriers	• Enhance SBC for parents of targeted children. • Ensure messages are translated to the local language or use pictorial messaging in the case of limited literacy. • Community Mobilization and sensitization. • Consider integrating SMC with other already established and accepted health programs such as EPI.

Program Area 6: Addressing barriers to timely and appropriate malaria case management

Barriers	Potential Actions
Gender and cultural barriers	• Training of healthcare workers in provision of cultural and socially acceptable services. • Community involvement and empowerment. • Community sensitization. • Deployment of female health workers where required.
Delayed access to malaria services in hard-to-reach populations	• Use of community/village health workers. • Provision of innovative safe transport e.g. bicycle ambulances. • Introduction of Mobile malaria clinics.
Language Barriers	• Targeted training and employment of health facility workers and community health workers who speak the language of the underserved or hard to reach community.

Program Area 7: Addressing barriers to SBC messaging

- Malaria communication strategies tailored for the specific barriers identified/prioritized should be developed.
- The communication strategies developed should be evidence based and theory-informed.
- The SBC strategies should be identified at the different programmatic levels to maximize impact.
- A multisectoral consultation in development of communication strategies is fundamental.

Community Systems Strengthening in malaria programming to improve access and uptake of malaria services

- Community participation is an essential element.
- Community action is fundamental.
- Community Systems strengthening is aimed at engaging and establishment of roles for the community.
- Communities should be involved at all steps of programmatic implementation.

Case Study: Community-based monitoring

Background: In 2018, the Ministry of Health of Ghana and the Ghana Health Service, with support from Africa Leaders Malaria Alliance (ALMA), developed a Community Scorecard (CSC) to enhance the health sector's ability to gather public feedback on the delivery of health services, guide decision making processes between service providers and community members, and empower communities to take a more active role in health systems.

Impact: The CSC monitoring and accountability tool has:

- Led to greater community involvement and local contributions to improve local infrastructure and service delivery.
- Re-engaged communities to see themselves as contributing to the quality of service-delivery.
- Provided important client feedback to national, regional, and district level health managers, allowing them to identify gaps in the health system and systematically address bottlenecks.
- Been instrumental in important decision making at the lower level to improve healthcare services as well as catalyse actions by district officers.

Source: https://scorecardhub.org/best-practices/ghana-community-scorecard-tool-overview/

Module 5: Conclusion

- Conducting the malaria matchbox assessment is essential.
- Actions recommended should be specific and realistic. Conduct wide consultation and collaboration including affected groups.
- It is essential that the recommended actions are mainstreamed into the country's malaria programming, policies and guidelines.
- For some barriers, no concrete actions may be identified immediately but a plan should be developed, and clear steps outlined towards the exploration and identification of suitable actions.
- Support is available (online, RBM CRSPC).

MERCI

MELESI

SINGILA MINGI

SHUKRAN

OBRIGADA

MYENE

GRACIS

THANK YOU

Après tout, où commencent les droits de l'homme universels? Dans les petits endroits, près de chez nous – si près et si petits qu'ils ne peuvent être vus sur aucune carte du monde. Tels sont les endroits où chaque homme, femme et enfant cherche l'égalité de justice, l'égalité des chances et l'égalité de dignité, sans discrimination.

—Eleanor Roosevelt, États-Unis, 1958
Président de la Commission des Nations Unies


QUESTIONS
ANSWERS

RBM Partnership To End Malaria

Country & Regional Support Partner Committee Update

National Malaria Programmes and Partners Annual Meeting, 2022

CRSPC Purpose

The CRSPC provides a platform to engage the RBM Partnership community in coordinating support to countries and regions as they execute their malaria control and elimination programmes.

Support is based on country demand and is tailored to suit the requirements, existing capacity and partner support

The CRSPC operates a triage mechanism to ensure that support does not compete with or duplicate existing mechanisms that are working effectively

Consultants are sourced from within the region where they are working (south south collaboration)

CRSPC Roles and Responsibilities

	Role of the CRSPC	Example support provided
1 **Technical Strategies and Implementation Plans**	Co-ordinate support for the development and validation of technically sound, implementable, country-led malaria control and elimination strategies, and sustained financial plans	▪ Malaria Programme Reviews ▪ Updating National malaria strategic plans ▪ Regional strategies and plans
2 **Resolve Implementation Bottlenecks**	Co-ordinate an early warning system that **identifies bottlenecks** both proactively and reactively and implement a rapid response mechanism to support countries to overcome these implementation bottlenecks	▪ COVID-19 mitigation ▪ Planning and implementing campaigns (LLINs, SMC, IRS) ▪ High Burden High Impact ▪ Emergencies and upsurges ▪ Zero Malaria Starts with Me! ▪ Data sharing for joint problem solving
3 **Resource Mobilisation**	Co-ordinate and provide technical assistance and implementation support for comprehensive financial gap analyses, development of funding proposals and investment requests, fostering country coalitions, and coordinating engagement with donors at all levels to address bottlenecks and gaps	▪ Financial gap analyses ▪ Global Fund funding requests ▪ Identifying flexibility within existing sources of funding ▪ Innovating financing including End Malaria Funds

1 Support countries in the design of quality, prioritized programmes at country and regional levels

Support provided

Support the design of quality, prioritized programmes at the country level

- CRSPC in collaboration with WHO, has provided support to 3 countries and 4 regions in developing malaria strategic plans and in conducting MPRs with 3 more countries and 2 regions in process
- CRSPC is supporting 3 countries in the Malaria Matchbox implementation to identify and address barriers in CRG
- Support has switched from virtual to in-person support at the request of countries

Impact

- Align malaria planning with the broader health and development agenda, and support to resource mobilization.
- Opportunity to incorporate a mix of new tools and best practices, including strategy to ensure access to everyone.
- Enable countries to design policies, set new targets and improve their coordination systems, including incorporation of CRG programming

Building regional capacity in Africa and Southeast Asia

- Regional bodies: EAC (GLMI), SADC and E8, SaME, and SEA were supported in the development of the Malaria Strategic plans, coordination activities, and others
- Recruited focal points in EAC, SADC and WAHO to enhance regional capacity

- Align malaria planning with the broader health and development agenda, and support to resource mobilization.
- Mainstream malaria in the agenda of the regional economic communities including at Head of State, minister and technical level

2 Facilitate timely access to implementation support to address bottlenecks and gaps

Implementation support to address bottlenecks and gaps

Support provided

- 23 implementation supports provided /ongoing to countries and regions through international and local consultants in 2022
- These include planning ITN, IRS campaigns in the context of the COVID-19 pandemic and working to support continuity of care by addressing resource gaps and commodity stock outs etc
- Other support included development of communication and behaviour change strategies, launch and implementation of Zero Malaria Starts with Me campaigns, Retrospective assessment of the malaria programme, surveillance etc

Impact

- Support has helped to mitigate against the impact of COVID-19

COVID-19 continues to disrupt malaria control programmes

Commodity delivery times continue to be at least 2 months longer than before COVID-19 and countries have faced stock outs for case management as well as delays to campaigns. This has reduced during Q1 2022 compared to Q4 2021

Countries are reporting that domestic resources originally committed to malaria have been diverted to the fight against COVID-19

The cost of delivering commodities to end users and commodity prices have increased in 2022 – especially for LLINs

CRSPC Support

Essential Commodity Tracking: Tracking supply availability in countries (ACTs, RDTs, artesunate, LLINs, IRS, SMC commodities) and working to troubleshoot filling of gaps as they arise including resource mobilization, airlifting of commodities and splitting deliveries where required in close collaboration with PMI and the Global Fund and encouraging early procurement

Addressing Bottlenecks: Regular multi-partner check-ins with countries to track and problem solve as real time malaria programming bottlenecks arose including addressing upsurges, supporting countries in reprogramming and resource mobilization to address gaps, and working together across the partnership

Advocacy: Linking to political level as required to advocate against delays in campaigns and to sustain malaria programming

2 Support countries to Implement HBHI

Countries continued to implement the major activities in the four response elements

- Political Will
- Strategic Information to drive impact
- Better guidance, policies and strategies
- Coordinated national malaria response

In 2021, RBM and WHO organised quarterly partner coordination calls with HBHI countries to review the status of implementation of these activities

In 2022 we are undertaking a joint evaluation of the HBHI approach

All HBHI countries in Africa have been using their malaria scorecard management tools

Mozambique and **Uganda** have launched their End Malaria Councils and Funds and **Tanzania**, **Nigeria**, **Cameroun**, **Burkina Faso** and **DRC** are at an advanced stage of launching to keep malaria high on the national financing and development agenda

Enhanced parliamentarian engagement in malaria e.g. Tanzania and Ghana

Sub-national Stratification has been mainstreamed into NSPs, MPRs and GF funding applications for ALL HBHI countries

Zero Malaria Starts with Me launched in 9 HBHI countries

Enhanced resources have allowed switch to PBO nets and expansion of SMC and CHWs

3 Support countries with mobilizing and prioritizing domestic and other resources

Support provided

- In 2022 CRSPC has supported MOSASWA in their GF application
- Supported Tanzania for domestic resource mobilisation and multi-sectoral engagement
- The country gap analysis for 2021-2023 period was compiled by CRCPC is available on RBM website

Impact

- Updated gap analysis revealed that 95% of highly and moderately endemic countries mobilised sufficient resources to cover their LLIN, IRS, SMC and case management gaps in 2022 but we still need to understand how the increased commodity prices and delivery costs will impact this

Priority Commodity Gaps

2022	2023
39m LLINs	**61m** LLINs
56m ACTs	**68m** ACTs
27m RDTs	**24m** RDTs

GF Funding Request Support

- To ensure timely submission of high quality funding proposals and to avoid gaps in implementation, the CRSPC will provide a comprehensive package of support to countries, based on a tried and tested country-led approach
    - GF Funding Application Orientation meeting to inform countries on the differentiated application approach and prepare detailed TA plans. (December 2022)
    - International consultants provide TA to support the development of the funding applications
        - Gap analysis (we recommend work begins now!)
        - Address outstanding TRP comments including issues around CRG/malaria matchbox implementation
        - Update MPRs/NSPs (support in collaboration with WHO)
        - Funding request development
- Funds to countries to support in-country consultations, country dialogue and recruitment of local consultants.
- Mock TRP meetings will be held to facilitate country peer review of draft applications.
- Remote expert review of final draft funding applications will be provided by CRSPC members
- Support is planned to assist countries to achieve timely grant signature (Grant making).

Priority Activities for 2022

Ensure countries have sufficient funding, capacity and political commitment to implement their National plans

1 Technical Strategies and Implementation Plans

- Support to MPRs and NSPs
- Support to the Malaria Matchbox implementation
- Support to Regional Economic Communities in strengthening the implementation of regional Initiatives and coordination
- Document best practices including in malaria matchbox implementation

2 Implementation Support

- Continue to support countries to mitigate the impact of the COVID-19 pandemic including support to address malaria upsurges, implement campaigns and address stock-outs
- Support to address bottlenecks
- Data sharing to facilitate joint problem solving
- Support implementation of HBHI approach and Zero Malaria Starts with Me campaigns

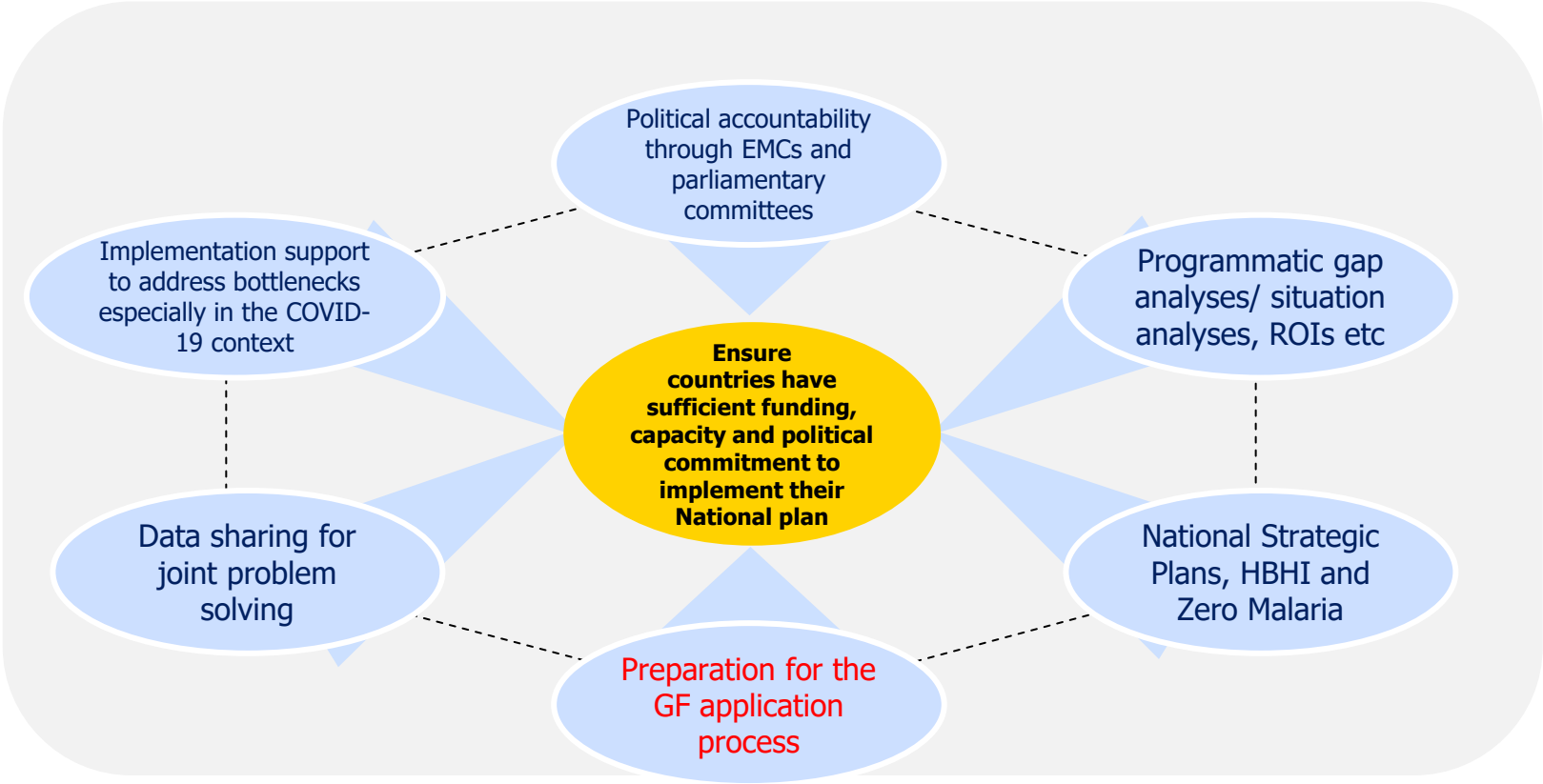
3 Resource Mobilisation

- Support Countries to initiate the process of NFM4 - GF funding applications including malaria and RSSH (CHWs/data for decision making) and positioning malaria at the forefront of PPR.
- Political accountability through EMCs and parliamentary committees
- Domestic Resource mobilization including through EMFs

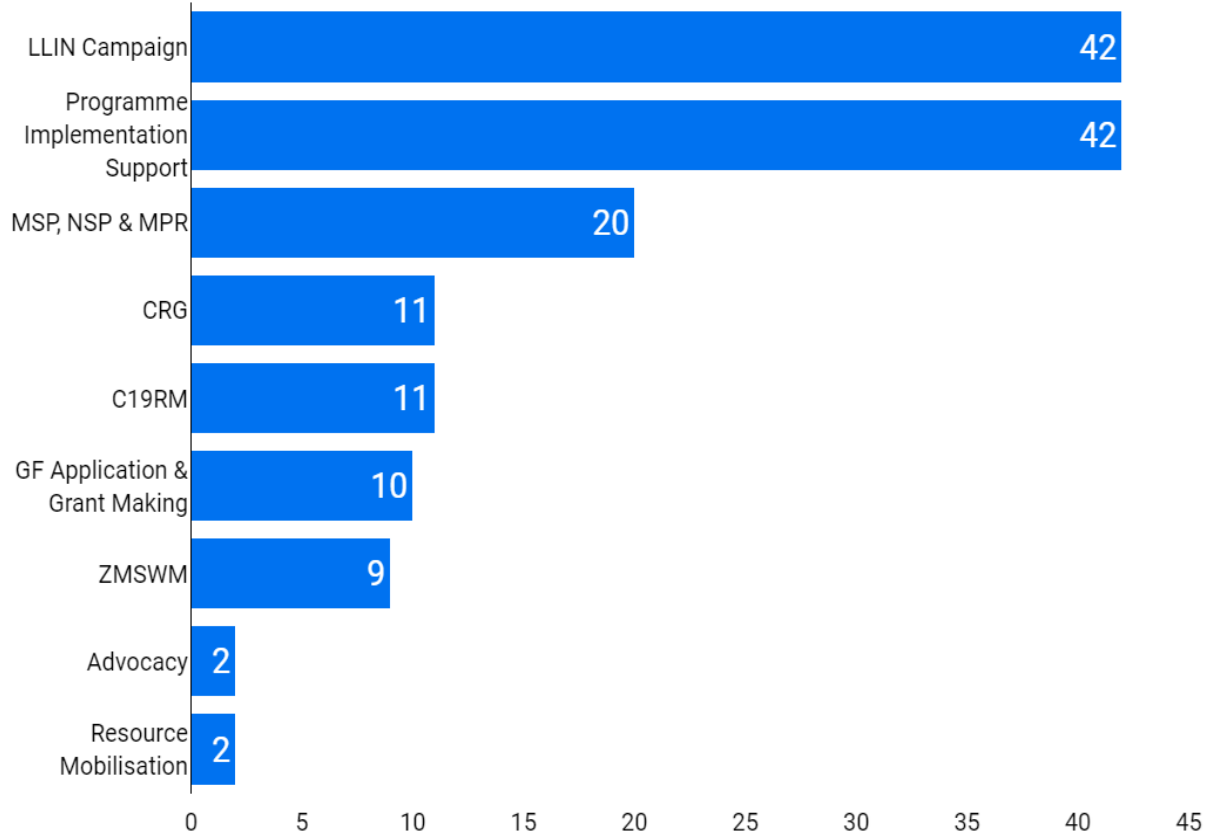
CRSPC sub-regional malaria programmes and partners meetings

- The meetings will give an opportunity for the countries to share best practices, challenges in mitigating the impact of COVID-19 on malaria intervention
- The meeting will also be an opportunity to inform countries on the current malaria prevention control tools, perspectives to better plan and implement – updates from WHO and other partners
- Facilitates the process of planning TA needs
- An opportunity to updates on GF implementation, GF application process, gap analysis updates, updates on Global, regional and continental initiatives.

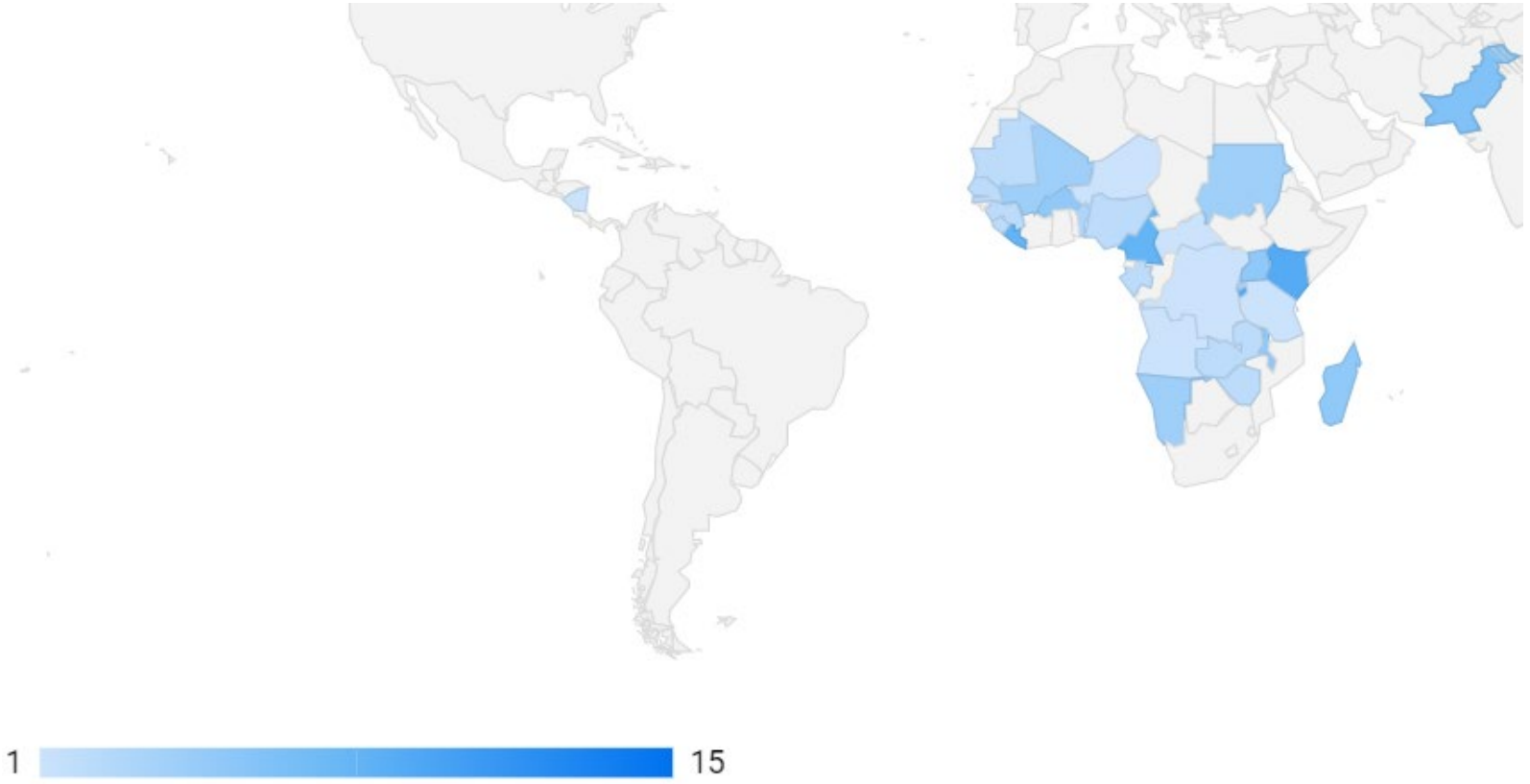
Priority Areas for CRSPC in 2022



Distribution of 2021 - 2022 TA Support by Countries and focus Area



Distribution of TA Support Across Malaria Endemic Countries, 2021 - 2022



Technical Assistance Process

- First exhaust the potential of different capacities at country or at the regional levels.
- TA on annual the TA plan, New TA can be requested
  ✓ TA request form, and TORs
- Submit TA needs (email, letter) to our sub-regional team. TA can also be submitted online through RBM Global Malaria Dashboard
  ✓ Timing is important esp when it involves travel
  ✓ Send TA needs such as MPR, NSP to WHO
- TA implementation status update, feedback and concluding

Technical Assistance Timelines

- International consultants (from the Rosters) - request for the TA at least a month before the actual TA start date….
- Local consultants - CRSPC will transfer funds to the country to MOH or to UN organizations. In both cases, Countries are required to develop Concept note, and sign an agreement with UNOPS. This process will take at least 1-2 months.
- Link local malaria programme person or local consultant with the international consultant as a process of local capacity building effort.
- If the area of the support requires different areas of expertise, CRSPC can recruit consultants through quick desk review process - this can take up to 3 weeks.

Roster of Consultants

SN	Area of Speciality
1	Broader Malaria Senior Specialist
2	ITN mass campaign planning and implementation consultants
3	SBCC Consultants
4	Resource mobilisation Consultant
5	Advocacy Consultants
6	Community, Rights and Gender Consultants
7	Digital Health specialist
8	RSSH Consultants

CRSPC Workstream

- Country resource mobilization
  - GF funding proposals and grant signature
  - Country resource mobilization and advocacy
- Implementation support
  - Alliance for Malaria Prevention (AMP)
  - Support for implementation bottleneck resolution
  - SMC
- Programme review and National Strategic Plans
- Regional representation of programme managers
  - East Africa
  - West Africa
  - Central Africa
  - Southern Africa
  - Americas: – we are liaising with PAHO
  - South-East Asia: – we are liaising with SEARO
  - Eastern Mediterranean: – we are liaising with EMRO
  - Western Pacific: – we are liaising with WPRO

RBM Working Groups

- Case Management Working Group
- Malaria in Pregnancy Working Group
- Surveillance, Monitoring and Evaluation Working Group
- Multi-Sectoral Engagement Working Group
- Social and Behaviour Change Communication Working Group
- Vector Control Working Group

RBM Partnership
To End Malaria

Thank you

RBM Partnership To End Malaria

CRSPC - Le Point

August 2022

Comité de partenaires en charge du soutien régional et par pays

Le CRSPC offre une plateforme d'engagement de la communauté du Partenariat RBM, pour coordonner l'aide aux pays et aux régions dans l'exécution de leurs programmes de contrôle et d'élimination du paludisme.

L'aide répond à la demande des pays et est adaptée aux besoins, aux capacités existantes et au soutien des partenaires.

Le CRSPC utilise un mécanisme de triage pour assurer que l'aide ne fasse pas concurrence ou ne soit redondante aux mécanismes qui fonctionnent déjà efficacement.

Les consultants sont recrutés dans la région où ils opèrent (collaboration Sud-Sud).

CRSPC - Rôles et responsabilités

	Rôle du CRSPC	Exemple d'aide apportée
1 **Stratégies techniques et plans de mise en œuvre**	Coordonner l'aide à l'élaboration et à la validation de stratégies de contrôle et d'élimination du paludisme techniquement solides et réalistes, sous la conduite des pays, ainsi que de plans financiers durables.	▪ Examen des programmes de lutte contre le paludisme ▪ Mise à jour des plans stratégiques contre le paludisme ▪ Stratégies et plans régionaux
2 **Résoudre les goulots d'étranglement de la mise en œuvre**	Coordonner un système d'avertissement précoce qui **identifie les goulots d'étranglement** de manière proactive aussi bien que réactive et mettre en œuvre un mécanisme de réponse rapide qui aide les pays à surmonter ces difficultés.	▪ Atténuation de COVID-19 ▪ Planification et mise en œuvre de campagnes (MILD, CPS, IRS) ▪ High Burden High Impact - D'une charge élevée à un fort impact ▪ Urgences et recrudescences ▪ Zéro Palu ! Je m'engage !
3 **Mobilisation de ressources**	Coordonner et apporter assistance technique et aide à la mise en œuvre d'analyses complètes des écarts financiers, à l'élaboration de propositions de financement et de demandes d'investissement, à l'encouragement de coalitions nationales et à la coordination de l'engagement avec les bailleurs de fonds à tous les niveaux pour résoudre les goulots d'étranglement et les insuffisances.	▪ Analyses d'écart financier ▪ Demandes de financement au Fonds mondial ▪ Identification des souplesses au sein des sources de financement existantes ▪ Innovation financière, notamment à travers les Fonds pour l'élimination du paludisme

1 Aider les pays à concevoir des programmes priorisés de qualité, au niveau national et régional

Aide apportée

Impact

Soutenir la conception de programmes priorisés de qualité au niveau du pays

- En collaboration avec l'OMS, CRSPC aide les pays à élaborer leurs PSN et à effectuer leurs MPR.
- Le CRSPC aide aussi les pays de mise en œuvre de l'outil Malaria Matchbox à identifier et résoudre les obstacles CDG.

- Aligner la planification contre le paludisme sur le programme plus large de la santé et du développement et soutenir la mobilisation de ressources.
- Occasion d'incorporer un ensemble de nouveaux outils et de pratiques exemplaires, y compris la stratégie d'accès assuré à tous.
- Permettre aux pays de concevoir leurs politiques, de se fixer de nouveaux objectifs et d'améliorer leurs systèmes de coordination, y compris l'incorporation de la programmation CDG.

Renforcer la capacité régionale en Afrique et en Asie du Sud-Est

- Organismes régionaux, y compris la GLMI et l'IGAD, soutenus dans l'élaboration des plans stratégiques contre le paludisme, des activités de coordination, etc.
- Recrutement de personne contact dans la CAE pour renforcer la capacité régionale.

- Aligner la planification contre le paludisme sur le programme plus large de la santé et du développement et soutenir la mobilisation de ressources.
- Intégrer le paludisme au programme des communautés économiques régionales, y compris au niveau du Chef de l'État, du ministère et au niveau technique.

2 Favoriser un accès rapide à l'aide à la mise en œuvre pour résoudre les goulots d'étranglement et les insuffisances

Soutenir la conception de programmes priorisés de qualité au niveau du pays

Aide apportée

- Une aide à la mise en œuvre est apportée aux pays par l'intermédiaire de consultants internationaux et locaux et la facilitation du dialogue local par aide au financement des coûts de rencontre locaux.

Aide apportée :

- Planification de campagnes MII (à travers l'AMP)
- Planification de campagnes CPS et IRS
- Aide à la résolution des recrudescences et des urgences
- Atténuation d'impact de la COVID-19
- Élaboration de stratégies de communication et de changement des comportements
- Lancement et mise en œuvre de campagnes « Zéro Palu ! Je m'engage »
- Aide à l'élaboration de stratégies de prise en charge des cas dans le secteur privé

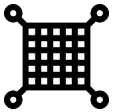
Impact

- L'aide apportée a permis d'atténuer l'impact de la COVID-19.

COVID-19 continue de perturber les programmes de lutte contre le paludisme

Les délais de livraison des produits sont toujours au moins deux mois plus longs qu'avant COVID-19 et les pays se sont trouvés confrontés à des ruptures de stocks dans la prise en charge des cas et à des retards affectant les campagnes.

Les pays signalent que les ressources domestiques initialement destinées à la lutte contre le paludisme ont été détournées vers la lutte contre la COVID-19.



Le coût de livraison des produits a augmenté, de même que le coût des produits en 2022 – concernant en particulier les MILD.

Assistance du CRSPC

Suivi des produits essentiels : Suivi de disponibilités dans les pays (CTA, TDR, artésunate, MILD, produits d'IRS et CPS) et effort de résolution des goulots d'étranglement en comblant les écarts dès leur apparition, par mobilisation de ressources, transport aérien de produits et fractionnement des livraisons en collaboration étroite avec la PMI et le Fonds mondial et encouragement des achats précoces.

Résolution des goulots d'étranglement : Contrôles multipartenaires réguliers avec les pays pour suivre et résoudre les problèmes à mesure de l'apparition des goulots d'étranglement des programmes de lutte contre le paludisme en temps réel, en faisant face aux recrudescences, en aidant les pays à reprogrammer et à mobiliser les ressources pour combler les écarts et en favorisant la collaboration sur l'ensemble du partenariat.

Plaidoyer : Au besoin, liaison au niveau politique pour prévenir les retards de campagne et maintenir les programmes contre le paludisme.

2 Aide aux pays dans la mise en œuvre HBHI

Les pays ont continué à mettre en œuvre les principales activités sur les quatre grands axes d'intervention :

- Volonté politique
- Information stratégique d'impact
- Meilleures orientations, politiques et stratégies
- Riposte nationale coordonnée contre le paludisme

L'évaluation HBHI se poursuit.

Tous les pays HBHI d'Afrique utilisent leurs outils de gestion de carte de score contre le paludisme.

Le **Mozambique** et l'**Ouganda** ont lancé leurs conseils et fonds pour l'élimination du paludisme. La **Tanzanie**, le **Nigeria**, le **Cameroun**, le **Burkina Faso** et la **RDC** sont presque prêts au lancement, pour maintenir le paludisme parmi les hautes priorités du programme national de financement et de développement.

Meilleur engagement parlementaire dans la lutte contre le paludisme, par ex. en Tanzanie.

Stratification sous-nationale intégrée aux PSN, MPR et demandes de financement au FM pour TOUS les pays HBHI.

Campagne « Zéro Palu ! Je m'engage » lancée dans 9 pays HBHI.

De meilleures ressources ont permis le passage aux moustiquaires PBO et l'élargissement de la CPS et des ASC.

3 Aide à la mobilisation et priorisation des ressources domestiques et autres : mises à jour des analyses d'écart

Aide apportée

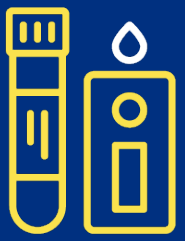
- Le CRSPC aide les pays à préparer leur analyse des écarts.
- L'analyse des écarts de pays compilée par le CRCPC est publiée sur le site Web de RBM.

Impact

- L'analyse des écarts indique que 95 % des pays de haute et moyenne endémie ont mobilisé suffisamment de ressources pour combler leurs écarts de MILD, IRS, CPS et prise en charge des cas, mais il reste à examiner l'impact de l'augmentation des coûts des produits et de livraison.

Insuffisances de produits prioritaires

2022	2023
39m MILD	61m MILD
56m CTA	68m CTA
27m TDR	24m TDR



Aide à la demande de financement du FM

- Pour assurer la soumission en temps utile de propositions de financement de qualité et éviter les écarts de mise en œuvre, le CRSPC offrira une enveloppe d'assistance complète aux pays, basée sur une approche éprouvée dirigée par le pays.
    - Rencontre d'orientation à la demande de financement au FM pour informer les pays sur l'approche différenciée et préparer des plans d'assistance technique détaillés (décembre 2022)
    - Assistance technique de consultants internationaux à l'élaboration des demandes de financement
        - Analyse des écarts (nous recommandons d'entreprendre l'analyse dès maintenant !)
        - Résolution des commentaires restants du Comité technique d'examen, concernant la question CDG et la mise en œuvre de l'outil Malaria Matchbox
        - Mise à jour des MPR/PSN (aide en collaboration avec l'OMS)
        - Élaboration de la demande de financement
- Fonds aux pays au soutien des consultations internes, du dialogue au niveau du pays et du recrutement de consultants locaux.
- Simulations de rencontres avec le Comité technique d'examen pour faciliter l'évaluation par les pairs des projets de demandes au niveau du pays.
- Un examen d'expert à distance des projets finaux de demande de financement sera assuré par les membres du CRSPC.
- Une assistance est planifiée pour aider les pays à obtenir rapidement la signature (octroi) de subvention.

Activités prioritaires pour 2022-2023

Veiller à ce que les pays disposent de fonds, de capacités et d'une volonté politique suffisants pour mettre en œuvre leur plan national.

1 Stratégies techniques et plans de mise en œuvre

- Aide aux MPR et PSN
- Aide à la mise en œuvre de Malaria Matchbox
- Aide aux Communautés économiques régionales pour renforcer la mise en œuvre des initiatives régionales et la coordination
- Documentation des meilleures pratiques

2 Aide à la mise en œuvre

- Aide continue aux pays pour atténuer l'impact de la pandémie de COVID-19, concernant notamment la résolution des recrudescences du paludisme, la mise en œuvre des campagnes et la résolution des ruptures de stocks
- Aide à la résolution des goulots d'étranglement
- Partage des données pour faciliter la résolution collective des problèmes
- Aide à la mise en œuvre de l'initiative HBHI et des campagnes Zéro Palu ! Je m'engage !

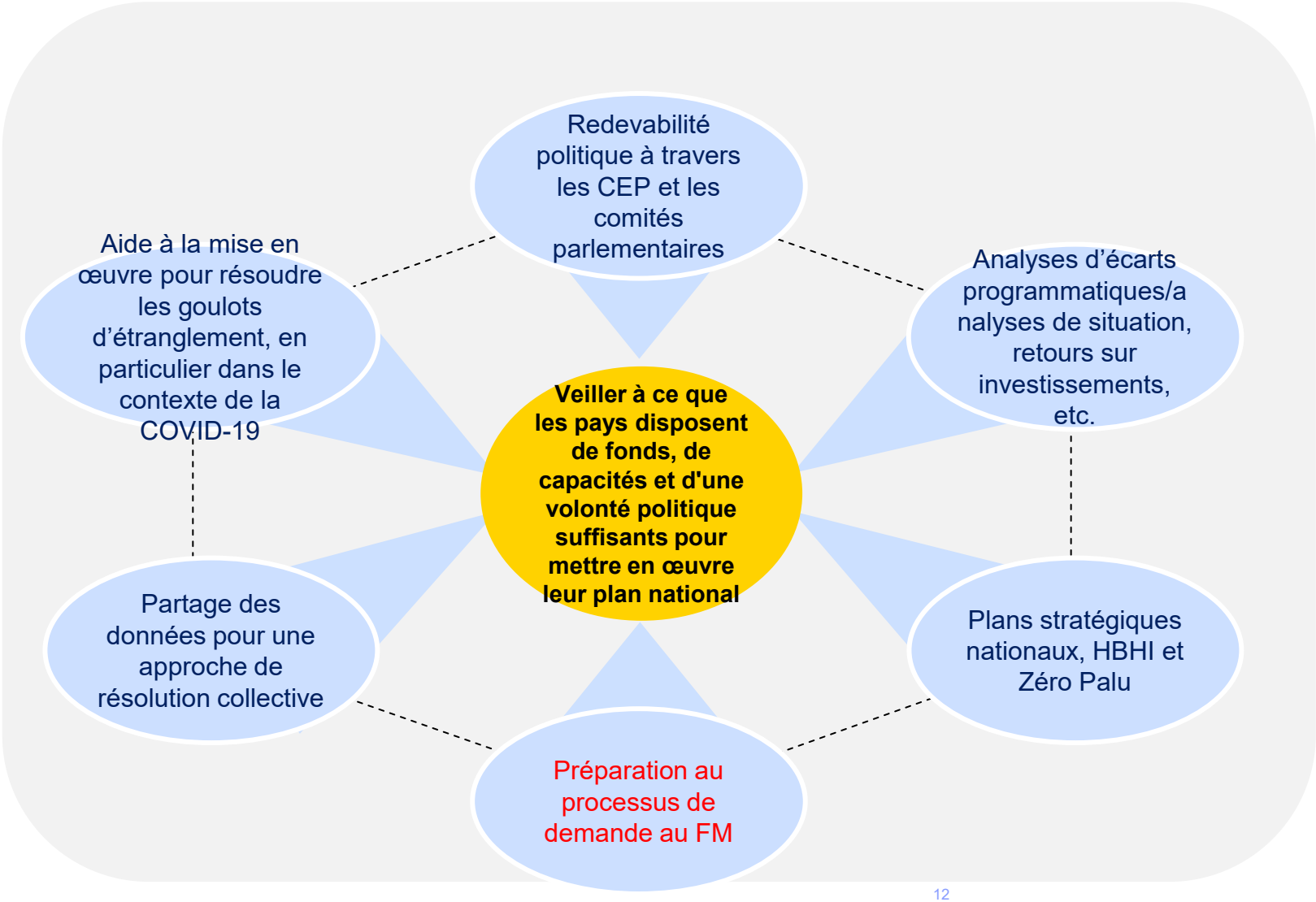
3 Mobilisation de ressources

- Aide aux pays pour entamer le processus NMF4 des demandes de financement au FM, concernant le paludisme et les RSSH (ASC/données pour la prise de décision) et le positionnement du paludisme parmi les priorités PPS
- Redevabilité politique à travers les CEP et les comités parlementaires
- Mobilisation de ressources domestiques

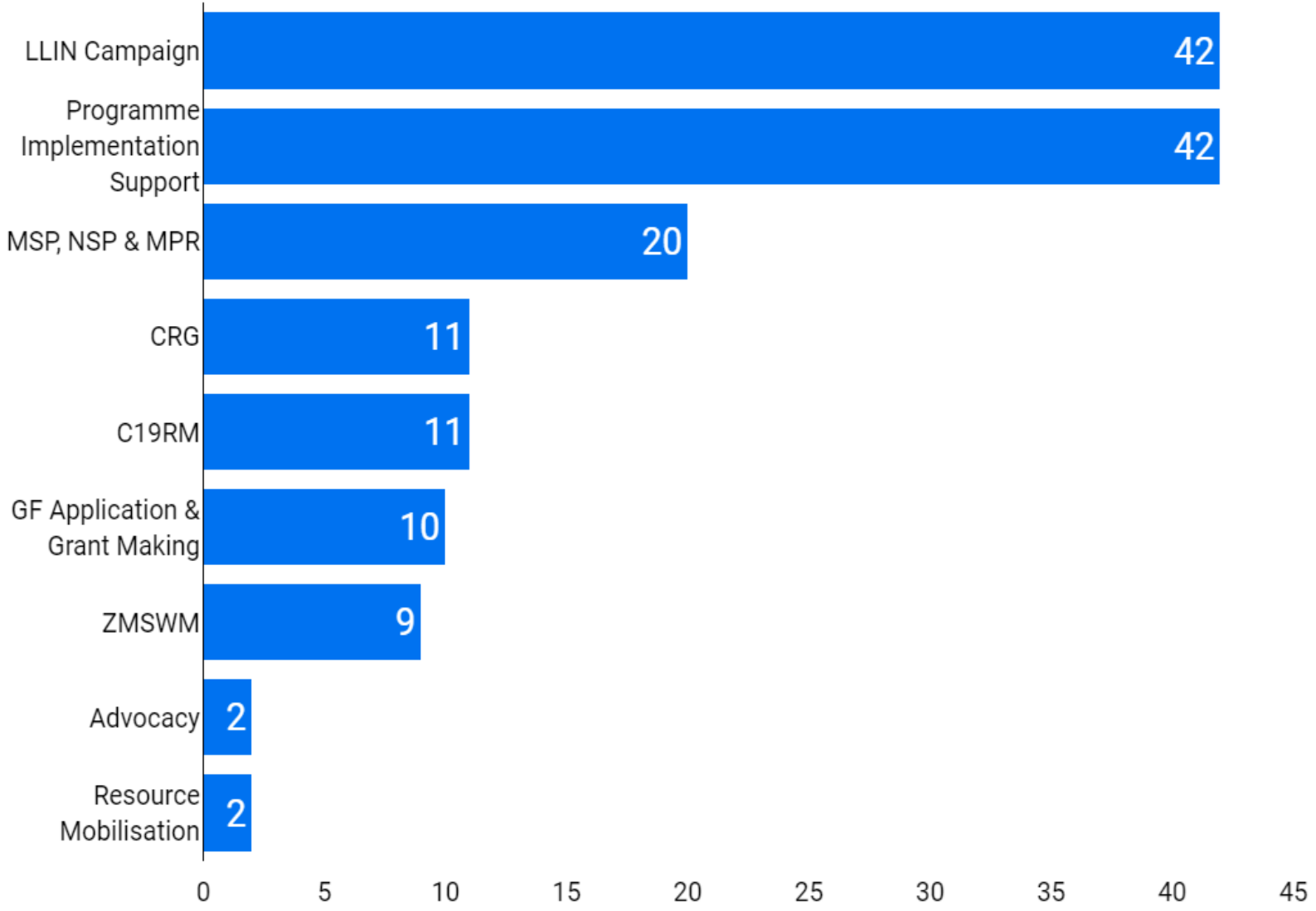
Rencontres sous-régionales des programmes et partenaires du CRSPC

- Ces rencontres donneront aux pays l'occasion d'échanger leurs meilleures pratiques et de résoudre ensemble leurs difficultés concernant l'atténuation d'impact de la COVID-19 sur la lutte contre le paludisme.
- Elles seront aussi l'occasion d'informer les pays sur les outils actuels de prévention et de contrôle du paludisme, les perspectives d'une meilleure planification et mise en œuvre – mises à jour de l'OMS et autres partenaires.
- Facilitent le processus de planification des besoins d'assistance technique.
- Occasion de faire le point sur la mise en œuvre du FM, le processus de demande au FM, les analyses d'écarts et les initiatives mondiales, régionales et continentales.

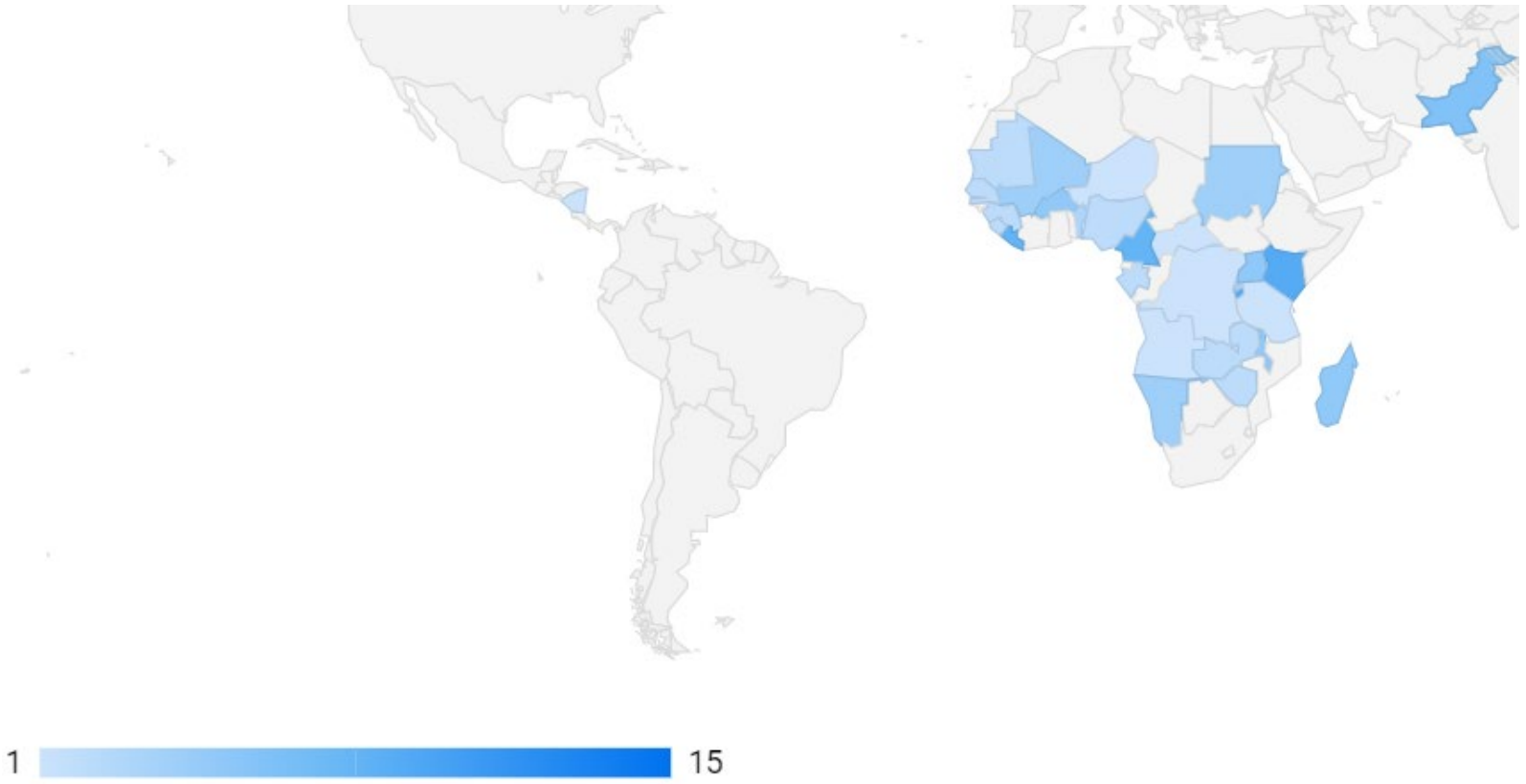
Priorités du CRSPC en 2022



Répartition de l'assistance technique 2021 - 2022 par pays et domaine d'intervention



Répartition de l'assistance technique dans les pays d'endémie palustre, 2021 - 2022



Processus d'assistance technique

- Commencer par épuiser le potentiel de capacités différentes au niveau national et régional.
- AT sur plan AT annuel, possibilité de demande de nouvelle AT
  ✓ Formule de demande d'AT et mandats
- Soumettre les besoins d'AT (e-mail, lettre) à notre équipe sous-régionale. L'AT peut aussi être soumise en ligne à travers le tableau de bord RBM Global Malaria Dashboard
  ✓ Le moment est important surtout s'il faut prévoir des déplacements
  ✓ Envoyer les besoins d'AT sous MPR, PSN, à l'OMS
- Mise à jour d'état de mise en œuvre de l'AT, retour et conclusion

Calendrier de l'assistance technique

- Consultants internationaux (des listes) - demande d'assistance technique au moins un mois avant la date de début réelle de l'assistance technique….
- Consultants locaux - Le CRSPC transférera les fonds vers le pays au ministère de la santé ou aux organisations des Nations Unies. Dans les deux cas, les pays sont tenus d'élaborer une note conceptuelle et de signer un accord avec l'UNOPS. Ce processus prendra au moins 1 à 2 mois.
- Associez la personne responsable du programme local de lutte contre le paludisme ou le consultant local au consultant international dans le cadre d'un effort de renforcement des capacités locales.
- Si le domaine d'assistance nécessite différents domaines d'expertise, le CRSPC peut recruter des consultants via un processus d'examen rapide - cela peut prendre jusqu'à 3 semaines.

Liste de consultants

SN	Domaine d'expertise
1	Haut expert paludisme au sens large
2	Consultants en planification et mise en œuvre de campagne MII de masse
3	Consultants en CCSC
4	Consultant en mobilisation de ressources
5	Consultants en matière de plaidoyer
6	Consultants en matière de communauté, droits et genre
7	Expert en santé numérique
8	Consultants RSSH

Axes de travail du CRSPC

- Mobilisation de ressources domestiques
  - Propositions de financement du FM et signature de subvention
  - Mobilisation de ressources domestiques et plaidoyer
- Aide à la mise en œuvre
  - Alliance pour la prévention du paludisme (AMP)
  - Aide à la résolution des goulots d'étranglement de mise en œuvre
  - CPS
- Examen des programmes et plans stratégiques nationaux
- Représentation régionale des gestionnaires de programme
  - Afrique de l'Est
  - Afrique de l'Ouest
  - Afrique centrale
  - Afrique australe
  - Amériques : – liaison avec l'OPS
  - Asie du Sud-Est : – liaison avec l'OMS/SEARO
  - Méditerranée orientale : – liaison avec l'OMS/EMRO
  - Pacifique occidental : – liaison avec l'OMS/WPRO

Groupes de travail RBM

- Groupe de travail sur la prise en charge des cas
- Groupe de travail sur le paludisme pendant la grossesse
- Groupe de travail sur la surveillance, le suivi et l'évaluation
- Groupe de travail sur l'engagement multisectoriel
- Groupe de travail sur la communication pour le changement social et comportemental
- Groupe de travail sur le contrôle des vecteurs

Statut de l'AT 2022

Country	Activity	TA Status
Cameroun	National Malaria Control Program Retrospective evaluation (1st phase) Epi & PSM aspects	Completed
Cameroun	National Malaria Control Program Retrospective evaluation (2nd Phase) Epi & PSM aspects	completed
Cameroun	Mid term review of 2019-2023 Malaria national strategic plan (NSP)	Not requested
Cameroun	Revision of 2019-2023 Malaria national strategic plan (NSP)	Not requested
CAR	Malaria Matchbox implementation	Not requested
CAR	Technical assistance for LLIN mass distribution campaign	Requested
CAR	Final evaluation of 2019-2022 NSP	Not requested
CAR	Support for the new NSP 2022-2027 development	Not requested
CAR	Support for the evaluation of an M&E plan for NSP 2018 -2022	Not requested
CAR	Support for the development of an M&E plan for NSP 2022-2027	Not requested
Congo	Support 2022 LLIN mass distribution campaign digitalization	Not requested
Congo	Support for ITN campaign planning	Ongoing
Congo	Support the development of protocol for malaria epidemiological surveillance sites	Not requested
Congo	Elaboration of the feasability study of the introduction of IRS in Congo	Not requested

Statut de l'AT 2022

Chad	Support in the implementation of the KAP survey	Not requested
Chad	Conduct the Mid Term Revue of the 2019 - 2023 NSP	Not requested
Chad	Support for the development of a Malaria communication plan	Not requested
Chad	Support the updates of community case management guidelines	Not requested
Chad	Evaluate the 2020 ITN mass distribution camapaign	Not requested
Chad	Support SBC Planning for ITN campaign	completed
Chad	Support Logistics and Technical /M&E Planning for ITN campaign	completed
DRC	Assess the program using malaria matchbox	Requested
DRC	Support for the development of SMC implementation guidelines	Not requested
Equatorial Guinea	Support for Malaria Programme Review	Not requested
Gabon	LLIN mass distribution campain planning	Not requested
Sao Tome &Principe	Support Malaria Program Review	Requested

amp | The Alliance for Malaria Prevention

Global ITN presentation

CRSPC SRN meetings
2022


geospatial tools
rumours
rumours
C19RM
Success
Urban
IDP
tired
COVID-19
Teams
virtual
flexibility
coordination
PPE
climate
SBC
ITN quality
Gender
PPE
Success
together
funding applications
PPE
funding
Teams
COVID-19
waste management
Integration
CD
waste
climate
IDP
PNCM
Insecurity
insecticide resistance
durability
Gender
adaptations
new ITN types
Pandemic
Urban
Gender
Success
waste
together
insecticide resistance
MOP
leadership
access
new ITN types
complexity
Microplannning
Partnership
virtual
rumours
Insecurity
hard-to-reach
MOP
PNCP
nmcp
denominator
leadership
virtual
Partnership
climate
tired
TA
access
complexity
durability
Pandemic
priorities
flexibility
priorities
CD
IDP
TA
supply chain
PNCM
Digitalisation
COVID-19 Pandemic

To national malaria programmes, implementation, financial and technical partners for the efforts to successfully implement ITN campaigns in 2020 and 2021 despite all the challenges encountered

How did we do in 2020/21 despite the COVID-19 pandemic?

- **Most 2020 campaigns took place within the year, but with different levels of delay**
- **~74% of planned ITNs were distributed in 2020 (01/15/21)**
  - ~219M ITNs planned for distribution
  - ~162M ITNs distributed
- **64.5% of planned campaigns were completed or partially completed**
  - 31 countries planned ITN campaigns
  - 20 countries completed planned ITN campaigns
  - Majority of countries that didn't complete made significant progress
- **Most remaining ITNs from 2020 were distributed in 2021**
- **~62% of planned ITNs were distributed in 2021**
  - ~192M ITNs planned for distribution
  - ~119M ITNs distributed
- **~62% of planned campaigns were completed or partially completed**
  - 21 countries planned ITN campaigns
  - 13 countries completed or partially completed planned ITN campaigns
  - Delayed campaigns for various reasons

Caveats and challenges

- Numbers are not complete for all countries, progress unknown for some (particularly for countries outside Africa)
  - India has huge volumes of nets for campaigns but no direct contact with country for updates
  - “ITNs distributed” is based on “ITNs available” since distribution data not often available (to be adjusted for 2022 numbers)
- For 2020 campaigns, most ITNs were already in-country pre-pandemic
  - More delays in 2021 campaigns due to supply chain disruptions, including for late ordering or delivery of PPE

Campaign tracker + CD tracker

- ITN campaign tracker
  - Linked to RBM dashboards
  - Information from national programmes (no contact/info, no tracker update)
  - Lots of errors – please help to fix them!

- CD tracker
  - Thanks to Uganda for the only completed tracker ☺
  - Objective to highlight needs (and massive gaps) to “sustain ITN access” in advance of GF applications
  - Highlights importance of unified system for reporting on ITNs, all channels

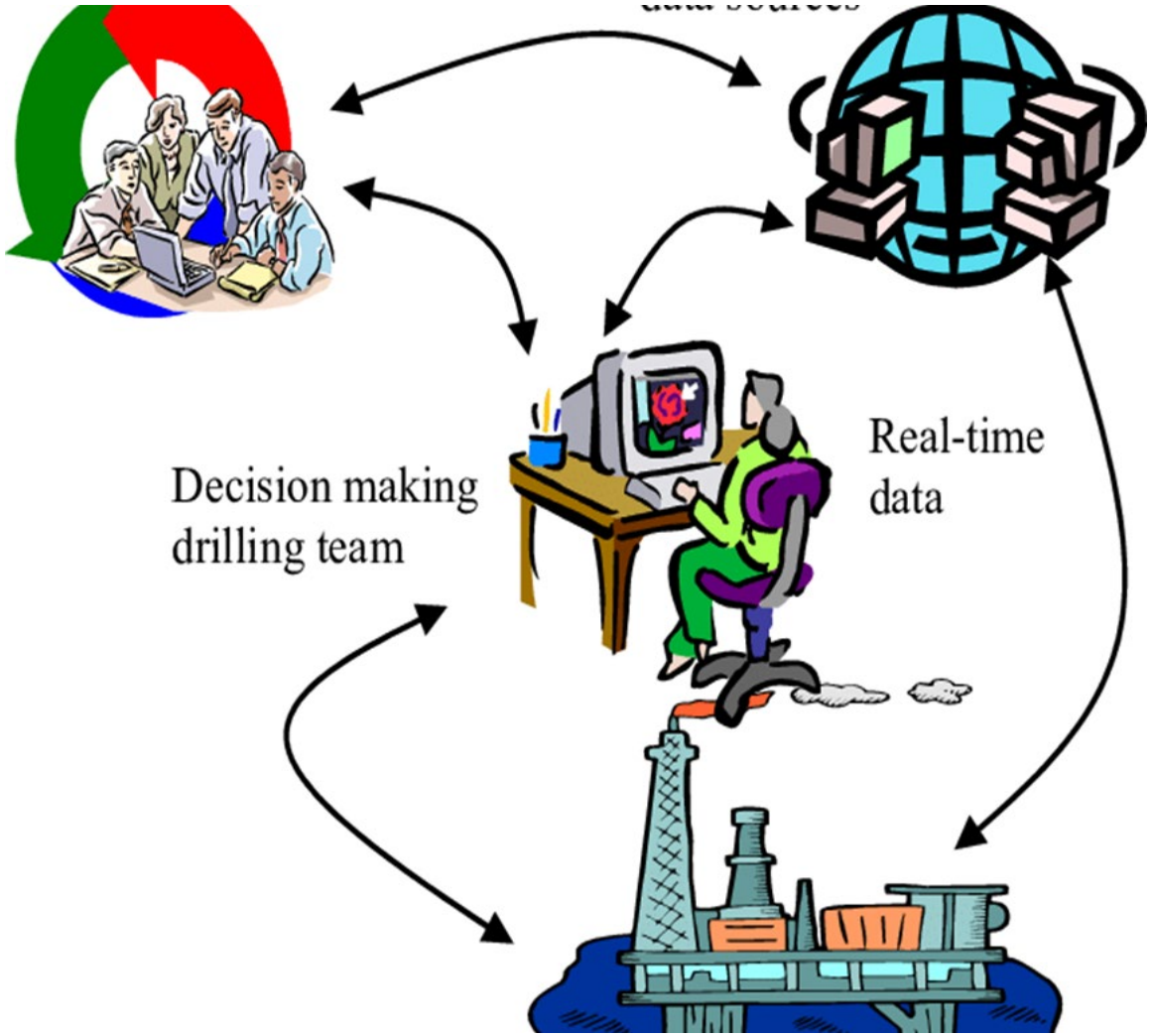
ITN campaigns and digital tools

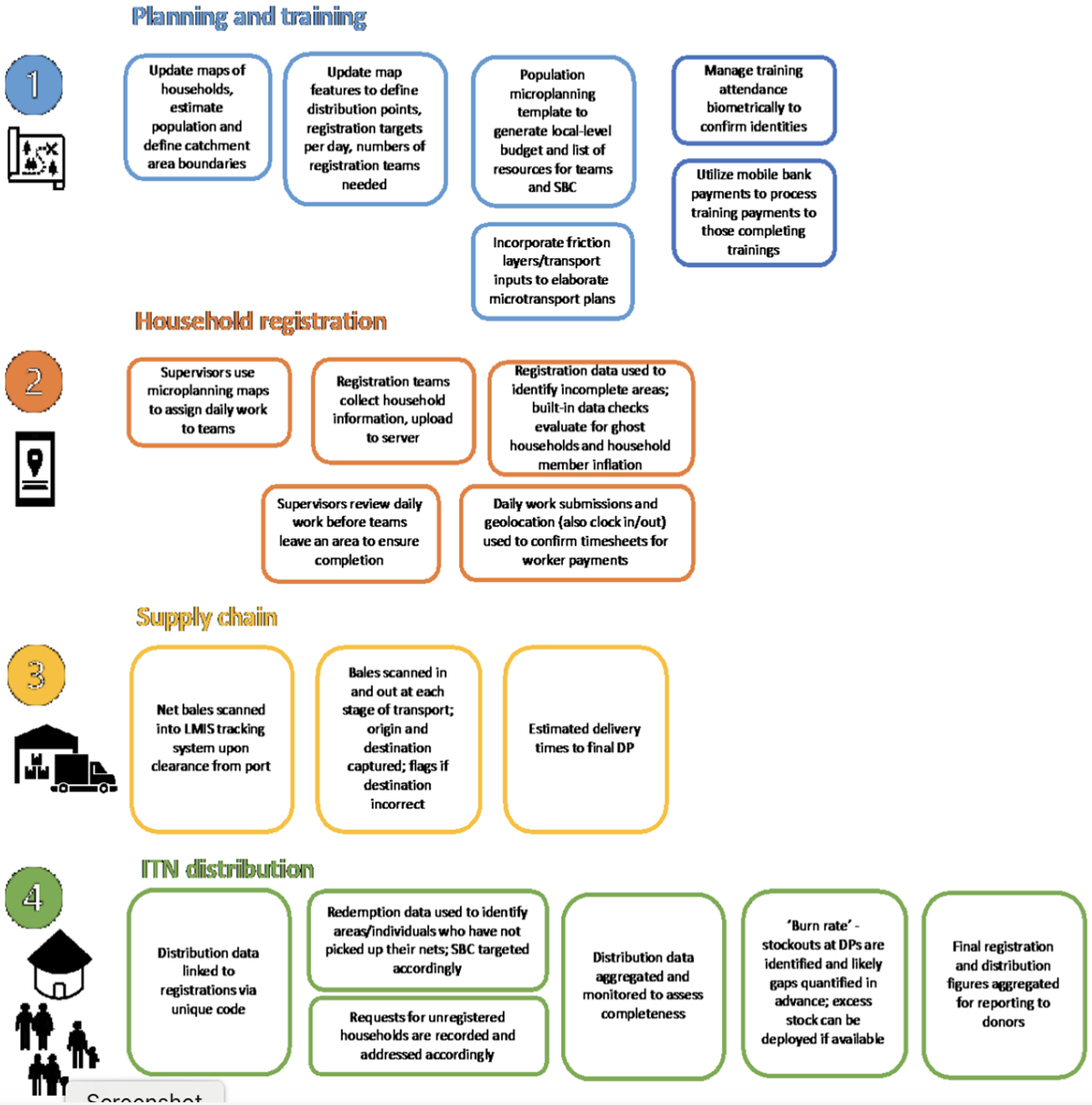
Background

- Funded through BMGF ITN Campaign Efficiency Project
- Retrospective interviews with 14 countries that have transitioned to digital tools
- Prospective tracking of 11 countries planning for digital tools in 2022/23 ITN campaigns

Objective to identify facilitators, barriers and risk mitigation for switching from paper-based to digital tools, including for non-cash-based payments

Digitalization will improve availability of real-time data for decision-making, data quality, ITN accountability and will reduce time and costs in the long term



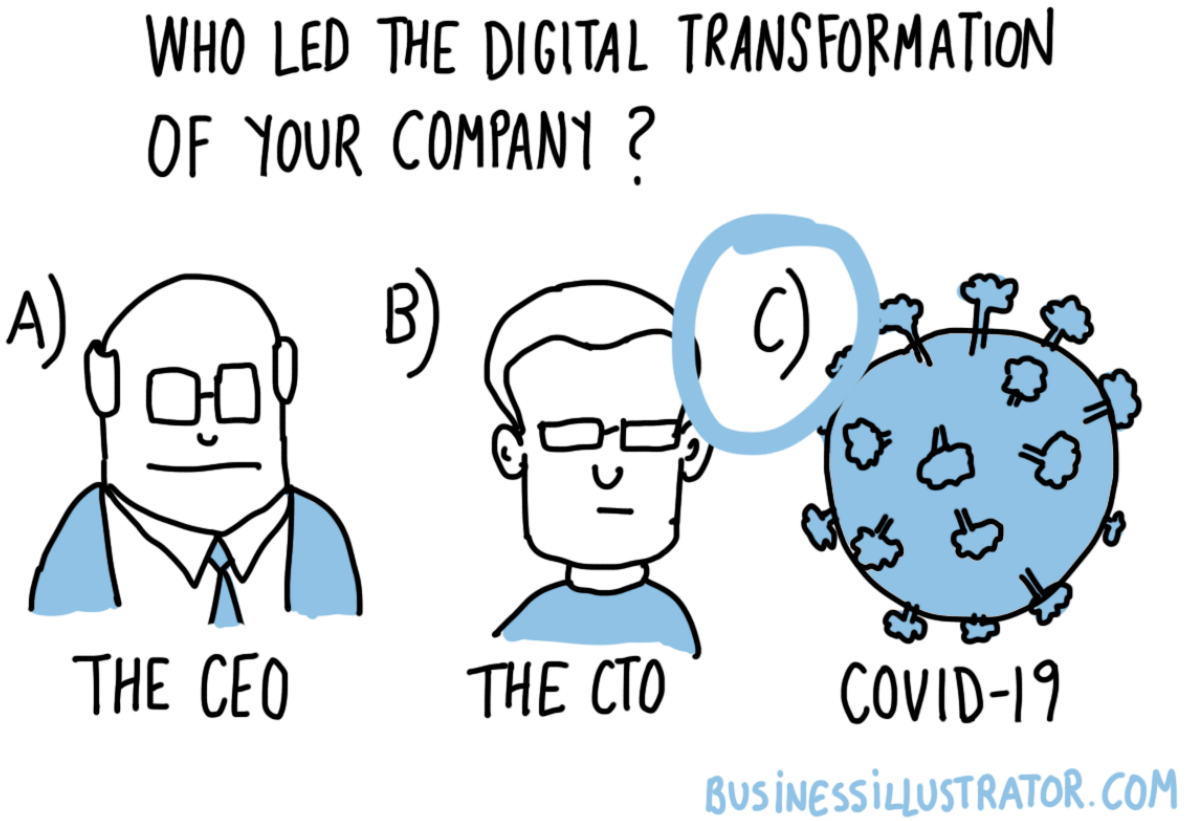


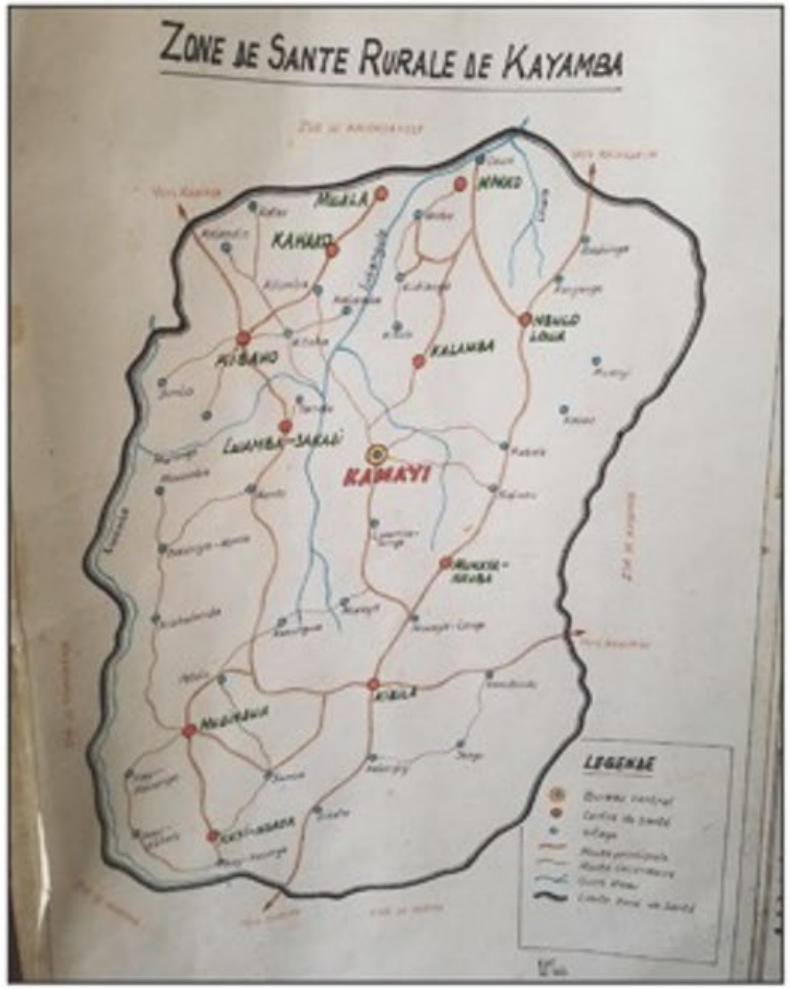
Expanding our digitalization to "The Wish List" will improve our campaign efficiency

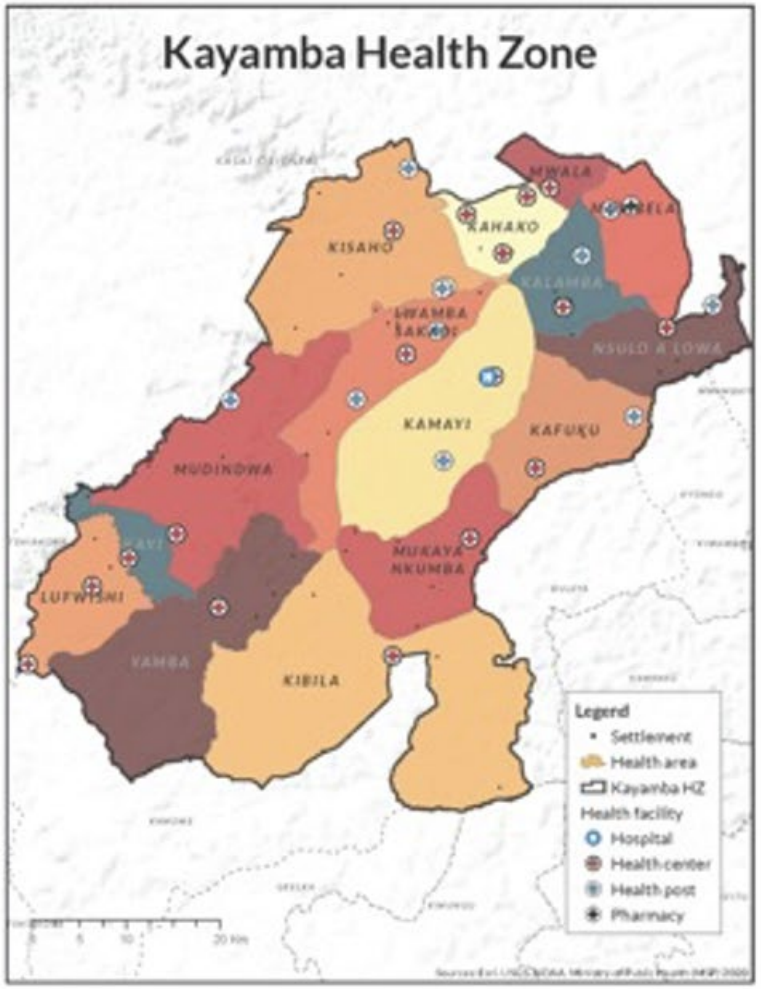
https://allianceformalariaprevention.com/wp-content/uploads/2021/06/AMP_Improving_Efficiency_Digital_Tools_21052021.pdf

Strong leadership buy-in and commitment is key to successful transition from paper based to digital tools

Early planning and budgeting, including identification of technical support needs (internal/external), will improve the digital tools transition and minimize delays

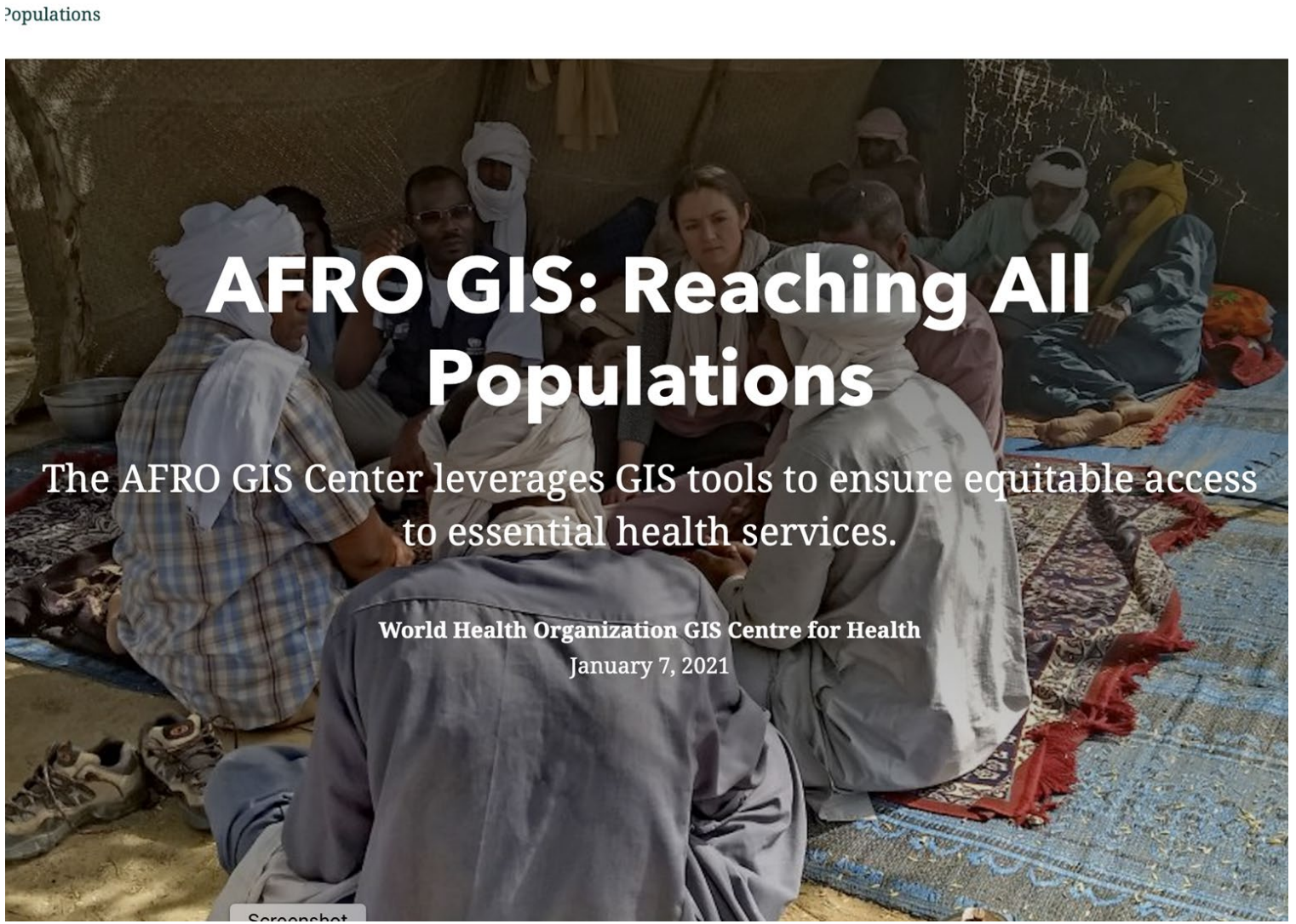






Improving our microplanning will improve our ability to reach everyone and avoid duplication and waste of limited resources

Working in partnership and leveraging existing data, information and tools can move us forward more quickly



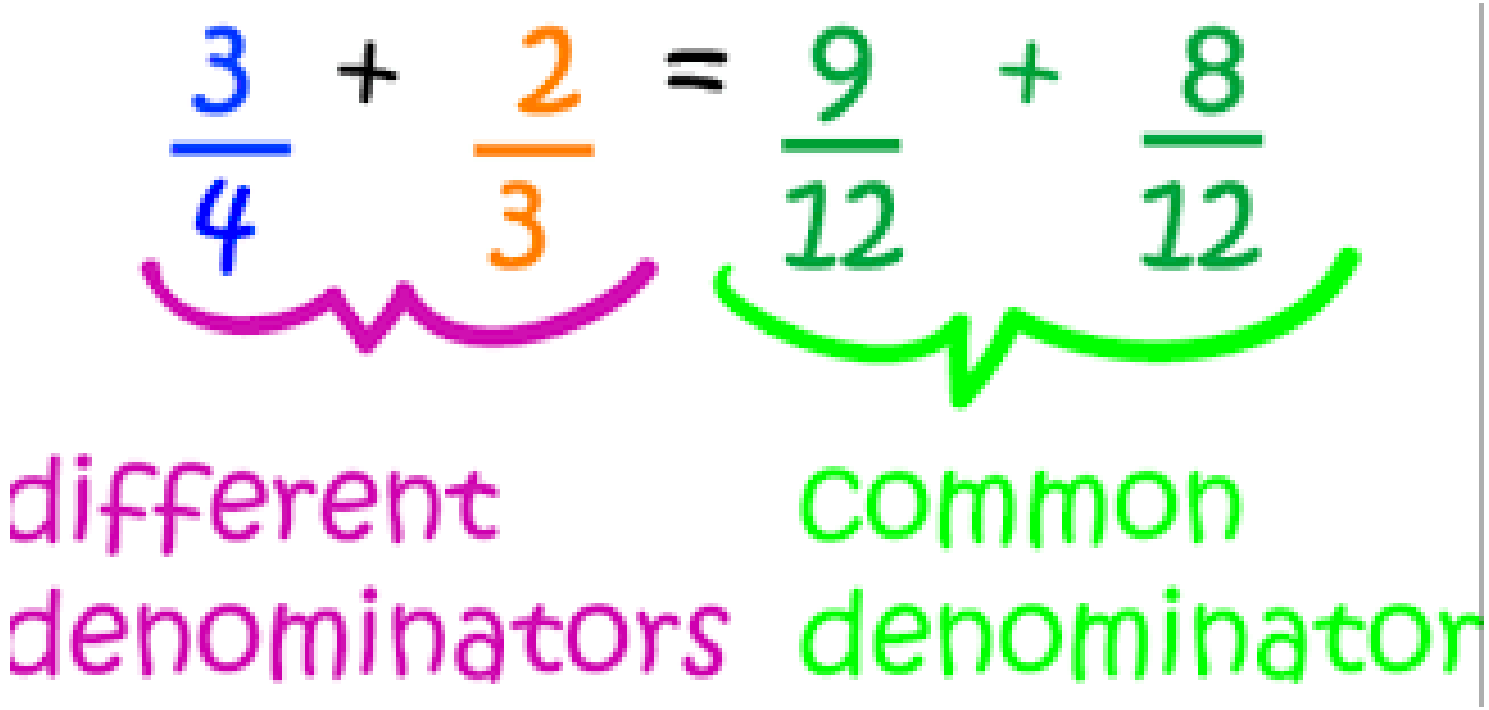
Re-imagine integration for more effective use of data, information and resources within and across health programmes

Piloting under different contexts and for different activities (SMC, IRS) to learn lessons for scale up will improve the success of ITN campaign digitalization

Consider existing infrastructure and local context: network access, security of devices and local regulations in planning for campaign digitalization

Remember to train “beyond the device” to improve campaign outcomes

correct_rec	correct_no	nb_hhs	p_correct	class
72	8	80	90	Pass
72	8	80	90	Pass
68	12	80	85	Pass
62	18	80	78	Intermediate
59	21	80	74	Intermediate
55	25	80	69	Intermediate
55	25	80	69	Intermediate
54	26	80	68	Intermediate
54	26	80	68	Intermediate
53	27	80	66	Intermediate
49	31	80	61	Intermediate
43	37	80	54	Fail
43	37	80	54	Fail
42	38	80	53	Fail
40	40	80	50	Fail



Working together, hopefully we can "fix the denominator" and ensure our resources are used as well as possible

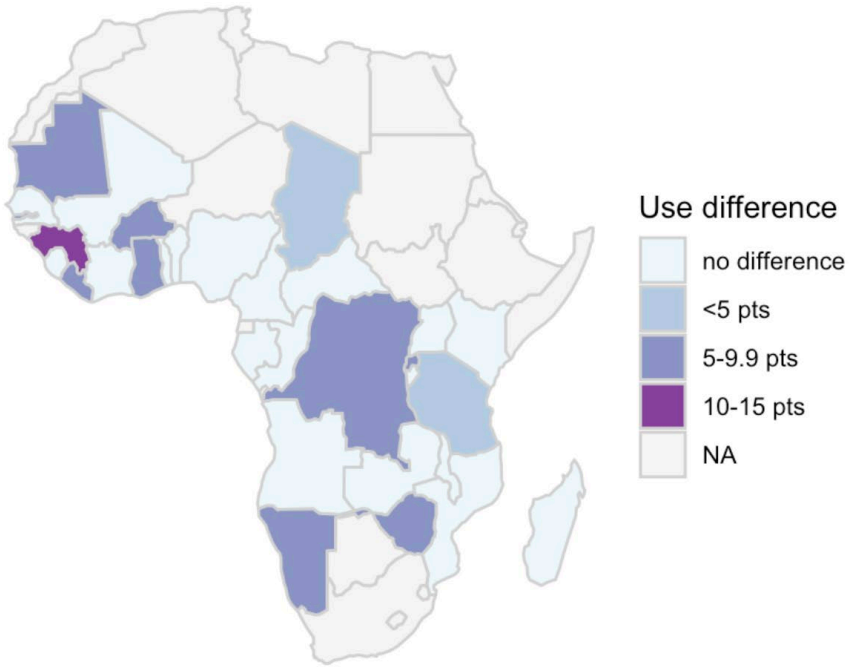
Digitalization tools: Available end July

- Digitalization decision-making matrix
- Digitalization planning and budget checklist
- Digitalization plan of action template

Considerations for ITN campaign and continuous distribution

ITN textile and ITN use

Figure 1: Crude difference in % of nets used between textiles

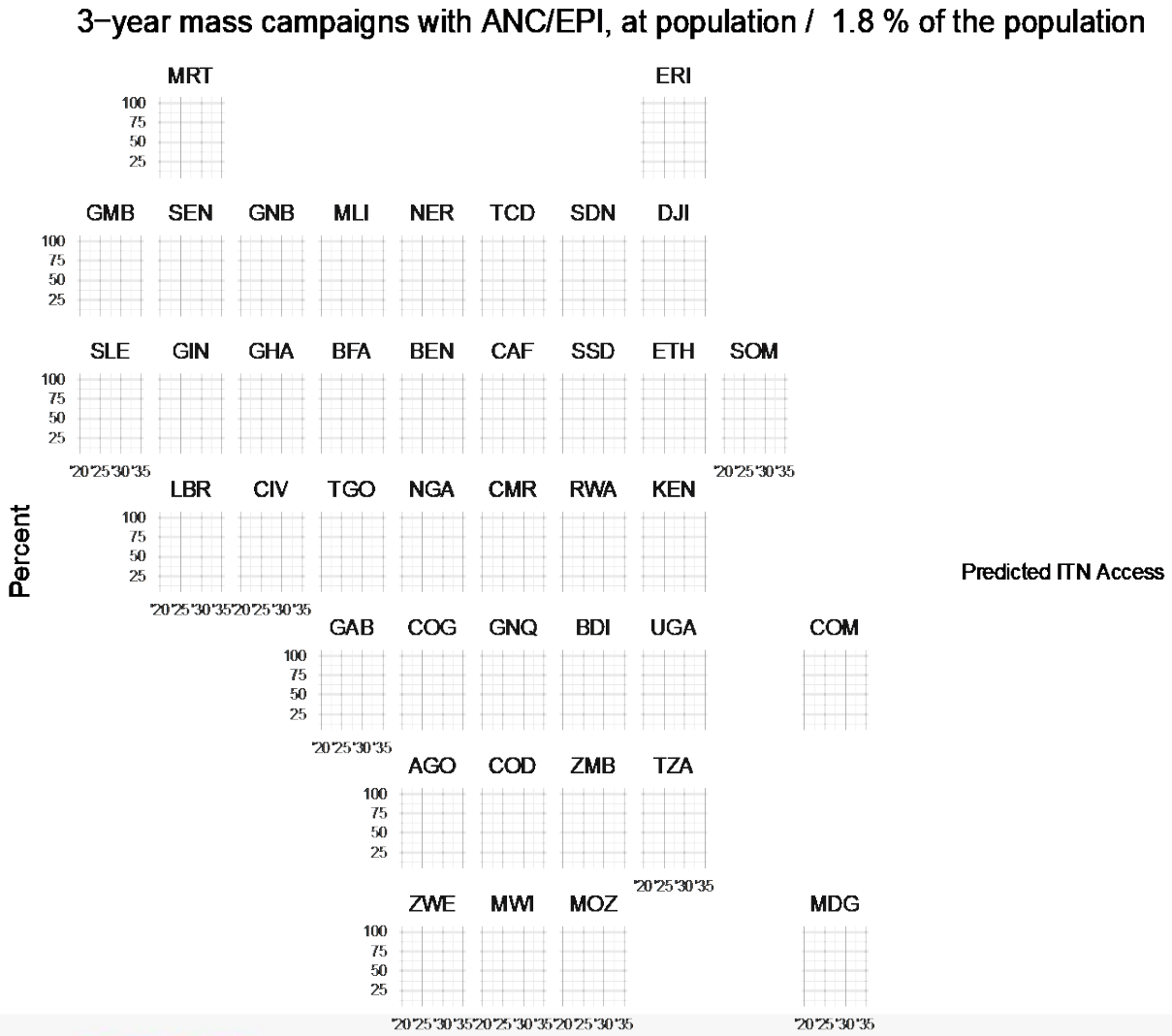


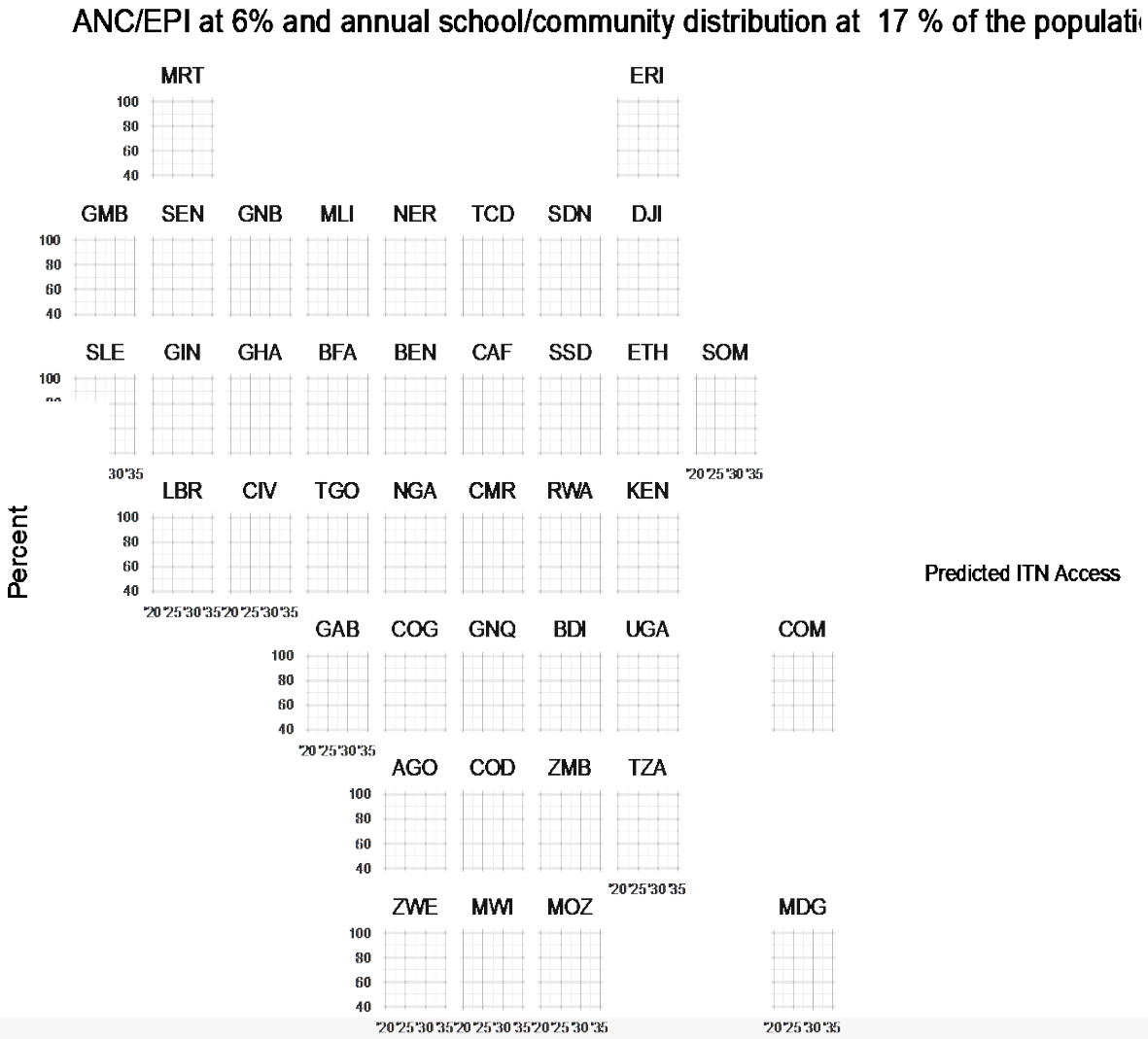
Programmes may wish to procure ITNs of a particular textile

Reports use large HH survey data to evaluate whether there are differences in use between polyester and polyethylene nets in a particular country, and whether net textile is associated with these differences after controlling for other determinants of net use

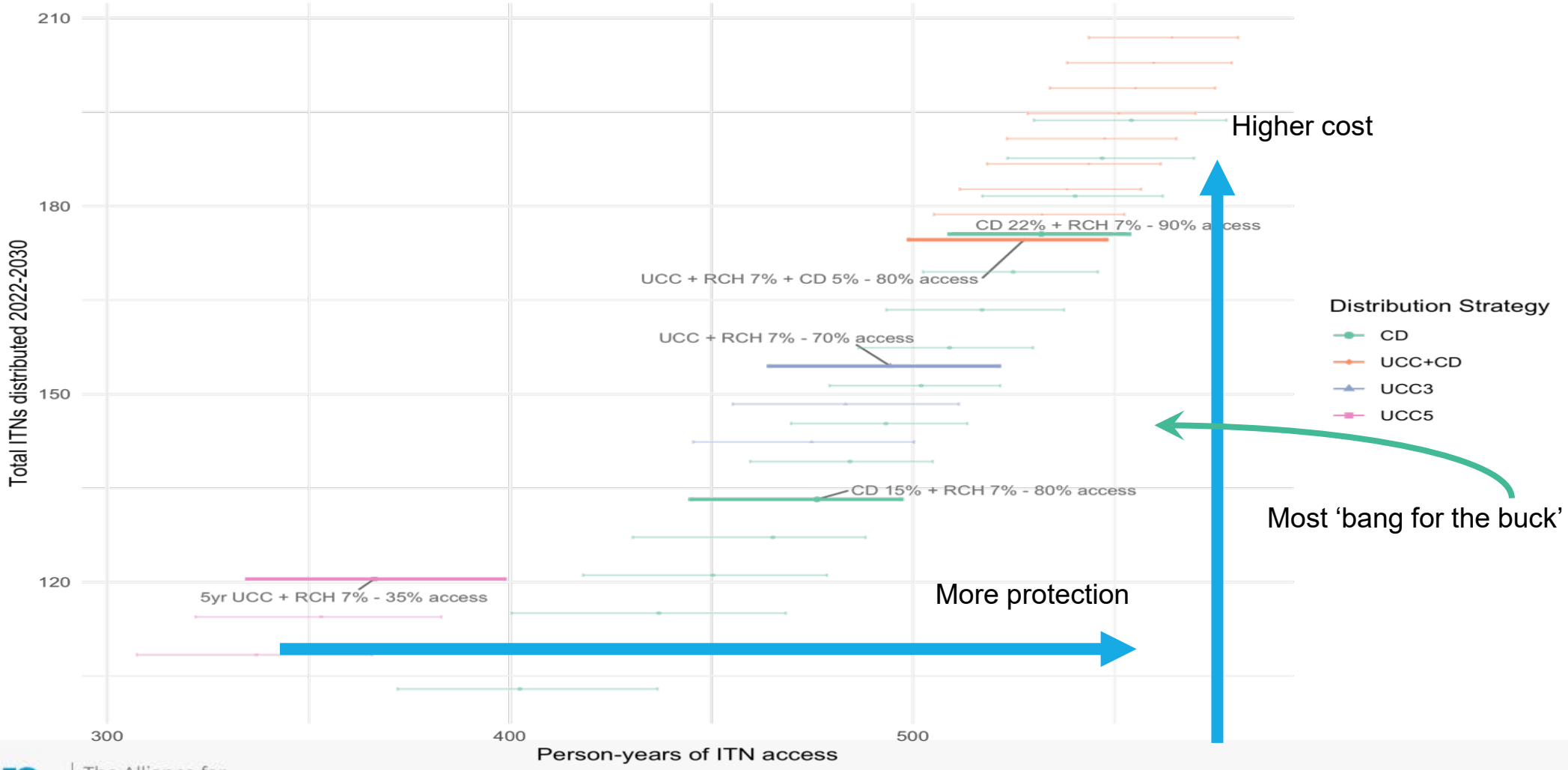
https://net-textile-use-reports.netlify.app

Country's different retention times affect how ITN strategies may perform





CD could provide comparable protection with 14% fewer nets than 3-year mass campaigns



Getting the right (most effective) nets to people at the right time (when they are needed) will involve expanding ITN distribution channels and trade offs

Sustaining access to effective ITNs is critical: we need more functional CD channels to ensure that people have access to ITNs when they need them

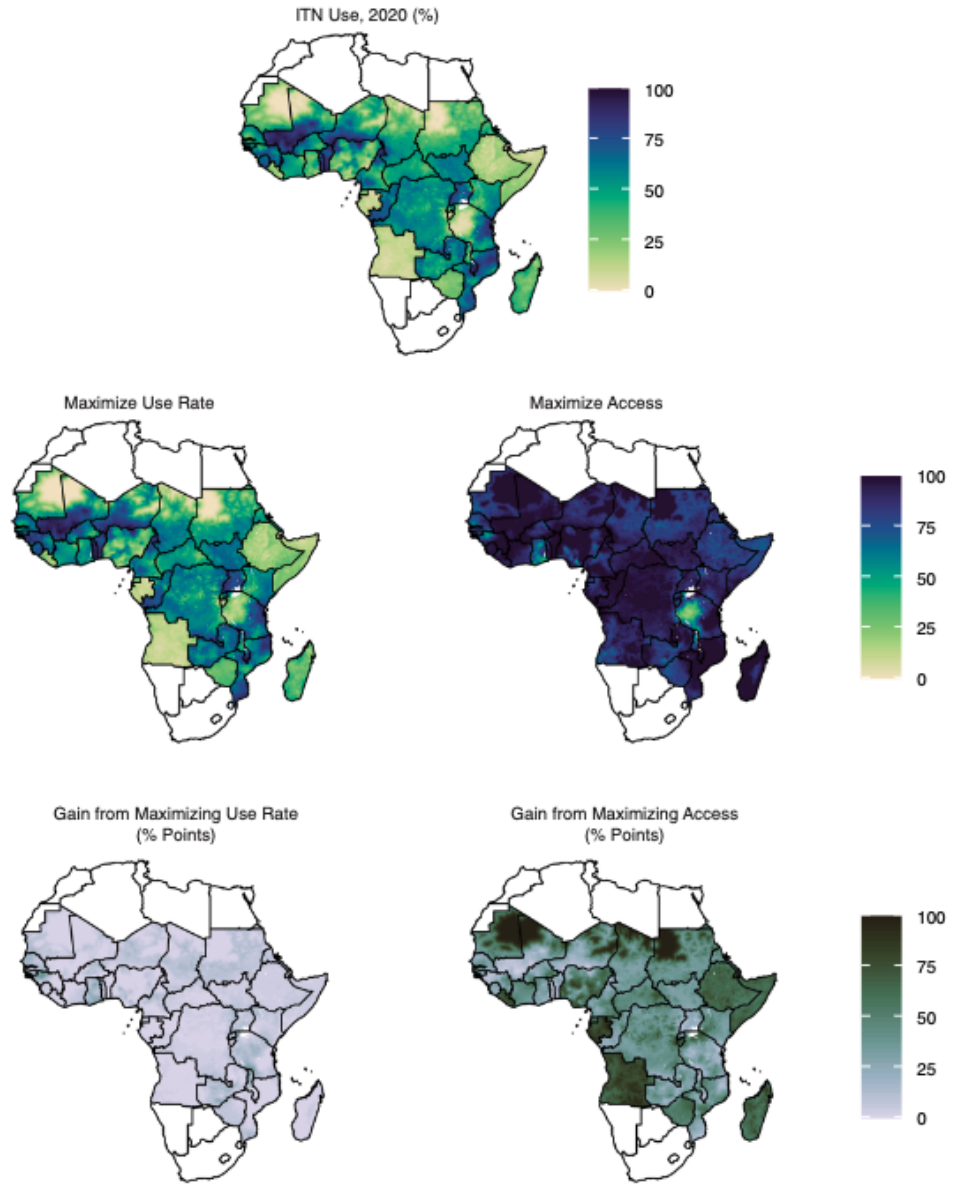
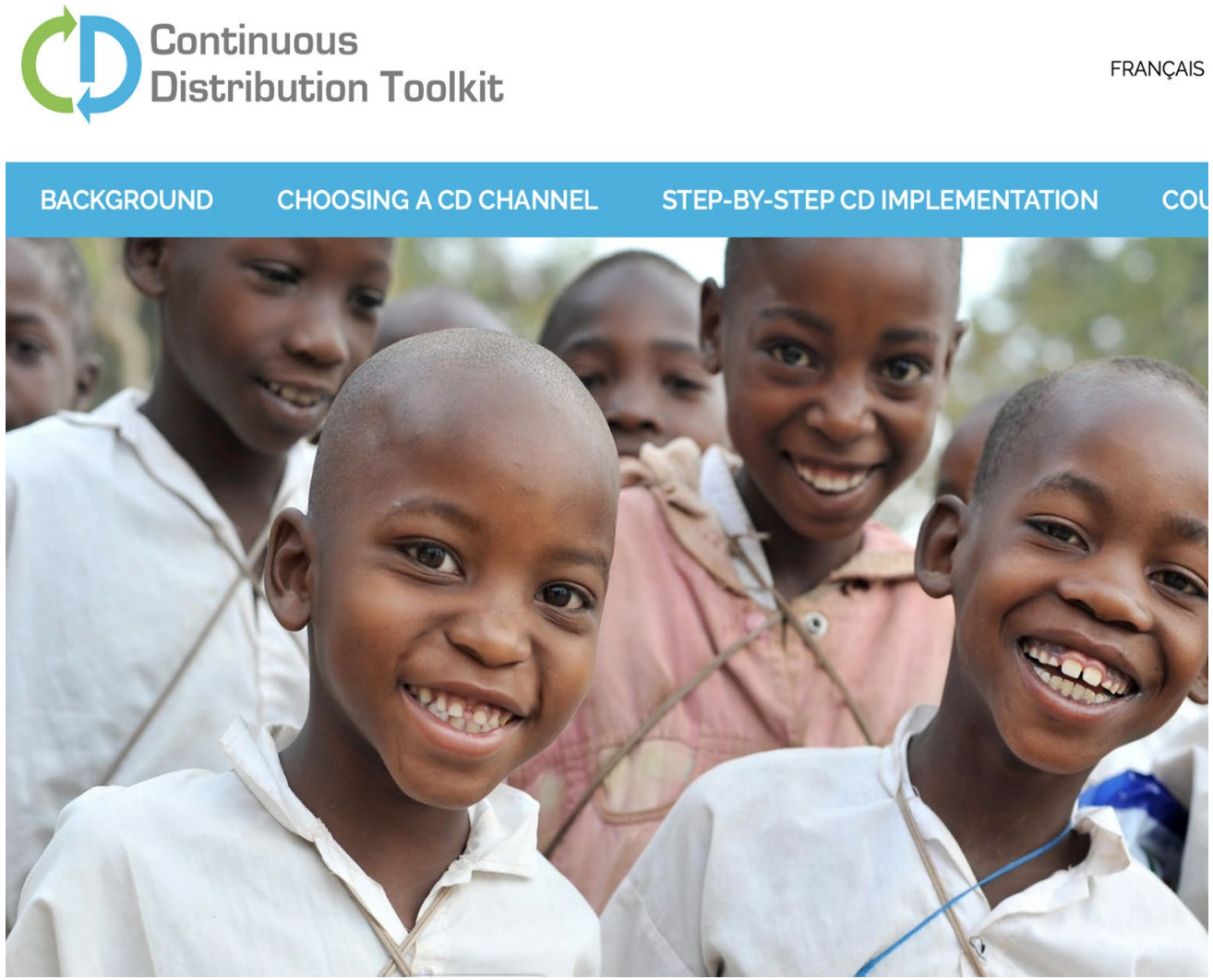


Fig. 6 Magnitude of change in insecticide-treated net (ITN) use possible from increasing use rate versus increasing access. The top row shows estimated ITN use in 2020. The second row shows what use could be if access remained unchanged and the use rate were set to 100% (left), compared to if the use rate remained unchanged and access was set to 100% (right). The final row shows the magnitude gain in use from each of these two scenarios. With few exceptions, increasing access has a larger impact than increasing the use rate.

Optimize routine ANC and EPI ITN distribution

- Uninterrupted routine distribution of ITNs has been an important part of an overall ITN strategy since the early 2000's
- Currently 32 countries deliver nets through ANC clinics and 28 through EPI
- ITN issuing rates are variable across countries, regions and season (a multi-country review is now taking place)
- Critical to ensure these channels are reaching their full potential in all countries in order to be certain of reaching the most biologically vulnerable

Advocate for CD beyond pilots where appropriate: more frequent campaign cycles don't solve our access problem and create additional challenges for national malaria programmes



Consider scaling up or introducing new channels

School-based distribution:

- Large scale distribution in Tanzania and Ghana
- Pilots in several countries including DRC, Guinea, Mozambique and Zambia
- See PMI VectorLink School-based distribution exemplar-available in French, English and Portuguese

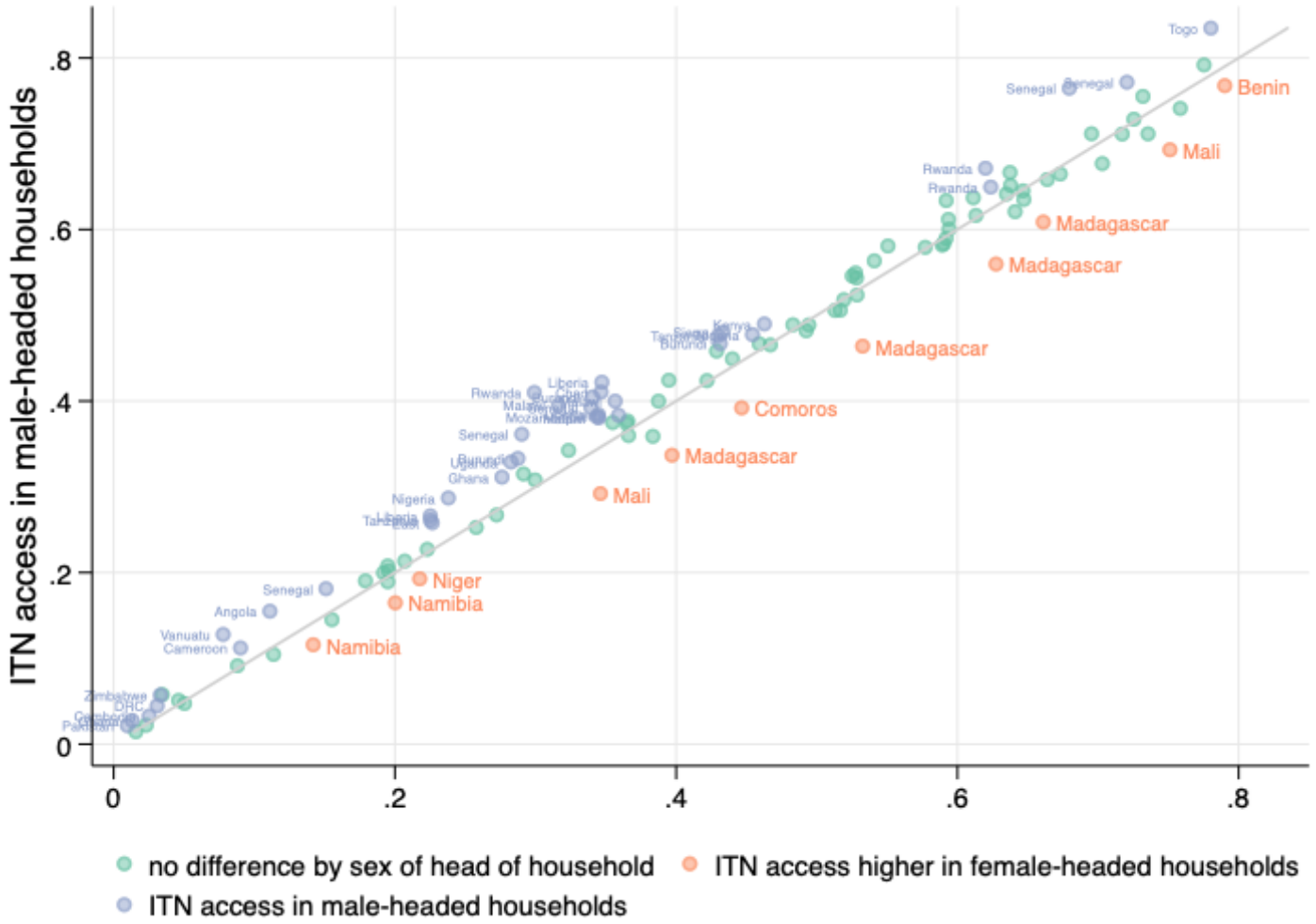
  (MS Word Chapter Setup Template (allianceformalariaprevention.com)

Community-based distribution:

- Large scale distributions in Madagascar and Zanzibar
- Allianceformalariaprevention.org and continuousdistribution.org for details, tools and more!

Reaching IDPs, refugees and hard-to-reach populations requires sustained investment, appropriate technology and channels that ensure continuous ITN access → we need to do better

"Brilliant, Ed! A slogan we can finally live up to!"



Use data and consider gender – it may be an important factor for ITN access

Use data to inform SBC planning and plan and budget to collect data where insufficient information exists

https://malariabehaviorsurvey.org

https://breakthroughactionandresearch.org/resources/itn-use-and-access-report/

Consider rumour management as we move to sub-national tailoring

- Ensuring that rumour management plans are:
  - Validated as part of ITN distribution planning
  - Understood by all campaign actors at the different levels
  - Budgeted for in case of need for rapid deployment

Improve planning and budgeting for waste management and consider the environmental effect including end of life ITNs

Use data and consider what is effective and efficient for urban areas to rationalize resources available

Guidance updates

- See website – both COVID and non-COVID guidance has been updated
- If you don’t see what you are looking for, please let us know!

ITN quality convening: Key outcomes and next steps

Kilian *et al. Malar J* (2021) 20:29
https://doi.org/10.1186/s12936-020-03570-5

Malaria Journal

RESEARCH Open Access

Correlation of textile 'resistance to damage' scores with actual physical survival of long-lasting insecticidal nets in the field

Albert Kilian[1*], Emmanuel Obi[2], Paul Mansiangi[3], Ana Paula Abílio[4], Khamis Ameir Haji[5], Estelle Guillemois[6], Vera Chetty[6], Amy Wheldrake[6], Sean Blaufuss[7], Bolanje Olapeju[7], Stella Babalola[7], Stephen J. Russell[6] and Hannah Koenker[7]

Abstract

Background: Attempts have been made to link procurement of long-lasting insecticidal nets (LLIN) not only to the price but also the expected performance of the product. However, to date it has not been possible to identify a specific textile characteristic that predicts physical durability in the field. The recently developed resistance to damage (RD) score could provide such a metric. This study uses pooled data from durability monitoring to explore the usefulness of the RD methodology.

Methods: Data from standardized, 3-year, prospective LLIN durability monitoring for six LLIN brands in 10 locations and four countries involving 4672 campaign LLIN were linked to the RD scores of the respective LLIN brands. The RD score is a single quantitative metric based on a suite of standardized textile tests which in turn build on the mechanisms of damage to a mosquito net. Potential RD values range from 0 to 100 where 100 represents optimal resistance to expected day-to-day stress during reasonable net use. Survival analysis was set so that risk of failure only started when nets were first hung. Cox regression was applied to explore RD effects on physical survival adjusting for known net use environment variables.

Results: In a bivariate analysis RD scores showed a linear relationship with physical integrity suggesting that the proportion of LLIN with moderate damage decreased by 3%-points for each 10-point increase of the RD score ($p = 0.02$, $R^2 = 0.65$). Full adjustment for net care and handling behaviours as well as other relevant determinants and the country of study showed that increasing RD score by 10 points resulted in a 36% reduction of risk of failure to survive in serviceable condition ($p < 0.0001$). LLINs with RD scores above 50 had an additional useful life of 7 months.

Conclusions: This study provides proof of principle that the RD metric can predict physical durability of LLIN products in the field and could be used to assess new products and guide manufacturers in creating improved products. However, additional validation from other field data, particularly for next generation LLIN, will be required before the RD score can be included in procurement decisions for LLINs.

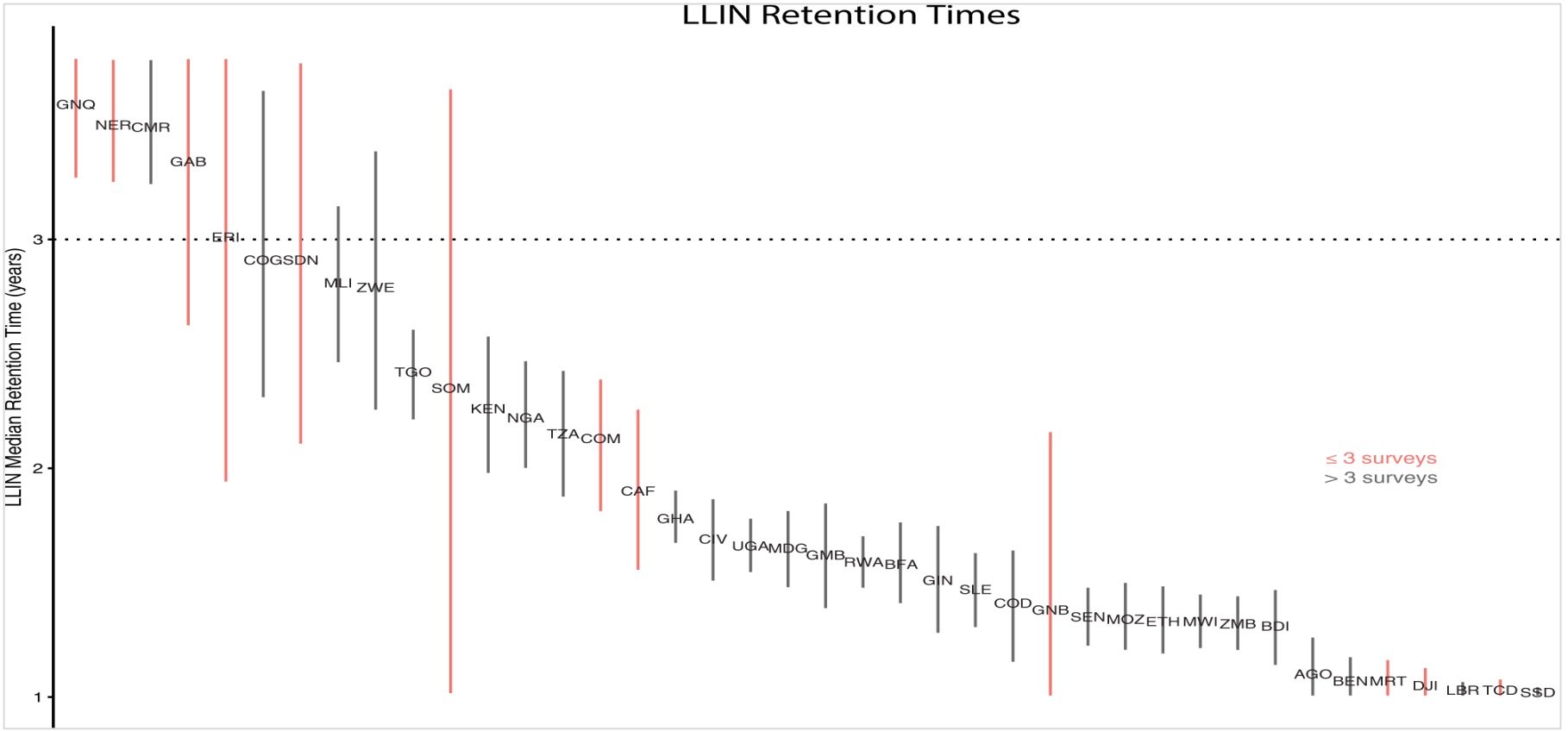
Keywords: LLIN physical durability, Textile resistance to damage

ITN quality is a factor and needs to be addressed to avoid a lack of trust in ITN efficacy

Despite ubiquitous 3-year distribution cycle, median net retention is 1.64 years

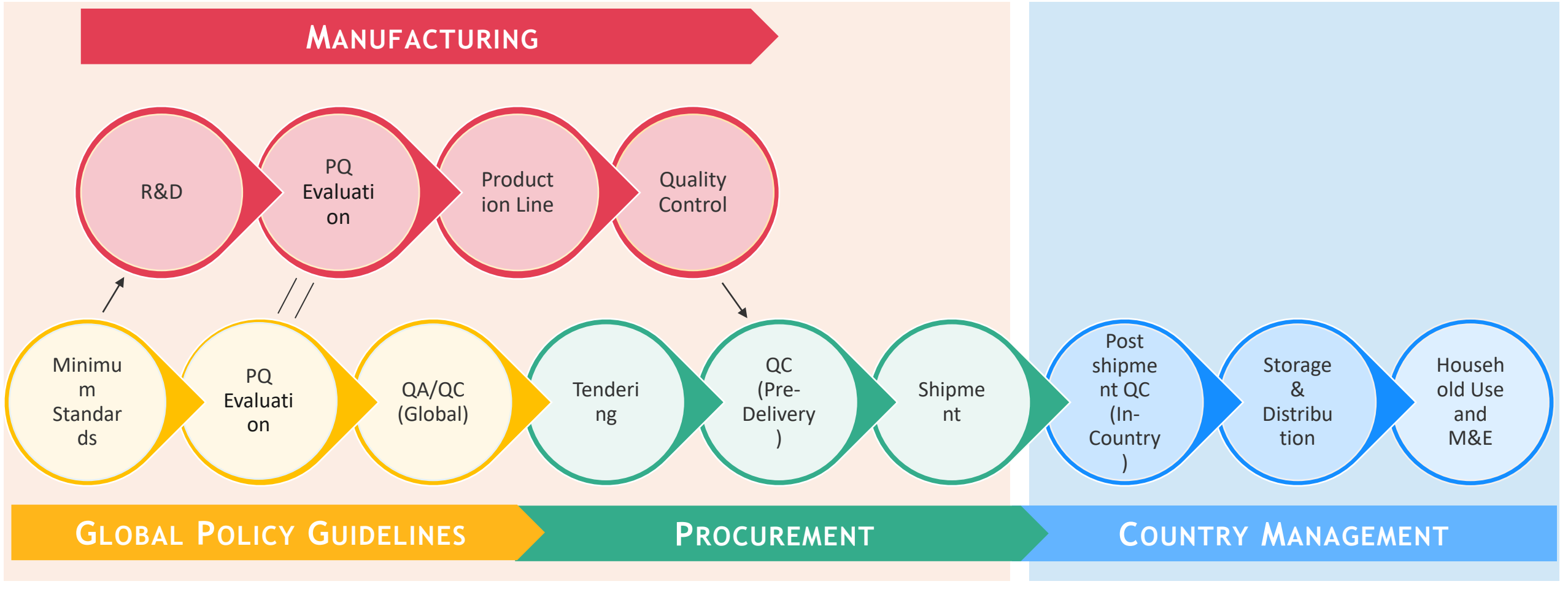
" …..the bulk of existing evidence supports the notion that median net retention is commonly lower than 3 years."

"The primary motivation for discarding a net in these studies was the perception that it was too torn, with even a modest amount of net damage often regarded as unseemly or untidy."



Bertozzi-Villa, A., Bever, C.A., Koenker, H. *et al*. Maps and metrics of insecticide-treated net access, use, and nets-per-capita in Africa from 2000-2020. *Nat Commun* 12, 3589 (2021).

The ITN Quality Lifecycle is an effort to map out the different factors that can affect net quality



Pre-Shipment
(covered in first convening)

Post-Shipment
(covered in second convening)

A fundamental challenge with this topic is that key stakeholders define "quality" differently

technical definition

the degree to which nets meet the chemical and physical properties defined by their specifications

QUALITY

common definition

whether nets do what we expect under normal usage conditions (remain physically and chemically active for 3 years)

Does meeting the technical definition lead to meeting the performance expected in the common definition?

Key themes: Global Policy

GLOBAL POLICY

	TOP CHALLENGES	PRIORITIZED SOLUTIONS
Minimum Standards	• Need to develop **specifications** that link net quality to performance	• Build the "foundation" for ITN attributes. Inclusion of **textile integrity** to specifications
PQ Evalua-tion	• **Update testing guidance** to reflect new products	• Update and disseminate testing guidelines
QA/QC	• **Insufficient QA/QC testing infrastructure** - testing methodologies and different laboratories not perceived to deliver consistent results	• Review capacity of GLP facilities for testing ITNs • Review QA of pre/post - shipment lab testing infrastructure

Key themes: Manufacturing

MANUFACTURING

	TOP CHALLENGES	PRIORITIZED SOLUTIONS
R &D	• Metrics to differentiate ITN **performance** needed. **Current market tends towards quantity over performance making it high risk to innovate**	• **Delineation of standards and specifications that allow procurers to justify price premiums** and demonstrate how improved quality can be a better value for money
PQ Evaluation	• Identify how product specifications can be linked to attributes that improve field performance	• Build **clear, reproducible characteristics to deliver desired performance** and separate **primary and secondary** ITN attributes based on linkage to durability and bioefficacy
QA/QC	• Inspection burden and lack of harmonized quality processes	• Procurers align on quality processes and agree on key attributes to be tested

Key themes: Procurement

PROCUREMENT

	Top Challenges	Prioritized Solutions
Tendering	• **Too much focus on price over quality**	• **Document and measure characteristics that lead to better performance.** Set standards to deliver higher quality outcomes and be willing to pay more
QC (Pre-Delivery)	• Clarify criteria for acceptance of ITNs that deviate from specs • **ISO 9001 is the industry standard**, but does it give enough information on ITN specific issues?	• **LQAG** working on harmonized pre-shipment testing guidelines. Global Fund developing pre-shipment sampling guidance • Agreement between manufacturers, procurers and implementers on standards, methods and margins of error
Shipment	• Assigning accountability for OOS results is difficult due to **lack of clear data along the chain of custody**	• **Clarify the chain of custody for ITNs** and look at ways to provide better data regarding a net's life cycle (QC data, testing, transportation/storage conditions)

Key themes: Country Management

COUNTRY MANAGEMENT

	Top Challenges	Prioritized Solutions
Post shipment inspect-ion	• **Non-standardized post-shipment testing** may cause rejection of good products or acceptance of poor products	• Develop **harmonized guidance on pre- and post delivery inspection** criteria and SOPs
Port delays & storage	• No guidelines exist for warehousing • **Delays and storage at port** including customs clearance and distribution related delays	• Definition of and guidance on optimal storage conditions (net specific where necessary) • Advocacy to facilitate **rapid customs clearance**
Distribut-ion strategy	• Lack of clear distribution strategy/microplans and delays in distribution at different levels perhaps leading to inappropriate storage	• Develop clear/proactive distribution strategy/ microplanning • Digital real-time data collection systems/proper data capture and use/Digital tracing of nets

Key themes: Cross-cutting

CROSS-CUTTING

	Top Challenges	Prioritized Solutions
Common Glossary of terms	• Varying **definitions** of key terms (quality, performance, efficacy, durability, QA, QC, etc.) makes it difficult to discuss these issues	• **Develop a clear glossary** of terms and communicate to key stakeholder groups
Trust b/w stakehol-ders	• **Trust** amongst different stakeholder groups around ITN quality needs reinforcing	• **Develop communication strategy** to help drive clarity and build trust • Build transparency through data sharing
Data	• Lack of data on performance/ bio efficacy, durability monitoring/risk factors in country that influence life of a net	• Post market surveillance on retention, bioefficacy, AI concentration, physical integrity and use • Publication of data to make appropriate data available to all


geospatial tools
rumours
rumours
C19RM
Success
Urban
IDP
tired
COVID-19
Teams
virtual
flexibility
coordination
PPE
climate
SBC
ITN quality
Gender
PPE
Success
together
funding applications
PPE
funding
Teams
COVID-19
waste management
Integration
CD
waste
climate
IDP
PNCM
Insecurity
insecticide resistance
durability
Gender
adaptations
new ITN types
Pandemic
Urban
Gender
Success
waste
together
insecticide resistance
MOP
leadership
access
new ITN types
complexity
Microplannning
Partnership
virtual
rumours
Insecurity
hard-to-reach
MOP
PNCP
nmcp
denominator
leadership
virtual
Partnership
climate
tired
TA
access
complexity
durability
Pandemic
priorities
flexibility
priorities
CD
IDP
TA
supply chain
PNCM
Digitalisation
COVID-19 Pandemic

New Nets Project: Operational issues and key findings

New Nets Project consortium

IVCC

- Lead and coordinator
- Liaison with industry partners
- Link to vector control product development pipeline

psi
Healthy lives. Measurable results.

- Compilation of cross-country lessons learned from pilot studies, funding for process evaluations

The Alliance for Malaria Prevention

- Technical assistance

Imperial College London

- Modelling of trials design and implementation impact

PATH

- Cost-effectiveness determination from pilot implementations

LSTM
LIVERPOOL SCHOOL OF TROPICAL MEDICINE

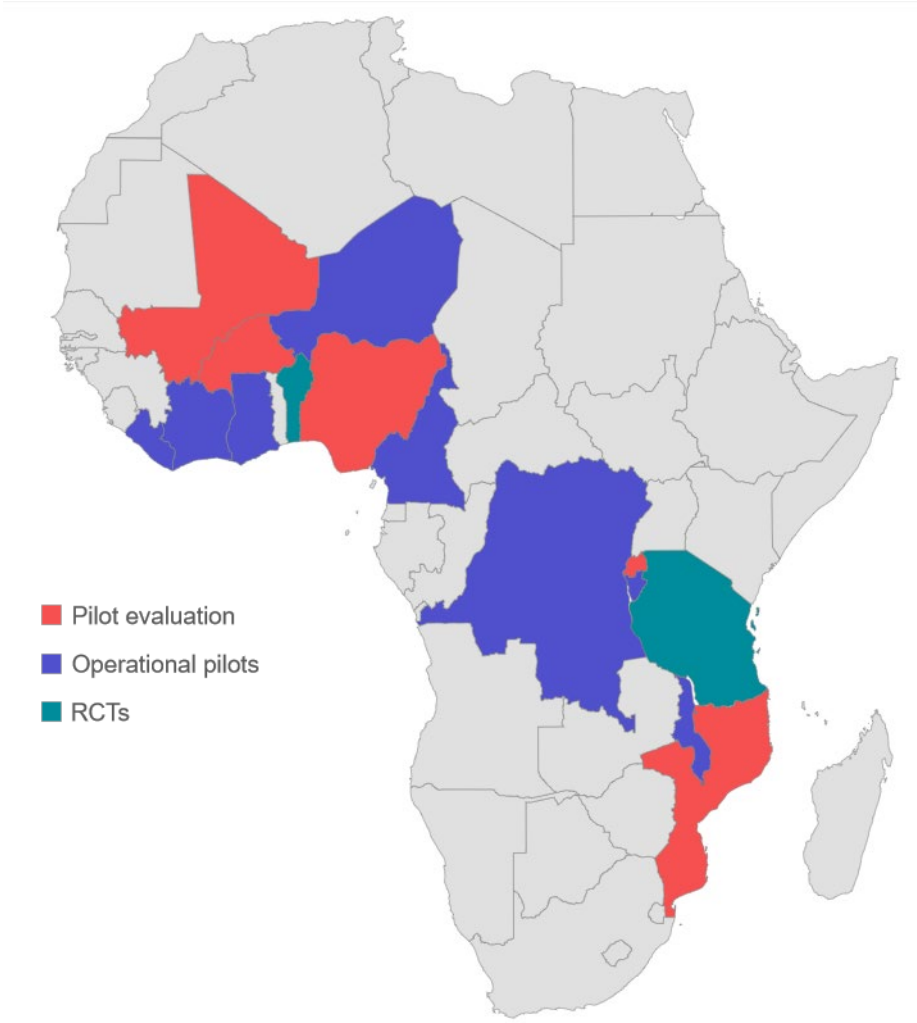
- Entomological correlates of epidemiological impact

Tulane University

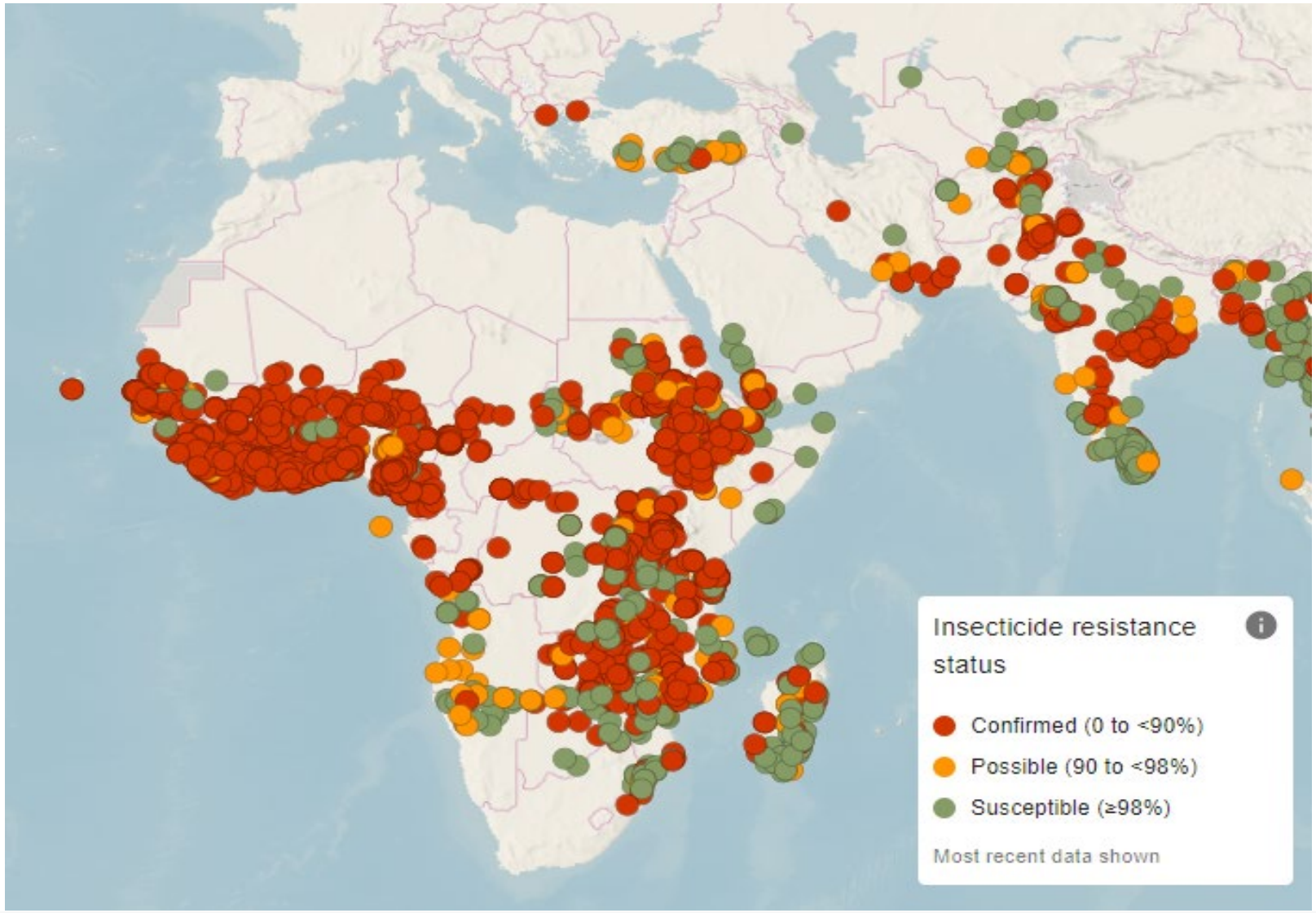
- Cost effectiveness study design and data collection

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

- Cluster-randomized trials of dual active-ingredient ITNs and entomological correlates in trials



The challenge: Insecticide resistance



The effect of malaria control on *Plasmodium falciparum* in Africa between 2000 and 2015, S. Bhatt et al, Sep 2015

https://apps.who.int/malaria/maps/threats

Project overview

The New Nets Project

The New Nets Project (NNP: funded by Unitaid and the Global Fund and primed by IVCC) helps to pilot the next generation of nets, **dual-active ingredient ITNs**

Pyrethroid-only	**Pyrethroid + Synergist**	**Pyrethroid + Chlorfenapyr**	**Pyrethroid + Pyriproxyfen**
Standard ITNs	PBO ITNs	Interceptor® G2 ITN	Royal Guard® ITN

- These new nets
  - Are more expensive
  - Still need a WHO policy recommendation

- NNP will help
  - Remove market barriers and **improve access** to dual-active ingredient ITNs
  - **Build the evidence** needed for WHO policy recommendation: Epidemiology, Entomology, Anthropology, Cost-effectiveness, Durability monitoring

Operational issues

Desynchronized delivery of different ITN types is a challenge that needs to be resolved

Feasible waste management (or environmentally friendly) solutions are needed urgently

Key findings: Mozambique interim results

Malaria burden to date *Northern Mozambique*

	Gurue (standard ITNs)		Cuamba (IG2 ITNs)		Mandimba (RG ITNs)	
	2020	2021	2020	2021	2020	2021
Population that slept under a net last night (95% CI)	**23.0%** (21.3%–24.7%)	**87.4%** (82.8%–90.8%)	**19.4%** (17.9%–21.0%)	**67.9%** (57.0%–77.1%)	**17.0%** (15.5%–18.6%)	**81.6%** (74.7%–87.0%)
Population ITN access (95% CI)	**23.1%** (21.8%–24.4%)	**85.7%** (82.5%–88.8%)	**21.0%** (19.7%–22.3%)	**64.8%** (54.8%–74.8%)	**16.4%** (15.3%–17.6%)	**75.5%** (69.0%–82.3%)
Use given access*	**0.99**	**1.02**	**0.92**	**1.05**	**1.03**	**1.08**

- ITN access and usage went up significantly after the campaign

	Gurue (Standard ITNs)		Cuamba (IG2 ITNs)		Mandimba (RG ITNs)	
	2020	2021	2020	2021	2020	2021
Malaria prevalence for children under 5 years old (RDT+) (95% CI)	**64.9%** (54.8%–75.0%)	**52.5%** (42.9%–61.9%)	**47.5%** (38.1%–57.0%)	**29.4%** (20.9%–39.5%)	**66.0%** (57.5%–74.4%)	**46.2%** (38.2%–54.4%)

- **Malaria burden decreased significantly as well**
  - **~19% in Gurue (Std)**
  - **~38% in Cuamba (IG2)**
  - **~30% in Mandimba (RG)**

Malaria burden to date *Northern Mozambique*

Difference-in-difference (DiD) comparison of malaria incidence with next-generation ITNs and standard pyrethroid ITNs

	2021 year 1 (Jan–June) change from baseline	DiD relative to standard ITNs
Gurue (Standard ITNs)	**8%** (−3% to 24%)	
Cuamba (IG2 ITNs)	**−48%** (−52% to −40%)	**56%**
Mandimba (RG ITNs)	**−28%** (−31% to −23%)	**36%**

Passive malaria case incidence rates from 2020 to 2021 indicated:

- Similar number of cases in Gurue (standard)
- ~28% fewer cases in Mandimba (RG)
- ~48% fewer cases in Cuamba (IG2)

Malaria burden to date *Western Mozambique*

	Chemba (Standard ITNs)		Guro (IG2 ITNs)		Changara (PBO ITNs)	
	2020	2021	2020	2021	2020	2021
Population that slept under a net last night (95% CI)	**33.3%** (32.1%–34.7%)	**90.1%** (87.1%-92.4%)	**18.5%** (17.2%–19.8%)	**92.8%** (90.4%–94.7%)	**23.0%** (21.8%–24.2%)	**84.6%** (80.5%–88.0%)
Population ITN access (95% CI)	**30.4%** (29.3%–31.6%)	**86%** (82.0%–90.1%)	**18.8%** (17.5%–20.1%)	**88.9%** (86.8%–91.1%)	**26.3%** (24.9%–27.6%)	**84.2%** (81.1%–87.3%)
Use given access*	**1.10**	**1.05**	**0.98**	**1.04**	**0.88**	**1.00**

- ITN access and usage went up significantly after the campaign

	Chemba (Standard ITNs)		Guro (IG2 ITNs)		Changara (PBO ITNs)	
	2020	2021	2020	2021	2020	2021
Malaria prevalence for children under 5 years old (RDT+) (95% CI)	**44.3%** (36.5%–52.1%)	**39.0%** (31.3%–47.2%)	**17.1%** (11.6%–22.7%)	**3.8%** (2.2%– 6.7%)	**5.7%** (2.3%–9.1%)	**2.1%** (0.8%–5.4%)

- **Malaria burden decreased significantly as well**
  - **~12% in Chemba (Std)**
  - **~77% in Guro (IG2)**
  - **~63% in Changara (PBO)**

Key findings: Burkina Faso interim results

Malaria burden to date

	Gaoua (Standard ITNs)			Banfora (IG2 ITNs)			Orodara (PBO ITNs)		
	2019	2020	2021	2019	2020	2021	2019†	2020	2021
Population that slept under a net last night (95% CI)	**20.8%** (18.6%–23.1%)	**44.2%** (40.9%–47.5%)	**37.0%** (30.5%–42.5%)	**67.7%** (64.9%–70.3%)	**90.4%** (88.5%–92.1%)	**82.8%** (79.0%–86.6%)	**78.8%** (76.1%–81.2%)	**84.8%** (82.3%–87.0%)	**83.5%** (79.9%–87.1%)
Population ITN access (95% CI)	**44.4%** (42.4%–46.2%)	**53.8%** (51.4%–56.2%)	**40.5%** (37.9%–43.1%)	**58.9%** (57.1%–60.7%)	**84.2%** (83.1%–85.3%)	**74.9%** (73.5%–76.2%)	**94.0%** (93.1%–94.9%)	**87.4%** (86.3%–88.5%)	**82.0%** (80.7%–83.3%)
Use given access*	**0.47**	**0.82**	**0.91**	**1.15**	**1.07**	**1.11**	**0.84**	**0.97**	**1.02**

- Increases in ITN access and use after the campaign were variable (remained low in Gaoua)

		Gaoua (Standard ITNs)			Banfora (IG2 ITNs)			Orodara (PBO ITNs)		
		2019	2020	2021	2019	2020	2021	2019†	2020	2021
Malaria prevalence in children from CSS (RDT+) (95% CI)	<5	**81.0%** (74.9%–86.0%)	**48.9%** (41.9%–56.1%)	**21.1%** (15.5%–27.5%)	**39.6%** (33.0%–46.6%)	**18.4%** (13.5%–24.6%)	**11.6%** (7.4%–17.0%)	**28.4%** (22.4%–35.3%)	**3.7%** (1.8%–7.5%)	**2.1%** (0.6%–5.3%)
	5 - 10			**54.5%** (47.1% – 61.7%)			**36.1%** (29.3% – 43.4%)			**19.9%** (14.5% – 26.3%)

- **Timing of campaign associated with decreases in malaria prevalence through 2 years**
  - **~74%% in Gaoua (Std)**
  - **~71% in Banfora (IG2)**
  - **~93% in Orodara (PBO)**

†The ITN distribution campaign was complete at the time of the cross-sectional survey.
*Use given access is calculated by dividing use (population that slept under a net last night) by access. Values over 1 are possible given that the calculation is a ratio.

Malaria burden

Difference-in-difference (DiD) comparison of malaria incidence with next-generation ITNs and standard ITNs.

	Year 1 (November–May) change from baseline	Year 1 DiD relative to standard ITNs	Year 2 (June–May) change from baseline	Year 2 DiD relative to standard ITNs
Gaoua and Nouna (Standard ITNs)	**−18.4%** (−24.8% to −14.8%)		**−20.6%** (−24.9% to −17.5%)	
Banfora and Tougan (IG2 ITNs)	**−0.76%** (−6.1% to 1.8%)	**−18%**	**−35.3%** (−36.7% to −34.6%)	**14.7%**
Orodara (PBO ITNs)	**−22.9%** (−28.8% to −2.7%)	**4.5%**	**−26.4%** (−29.2% to −24.8%)	**5.8%**

Passive malaria case incidence rates indicate that in the two years after the ITN campaign indicated fewer malaria cases reported in each district:

- ~ 21% fewer in Standard ITN districts
- ~ 35% fewer in IG2 districts
- ~ 26% fewer in the PBO district

Key issues

- Variability and diversity in malaria transmission dynamics across and within countries
- Variability and changes in other key malaria interventions (e.g. SMC expansion in Burkina Faso)
- Human and vector behavior could be an important factor in determining ITN effectiveness
- Next steps are ongoing, more complete and nuanced analyses will consider ITN access, durability of ITNs after more than one year, sleeping and ITN use patterns, climate factors, etc.

Key takeaways – Interim results

- Mass ITN distributions (universal coverage campaigns) are strongly associated with increased ITN use and decreases in malaria transmission regardless of ITN type
- In areas of moderate to high transmission with pyrethroid resistant vectors:
    - Distribution of any of the new net types (IG2, PBO, and RG ITNs) seems more effective at controlling malaria than campaigns distributing standard, pyrethroid-only ITNs
    - May be less pronounced in West African settings with complex resistance profiles
- Final results pending – please stay tuned!

Let’s ensure that every pregnant women, every child and every person at-risk is sleeping under an ITN

Contacts

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- New Nets Project
  - giovanni.dusabe@ifrc.org
- Continuous Distribution Working Group (CDWG)
  - Jmiller@psi.org
  - ballakandeh@yahoo.co.uk

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Présentation mondiale sur les MII

Réunions SRN du comité CRSPC de 2022


geospatial tools
insecticide resistance
Urban
Success
rumours
rumours
C19RM
Teams
IDP
tired
COVID-19
virtual
coordination
flexibility
PPE
climate
SBC
ITN quality
Gender
PPE
Success
together
funding applications
PPE
funding
Teams
funding applications
COVID-19
waste management
Integration
SBC
waste
climate
IDP
PNCM
Teams
denominator
durability
Gender
Insecurity
insecticide resistance
adaptations
new ITN types
Pandemic
Urban
Gender
Success
waste
together
insecticide resistance
MOP
leadership
new ITN types
complexity
Microplannning
Partnership
durability
PNCP
virtual
rumours
Insecurity
PNCP
access
MOP
hard-to-reach
denominator
nmcp
leadership
virtual
Partnership
PNCP
MOP
TA
tired
climate
access
flexibility
durability
Pandemic
complexity
priorities
TA
CD
IDP
priorities
supply chain
flexibility
tired
PNCM

Internal

Merci aux programmes nationaux de lutte contre le paludisme et aux partenaires de mise en œuvre, financiers et techniques des efforts déployés pour garantir la mise en œuvre des campagnes de distribution de MII en 2020 et 2021, en dépit de tous les défis rencontrés.

Notre action en 2020/2021 malgré la pandémie de Covid-19

- **La plupart des campagnes prévues en 2020 ont eu lieu dans l'année, mais avec plus ou moins de retard**
- **74% environ des MII prévues ont été distribuées en 2020 (15/01/2021)**
  - 219 millions environ de MII prévues pour la distribution
  - 162 millions environ de MII distribuées
- **64,5% des campagnes prévues ont été menées à bien, partiellement ou en totalité**
  - 31 pays ont planifié des campagnes de distribution de MII
  - 20 pays ont mené à bien des campagnes de distribution de MII prévues
  - La majorité des pays où les campagnes ont été menées partiellement

- **La plupart des MII restant de 2020 ont été distribuées en 2021**
- **62% environ des MII prévues ont été distribuées en 2021**
  - 192 millions environ de MII prévues pour la distribution
  - 119 millions environ de MII distribuées
- **62% des campagnes prévues ont été menées à bien, partiellement ou en totalité**
  - 21 pays ont planifié des campagnes de distribution de MII
  - 13 pays ont mené à bien des campagnes de distribution de MII prévues
  - Campagnes retardées pour diverses raisons

Mises en garde et défis

- Chiffres incomplets pour certains pays, manque d'informations sur les progrès réalisés par d'autres (en particulier pour les pays en dehors de l'Afrique)
  - Importants volumes de moustiquaires pour les campagnes organisées en Inde, mais pas de contact direct avec le pays pour des mises à jour
  - Le nombre de « MII distribuées » s'appuie sur le nombre de « MII disponibles », car les données concernant la distribution sont souvent indisponibles (à ajuster avec les chiffres de 2022)
- Pour les campagnes de 2020, la plupart des MII étaient déjà sur place avant la pandémie
  - Retards plus importants pour les campagnes de 2021, en raison des perturbations des chaînes d'approvisionnement, notamment pour les commandes ou livraisons tardives d'équipements de protection individuelle

Outil de suivi des campagnes et de la distribution continue

- Outil de suivi des campagnes de distribution de MII
  - Lié aux tableaux de bord du partenariat FRP
  - Informations issues de programmes nationaux (en l'absence de coordonnées/d'informations, pas de mise à jour de l'outil de suivi)
  - Beaucoup d'erreurs – merci d'aider à les corriger

- Outil de suivi de la distribution continue
  - Merci à l'Ouganda d'avoir soumis le seul outil de suivi complet ☺
  - Objectif : mettre en lumière les besoins (et les immenses lacunes) pour l'« accès soutenu aux MII » en amont des candidatures pour le Fonds mondial
  - Met en lumière l'importance d'un système unifié de soumission de rapports sur les MII, tous canaux confondus

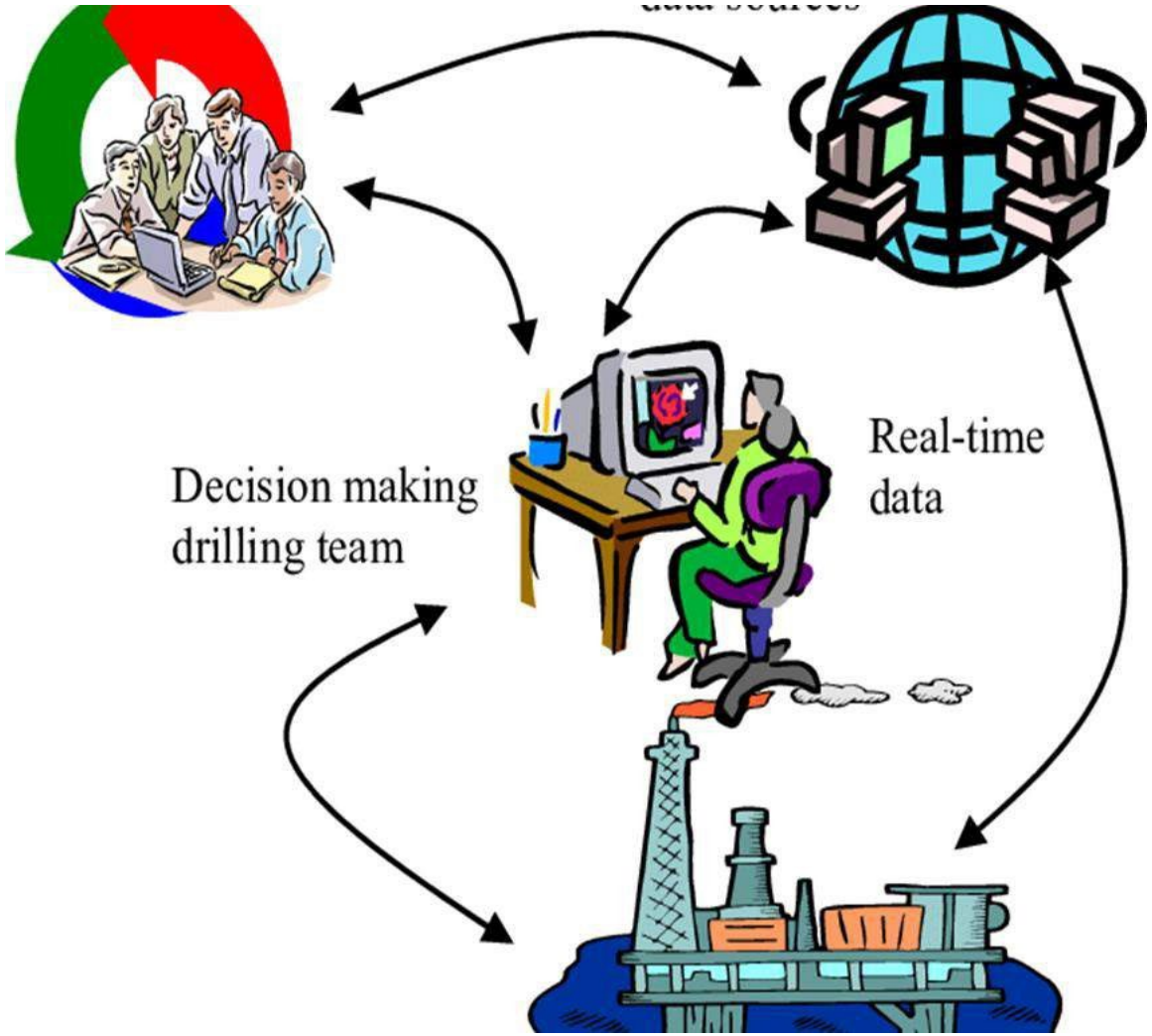
Campagnes de distribution de MII et outils numériques

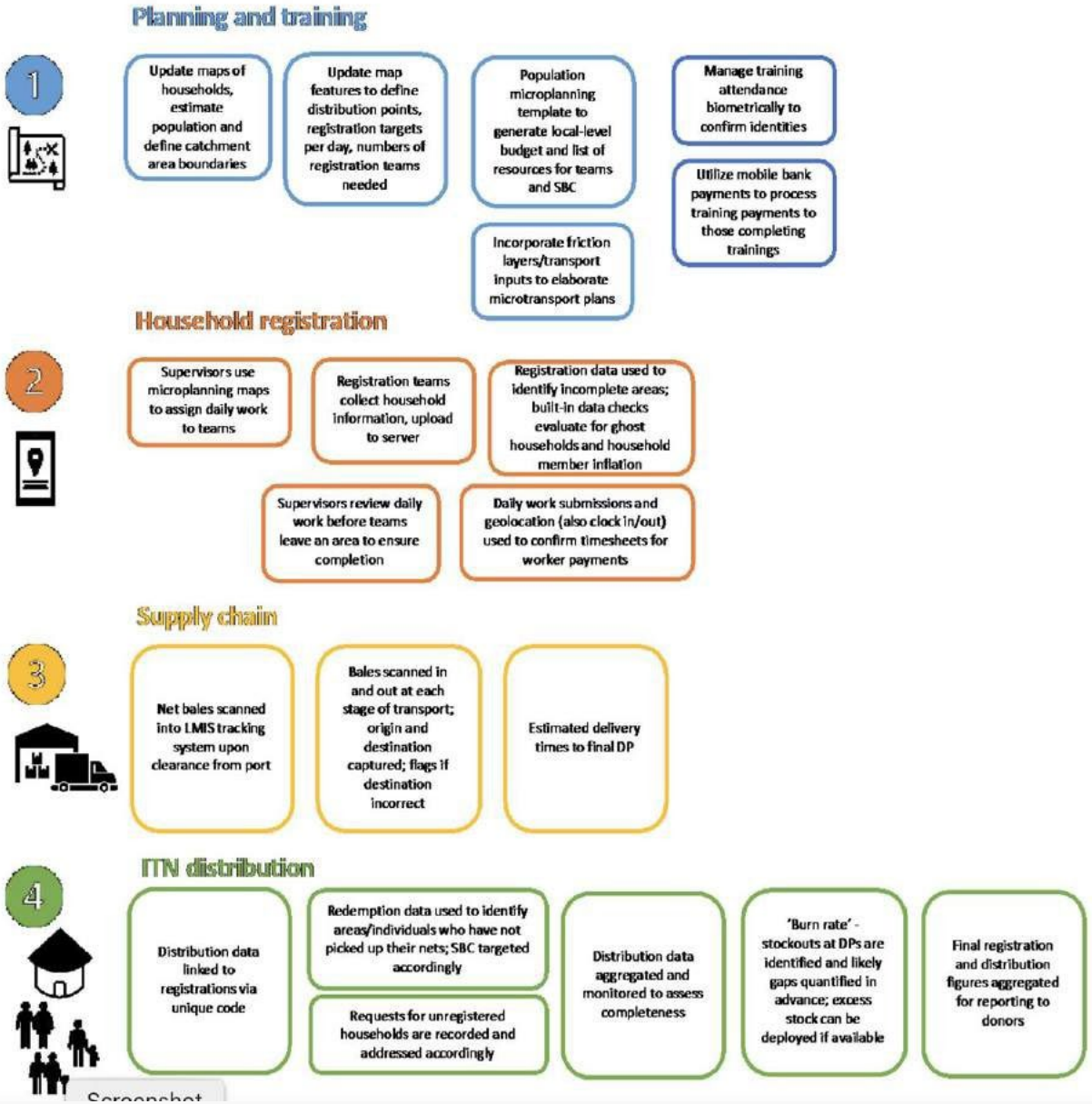
Contexte

- Financement via le Projet d'accroissement de l'efficacité des campagnes de distribution de MII de la Fondation Bill et Melinda Gates
- Entretiens rétrospectifs avec 14 pays qui sont passés aux outils numériques
- Suivi prospectif de 11 pays planifiant leur passage aux outils numériques à l'occasion des campagnes de distribution de MII de 2022/2023

Objectif : dégager des facilitateurs, des obstacles et des mesures de limitation des risques pour le passage d'outils papier à des outils numériques, y compris pour les paiements autres qu'en espèces

La numérisation améliorera la disponibilité de données en temps réel au service de la prise de décisions, de la qualité des données et de la redevabilité concernant les MII, et réduira les délais et les coûts à long terme



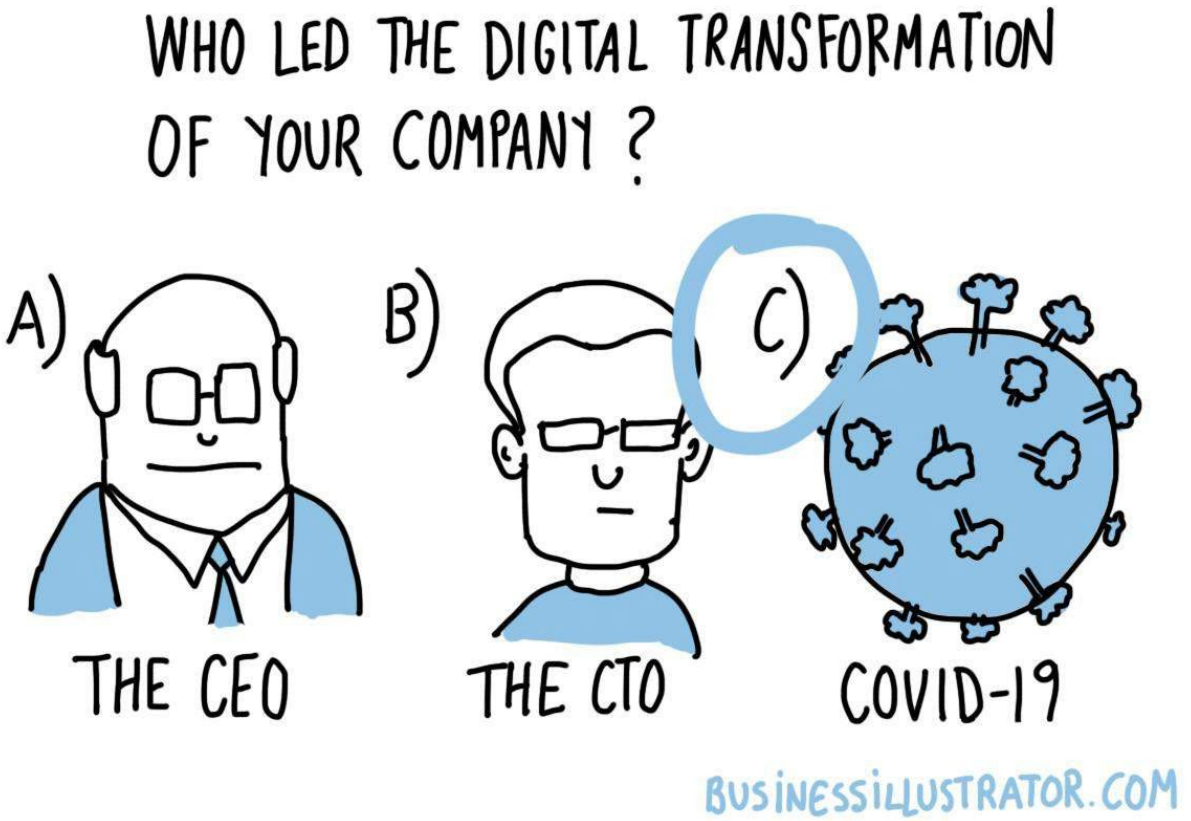


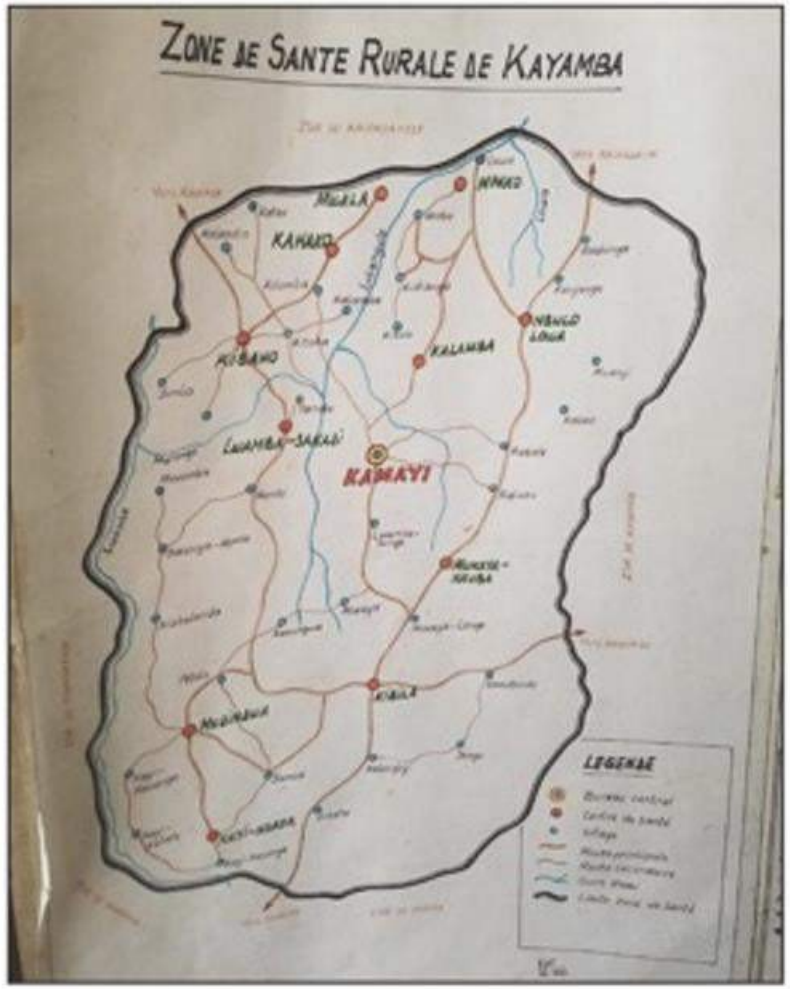
Étendre notre numérisation à la « liste de souhaits » améliorera l'efficacité de nos campagnes

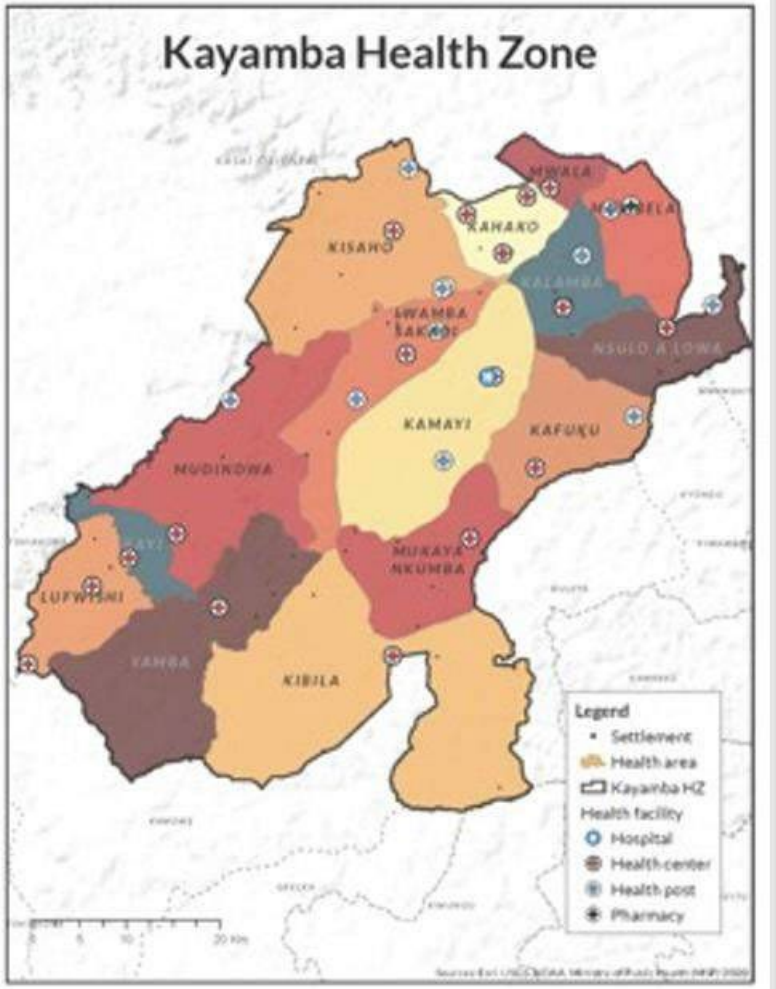
https://allianceformalariaprevention.com/wp-content/uploads/2021/06/AMP_Improving_Efficiency_Digital_Tools_21052021.pdf

L'adhésion et l'engagement sans réserve des dirigeants sont essentiels pour réussir la transition des outils papier aux outils numériques

La planification et la budgétisation anticipées, notamment l'identification des besoins en soutien technique (interne/externe), améliorera le passage aux outils numériques et limitera les retards.

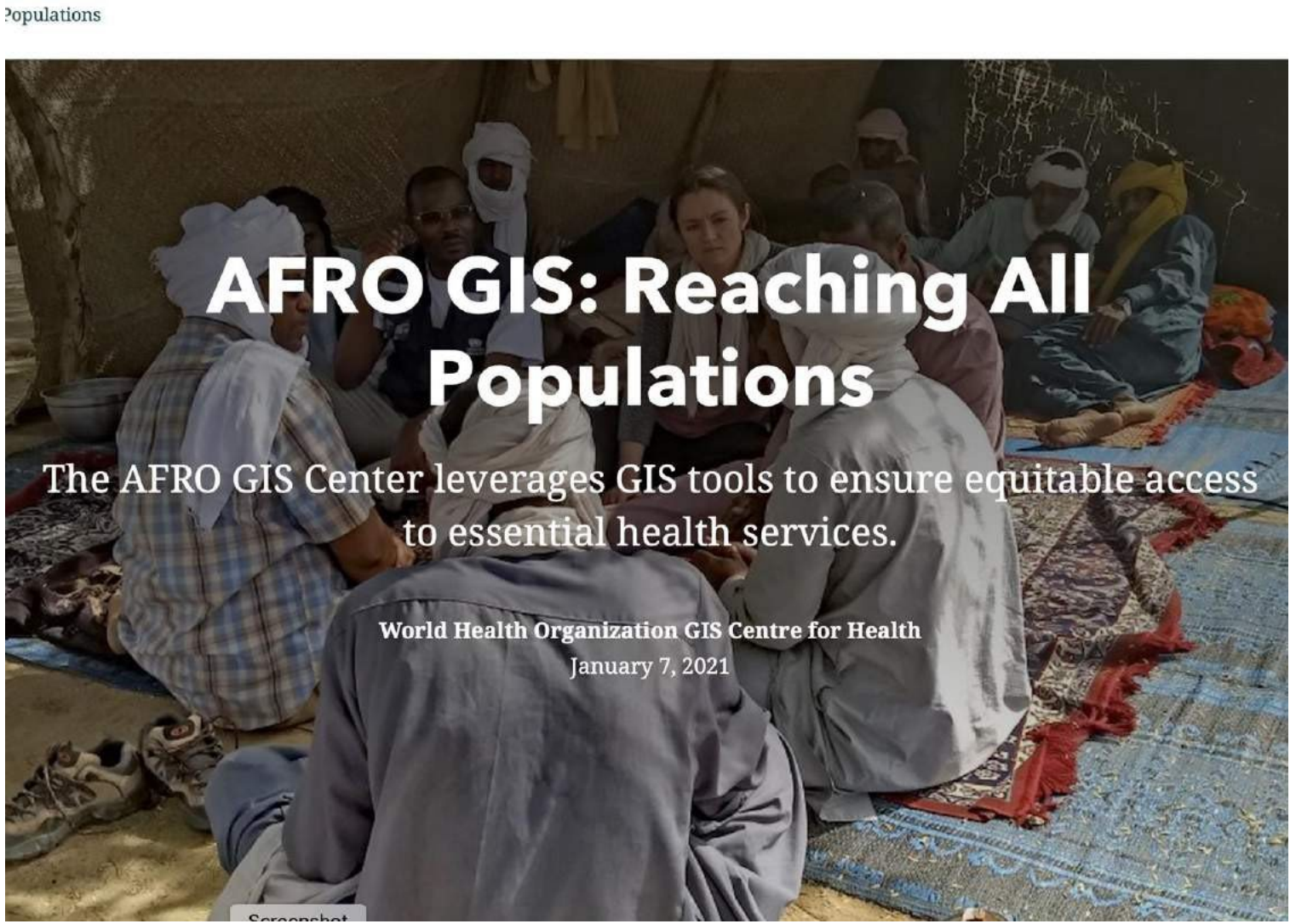






L'amélioration de notre micro-planification accroîtra notre capacité à toucher tout le monde et à éviter les doublons et le gaspillage de ressources limitées

Le fait de travailler en partenariat et de tirer parti des données, des informations et des outils existants peut nous faire avancer plus rapidement.



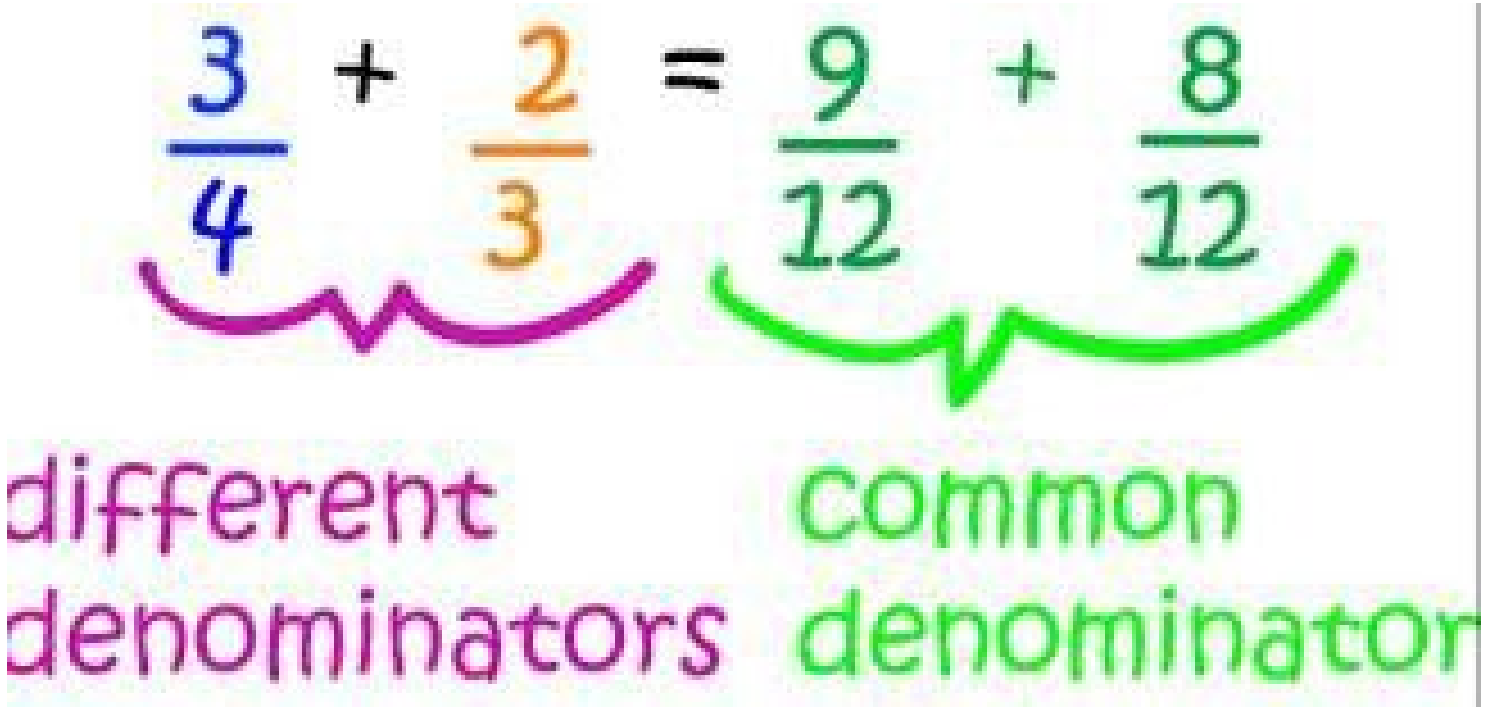
Repenser l'intégration pour une utilisation plus efficace des données, des informations et des ressources au sein des programmes de santé et entre eux

Le pilotage de projets dans différents contextes et pour différentes activités (CPS, pulvérisation intra-domiciliaire) pour tirer des enseignements en vue d'intensifier notre action améliorera la numérisation des campagnes de distribution de MII

Étudier l'infrastructure existante et le contexte local : accès au réseau, sécurité des dispositifs et réglementations locales concernant la planification pour la numérisation des campagnes de distribution

Ne pas oublier pas de former « au-delà du dispositif » pour améliorer les résultats des campagnes

correct_rec	correct_no	nb_hhs	p_correct	class
72	8	80	90	Pass
72	8	80	90	Pass
68	12	80	85	Pass
62	18	80	78	Intermediate
59	21	80	74	Intermediate
55	25	80	69	Intermediate
55	25	80	69	Intermediate
54	26	80	68	Intermediate
54	26	80	68	Intermediate
53	27	80	66	Intermediate
49	31	80	61	Intermediate
43	37	80	54	Fail
43	37	80	54	Fail
42	38	80	53	Fail
40	40	80	50	Fail



En travaillant ensemble, nous pouvons éventuellement « ajuster le dénominateur » et faire en sorte que nos ressources soient utilisées le mieux possible

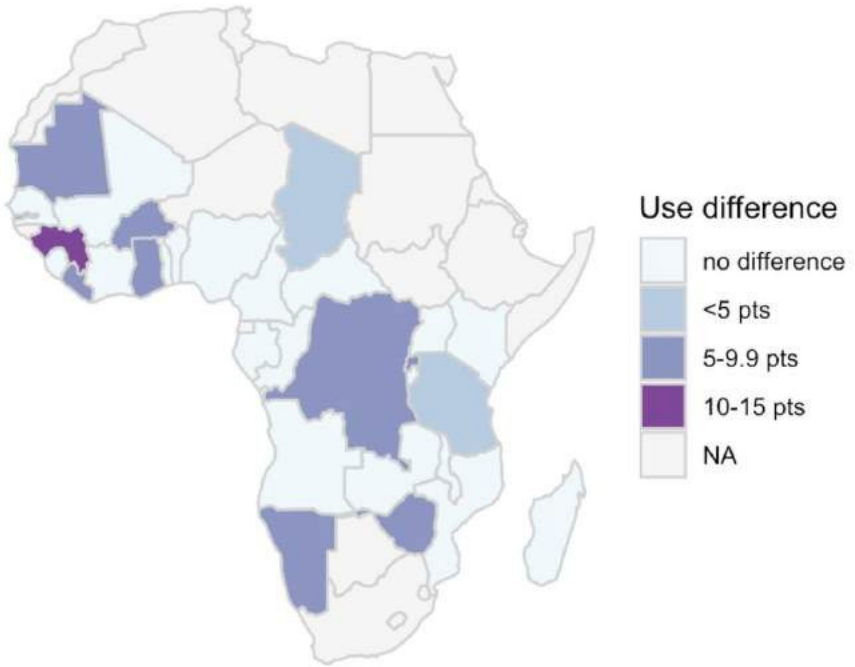
Outils pour la numérisation : disponibles fin juillet

- Matrice pour la prise de décision concernant la numérisation
- Liste de vérification de la planification et du budget concernant la numérisation
- Modèle de plan d'action pour la numérisation

Réflexions concernant les campagnes de distribution et la distribution continue de MII

Textile utilisé pour les MII et utilisation des MII

Figure 1: Crude difference in % of nets used between textiles



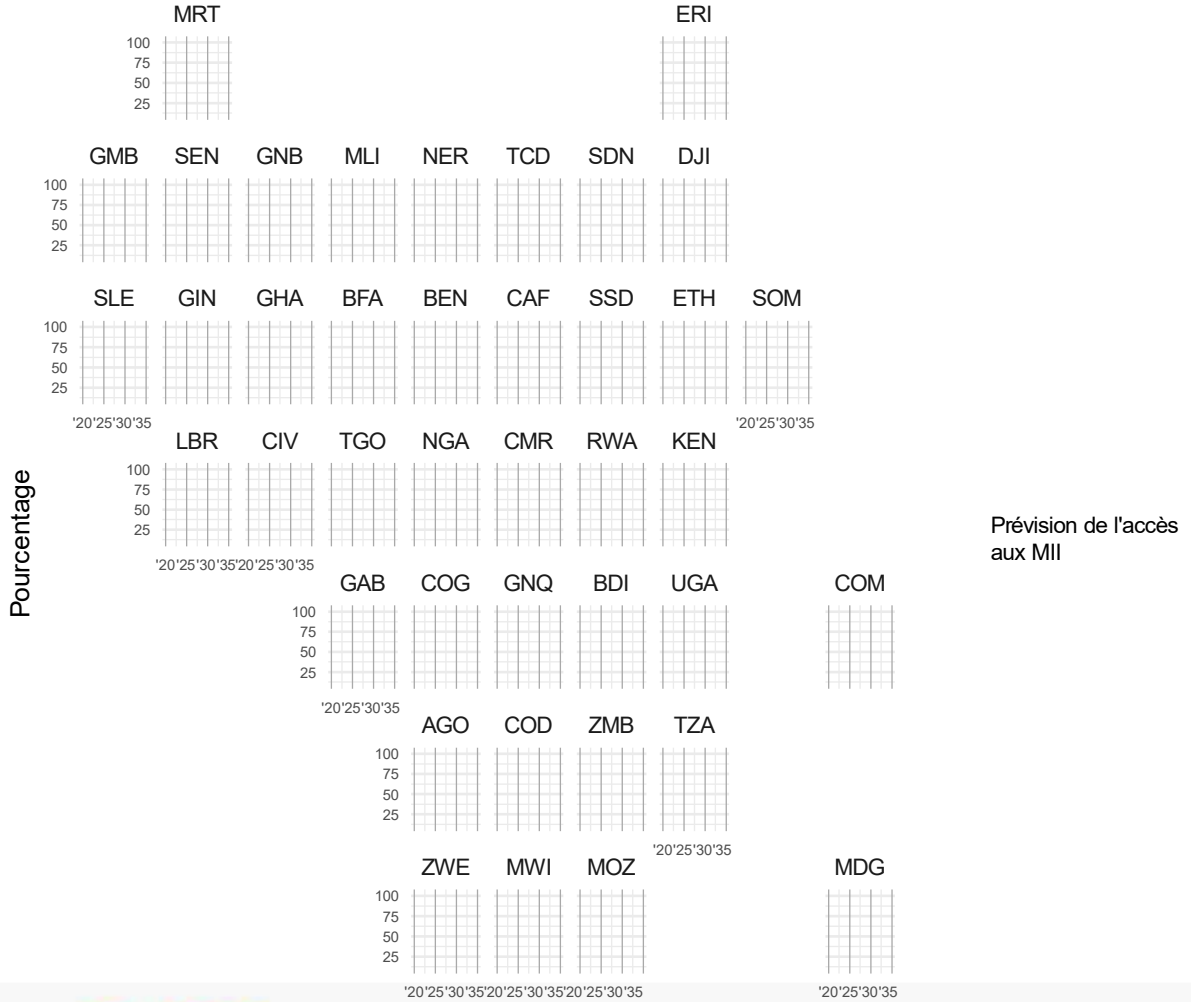
Les programmes souhaitent parfois seprocurer des MII d'un textile particulier.

Les rapports se basent sur des données tirées d'enquêtes auprès des ménages pour évaluer s'il existe des différences d'utilisation entre les moustiquaires en polyester et celles en polyéthylène dans un pays donné, et si la matière des moustiquaires est corrélée à ces différences après avoir contrôlé d'autres déterminants de l'utilisation des moustiquaires.

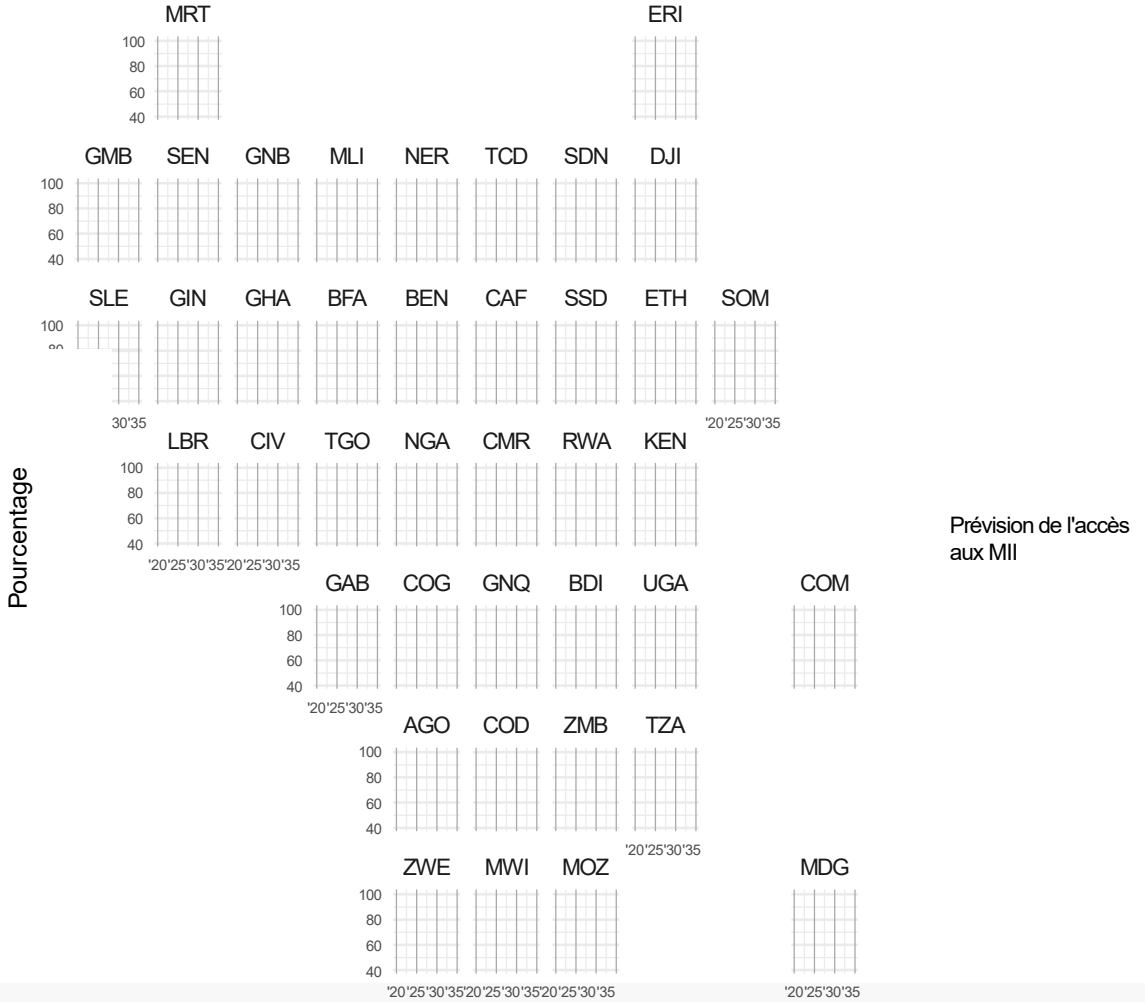
https://net-textile-use-reports.netlify.app

Les différences de temps de rétention d'un pays à l'autre affectent la réussite des stratégies en matière de MII

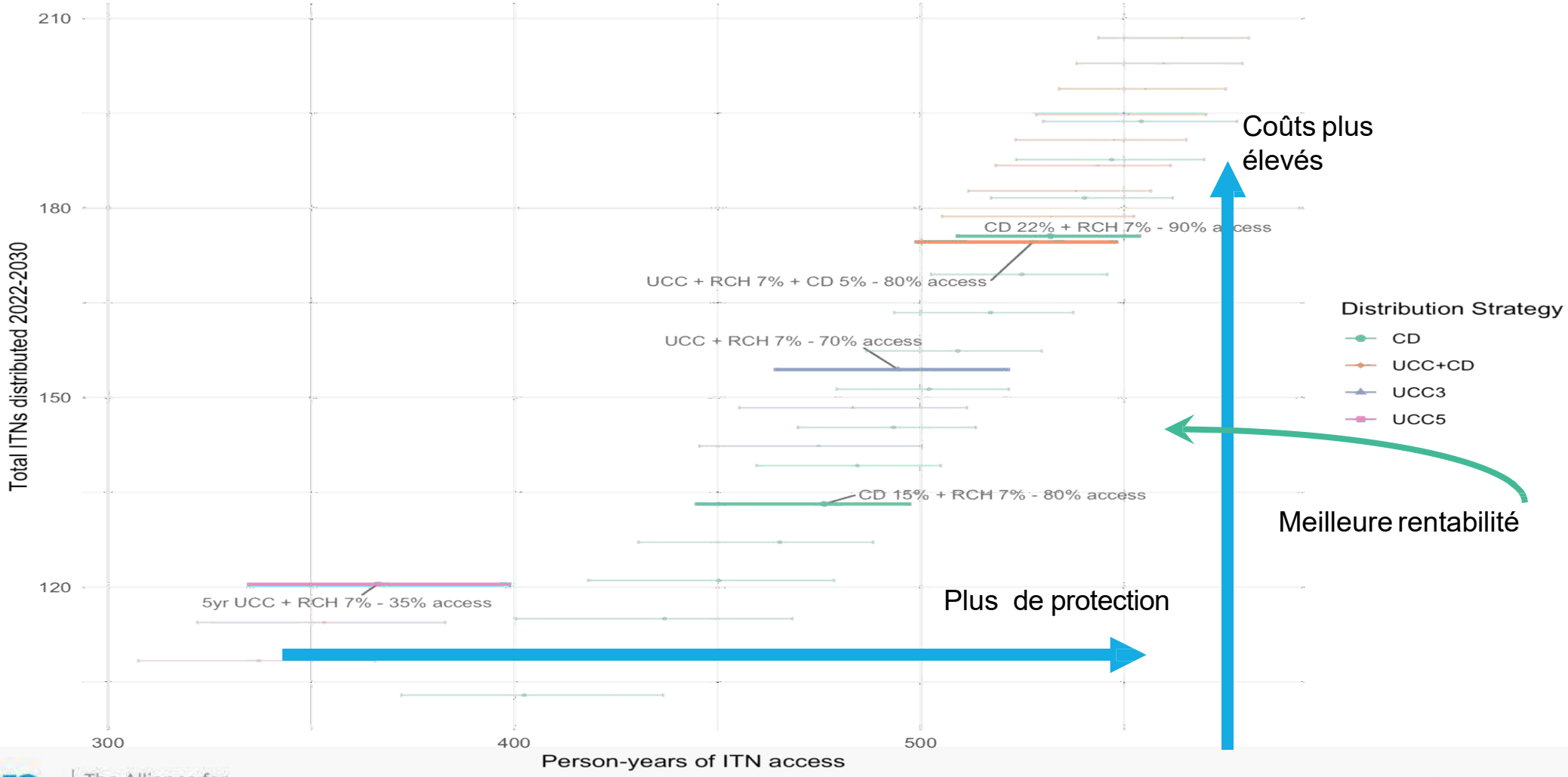
Campagnes de distribution massive sur trois ans avec soins prénataux/programmes élargis d'immunisation, à 1,8% de la population



Soins prénataux/programmes élargis d'immunisation à 6% et distribution annuelle scolaire/communautaire à 17 % de la population



La distribution continue pourrait offrir une protection comparable avec 14% de moustiquaires de moins en comparaison des campagnes de distribution massive sur trois ans



La distribution des moustiquaires les plus efficaces, au bon moment (lorsqu'elles sont nécessaires) nécessitera d'étendre les canaux de distribution et les échanges de MII

Il est essentiel de maintenir l'accès à des MII efficaces : nous avonsbesoin de plus de canaux de distribution continue fonctionnels pour garantir l'accès aux MII lorsque nécessaire

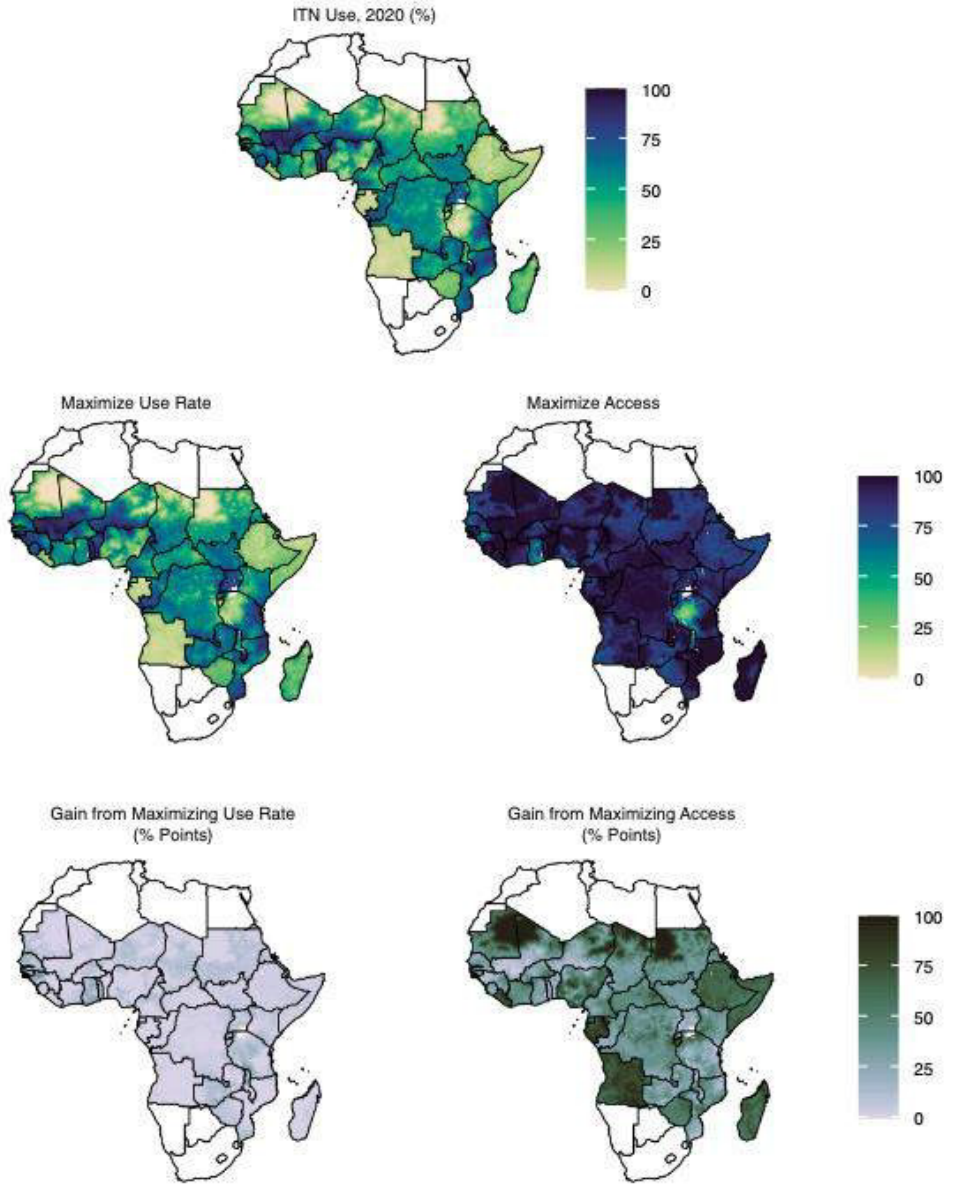
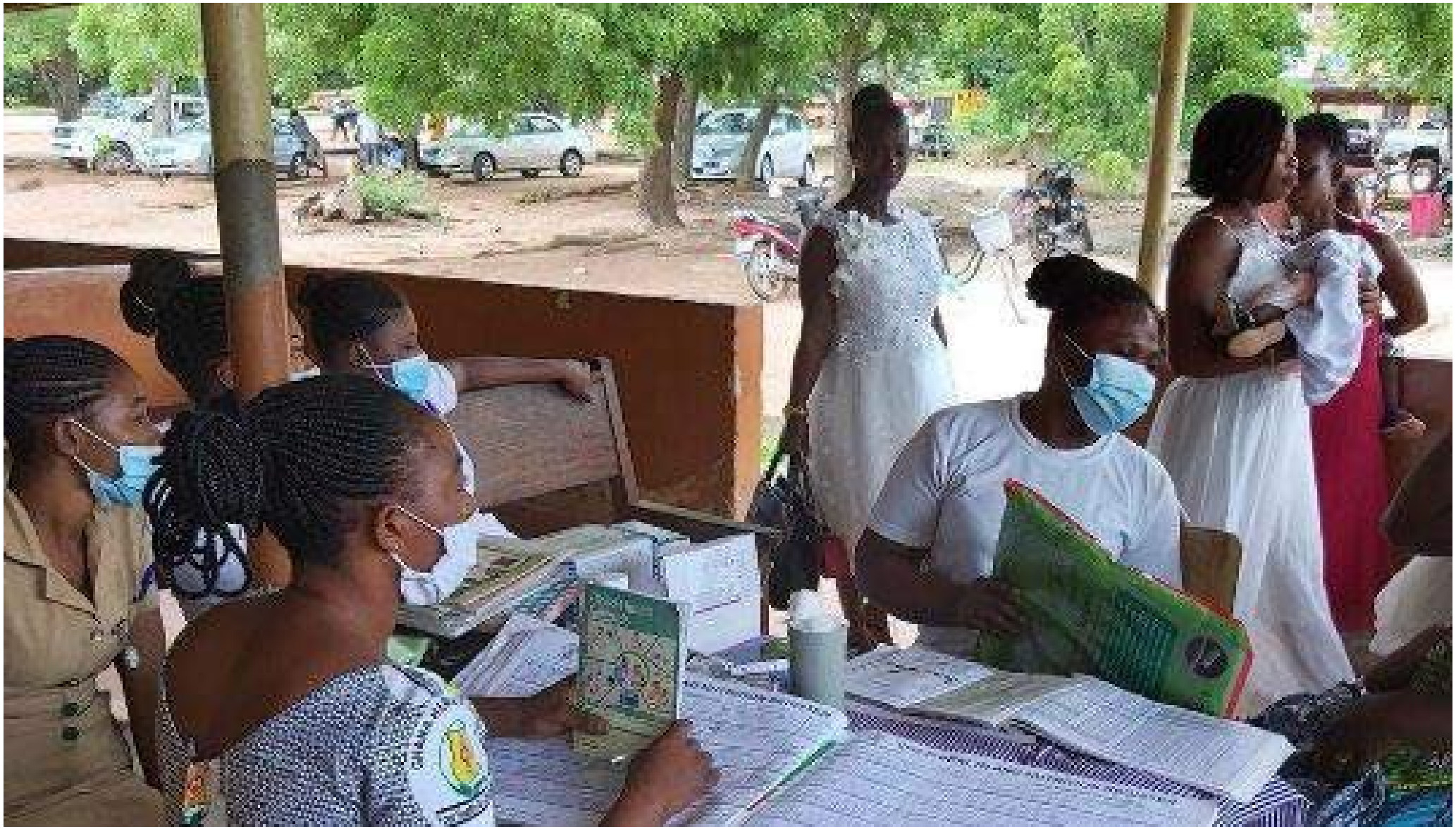


Fig. 6 Magnitude of change in insecticide-treated net (ITN) use possible from increasing use rate versus increasing access. The top row shows estimated ITN use in 2020. The second row shows what use could be if access remained unchanged and the use rate were set to 100% (left), compared to if the use rate remained unchanged and access was set to 100% (right). The final row shows the magnitude gain in use from each of these two scenarios. With few exceptions, increasing access has a larger impact than increasing the use rate.

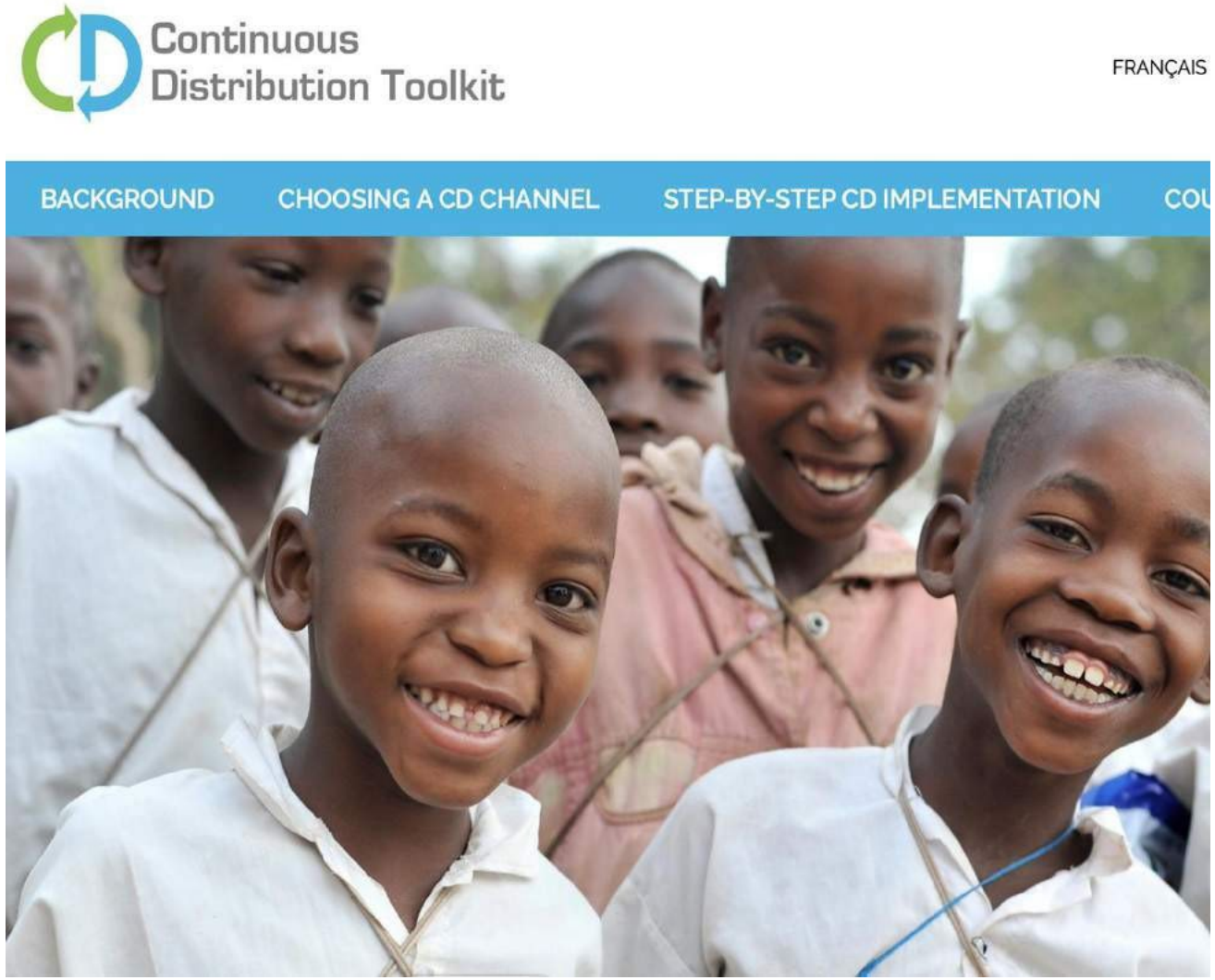
Expanding the ownership and use of mosquito nets



Optimiser la distribution de MII dans les cliniques de soins prénatals et les programmes élargis d'immunisation

- La distribution de routine en continu de MII constitue un élément important d'une stratégie globale de distribution de MII depuis le début des années 2000
- À l'heure actuelle, 32 pays distribuent des moustiquaires par le biais de cliniques de soins prénatals et 28 par le biais de programmes élargis d'immunisation
- Les taux de délivrance de MII diffèrent d'un pays, d'une région et d'une saison à l'autre (un examen multi-pays est en cours)
- Il est essentiel de veiller à ce que ces canaux soient pleinement exploités dans tous les pays, afin de s'assurer d'atteindre les personnes les plus vulnérables du point de vue biologique

Défendre la distribution continue au-delà des projets pilotes lorsque nécessaire : des cycles de campagnes plus fréquents ne résolvent pas notre problème d'accès et engendrent des difficultés supplémentaires pour les programmes nationaux de lutte contre le paludisme



Envisager l'intensification ou l'ajout de nouveaux canaux

Distribution en milieu scolaire :

- Distribution à grande échelle en Tanzanie et au Ghana
- Projets pilotes dans plusieurs pays, y compris en RDC, en Guinée, au Mozambique et en Zambie
- Voir le document relatif au projet de distribution en milieu scolaire de PMI VectorLink disponible en français, anglais et portugais

  (MS Word Chapter Setup Template (allianceformalariaprevention.com)

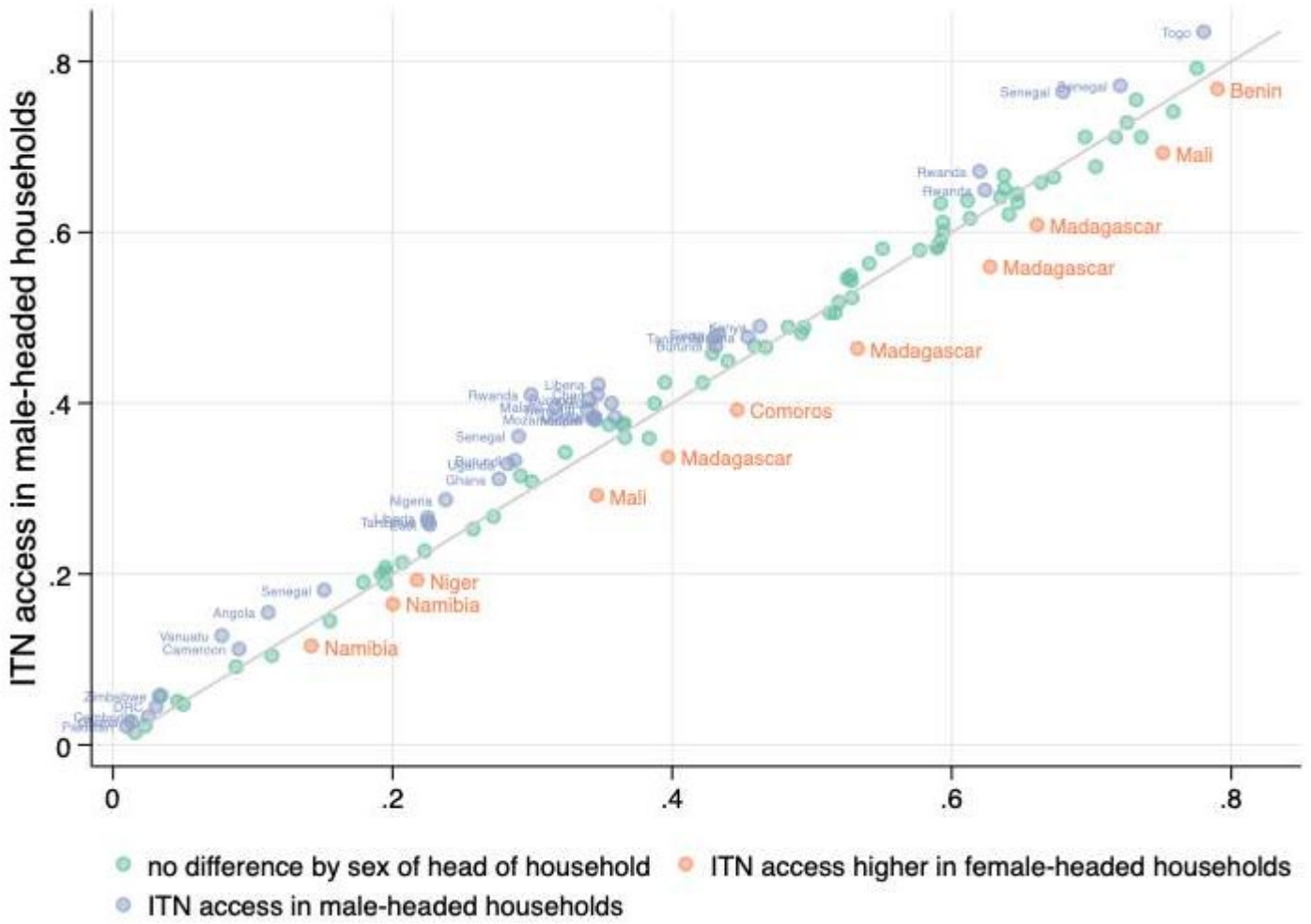
Distribution communautaire :

- Distribution à grande échelle à Madagascar et Zanzibar
- Consultez les sites allianceformalariaprevention.org et continuousdistribution.org pour en savoir plus et trouver des outils

Afin de toucher les personnes déplacées, réfugiées et difficiles d'accès, des investissements soutenus sont nécessaires, ainsi que les technologies et des canaux appropriés garantissant un accès continu aux MII.

Nous devons faire mieux !

"Brilliant, Ed! A slogan we can finally live up to!"



Utiliser les données et tenir compte de la question du genre – il peut s'agir d'un facteur important pour l'accès aux MII

Utiliser les données pour éclairer la planification du changement social et de comportement, ainsi que les plans et budgets, pour recueillir des données en cas de renseignements insuffisants

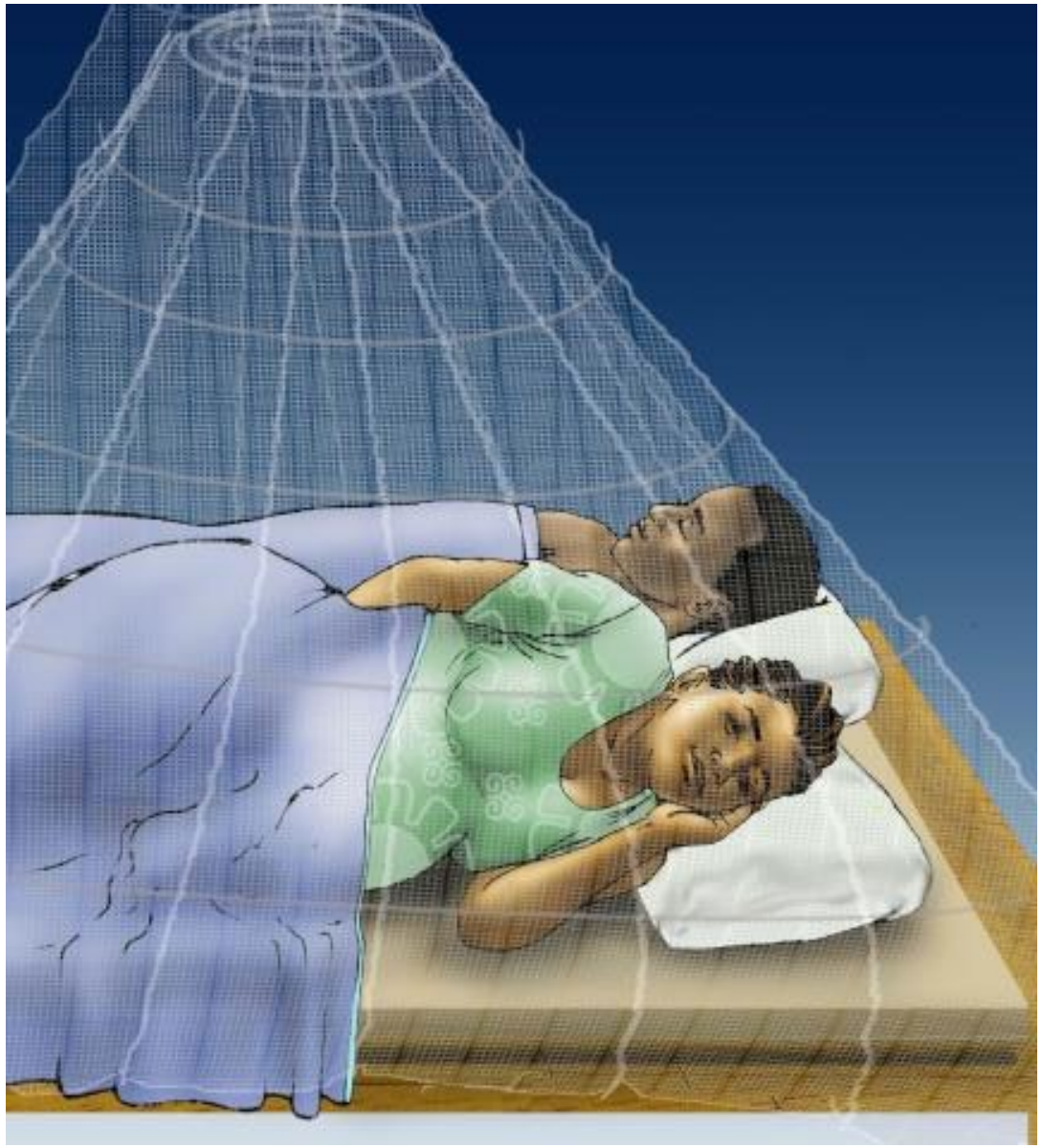
https://malariabehaviorsurvey.org

https://breakthroughactionandresearch.org/resources/itn-use-and-access-report/

Tenir compte de la gestion des rumeurs lors de l'adaptation des programmes au niveau sous-national

- Veiller à ce que les plans de gestion des rumeurs soient :
  - – validés dans le cadre de la planification de la distribution de MII ;
  - – compris par tous les acteurs des campagnes aux différents niveaux ;
  - – prévus au budget, si un déploiement rapide est nécessaire.

Améliorer la planification et la budgétisation de la gestion des déchets et réfléchir aux effets environnementaux, y compris pour les MII en fin de vie



Utiliser les données et réfléchir à ce qui est efficace et efficient dans les zones urbaines pour rationaliser les ressources disponibles

Voir le site web – les orientations, relatives ou non au Covid-19, ont été mises à jour

Si vous ne trouvez pas ce que vous cherchez, faites-le nous savoir

Mises à jour des orientations

Organiser la qualité des MII : résultats clés et prochaines étapes

Kilian et al. Malar J (2021) 20:29
https://doi.org/10.1186/s12936-020-03570-5

Malaria Journal

RESEARCH Open Access

Correlation of textile 'resistance to damage' scores with actual physical survival of long-lasting insecticidal nets in the field

Albert Kilian[1*], Emmanuel Obi[2], Paul Mansiangi[3], Ana Paula Abílio[4], Khamis Ameir Haji[5], Estelle Guillemois[6], Vera Chetty[6], Amy Wheldrake[6], Sean Blaufuss[7], Bolanje Olapeju[7], Stella Babalola[7], Stephen J. Russell[6] and Hannah Koenker[7]

Abstract

Background: Attempts have been made to link procurement of long-lasting insecticidal nets (LLIN) not only to the price but also the expected performance of the product. However, to date it has not been possible to identify a specific textile characteristic that predicts physical durability in the field. The recently developed resistance to damage (RD) score could provide such a metric. This study uses pooled data from durability monitoring to explore the usefulness of the RD methodology.

Methods: Data from standardized, 3-year, prospective LLIN durability monitoring for six LLIN brands in 10 locations and four countries involving 4672 campaign LLIN were linked to the RD scores of the respective LLIN brands. The RD score is a single quantitative metric based on a suite of standardized textile tests which in turn build on the mechanisms of damage to a mosquito net. Potential RD values range from 0 to 100 where 100 represents optimal resistance to expected day-to-day stress during reasonable net use. Survival analysis was set so that risk of failure only started when nets were first hung. Cox regression was applied to explore RD effects on physical survival adjusting for known net use environment variables.

Results: In a bivariate analysis RD scores showed a linear relationship with physical integrity suggesting that the proportion of LLIN with moderate damage decreased by 3%-points for each 10-point increase of the RD score ($p = 0.02$, $R^2 = 0.65$). Full adjustment for net care and handling behaviours as well as other relevant determinants and the country of study showed that increasing RD score by 10 points resulted in a 36% reduction of risk of failure to survive in serviceable condition ($p < 0.0001$). LLINs with RD scores above 50 had an additional useful life of 7 months.

Conclusions: This study provides proof of principle that the RD metric can predict physical durability of LLIN products in the field and could be used to assess new products and guide manufacturers in creating improved products. However, additional validation from other field data, particularly for next generation LLIN, will be required before the RD score can be included in procurement decisions for LLINs.

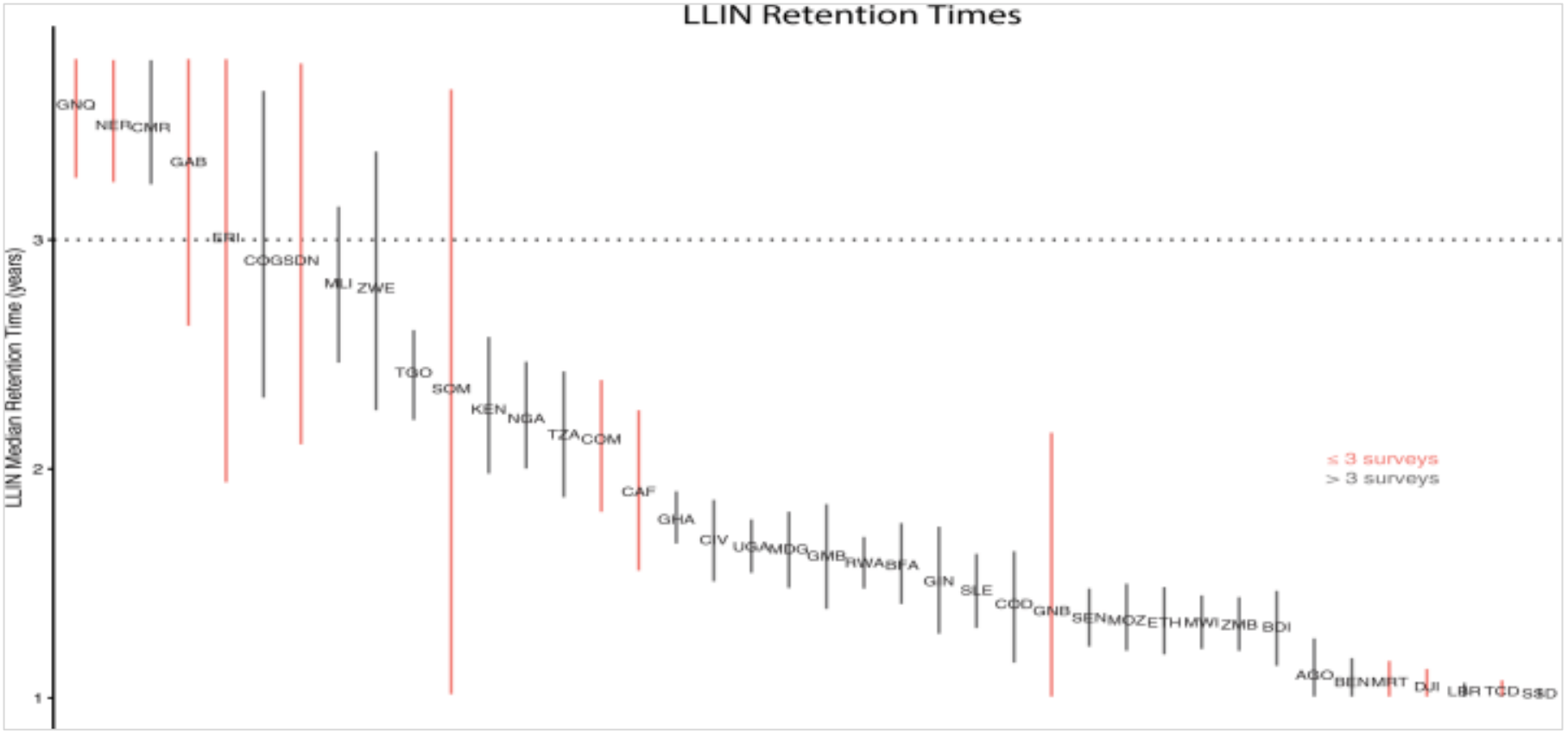
Keywords: LLIN physical durability, Textile resistance to damage

La qualité des MII est un facteur qui doit être abordé pour éviter un manque de confiance en leur efficacité

Malgré des cycles de distribution universelle sur trois ans, le temps moyen de rétention des moustiquaires est d'1,64 an

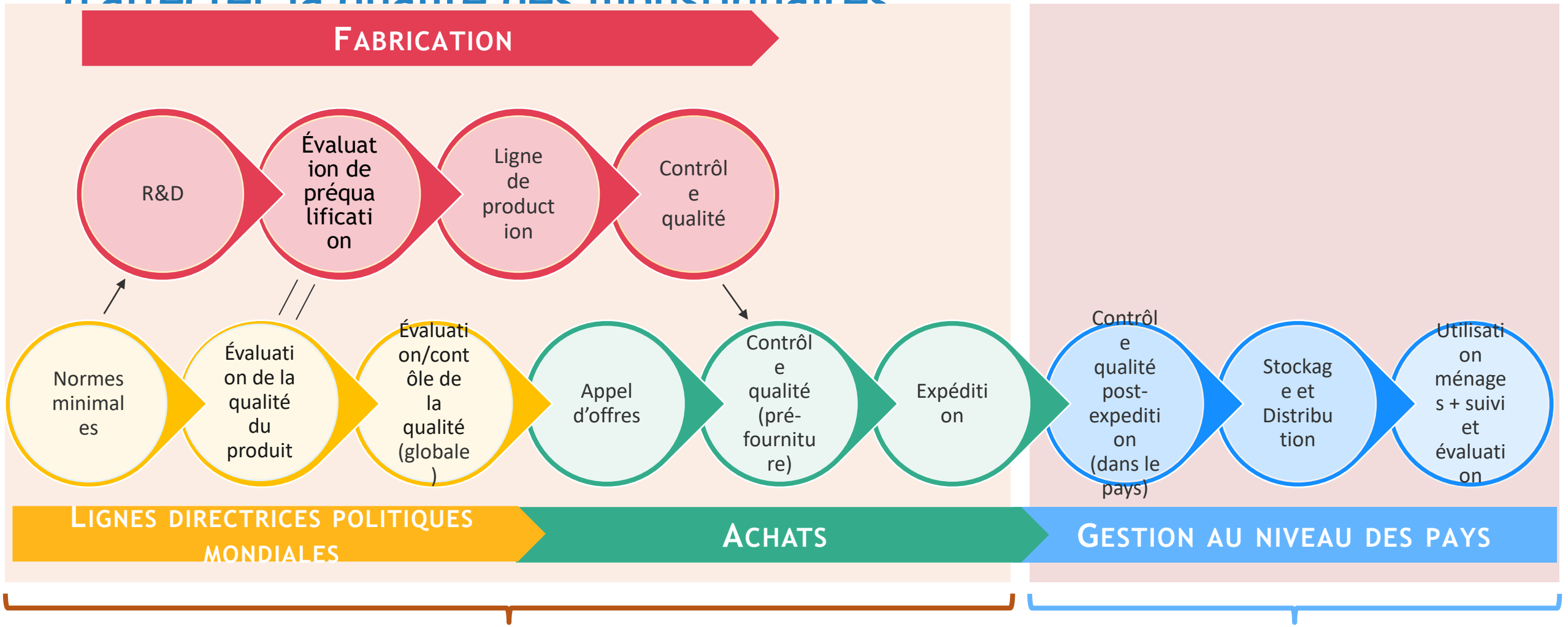
« […] la majorité des preuves existantes indique que la rétention moyenne des moustiquaires est généralement inférieure à 3 ans. »

« Selon ces études, la motivation première pour jeter une moustiquaire est l'impression qu'elle est trop déchirée, même si les dommages sont peu importants, ce qui est souvent considéré comme inconvenant ou négligé. »



Bertozzi-Villa, A., Bever, C.A., Koenker, H. *et al*. Cartes et indicateurs de l'accès aux moustiquaires imprégnées d'insecticide et de leur utilisation, et taux de moustiquaires par habitant en Afrique entre 2000 et 2020. *Nat Commun* **12,** 3589 (2021).

L'initiative ITN Quality Lifecycle (« cycle de vie de la qualité des MII ») vise à cartographier les différents facteurs susceptibles d'affecter la qualité des moustiquaires



Pré-expédition
(couverte dans la première phase d'organisation)

Post-expédition
(couverte dans la seconde phase d'organisation)

Une difficulté importante sur ce sujet : les définitions différentes de la « qualité » selon les parties prenantes

Définition technique

Degré de coïncidence des moustiquaires avec les propriétés chimiques et physiques définies dans leurs caractéristiques

QUALITÉ

Définition courante

Comportement des moustiquaires conforme à ce qu'on en attend dans des conditions normales d'utilisation (restent actives physiquement et chimiquement pendant trois ans)

La correspondance avec la définition technique signifie-t-elle que la performance attendue au vu de la définition courante est atteinte ?

Thèmes essentiels : politique g

POLITIQUE MONDIALE

	PRINCIPAUX DÉFIS	SOLUTIONS PRIVILÉGIÉES
Normes minimales	• Nécessité de mettre en place des **spécifications** qui associent la qualité des moustiquaires à leur performance	• Élaborer la « base » des attributs des MII Intégration de **l'intégrité textile** aux spécifications
Évaluation de préqualification	• **Mise à jour des orientations relatives aux tests** pour tenir compte des nouveaux produits	• Mise à jour et diffusion des lignes directrices de test
Assurance/Contrôle qualité	• **Infrastructure de test d'assurance/de contrôle qualité insuffisante** — méthodologies de test et différents laboratoires non perçus comme fournissant des résultats cohérents	• Revoir les capacités en matière de BPL pour les tests des MII • Réviser l'assurance qualité de l'infrastructure de test en laboratoire pré- et post-expédition

Thèmes essentiels : fabrication

FABRICATION

	PRINCIPAUX DÉFIS	SOLUTIONS PRIVILÉGIÉES
R & D	• Indicateurs pour différencier la **performance** nécessaire en matière de MII. **Tendances actuelles du marché vers la priorité accordée à la qualité par rapport à la performance, rendant l'innovation risquée**	• **Délimitation des normes et des spécifications qui permettent aux acheteurs de justifier de prix plus importants** et qui prouvent comment la qualité peut être plus rentable
Évaluation de préqualification	• Identifier comment les spécifications des produits peuvent être associées aux attributs qui améliorent la performance sur le terrain	• Définir **des caractéristiques claires et reproductibles pour fournir les performances souhaitées** et distinguer **les attributs** primaires et secondaires des MII en s'appuyant sur la durabilité et la bioefficacité
Assurance/Contrôle qualité	• Charge d'inspection et manque de processus de qualité harmonisés	• Les acheteurs s'alignent sur les processus de qualité et s'accordent sur les attributs clés à tester

mes essentiels : achats

ACHATS

	PRINCIPAUX DÉFIS	SOLUTIONS PRIVILÉGIÉES
Appels d'offres	• **Trop d'importance accordée au prix par rapport à la qualité**	• **Caractéristiques des documents et des mesures entraînant une meilleure performance.** Établir des normes pour fournir des résultats de meilleure qualité et être disposé à payer un prix plus élevé
Contrôle qualité (pré-livraison)	• Clarifier les critères d'acceptation des MII qui divergent par rapport aux spécificités • **La norme ISO 9001 est la norme industrielle applicable,** mais donne-t-elle assez d'informations sur les questions spécifiques liées aux MII ?	• **Groupe chargé de l'évaluation de la qualité :** travaille sur des lignes directrices harmonisées concernant les tests pré-expedition. Le Fonds mondial élabore des orientations concernant les échantillons avant expédition • Accord entre les fabricants, les acheteurs et les exécutants sur les normes, les méthodes et les marges d'erreur
Expédition	• Il est difficile d'attribuer la responsabilité des résultats OOS en raison du **manque de données claires le long de la chaîne de responsabilité**	• **Clarifier la chaîne de responsabilité pour les MII** et chercher des moyens de fournir de meilleures données concernant le cycle de vie d'une moustiquaire (données de contrôle qualité, test, conditions de transport/stockage)

Thèmes essentiels : gestion au

GESTION AU NIVEAU DES PAYS

	PRINCIPAUX DÉFIS	SOLUTIONS PRIVILÉGIÉES
Inspection post-expédition	• **Les tests non normalisés post-expédition** peuvent entraîner le rejet de produits valides ou l'acceptation de produits de mauvaise qualité	• Mise en place d'**orientations harmonisées concernant les critères d'inspection pré- et post-fourniture** et les procédures opérationnelles normalisées
Retards de livraison et stockage	• Absence de lignes directrices concernant le stockage • **Retards et stockage au port,** y compris formalités douanières et retards liés à la distribution	• Définition des conditions de stockage optimales et orientations à cet égard (propres aux moustiquaires lorsque nécessaire) • Sensibilisation pour faciliter **des formalités douanières rapides**
Stratégie de distribution	• L'absence d'une stratégie claire/de microplans en matière de distribution et de retards à différents niveaux peuvent entraîner un stockage inapproprié	• Mise en place d'une stratégie/de microplans clairs/proactifs en matière de distribution • Systèmes numériques de collecte des données en temps réel/collecte et utilisation appropriées des données/traçage numérique des moustiquaires

Thèmes essentiels : éléments t

ÉLÉMENTS TRANSVERSAUX

	PRINCIPAUX DÉFIS	SOLUTIONS PRIVILÉGIÉES
Glossaire commun de termes	• L'existence de diverses **définitions** de termes essentiels (qualité, performance, efficacité, durabilité, évaluation de la qualité, contrôle de la qualité, etc.) rend difficiles les discussions sur ces sujets	• **Élaboration d'un glossaire clair** de termes, à transmettre aux groupes de parties prenantes essentiels
Confiance des parties prenantes	• **La confiance** parmi les différents groupes de parties prenantes concernant la qualité des MII doit être renforcée	• **Mettre en place une stratégie de communication** pour favoriser la clarté et renforcer la confiance • Renforcer la transparence par le biais du partage de données
Données	• Manque de données sur la performance/la bioefficacité, le suivi de la durabilité/les facteurs de risque dans le pays qui influencent la vie d'une moustiquaire	• Surveillance post-commercialisation concernant la rétention, la bioefficacité, la concentration en principe actif, l'intégrité physique et l'utilisation • Publication des données pour rendre les données appropriées disponibles à tous


geospatial tools
insecticide resistance
Urban
rumours
Success
rumours
C19RM
IDP
Teams
tired
COVID-19
flexibility
virtual
coordination
PPE
funding applications
climate
SBC
ITN
quality
Gender
PPE
Success
together
PPE
funding
Teams
CD
COVID-19
funding applications
waste management
Integration
IDP
SBC
waste
Teams
denominator
climate
digitalisation
Pandemic
PNCM
Insecurity
durability
Gender
adaptations
insecticide resistance
new ITN types
together
access
MOP
ITN quality
Gender
Success
waste
Urban
leadership
overcoming bottlenecks
new ITN types
insecticide resistance
Pandemic
complexity
Microplannning
durability
Partnership
PNCP
ITN quality
virtual
rumours
Insecurity
PNCP
MOP
nmcp
hard-to-reach
PNCP
denominator
nmcp
climate
virtual
Partnership
leadership
MOP
access
flexibility
TA
tired
complexity
Pandemic
durability
priorities
CD
TA
IDP
priorities
supply chain
priorities
flexibility
leadership
tired
PNCM
new ITN types

Projet Nouvelles moustiquaires : problèmes opérationnels et résultats clés

Consortium du Projet Nouvelles moustiquaires

IVCC

- Direction et coordination
- Relations avec les partenaires du secteur
- Lien avec la filière du développement de produits destinés à la lutte antivectorielle

psi
Healthy lives. Measurable results.

- Compilation des enseignements tirés dans les différents pays à partir des études pilotes, financement destiné aux évaluations du processus

The Alliance for Malaria Prevention

- Assistance technique

Imperial College London

- Modélisation de la conception des essais et de l'impact de la mise en œuvre

PATH

- Point sur l'efficacité financière à partir de la mise en œuvre du projet pilote

LSTM
LIVERPOOL SCHOOL OF TROPICAL MEDICINE

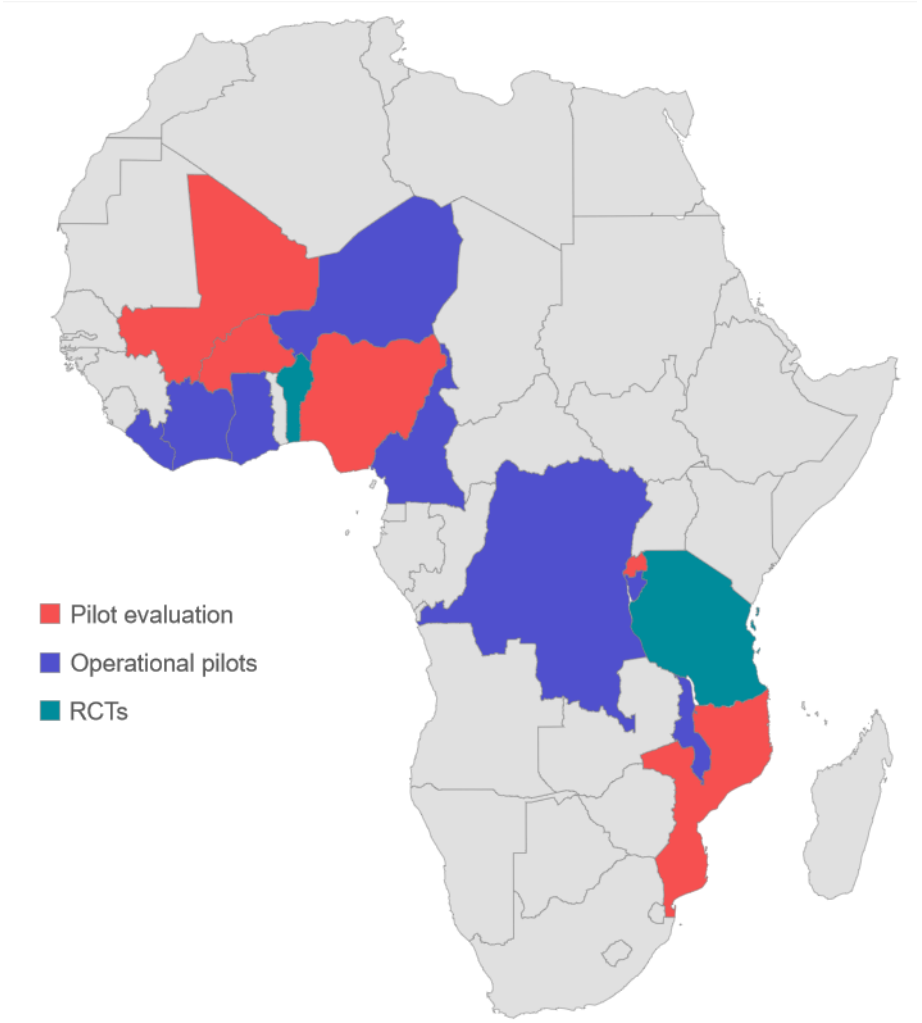
- Corrélats entomologiques de l'impact épidémiologique

Tulane University

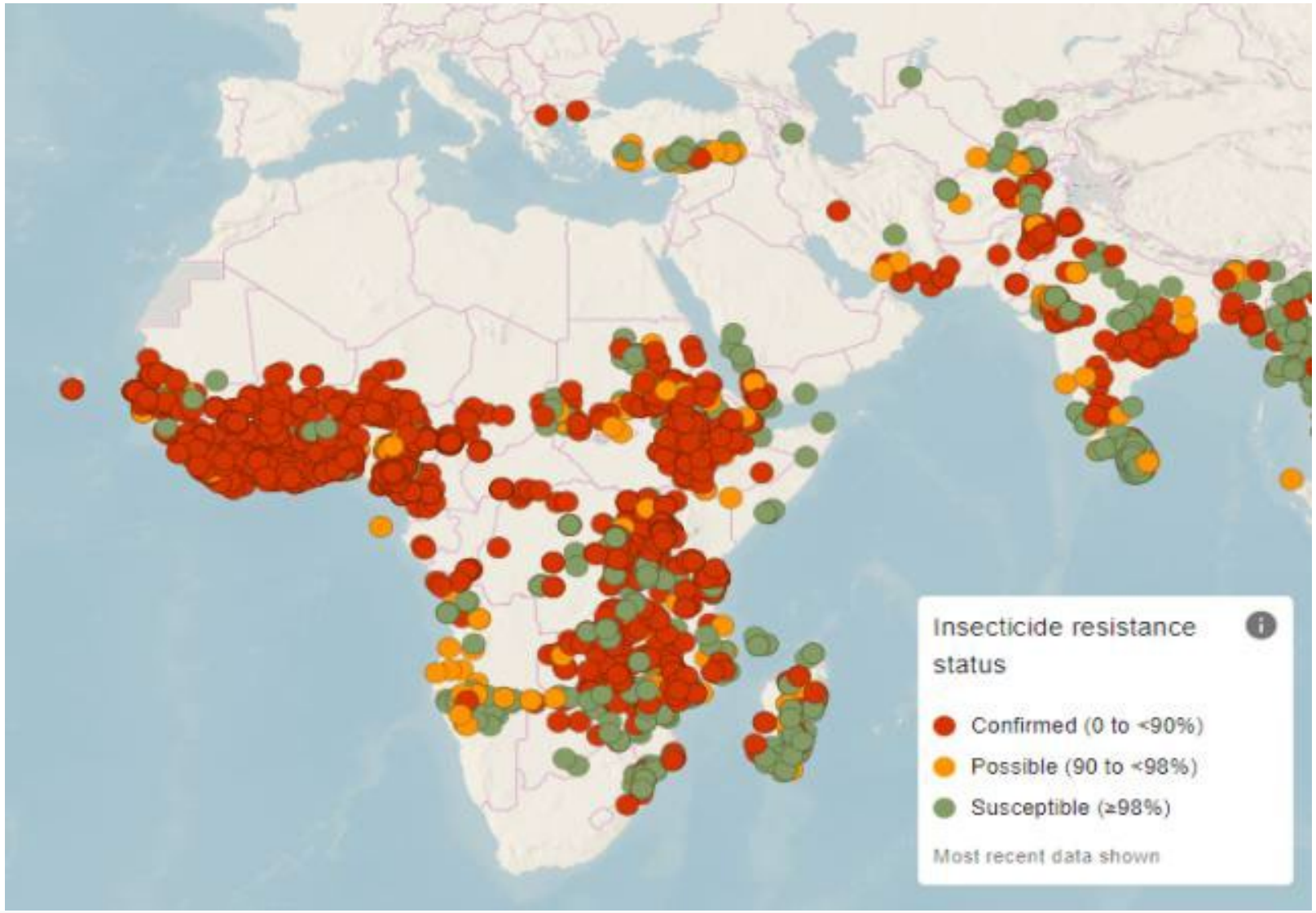
- Conception de l'étude sur la rentabilité et collecte des données

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

- Essais randomisés par grappes sur les MII imprégnées de deux ingrédients actifs et corrélats entomologiques dans les essais



Défi : la résistance aux insecticides



The effect of malaria control on *Plasmodium falciparum* in Africa between 2000 and 2015 (Effet de la lutte antipaludique sur *Plasmodium falciparum* en Afrique entre 2000 et 2015*)*, S. Bhatt et al, Sep 2015

https://apps.who.int/malaria/maps/threats

Aperçu du projet

Le Projet Nouvelles moustiquaires (financé par Unitaid et par le Fonds mondial, et amorcé par l'IVCC) aide à piloter la nouvelle génération de moustiquaires, les **MII à double principe actif.**

Pyréthroïde seul	Pyréthroïde + synergiste	Pyréthroïde + Chlorfénapyr	Pyréthroïde + Pyriproxyfène
MII classiques	MII imprégnées de PBO	MII G2 Interceptor®	MII Royal Guard®

- Ces nouvelles moustiquaires :
  - sont plus onéreuses ;
  - nécessitent encore une orientation stratégique de l'OMS.

- Le projet Nouvelles moustiquaires aidera :
  - à supprimer les barrières commerciales et **améliorera l'accès** aux MII à double principe actif ;
  - **à réunir les preuves nécessaires** pour l'orientation stratégique de l'OMS : épidémiologie, entomologie, anthropologie, rentabilité, suivi de la durabilité.

Problèmes opérationnels

La fourniture désynchronisée de différents types de MII constitue un défi qui doit être résolu

Des solutions réalistes (et respectueuses de l'environnement) de gestion des déchets sont nécessaires d'urgence

Résultats clés : résultats provisoires pour le Mozambique

Poids du paludisme à ce jour *dans le nord du Mozambique*

	Gurue (MII classiques)		Cuamba (MII IG2)		Mandimba (MII RG)	
	2020	2021	2020	2021	2020	2021
Proportion de la population ayant dormi sous une moustiquaire la nuit précédente (CI 95%)	**23,0%** (21,3%–24,7%)	**87,4%** (82,8%–90,8%)	**19,4%** (17,9%–21,0%)	**67,9%** (57,0%–77,1%)	**17,0%** (15,5%–18,6%)	**81,6%** (74,7%–87,0%)
Accès de la population aux MII (IC 95%)	**23,1%** (21,8%–24,4%)	**85,7%** (82,5%–88,8%)	**21,0%** (19,7%–22,3%)	**64,8%** (54,8%–74,8%)	**16,4%** (15,3%–17,6%)	**75,5%** (69,0%–82,3%)
Utilisation en fonction de l'accès*	**0,99**	**1,02**	**0,92**	**1,05**	**1,03**	**1,08**

- L'accès aux moustiquaires et leur utilisation ont augmenté de façon significative après la campagne

	Gurue (MII classiques)		Cuamba (MII IG2)		Mandimba (MII RG)	
	2020	2021	2020	2021	2020	2021
Prévalence du paludisme pour les enfants de moins de 5 ans (TDR+) (IC 95 %)	**64,9%** (54,8%–75,0%)	**52,5%** (42,9%–61,9%)	**47,5%** (38,1%–57,0%)	**29,4%** (20,9%–39,5%)	**66,0%** (57,5%–74,4%)	**46,2%** (38,2%–54,4%)

- **Le poids du paludisme a également baissé de façon significative**
  - **~19 % à Gurue (MII classiques)**
  - **~38 % à Cuamba (MII IG2)**
  - **~30 % à Mandimba (MII RG)**

Comparaison de l'incidence du paludisme avec MII de nouvelle génération et MII imprégnées de pyréthroïde classiques selon la méthode des doubles différences

Poids du paludisme à ce jour *dans le nord du Mozambique*

	2021 année 1 (janvier - juin) modification par rapport au point de départ	Méthode des doubles différences concernant les MII classiques
Gurue (MII classiques)	8% (− 3% à − 24%)	
Cuamba (MII IG2)	−48% (−52% à −40%)	56%
Mandimba (MII RG)	−28% (−31% à −23%)	36%

Les taux passifs d'incidence des cas de paludisme entre 2020 et 2021 ont indiqué :

- un nombre de cas similaires à Gurue (MII classiques)
- ~28 % de moins à Mandimba (MII RG)
- ~48 % de moins à Cuamba (MII IG2)

Poids du paludisme à ce jour *dans l'ouest du Mozambique*

	Chemba (MII classiques)		Guro (MII IG2)		Changara (MII imprégnées de PBO)	
	2020	2021	2020	2021	2020	2021
Proportion de la population ayant dormi sous une moustiquaire la nuit précédente (CI 95%)	**33,3%** (32,1%–34,7%)	**90,1%** (87,1%-92,4%)	**18,5%** (17,2%–19,8%)	**92,8%** (90,4%–94,7%)	**23,0%** (21,8%–24,2%)	**84,6%** (80,5%–88,0%)
Accès de la population aux MII (IC 95%)	**30,4%** (29,3%–31,6%)	**86%** (82,0%–90,1%)	**18,8%** (17,5%–20,1%)	**88,9%** (86,8%–91,1%)	**26,3%** (24,9%–27,6%)	**84,2%** (81,1%–87,3%)
Utilisation en fonction de l'accès*	**1,10**	**1,05**	**0,98**	**1,04**	**0,88**	**1,00**

- L'accès aux moustiquaires et leur utilisation ont augmenté de façon significative après la campagne

	Chemba (MII classiques)		Guro (MII IG2)		Changara (MII imprégnées de PBO)	
	2020	2021	2020	2021	2020	2021
Prévalence du paludisme pour les enfants de moins de 5 ans (TDR+) (IC 95 %)	**44,3%** (36,5%–52,1%)	**39,0%** (31,3%–47,2%)	**17,1%** (11,6%–22,7%)	**3,8%** (2,2%– 6,7%)	**5,7%** (2,3%–9,1%)	**2,1%** (0,8%–5,4%)

- **Le poids du paludisme a également baissé de façon significative**
  - **~12 % à Chemba (MII classiques)**
  - **~77 % à Guro (MII IG2)**
  - **~63 % à Changara (MII imprégnées de PBO)**

Résultats clés : résultats provisoires pour le Burkina Faso

Poids du paludisme à ce jour

	Gaoua (MII classiques)			Banfora (MII IG2)			Orodara (MII imprégnées de PBO)		
	2019	2020	2021	2019	2020	2021	2019†	2020	2021
Proportion de la population ayant dormi sous une moustiquaire la nuit précédente (CI 95%)	**20,8%** (18,6%–23,1%)	**44,2%** (40,9%–47,5%)	**37,0%** (30,5%–42,5%)	**67,7%** (64,9%–70,3%)	**90,4%** (88,5%–92,1%)	**82,8%** (79,0%–86,6%)	**78,8%** (76,1%–81,2%)	**84,8%** (82,3%–87,0%)	**83,5%** (79,9%–87,1%)
Accès de la population aux MII (IC 95%)	**44,4%** (42,4%–46,2%)	**53,8%** (51,4%–56,2%)	**40,5%** (37,.9%–43,1%)	**58,9%** (57,1%–60,7%)%	**84,2%** (83,1%–85,3%)	**74,9%** (73,5%–76,2%)	**94,0%** (93,1%–94,9%)	**87,4%** (86,3%–88,5%)	**82,0%** (80,7%–83,3%)
Utilisation en fonction de l'accès*	**0,47**	**0,82**	**0,91**	**1,15**	**1,07**	**1,11**	**0,84**	**0,97**	**1,02**

- Les augmentations en matière d'accès aux MII et de leur utilisation après la campagne ont été variables (et sont restées faibles à Gaoua)

		Gaoua (MII classiques)			Banfora (MII IG2)			Orodara (MII imprégnées de PBO)		
		2019	2020	2021	2019	2020	2021	2019†	2020	2021
Prévalence du paludisme pour les enfants CSS (TDR+) (IC 95 %)	<5	**81,0%** (74,9%–86,0%)	**48,9%** (41,9%–56,1%)	**21,1%** (15,5%–27,5%)	**39,6%** (33,0%–46,6%)	**18,4%** (13,5%–24,6%)	**11,6%** (7,4%–17,0%)	**28,4%** (22,4%–35,3%)	**3,7%** (1,8%–7,5%)	**2,1%** (0,6%–5,3%)
	5 — 10			**54,5%** (47,1% – 61,7%)			**36,1%** (29,3% – 43,4%)			**19,9%** (14,5% – 26,3%)

- **Calendrier des campagnes associé à la baisse de la prévalence du paludisme sur deux ans**
  - **~74 % à Gaoua (MII classiques)**
  - **~71 % à Banfora (MII IG2)**
  - **~93 % à Orodara (MII imprégnées de PBO)**

† La campagne de distribution de MII était terminée au moment de l'enquête transversale

*Pour obtenir l'indicateur d'utilisation en fonction de l'accès, il faut diviser l'utilisation (population ayant dormi sous une moustiquaire la nuit précédente) par l'accès. Des valeurs supérieures à 1 sont possibles, ce calcul étant une proportion.

Poids du paludisme

Comparaison de l'incidence du paludisme avec MII de nouvelle génération et MII classiques selon la méthode des doubles différences

	Année 1 (novembre- mai) modification par rapport au point de départ	Année 1 Méthode des doubles différences concernant les MII classiques	Année 2 (juin- mai) modification par rapport au point de départ	Année 2 Méthode des doubles différences concernant les MII classiques
Gaoua et Nouna (MII classiques)	−18,4% (−24,8% à −14,8%)		−20,6% (−24,9% à −17,5%)	
Banfora et Tougan (MII IG2)	−0,76% (−6,1% à 1,8%)	−18%	−35,3% (−36,7% à −34,6%)	14,7%
Orodara (MII imprégnées de PBO)	−22,9% (−28,8% à −2,7%)	4,5%	−26,4% (−29,2% à −24,8%)	5,8%

Les taux passifs d'incidence des cas de paludisme indiquent que, dans les deux ans qui ont suivi la campagne de distribution de MII, un nombre inférieur de cas de paludisme a été signalé dans chaque district.

- 21 % de moins dans les districts de distribution de MII classiques
- 35 % de moins dans les districts de distribution de MII IG2
- 26 % de moins dans les districts de distribution de MII imprégnées de PBO

Problèmes essentiels

- Variabilité et diversité des dynamiques de transmission du paludisme à travers les pays et au sein des pays
- Variabilité et modifications concernant d'autres interventions clés face au paludisme (par ex. élargissement de la CPS au Burkina Faso)
- Les comportements humains et des vecteurs pourraient être un facteur important pour déterminer l'efficacité des MII
- Les étapes suivantes sont en cours, des analyses plus complètes et nuancées tiendront compte de l'accès aux MII, de leur durabilité après plus d'un an, des schémas de sommeil et d'utilisation des MII, des facteurs climatiques, etc.

Points à retenir — résultats provisoires

- Les distributions massives de MII (campagnes de couverture universelle) sont fortement associées à une utilisation accrue des MII et à une baisse de la transmission du paludisme, peu importe le type de MII
- Dans des zones de transmission modérée à élevée avec des vecteurs résistants aux pyréthroïdes :

  la distribution d'un des types de nouvelles moustiquaires (IG2, PBO et RG) semble plus efficace pour maîtriser la transmission du paludisme que les campagnes de distribution de MII classiques, imprégnées de pyréthroïde seulement ;
  résultats peut-être moins clairs en Afrique de l'Ouest, où l'on trouve des profils de résistance complexes.

- Résultats finaux en attente — restez connectés !

Faisons en sorte que chaque femme enceinte, chaque enfant et chaque personne à risque dorme sous une MII

Contact

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amp | The Alliance for Malaria Prevention

RBM Partnership To End Malaria

Central Africa National Malaria Programmes and Partners Annual Meeting

Congo, Brazzaville, 09-12 August 2022

D'une charge élevée à un fort impact (High Burden High Impact)

Une riposte ciblée contre le paludisme

RESULTATS DE L'EVALUATION DE L'APPROCHE GLOBALE

Réunion CRSPC/RBM | Brazzaville, 9-13 Août 2022

https://www.who.int/fr/publications-detail/WHO-CDS-GMP-2018.25

World Health Organization

- Joshua Levens (Consultant)
- Dr Hilaire Zon (Consultant)

RBM Partnership To End Malaria

Combien d’oiseaux voyez-vous ?

How many birds do you see ?

10 Oiseaux/Birds !

PLAN PRESENTATION - HBHI

- Aperçu de l'approche
- Justification de l'évaluation
- Objectifs de l'évaluation
- Questions de l'évaluation
- Méthodes de l'évaluation
- Résultats
- Recommandations
- Prochaines étapes
- Remerciements

L'approche ''High Burden High Impact (HBHI)''
''D'une charge élevée à un fort impact''

- Burkina Faso
- Cameroun
- RDC
- Ghana
- Mali
- Mozambique
- Niger
- Nigeria
- Ouganda
- Tanzanie
- Inde[2]

- Approche lancée en 2018 par l'OMS & Partenariat RBM **pour accélérer les progrès dans la lutte contre le paludisme & atteindre l'objectif d'élimination**

- Focus : **Améliorer les réponses/interventions de santé publique** dans les 11 pays endémiques ayant les charges les plus élevées de paludisme

1 11 pays où la charge du paludisme est la plus élevée concentrent 70 % des cas ayant entraîné un décès
2 Toutes les augmentations rapportées du nombre de cas de paludisme par rapport à l'année précédente sur l'ensemble des 10 pays africains où la charge du paludisme est la plus élevée, qui vont du chiffre estimé de 131 000 cas supplémentaires au Cameroun au chiffre estimé de 1,3 million de cas supplémentaires au Nigeria. Seule l'Inde a progressé dans son effort pour réduire la charge de la maladie, avec une réduction de 24 % par rapport à 2016.

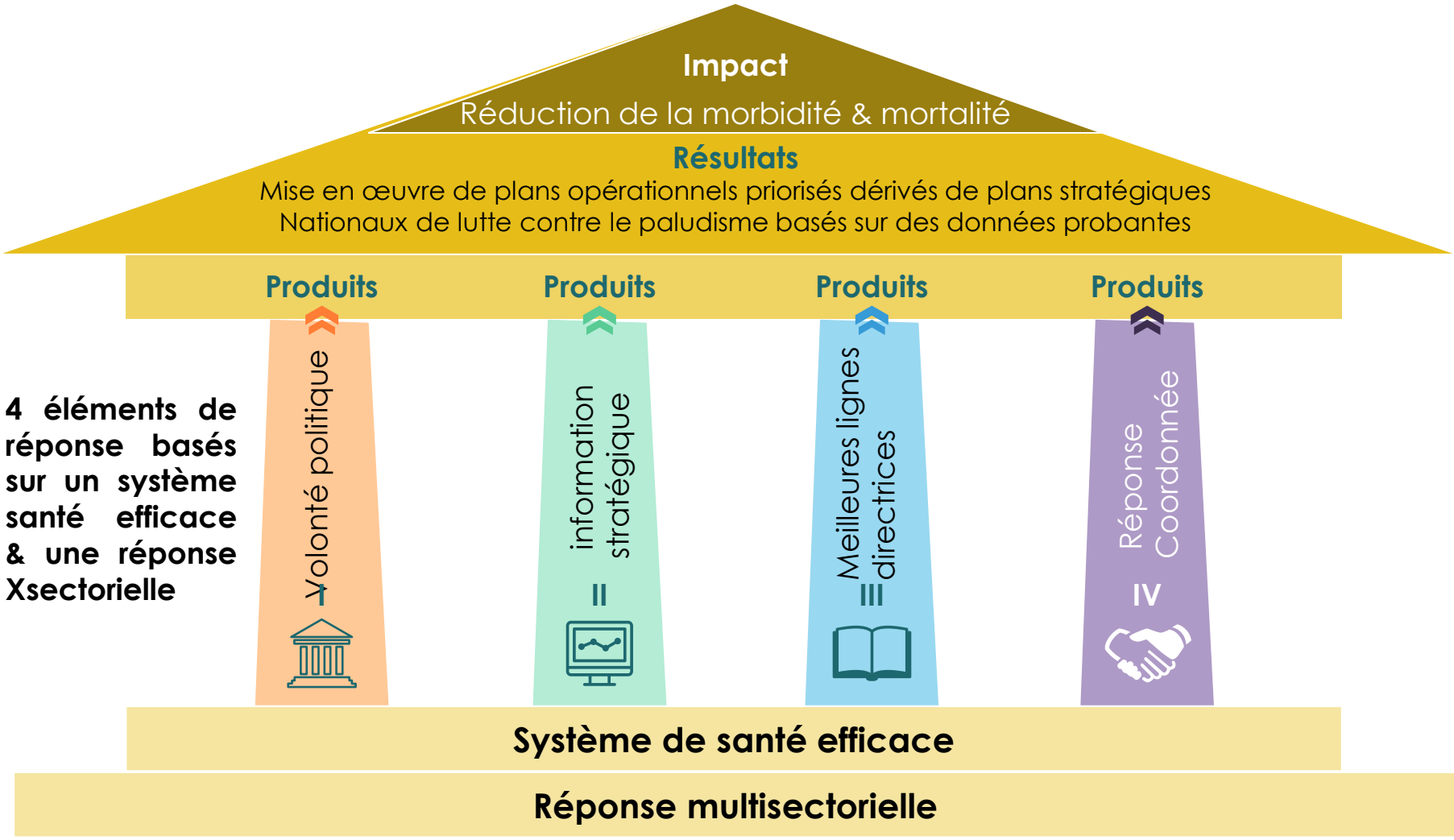
L'approche ''High Burden High Impact (HBHI)''
''D'une charge élevée à un fort impact''

Une approche holistique :

- Appui sur **4 éléments/piliers fondamentaux** avec des actions tangibles à travers **la mise en œuvre des Plans Stratégiques Nationaux (PSN)** pour l'obtention de résultats concrets.

- Ré-focalisation **pour accélérer les progrès** vers l'atteinte des **objectifs de la Stratégie Technique Mondiale** de lutte contre le paludisme

L'approche ''High Burden High Impact (HBHI)''
''D'une charge élevée à un fort impact''



Pourquoi évaluer l'approche HBHI maintenant ?

- Les pays HBHI ont enregistré des succès & aussi des reculs depuis le lancement de l'approche. L'évaluation a exploré **comment l'approche conceptuelle peut être améliorée** à travers une meilleure compréhension de ces études de cas;

- Ce sont des **opportunités pour étendre l'approche HBHI** & l'évaluation permettra d'orienter le processus d'extension par la capitalisation des expériences à ce jour;

- Cette évaluation **N'EST PAS** une évaluation de la performance des pays. Elle s'est focalisée sur **le processus & la valeur ajoutée de l'approche HBHI,** ainsi que les opportunités pour l'améliorer.

Objectifs de l'Evaluation

4 objectifs de recherche

I. Evaluation de **l'impact au niveau pays**, les obstacles aux succès & bonnes pratiques

II. Evaluation des **processus globaux** d'appui à la mise en œuvre

III. Evaluation de l'application **de toutes les composantes de** l'approche

IV. Evaluation de l'extension de l'approche **à d'autres pays endémiques**

1 Burkina Faso, Cameroon, DRC, Ghana, India, Mali, Mozambique, Niger, Nigeria, Tanzania, Uganda

Questions d'Evaluation

QE1	**Impact sur le niveau de performance du pays :** Dans quelle mesure les objectifs du programme national de lutte contre le paludisme du pays ont été impactés par l'approche HBHI ?
QE2	**Processus Globaux de mise en œuvre :** Dans quelle mesure les processus globaux d'appui à la mise en œuvre de l'approche HBHI ont facilité l'atteinte des objectifs de lutte contre le paludisme dans les pays?
QE3	**Application des composantes de l'approche HBHI :** Comment les exemples de bonnes pratiques et les leçons apprises de la mise en œuvre de l'approche HBHI peuvent-ils informer/orienter l'extension des 4 composantes ?
QE4	**L'extension de l'approche HBHI à d'autres pays:** Comment les exemples de bonnes pratiques et les leçons apprises de la mise en œuvre de l'approche HBHI peuvent-ils informer/orienter l'extension de l'approche à d'autres pays endémiques ?

Méthodologie de l'Evaluation

Type d'étude | **Interviews** | **Recommandations**

Recherche Qualitative

- Revue des documents sur l'approche HBHI
- Consultations des pays HBHI
- Elaboration de Questionnaire pour les # interviews
- Réalisé en Mars 2022

Modalités d'interview

- Interview des Informateurs/personnes clés au niveau global et niveau pays
- Enquête électronique (Anglais, Français & Portugais) pour les partenaires
- Interview des Coordonnateurs PNLP
- **117 personnes rencontrées**
- Réalisé en Juin 2022

Aspects à améliorer

- Coordination globale
- Ressources pour l'assistance technique
- Appui politique
- Application des bonnes pratiques dans des contextes nouveaux

Méthodologie de l'Evaluation

Domaines & focus de l'évaluation

- Expérience & niveau d'implication des participants dans la mise en œuvre de l'approche HBHI
- Focus sur leurs principaux domaines d'expertises en mettant en exergue les bonnes pratiques, défis & leçons apprises
- Domaines d'expérience & implication dans la mise en œuvre de l'approche HBHI :
    - **Volonté Politique**
    - **Information Stratégique**
    - **Meilleures lignes directrices, Politiques & stratégies**
    - **Coordination du programme**
- Actions multisectorielles pour le paludisme
- Intégration du système de santé

Méthodologie de l'Evaluation

Domaines & focus de l'évaluation

- Processus des programmes de routine
  - *Développement demande de subvention au FM*
  - *Processus du MOP - PMI*
  - *Revue Programme/Elaboration des PSN*
  - *Carte de Score - ALMA*

- Processus globaux de HBHI
  - *Coordination*
  - *Assistance Technique*
  - *Lancement de HBHI dans les pays*

- **5 pays concernés (1ère phase évaluation): Burkina Faso, RDC, Mozambique, Nigeria, Ouganda**

Résultats : Impact global sur la performance des pays

- "L'approche d'une charge élevée à un fort impact'' **n'est pas nouveau.** Elle offre une plateforme utile pour :

  - ✓ Engagement politique avec un leadership national;
  - ✓ Englobler/rehausser des initiatives existantes de lutte contre le paludisme;
  - ✓ Encadrer/orienter le développement de PSN & revue des programmes;
  - ✓ Fournir des justifications pour les interventions proposées dans les requêtes de financement au Fonds Mondial;

- Bien que **la stratification infranationale & l'adaptation au contexte local ont aidé à prioriser les interventions**, certains répondants ont relevé la difficulté de prioriser quand les ressources sont insuffisantes :

❖ *"Il n'y avait pas de méthodologie adéquate pour prioriser les interventions recommandées en cas d'insuffisance des ressources."* **– Partie Prenante du niveau global**

Résultats : Volonté Politique

- **La Volonté Politique est fondamental** pour les pays en vue d'accélérer & maintenir les progrès dans la lutte contre le paludisme.

- Certains acteurs reconnaissent que le concept **''Volonté Politique'' devrait être revu & défini de manière opérationnelle** par les pays.

- **Quelques exemples/cas positifs en lien avec la volonté politique :**

  - ✓ Augmentation financement pour la lutte contre le paludisme au niveau décentralisé ;
  - ✓ Plus grande disponibilité ressources humaines & financières, équipements pour la lutte contre le paludisme dans tous les secteurs ;
  - ✓ Engagement des leaders politiques pour des politiques & actions en faveur de la lutte contre le paludisme ;
  - ✓ Redevabilité & utilisation des résultats pour plus d'engagement ;
  - ✓ Engagement & participation de nouveaux champions ;
  - ✓ Elevation du statut & visibilité des programmes de lutte contre le paludisme, ainsi que les efforts de financements.

Résultats : Volonté Politique

Quelques exemples de progrès en lien avec la ''Volonté Politique''

- *" L'érection du Programme de lutte contre le Paludisme en Division et la promotion du Coordonnateur au titre de Commissaire Adjoint a permis au programme d'être plus visible et au Commissaire d'être plus influent et écouté lors des réunions de la haute direction "* – **Partie Prenante de l'Ouganda**

- *" En 2018, la campagne MILDA a été réalisée dans un Etat sans l'appui du Gouvernement Central. En 2021, le Gouvernement Central a apporté un financement de 18 M Naira (USD 43,000) ainsi que des magasins pour les MILDAs et les intrants pour la CPS "* – **Partie Prenante du Nigeria**

- *" Les plans de l'approche d'une charge élevée à un fort impact élaborés par les pays ont aidé à intégrer les efforts déjà réalisés et susciter une reconnaissance politique, telle que i) la mise en place des Fonds pour l'Elimination du Paludisme, ii) l'utilisation de la carte de score (malaria scorecards), iii) une stratégie multisectorielle plus élaborée et vi) la campagne Zéro Paludisme, je m'engage."* **– Partie Prenante du niveau global**

Résultats : Information Stratégique

- "L'approche d'une charge élevée à un fort impact ", les outils & l'assistance technique pour **mesurer l'impact à travers l'information stratégique a été bien accueillie** par les différentes parties prenantes.

- **Les domaines couverts dans le cadre de l'information stratégique sont :**

  - ✓ Développement des entrepôts de données sur le paludisme
  - ✓ Digitalisation des outils de campagne (ex : MILDA, CPS)
  - ✓ Stratification du paludisme au niveau le plus détaillé possible
  - ✓ Développement des intervention mixtes/strates géographiques
  - ✓ Revue régulière des données de DHIS2 & Carte de score (Malaria scorecard)

❖ *"Avec l'introduction de l'approche HBHI, le pays a planifié la mise en œuvre des stratégies en fonction du fardeau de la maladie dans chaque zone."* – **Partie Prenante du Mozambique**

Résultats : Meilleures Lignes Directrices, Politiques & Stratégies

- **Amélioration continue & mise à jour des directives/politiques/stratégies** sont reconnues par les parties prenantes comme **primordial pour maintenir les progrès.**

- **Les pays ont noté des progrès dans les domaines suivants :**

  - ✓ Développement & mise à jour de nouvelles politiques, énoncé d'objectifs, aide-mémoire, outils pour la collecte & analyse des données

  - ✓ Développement des capacités au niveau périphérique pour la prestation de services & reportage des données

  - ✓ Développement de nouveaux PSN selon l'approche HBHI

❖ *"L'approche d'une charge élevée à un fort impact", a eu un impact significatif sur les objectifs du pays en ce qui concerne le développement de meilleurs politiques & stratégies"* – **Partie Prenante du Burkina Faso**

Résultats : Coordination du Programme

- Programmes ont **coordonné de manière effective** les partenaires externes dans un certain nombre de pays, avec des défis dans d'autres;

- L'engagement & coordination des autres Ministères, Départements & Agences (secteur non santé) **requiert différentes dimensions politiques & organisationnelles** que la coordination avec les partenaires externes;

- Certaines parties prenantes affirment que **la coordination du programme marchait bien déjà** & peu de travail reste à faire

- **Défis dans la coordination du programme avec HBHI :**

  - ✓ Compréhension limitée du contenu et objectif de l'approche HBHI
  - ✓ Partage de l'information & engagement entre/parmi les partenaires pays et au niveau global sont insuffisantes
  - ✓ Implication inadéquate du secteur privé
  - ✓ Manque de coordination au niveau décentralisé

❖ *''Il y'a un manque de structure fédératrice qui réunit ensemble toutes les parties prenantes & leurs partenaires au niveau communautaire.''* – **Partie Prenante RDC**

Résultats : Actions Multisectorielles

- **Les Conseils & Fonds d'Elimination du Paludisme ont été identifiés comme des mécanismes efficaces** pour engager les secteurs non santé & intégrer les besoins du paludisme dans les budgets & plan de travail des Ministères, Départements & Agences des différents secteurs.

- L'approche HBHI **n' a pas été perçue comme une feuille de route/tremplin** d'amélioration de ce domaine en raison des barrières suivantes :

  - ✓ Motivation pour les autres secteurs à rejoindre une collaboration
  - ✓ Inexistence de plateformes de dialogue multisectoriel sur le paludisme
  - ✓ Financement pour des plans multisectoriels & pour le suivi-évaluation

❖ *" Les interventions du secteur non-santé dans le PSN sont entre autres : Formation des enseignants sur le paludisme; Formation sur l'utilisation des insecticides & résistance; développement de la surveillance entomologique multisectorielle & plan national de gestion de la résistance."* – **Partie Prenante Burkina Faso**

Résultats : Intégration du Système de Santé

- Les parties prenantes reconnaissent largement que **le succès dans la lutte contre le paludisme repose sur une effective intégration avec les autres services**

- Constat que la plupart des programmes de lutte contre le paludisme **sont structurés et incités financièrement à fonctionner comme des programmes verticaux**

- Les efforts **d'intégration du paludisme au RSS** dans les requêtes au FM **ne semblent pas avoir réalisé l'effet désiré d'intégration** dans la planification stratégique & la mise en œuvre. Exemples d'intégration du SS :

  - ✓ Développement conjoint de requête de financement Paludisme & SS
  - ✓ Inclusion du concept de programmation intégrée dans le curricula de formation des institutions de formation médicale
  - ✓ Changement de la structure organisationnelle des programmes des maladies (décloisonnement)

❖ *"Nous avons perfectionné l'art de la planification verticale, mais les autres doivent comprendre que la spécialisation ne dénie pas votre capacité de tirer profit et utiliser les autres comme levier."* - **Partie Prenante du Nigeria**

Résultats : Niveau de Satisfaction avec l'Approche HBHI

- Les parties prenantes des pays étaient **largement satisfaites du cadre conceptuel de l'approche HBHI :**

  - ✓ Il englobe les composantes nécessaires d'un programme efficace de lute contre le paludisme. En fait, plusieurs ont indiqué **que l'approche était aussi valable pour les pays avec une charge modérée/faible de paludisme**

  - ✓ Il comprend de manière effective les activités & initiatives déjà en cours. L'approche **offre un cadre pour la communication** avec les leaders nationaux aussi bien qu'avec les donateurs internationaux

  - ✓ Tous les pays de l'approche HBHI **ont bénéficié d'une augmentation comparative de leurs allocations du FM pour le paludisme**, du fait que l'approche HBHI a orienté les requêtes de financement et les interventions mixtes proposées.

❖ *"L'approche d'une charge élevée à un fort impact" est une fantastique idée. L'OMS & RBM ont capacité les pays pour une analyse critique de la mise en œuvre de leur programme et rechercher des solutions endogènes."* **– Partie Prenante du Nigeria**

Résultats : Défis de l'Approche HBHI

- **Incompréhensions autour du contenu & objectifs de l'approche**. HBHI a été considéré **comme projet # approche holistique** pour une réponse adaptées au fardeau du paludisme. Ce qui a entrainé au départ des frustrations & insatisfaction avec le processus de HBHI. Toutefois, ces incompréhensions ont été mitigées lors de la phase de mise en œuvre;

- Plusieurs parties prenantes espérait **que le lancement de l'approche HBHI serait accompagnée par un flux séparé de financements** (approche projet paludisme)

- **L'approche n'a pas connu une implication de tous les partenaires** au niveau global & semble être supporté par l'OMS, RBM & ALMA

- Le cadre conceptuel de **l'approche est approprié** mais **l'appui technique & financier étaient particulièrement concentrés** dans certains domaines (information stratégique) au détriment des autres (coordination, intégration du SS)

❖ *Les pays ont sollicité des ressources additionnelles pour mettre en œuvre de nouvelles approches, mais les financements n'étaient pas souvent disponibles.* – **Partie prenante du niveau global**

Résultats : Recommandations

- **Coordination efficace doit être élargie pour impliquer tous les partenaires au niveau global, y compris au stade des réunions préparatoires;**

- **Impliquer les parties prenantes dans l'approche HBHI du niveau communautaire, aussi bien le programmes nationaux & leadership politique;**

- **Communiquer de manière efficace sur l'approche HBHI, les différents piliers & les mécanismes de soutien;**

- **Déployer de manière appropriée les interventions et initiatives de lutte contre le paludisme en cours à travers l'approche HBHI. Cela ne requiert pas un changement du processus de développement des PSNs ou un démarrage de nouveaux "projets HBHI".**

❖ *"Les pays ne doivent pas considérer l'approche HBHI comme une chose parallèle/différente, mais la principale chose."* – **Partie prenante du Nigeria**

Prochaines Etapes

1. Finalisation du rapport de l'évaluation dans les **5 pays**

2. Collecte des données par les Consultants OMS dans les autres pays de l'approche HBHI : **Cameroun, Ghana, Mali, Niger, Tanzanie & Inde** pour documenter les leçons apprises de la 1ère phase de HBHI

3. **Recommandations globales : guider l'amélioration & mise à l'échelle de l'approche HBHI**

Remerciements

- Aux participants à l'enquête : Burkina Faso, RDC, Mozambique, Nigeria, Ouganda & Parties Prenantes du niveau global

- Comité de pilotage de l'évaluation (OMS, RBM & ALMA)

- Consultants RBM/ALMA

Merci pour votre attention

World Health Organization

RBM Partnership To End Malaria

Equite
Engagement Communautaire
Droits Humains
Genre

Alistair Shaw, Community, Rights and Gender Department

28.07.2022

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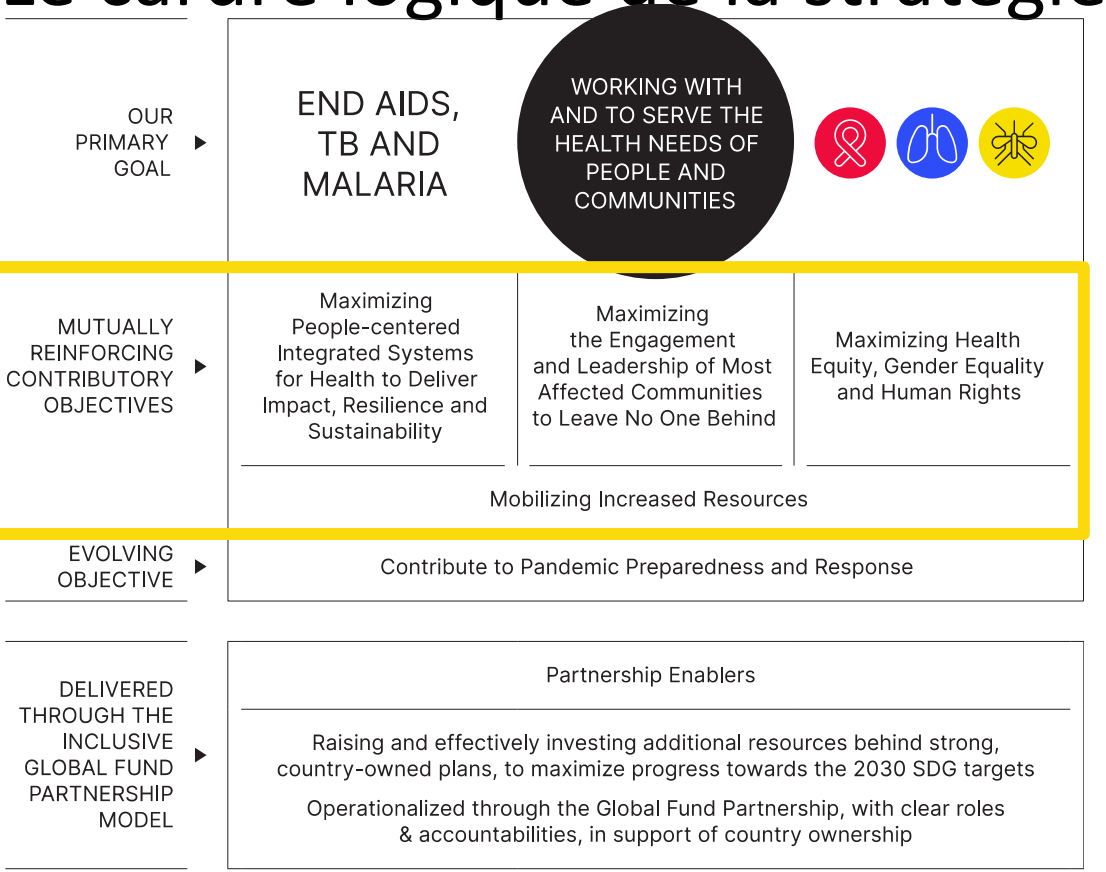

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- Trop peu de demandes de financement s'appuient sur des partenariats multisectoriels pour traiter les déterminants structurels de la santé.
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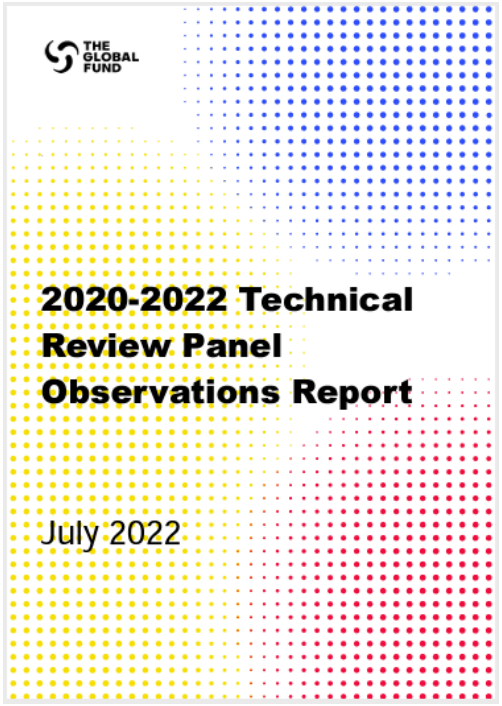

https://www.theglobalfund.org/en/updates/2022/2022-07-20-technical-review-panel-observations-report/

2023-2025 Équité, droits de l'homme et égalité du genre

Ce qui est nouveau

- La demande de financement doit inclure une analyse des données disponibles afin de démontrer et d'aborder tout obstacle connu à l'accès et à l'utilisation des services de lutte contre le paludisme. Le financement de la mise en œuvre du Malaria Matchbox ou d'autres outils similaires peut être inclus lorsque les analyses n'ont pas été entreprises ou pour améliorer la compréhension de la façon de traiter les problèmes identifiés.
- Les considérations relatives à l'équité, aux droits de l'homme et à l'égalité des sexes doivent être incluses dans l'analyse d'adaptation infranationale et intégrées dans l'approche de mise en œuvre afin de garantir une prestation de services centrée sur les personnes et les populations.
- Les priorités de la société civile et des communautés qui ont été identifiées lors de l'élaboration de la demande de financement devront être décrites, en précisant si elles ont été incluses dans la demande ou dans le PAAR.
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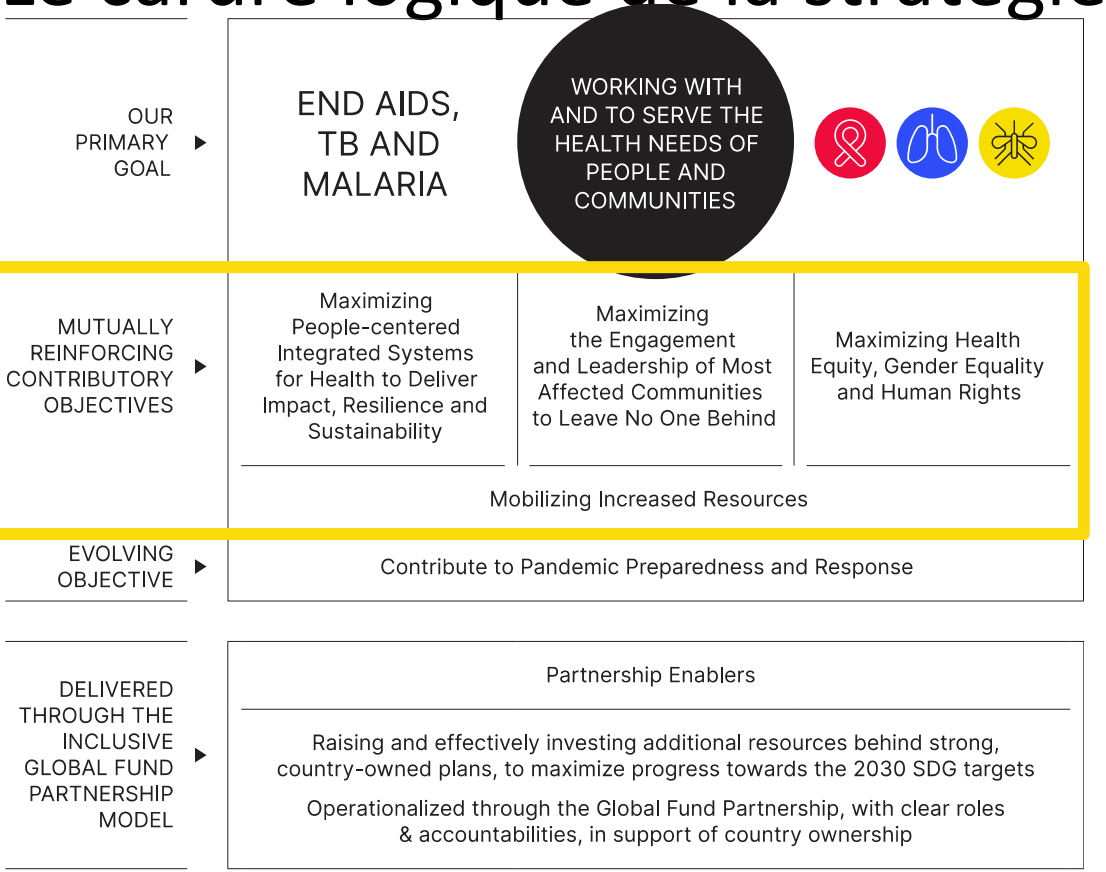

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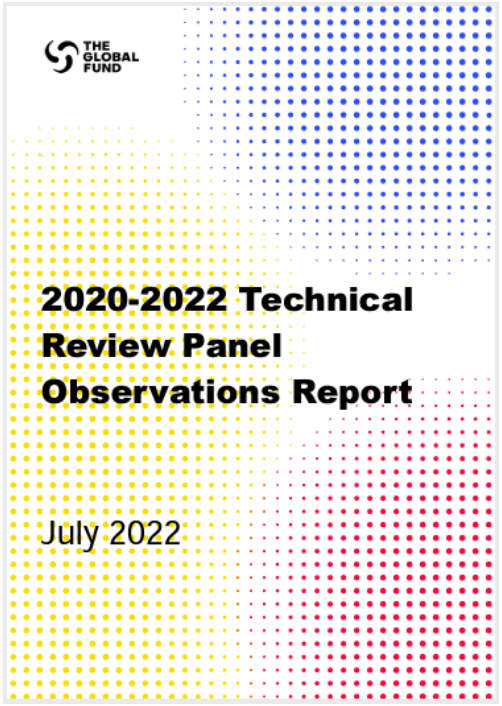

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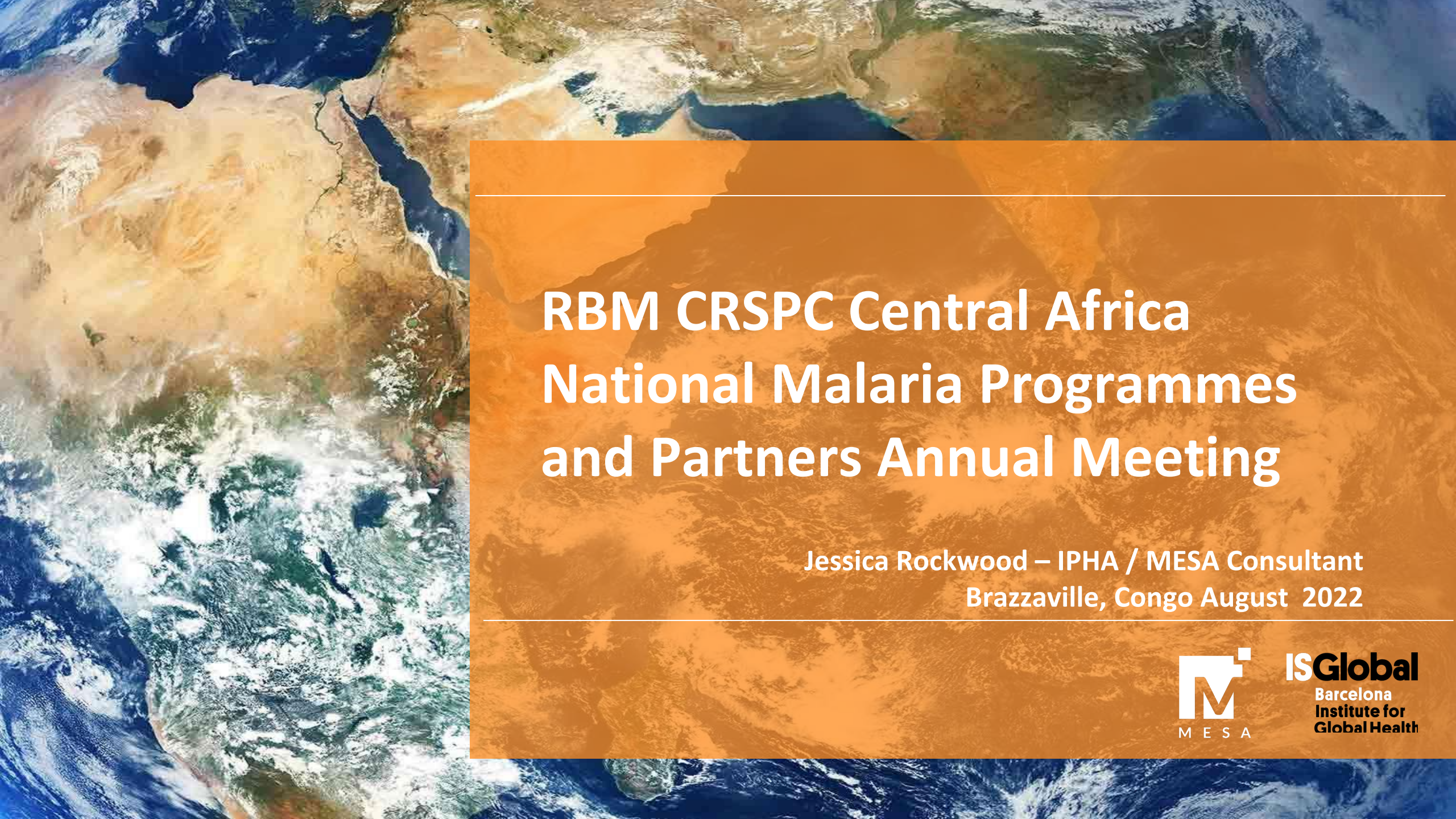


RBM CRSPC Central Africa National Malaria Programmes and Partners Annual Meeting

Jessica Rockwood – IPHA / MESA Consultant

Brazzaville, Congo August 2022

MESA

ISGlobal
Barcelona Institute for Global Health

Sharing knowledge & catalysing research towards a malaria free world

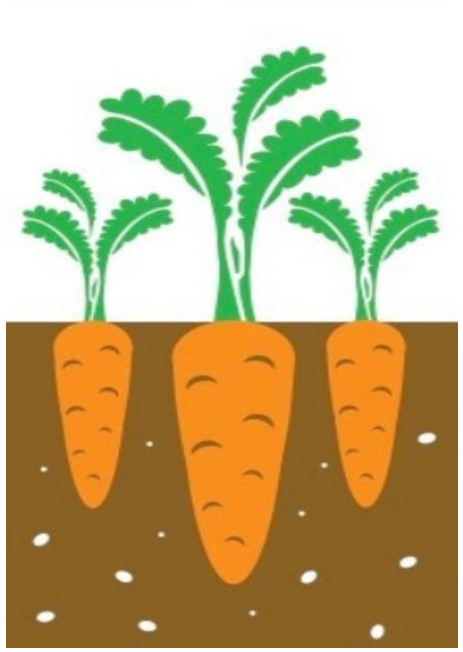
- **Mapping the landscape of active malaria research projects** including **Operational Research**

MESA TRACK

- Creating **effective avenues** for malaria researchers and professionals **to use emerging data for advocacy, decision making, policy and strategies**

- Creating **effective fora** for:
    1. Scientific discourse and learning
    2. Collaboratively seeking solutions

MESA Track: ongoing and completed malaria research



Completed research & published results

Relevant
Accessible
Visible
Shareable
"Referenceable"

Ongoing research

Relevant
Accessible?
Visible?
Shareable?
"Referenceable"?

MESA TRACK

A living database which captures research projects and institutions' portfolios in malaria elimination and eradication.

Operational Research (OR) and country focus

Collaborating with NMCPs to:

1. Learn how NMCPs systematically collect information on OR
2. Learn what's being learned in country and priorities being set for malaria control
3. Increase the **coverage** of project landscaping across different countries via the MESA Track tool
4. Gather the portfolio of research in country
5. Bring to discussion or awareness of solutions or problems for discussion and problema solving
6. Perform evidence review exercises (Deep Dives) on specific themes

We need to systematically document and review learning from the practice across different countries and technical areas

Overview of all projects in MESA Track from the Central Africa Region

Democratic Republic of Congo, 31 Total projects, $277M Total Funding

Cameroon, 26 Total projects, $115M Total Funding

Gabon, 23 Total projects, $32.3M Total Funding

Chad, 4 Total projects, $73.4M Total Funding

Central African Republic, 3 Total projects, $109M Total Funding

Equatorial Guinea, 3 Total projects, $552K Total Funding

Congo, 2 Total projects, $110M Total Funding

Sao Tome and Principe, 0 Total projects in MESA Track

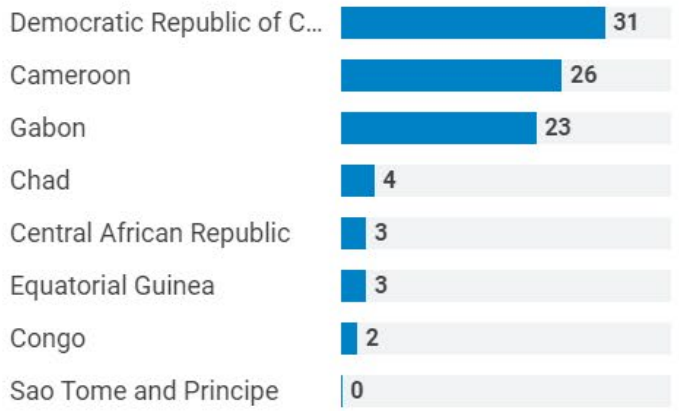
TOTAL PROJECTS	TOTAL FUNDING	PROJECT SITES
80	$428M	74
21 active	$189M active	52 active

ISGlobal

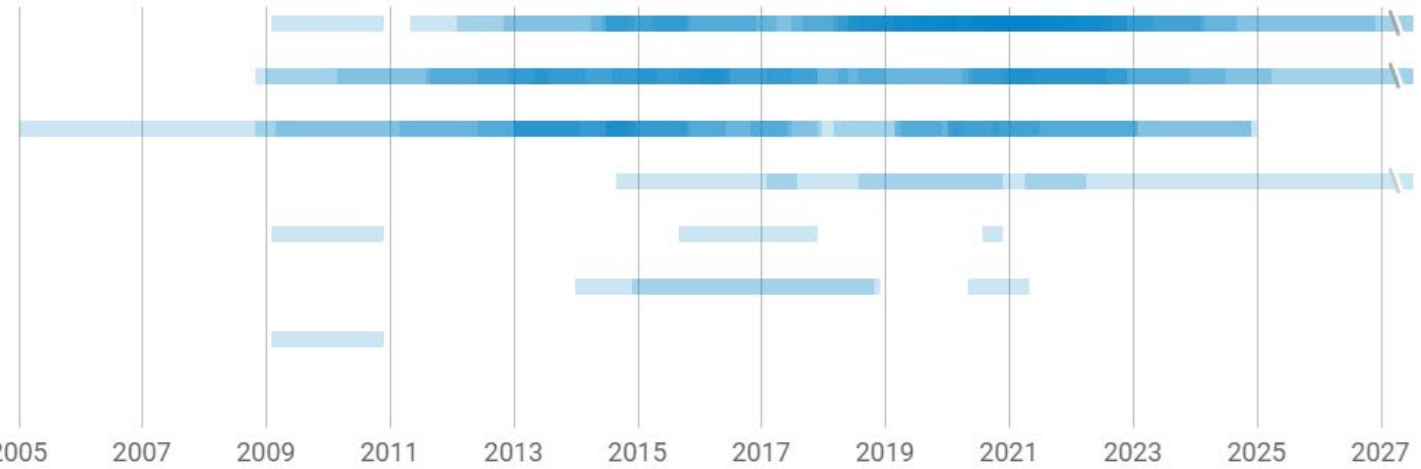
MESA

Summary of projects in MESA Track from the Central Africa Region

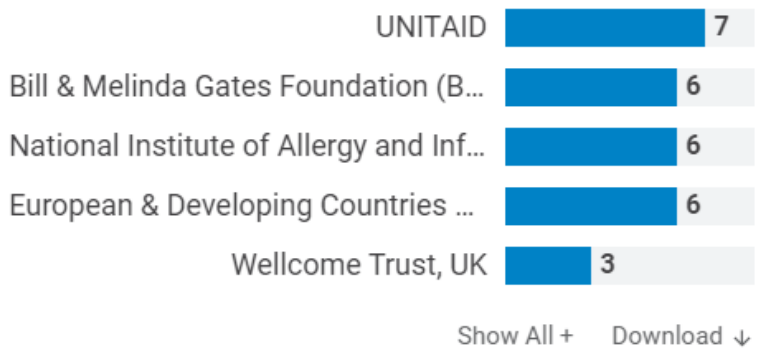
Total Projects



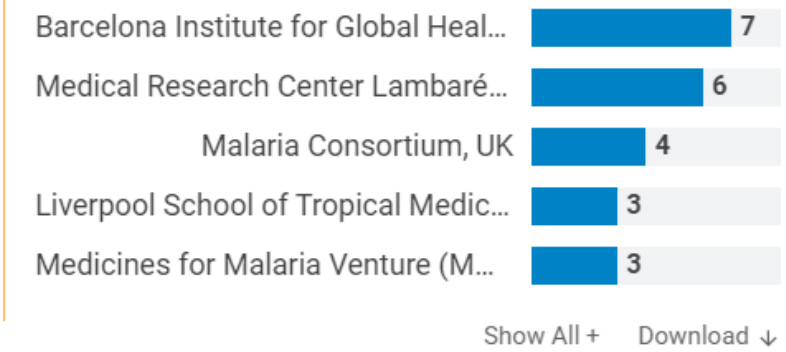
Project Timeline



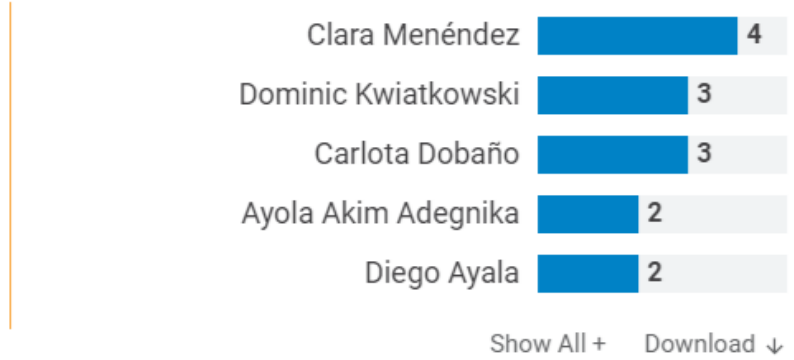
Funding Sources



Principal Institutions



Principal Investigators

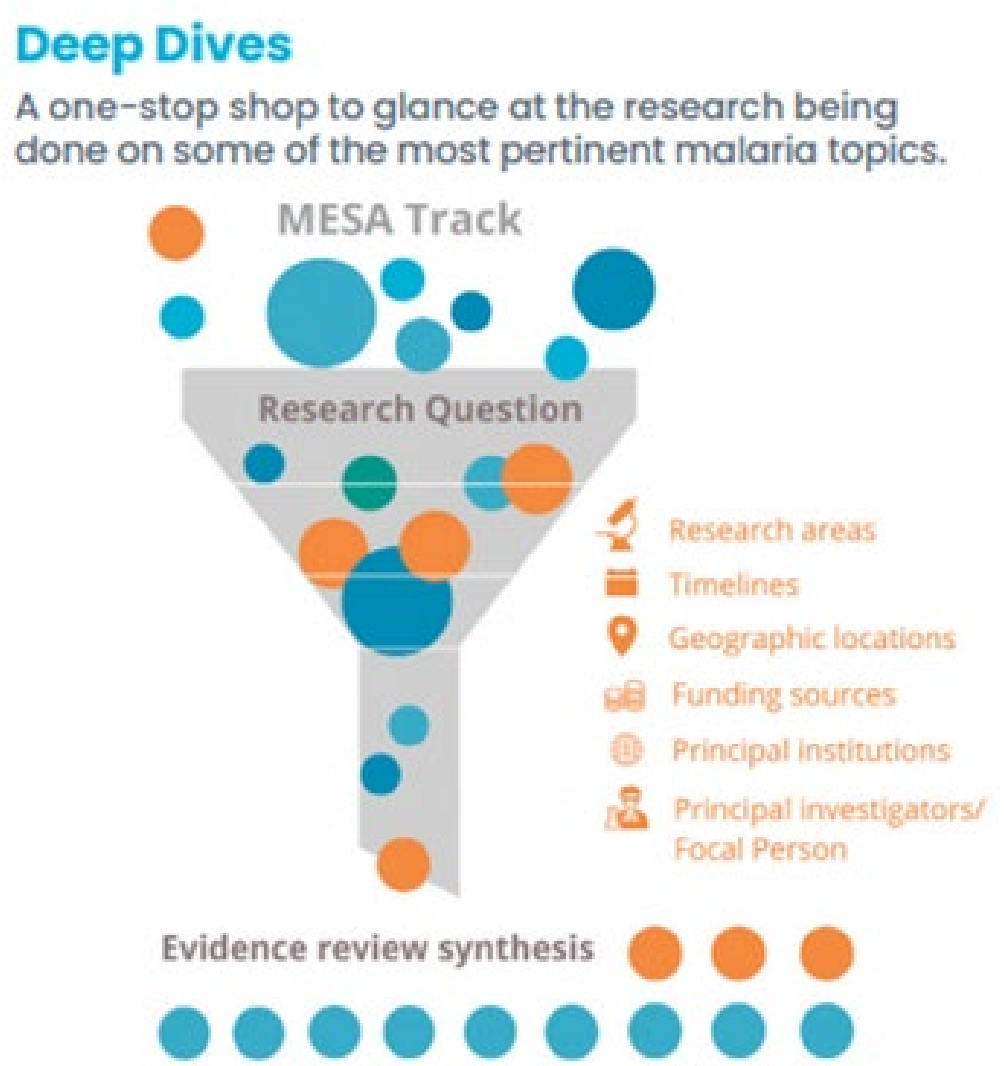


Evidence review exercises “Deep Dives”

MESA Track enables the community of malaria researchers, programs and policy makers to know what research (including OR) is ongoing.

Through the “Deep Dives”, policy makers can identify what new questions are being asked by the malaria community, foresee emerging evidence and plan the timing for future revisión of guidance. Examples include:

- Larval Source Management
- Ivermectin for Malaria
- SMC
- MDA
- IPTi, IPTp
- Urban Malaria
- Border Malaria
- Baits & Traps for Vector Control
- and many more!!



An. Stephensi Deep Dive

Objectives

1. Describe the geographic scale and scope of ongoing *An. stephensi* research
2. Overview of the distribution of active *An. stephensi* surveillance or monitoring programmes
3. Describe the funding sources for projects
4. Document the list of questions under evaluation.

https://mesamalaria.org/mesa-track/deep-dives/anopheles-stephensi

Anopheles stephensi

Anopheles stephensi, an invasive and efficient urban vector, was historically considered an Asian malaria vector. However in 2012, it was detected for the first time in the city of Djibouti in the Horn of Africa. In 2019, WHO released a vector report warning of the invasion and spread of Anopheles stephensi mosquitoes to parts of Eastern Africa and Sri Lanka, and outlined steps to take in-country to combat this. This urban vector has now been detected in West Africa. There is still much to be understood about the factors propagating its expansion, composition, dynamics, distribution and behaviour in its new environments. A clear understanding of these factors is vital to elucidating which type of interventions to develop and where such interventions should be targeted.

22 JUL 2022

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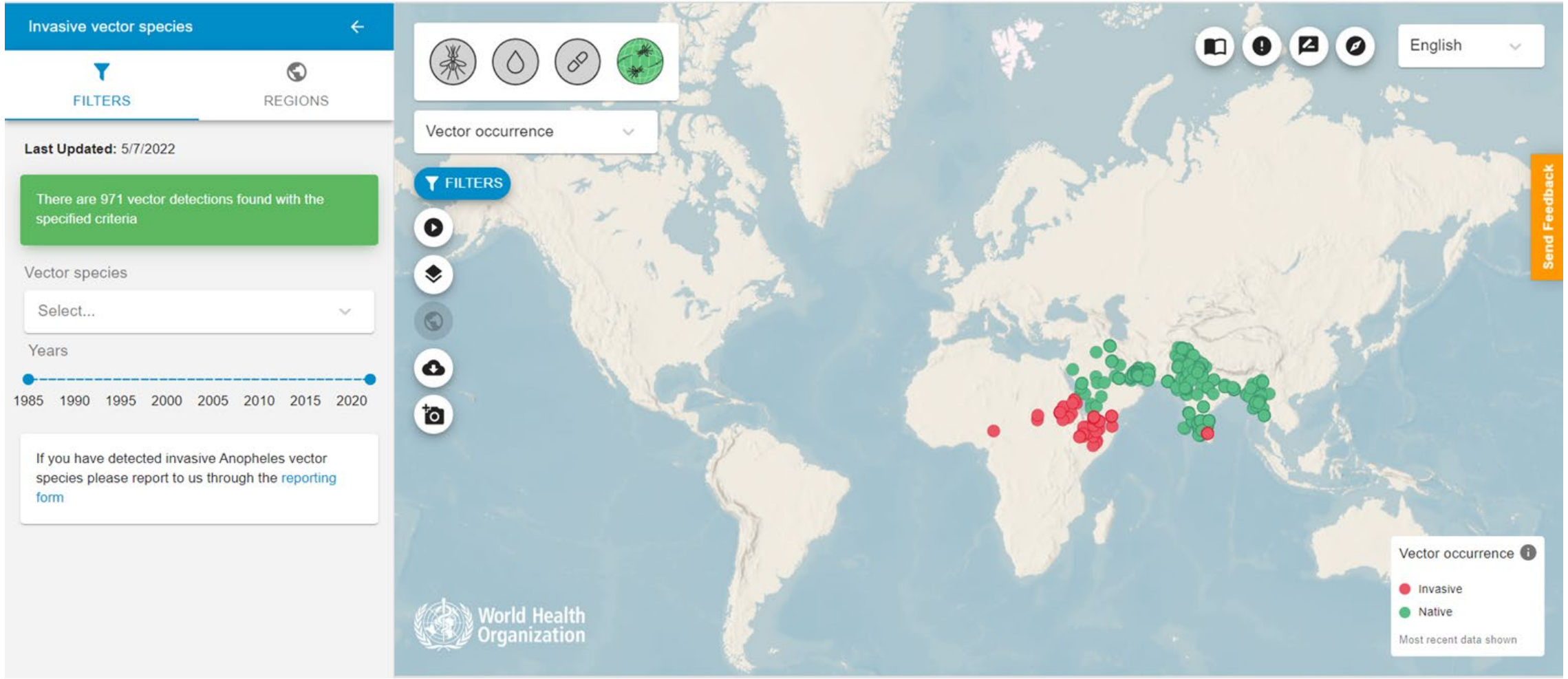
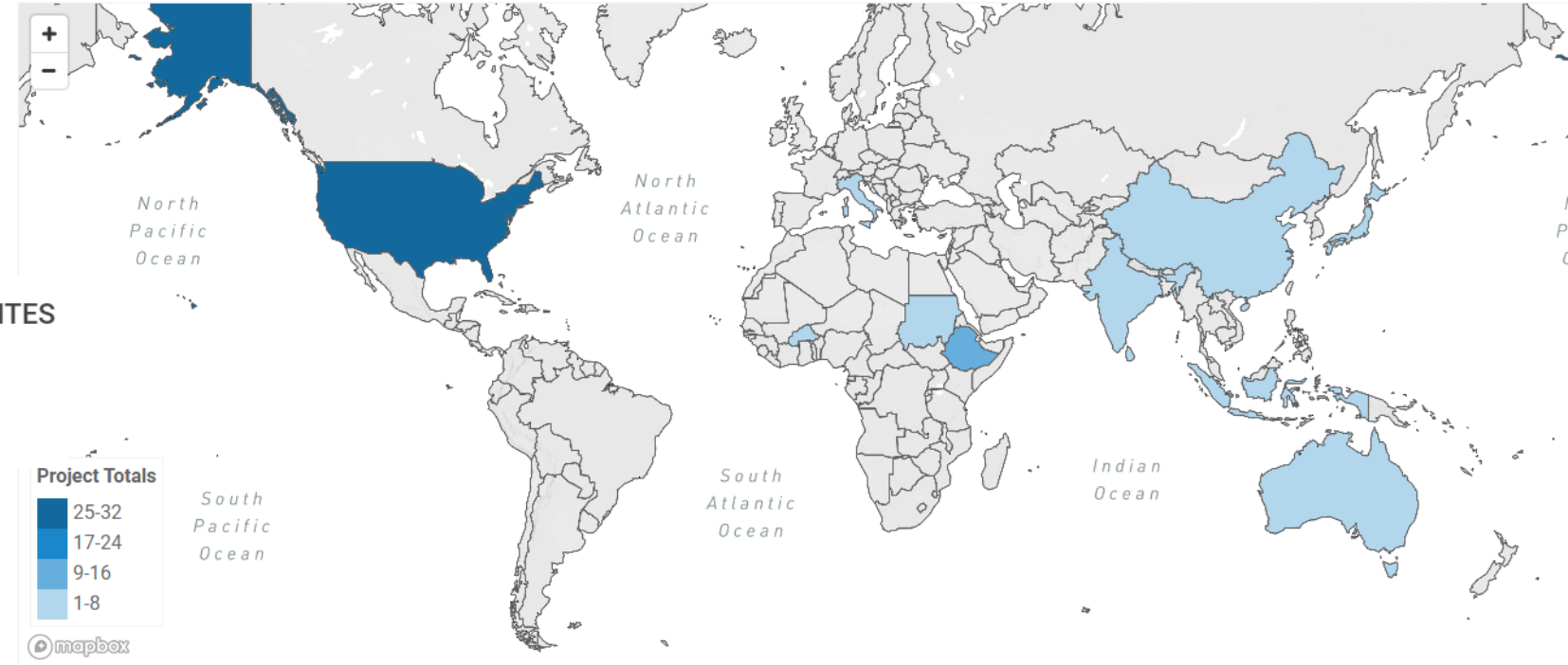
An. Stephensi Invasive vector species (WHO Malaria threats map)



Information Source: WHO Malaria Threats Map.

An. Stephensi Deep Dive (ongoing projects curated in MESA Track)

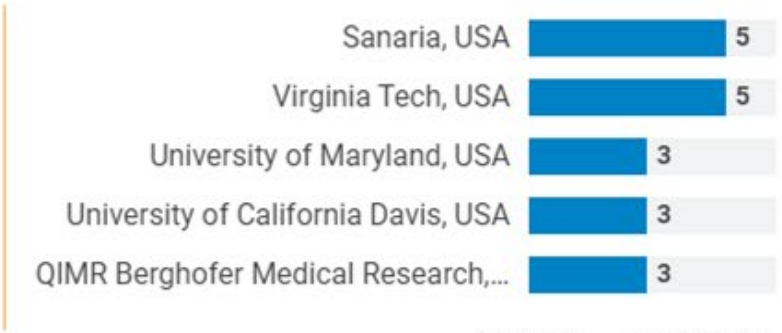
Project Sites



TOTAL PROJECTS	TOTAL FUNDING	PROJECT SITES
55	$65.4M	12
13 active	$17.0M active	5 active

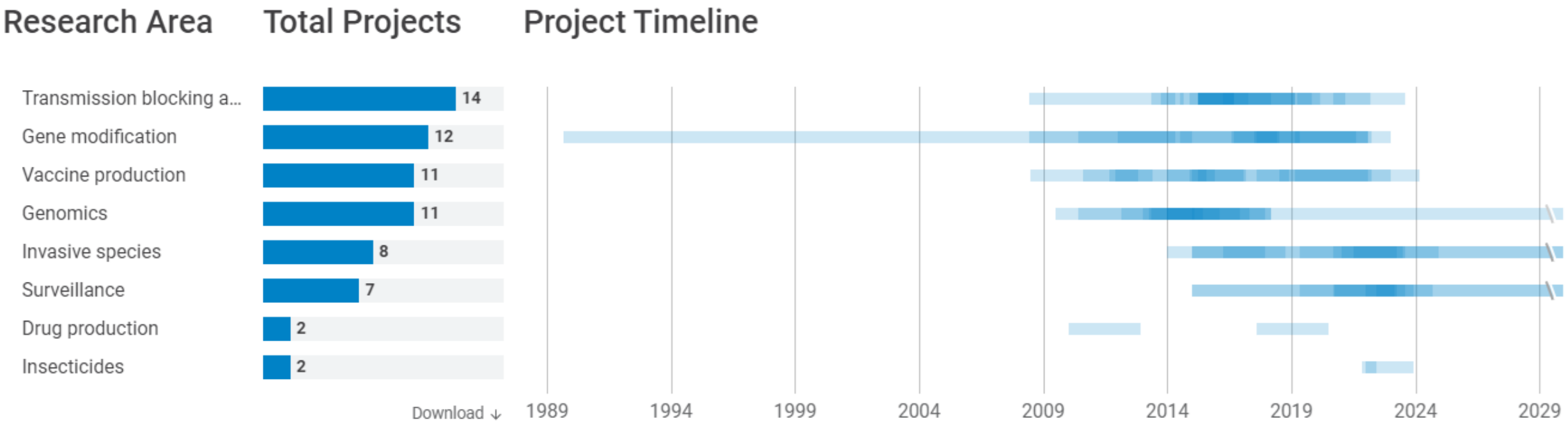
Funding Sources

Principal Institutions



Principal Investigators

An. Stephensi Deep Dive (ongoing projects curated in MESA Track)



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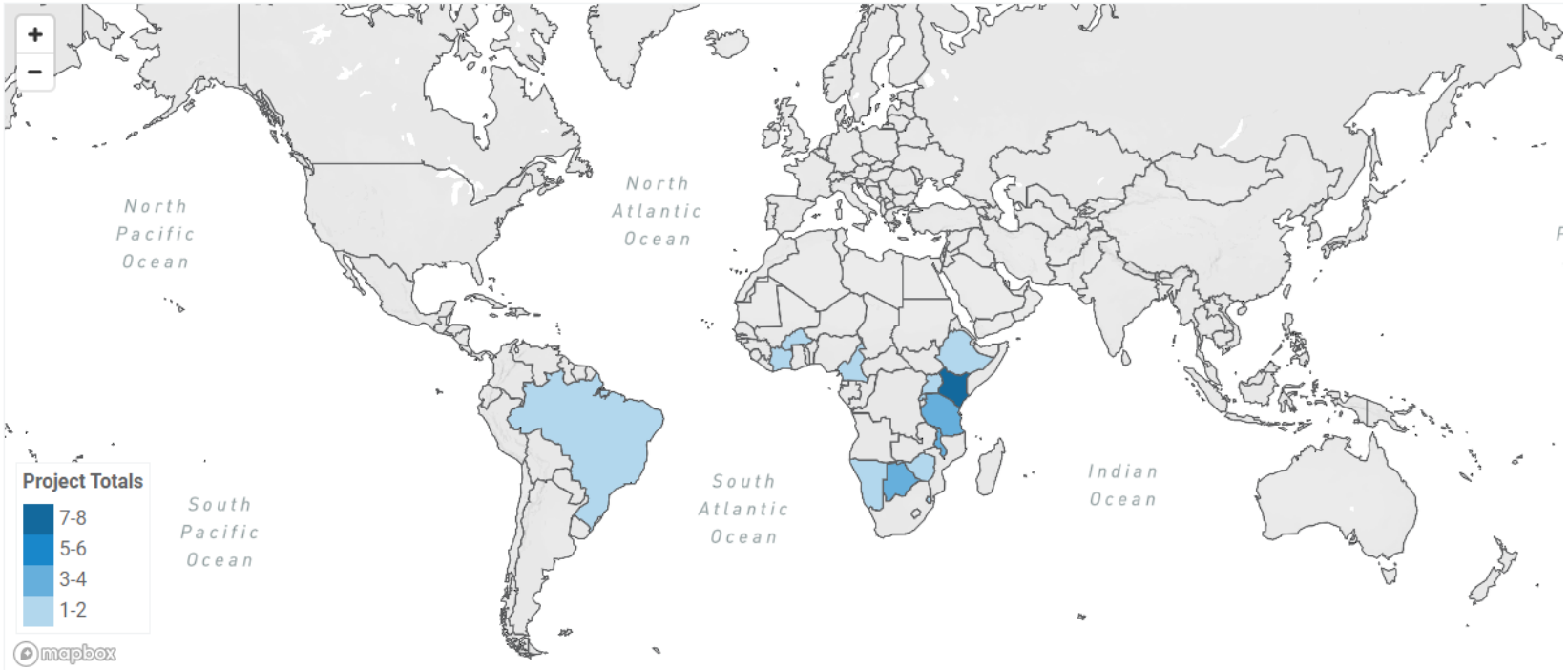
Larval Source Management Deep Dive

Larval source management

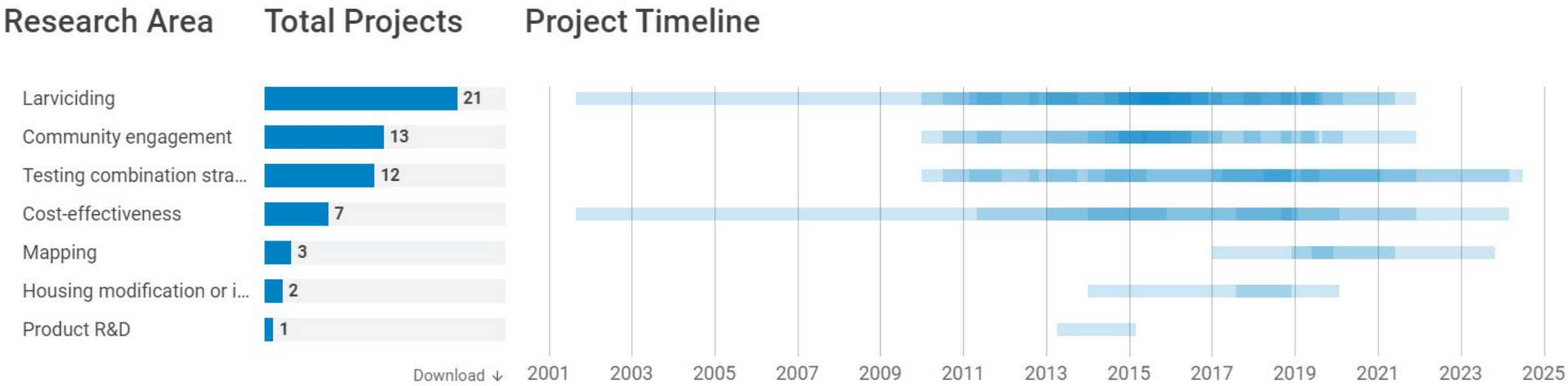
While long-lasting insecticide-treated nets and indoor residual spraying remain the backbone of malaria vector control, larval source management (LSM), which includes larviciding, has gained renewed interest as an additional intervention for the malaria toolbox. This deep dive compiles the landscape of recent and ongoing research in larviciding and provides an overview of the projects' characteristics.

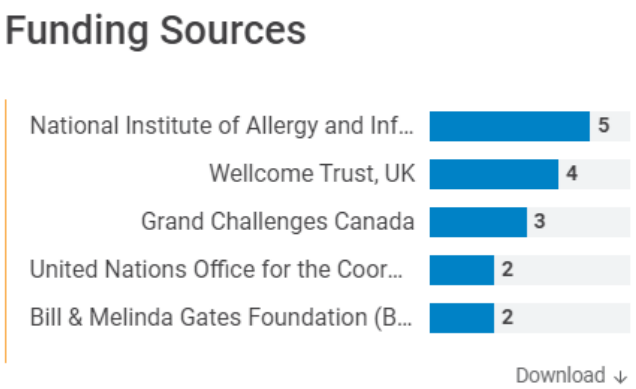
Project Sites

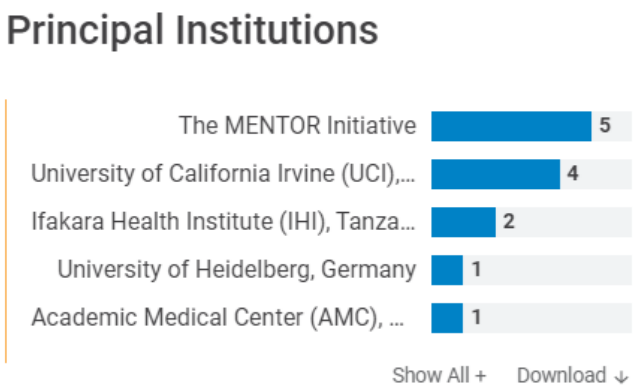


TOTAL PROJECTS	TOTAL FUNDING	PROJECT SITES
31	$33.0M	16
3 active	$7.79M active	3 active

Larval Source Management Deep Dive







Thank you

Kindly contact MESA for your country projects portfolio

update or submit your projects at:
https://mesamalaria.org/mesa-track

MESA focal point:
Nana Aba Williams
nana.williams@isglobal.org

MMV update

Central Africa National Malaria Programmes and Partners Annual Meeting Brazzaville, Congo, August 9 – 12 ,2022

Dr André Tchouatieu
Director, Access & Product Management
Malaria Chemoprevention
11 august 2022

MMV
Medicines for Malaria Venture

Product development partnership

Swiss Foundation/US Charity

MMV

reducing the burden of malaria in disease-endemic countries, by DISCOVERING, DEVELOPING and DELIVERING new, effective and affordable antimalarial drugs

MMV
Medicines for Malaria Venture

Agenda

- MMV's impact and model
- R&D Pipeline
- Severe Malaria products
- ACT resistance mitigation strategies
- Malaria chemoprevention extension
- African manufacturing

MMV-supported products have saved an estimated 3 million lives since 2009

450 million treatment courses[1] delivered by Novartis to more than 50 countries

Saving an estimated >969,000 children's lives

255 million vials of Injectable Artesunate delivered since 2011[2]

Saving an estimated 1.36 million additional lives[3]

Reducing uncomplicated and severe malaria episodes by 75%[4]

Protecting over 44 million children in 2021 – reducing uncomplicated and severe malaria by 75%[5]

7.6 million capsules delivered since 2017

Halving disability and death[6]

1 Source – Novartis 2021
2 Source – Fosun 2021 and Ipca 2021
3 Additional children's lives saved by providing injected artesunate versus injected quinine to children with severe malaria – AQUAMAT and SEAQUAMAT studies
4 WHO
5 Fosun distribution data (2018)
6 WHO TDR Study 13

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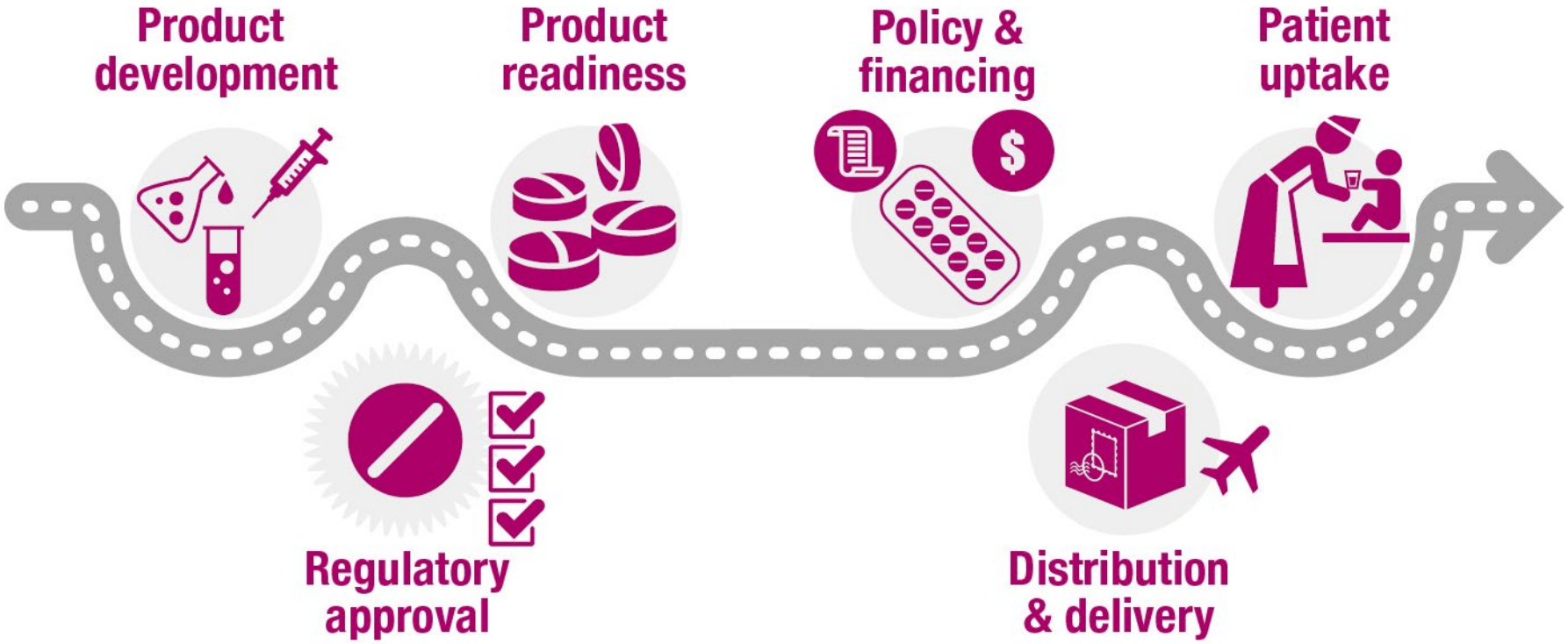
Access > The road to health impact



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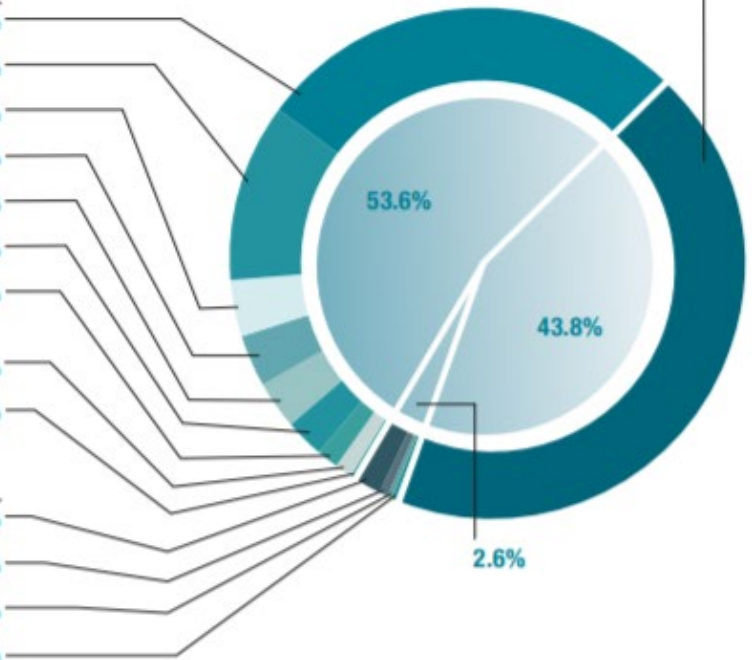
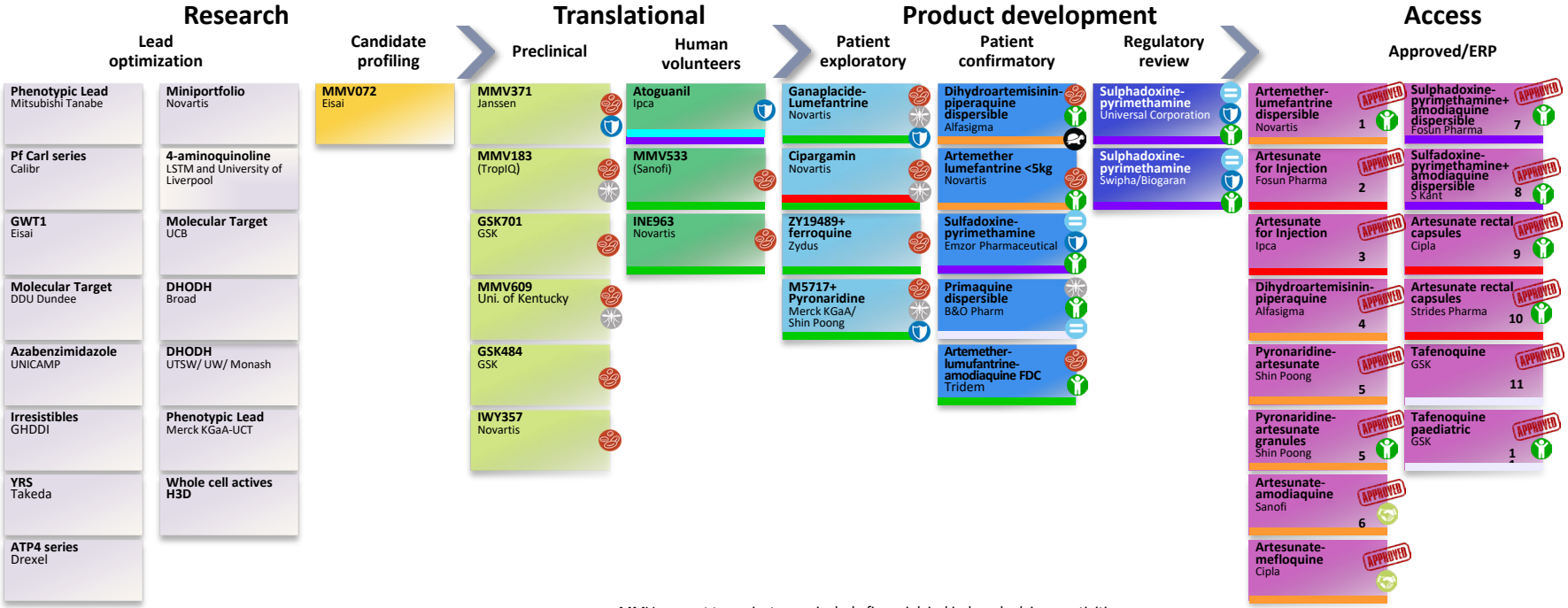
PPP; a way to finance new medicines

Private Foundations	
Bill & Melinda Gates Foundation (BMGF)	43.8%
Governments	
UK Foreign, Commonwealth & Development Office (FCDO, ex-DFID))	27.2%
European and Developing Countries Clinical Trials Partnership (EDCTP)	11.2%
Ministry of Foreign Affairs of the Netherlands (DGIS)	3.8%
German Federal Ministry of Education and Research (BMBF)	3.2%
Australian Government Department of Foreign Affairs and Trade (DFAT)	3.1%
Swiss Agency for Development and Cooperation (SDC)	2.6%
Ireland Department of Foreign Affairs (Irish Aid)	1.3%
United States Agency for International Development (USAID) and National Institutes of Health (NIH)	1%
Principality of Monaco Direction de la Coopération Internationale (DCI)	0.1%
Others (Other donors, partnerships, individual donations)	
Global Health Innovative Technology Fund (GHIT)	1.5%
Bristol Myers Squibb Foundation	0.6%
Program for Appropriate Technology in Health (PATH)	0.3%
Newcrest Mining Limited	0.2%
	100%



Medicines for Malaria Venture

MMV-supported projects



MMV support to projects may include financial, in-kind, and advisory activities.

Footnotes: Included in MMV portfolio after product approval and/or development. DND*i* and partners completed development and registration of ASMQ and ASAQ. | Global Fund Expert Review Panel (ERP) reviewed product – permitted for time-limited procurement, while regulatory/WHO prequalification review is ongoing. | APPROVED WHO Prequalified OR approved/positive opinion by regulatory bodies who are ICH members/observers. | paediatric formulation. | via a bioequivalence study. Past partners are in brackets (-).

Brand names 1: Coartem® *Dispersible*; 2: Artesun®; 3: Larinate® 60mg; 4: Eurartesim®; 5: Pyramax® tablets or granules; 6: ASAQ Winthrop®; 7: SPAQ-CO™; 8: Supyra® 9: 100mg Artesunate Rectocaps; 10: Artecap™; 11: *Kozenis or Krintafel* (Trademarks owned or licensed by GSK)

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Key products for severe malaria

Cipla

Strides Shasun

FOSUN PHARMA
Innovation for Good Health

ipca

MacLeods obtained WHO prequalification on April 13, 2021

Artemether 80mg injectable (Sanofi) WHO prequalified on August 29, 2019

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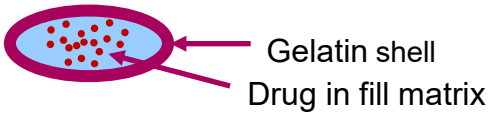
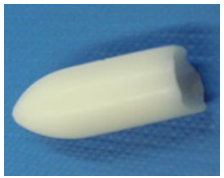
Suppository vs. Softgel Capsule



- Softgel rectal capsule
  - Consistent thermostable shape
  - The resistance of the gelatin shell allows, with care, insertion when soft



- "Classic" fat or wax-based suppository
  - Melts in the hand and deforms easily
  - Difficult to insert when soft and unusable when molten

Selected findings from RASIEC study

- Ongoing clinical support/supervision & patient care standards for severe malaria are needed at all levels of care
- Referral slips can enhance the continuum of care & indicating the care received on the slip and returning the referral slips via the patient to the VHC – will close the feedback loop adding further value to the process.
- Only 6.9% of Village Health Clinics underwent on-site supervision for 12 months
- Additional continuing education was minimal for HSAs

Full report available on www.severemalaria.org

MMV Medicines for Malaria Venture

Post – Rectal Artesunate

Referral Slip - RASIEC Study

College of Medicine/WellSense/MMV

This form is to be used when referring a child 5 years and under after administering pre-referral RAS. S500

Date: _____ **Time:** _____

From: _____ (Name of VHC) **District:** _____

To: _____ (Health Facility)

Please receive _____,

a male /female child aged _____ months (*circle correct*)

administered Rectal Artesunate _____ milligrams.

_____ (number of suppositories).

This child presented with the following DANGER SIGNS:
(tick the signs that the child presented with)

Fever or Recent history of fever	
Unconsciousness	
Recent history of convulsions	
Convulsions observed	
Repeated vomiting/vomiting everything	
Unable to eat/suckle	
Lethargy	
Severe anaemia	

Please provide the required follow up care for suspected severe malaria.

With thanks _____ Signature *(Referring HSA)*

Receiving Health Worker:
Please add this referral slip to the RASIEC referral filing box for collection by the research team - with thanks - RASIEC study team

For further information please contact: Salima DHMT: Mr Precious Mzungu | 088 836 0380

- The date and time of referral
- The child's demographics
- Danger signs presented
- Treatments given at VHC

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Key findings from severe malaria case management assessments

- Angola
- Liberia
- Mali
- Uganda
- DRC

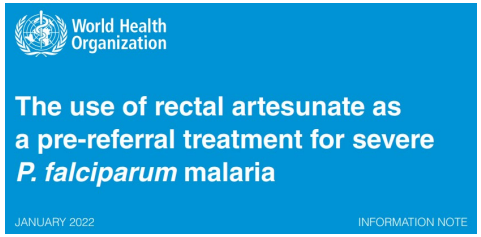
Full reports available on www.severemalaria.org

Context of Severe Malaria Global Stakeholder Meeting 8-9 February 2022

Rising malaria mortality[1]

Reports of artemisinin resistance in Africa[2]

CARAMAL project: challenges and deficiencies along the cascade of care[3]



1. World Malaria Report 2021
2. Evidence of artemisinin-resistant malaria in Africa. N Engl J Med 2021; 385:1163-1171
3. Not yet published
4. The use of rectal artesunate as a pre-referral treatment for severe *P. falciparum malaria.* WHO Information Note, January 2022 https://apps.who.int/iris/handle/10665/351187

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Key message from Severe Malaria Global Stakeholder Meeting

- RAS as a life saving intervention should be made available to all children in accordance with the WHO guidelines
- Strengthening of referral and post referral services should be prioritised and supported on a continuing basis
- RAS must not be withheld from any child where no alternative is available
- Complete treatment with at least 24 hours of injectable artesunate and a three-day ACT

ACT resistance in Africa: an emerging threat?

- In August 2020 *Nature Medicine* reported the *de novo* emergence of *Pf* mutations in Rwanda, presumably leading to reduction of parasite clearance speeds.
- Similar mutations have also been reported in both Uganda, Eritrea and Burkina Faso
- ACTs are still fully active in these regions, but the concern is that there will be increased pressure on the partner drugs. Data on the impact on severe malaria are not available
- This has reinforced the urgent need for the development and deployment of both mitigation strategies and non-artemisinin drug treatments

A number of mitigation strategies

- Multiple First-Line Treatment (MFLT): the use of more than one first-line drug simultaneously – either in parallel or in rotation – to reduce the drug pressure on any single medicine and help avoid or slow the emergence of resistance
- Triple ACT combinations (TACTs): adding in a 3rd drug to existing combinations to maintain efficacy and protect the individual components. This strategy could be considered either alongside or as an alternative to MFLT
- Adding a single dose of low-dose primaquine (LDPQ) to an ACT to block transmission
- Developing and introducing novel non-artemisinin anti-malarials

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Rationale for Multiple Firstline Treatments strategy

- **MFTs strategy: A drug policy with more than one effective treatment for managing uncomplicated malaria cases**

- **MFTs a promising strategy to extend the useful therapeutic life of the current ACTs (theoretical models) by:**
  - reducing drug pressure
  - slowing the spread of resistance

- **Scenarios for implementing MFTs:**
  - Use of one ACT for community case-management and a different ACT in the clinics
  - Partition of the ACTs market by segment of the same population: paediatric patients, pregnant women, adult patients….
  - Partition of the ACTs market by private/public sectors
  - Mosaic distribution of ACTs: alternative distribution of different ACTs in the same population over a given period of time….

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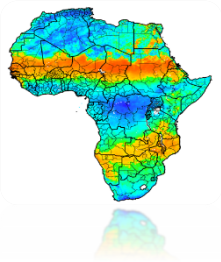
MMV has supported 2 Multiple First Line Treatment pilots in order to inform future policy and implementation.

Designing studies to demonstrate the efficacy of MFLT in mitigating the emergence of resistance in practice is virtually impossible – therefore both pilots are operational research studies to better understand the costs, trade-offs and practicalities of implementing MFLT in real life.

- Pilot 1: Kaya region, Burkina Faso
  - Approach: parallel use of different ACTs for different patient groups
- Pilot 2: Homabay and Migori counties, Kenya
  - Approach: rotational use of AL (control), ASAQ, pyronaridine-artesunate and DHA-PQP every 8 months

Chemoprevention:

Use of antimalaria medicines to prevent occurrence of clinical malaria in endemic countries



SMC

Monthly administration of Sulfadoxine Pyrimethamine and amodiaquine (SPAQ) to children 3mths – 5 years) during the malaria transmission season (highly seasonal)

SP-IPTi (PMC)

Intermittent Preventive Treatment in infancy with SP (SP-IPTi) is the administration of a full therapeutic course of SP delivered through identified contact opportunities with the health system

IPTp – SP

IPTp with sulfadoxine-pyrimethamine (IPTp-SP) in all areas with moderate to high malaria transmission in Africa to all pregnant women starting as early as possible in the second trimester; at least 3 doses of SP during her pregnancy, given at least 1 month apart – SP can safely be administered up until the time of delivery.

PDMC

(post discharge chemoprevention) ?

Preventing the occurrence of malaria in patient coming out of severe aneamia in malaria endemic countries

MDA?

For short term reduction of the malaria burden

From SMC to SEAMACE

(**SEA**sonal **MA**laria **C**hemoprevention **E**xtension)

Improve coverage (3-59 months)

Age extension (10 yrs?) Campaign duration (5 mths?)

Geographic extension Anticipation on SPAQ resistance

Building a path to elimination in seasonal transmission settings

SMC Continuum

MMV Medicines for Malaria Venture

Chemoprevention key priorities

Area of strategic focus	Project	Why it matters	Target
Structuring a framework for SMC stakeholders	**SMC Alliance**	Gathering all partners and SMC implementing countries to coordinate all SMC activities.	Development and validation of the 2021 work plan and drat an activity report by YE 2021
Expanding the outreach of SMC for an improved impact	**SMC-IMPACT project**	exploring potential new avenues for SMC use	Project launch, including start of Gambia and Guinea pilots WHO and an advisory group sign-off a definitive dose for 5-10 yrs age group Select manufacturer to define a drug development plan for a new higher-dose formulation of both SP+AQ, targeted to the 6-10yo age group
	OPT-SMC	Allowing countries to develop solutions for an optimized SMC implementation through operational research	5 countries have submitted a design for an operational research by YE 2021 2 newsletters developed by YE 2021
	Atoguanil BA study	developing alternatives to SPAQ to anticipate on resistance and expand geographically	Top line data for go / No go decision available by YE 2021 Led by R&D
Building path to Elimination	**Ivermectin perceptions Market research**	Investigate how malaria prevention using ivermectin is perceived and accepted in countries that trialed the intervention and those that did not.	Full report available by YE 2021

MMV Organizational goal

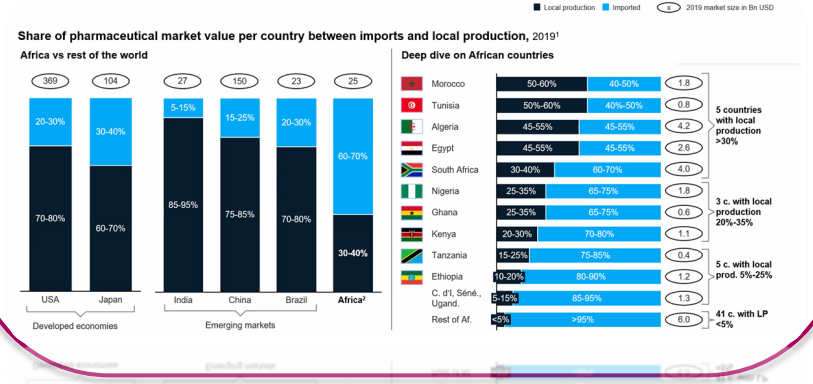
Pilot countries for supporting scale up of IPTi

Projects /Lead partner	Funder	Start date	Design	Countries	MMV's role
ICARIA/ IsGlobal	Bill & Melinda Gates foundation; "la Caixa" Foundation	2020	Increase the age limit to 2 years	**Sierra Leone**	User-friendly patient leaflet (incl. pre-testing)
MULTIPLY/ IsGlobal	EDCTP	2021	Increase IPTi coverage through the Expanded Programme on Immunisation (EPI) and vit A supplementation including mobile-outreach clinics to facilitate access of hard-to-reach populations facing socio-economic and/or geographic barriers. Up to 6 to 7 administrations up to 2 years of age	University of Lomé in **Togo**, COMAHS in **Sierra Leone** and Fundação Manhiça in **Mozambique**	Generic packaging (perforated blister + add coms tools (e.g., envelop) and user-friendly patient leaflet (incl. pre-testing) Development of IEC tools as part of SBCC Campaign and country adaptation
IPTi+/ PSI	Unitaid	2021	Up to 2 year of life Health providers through regular EPI + CHWs	**Cameroon, Cote d'Ivoire, Benin, and Mozambique**	Generic packaging (perforated blister + add coms tools (e.g., envelop) and user-friendly patient leaflet (incl. pre-testing) Design workshop participation to share learning and experience with SP IPTp project
Malaria Consortium	Bill & Melinda Gates foundation	2021 (4 yrs)	1st year of life, if Nigeria's EPI platform expands to 15 months, so will this propose scope of activity. Modelling - Northwestern Uni, Illinois. Reduction of clinical outcomes in the three different arms - powered to measure 20% reduction in three EPI points and 30% in five points.	**Nigeria -** study sites (Ebonyi and Osun state)	Development of SP Job aid, facilitation of SP procurement

African manufacturing

African market

- Today, Africa disproportionately relies **on imported** medicines:**COVID-19 has heightened concerns about supply insecurity**
- The continent overall has ~375 drug makers, to serve a population of around 1.3 bill people[1]
- African population set to triple by 2050.[2]
- **Top three African markets** (Kenya, South Africa, Nigeria) import significant pharma products
- Vast majority of pharma mfg do not meet Int GMP standards and major international partners continue to maintain limited investment



Key drivers

Upstream

- **Vertical integration** – due to supply security constraints there is a willingness for manufacturers to invest in backward and forward integration strategies
- **Manufacturing hubs** – international drive to establish regional manuf hubs
- **Need to diversify** - over 70% of WHO prequalified manufacturers based in India
- **International investment** - €1 billion European Commission initiative on manufacturing and access to vaccines, medicines and health technologies in Africa
- **2021 WHO Resolution** "Strengthening local production of medicines and other health technologies to improve access[3]

Downstream

- **AU with support from Africa CDC** aims to establish vaccine development and manufacturing capacity and capability in Africa for public health security
- **AfCTA ratification -** 40 African countries are onboard to reduce trade costs
- **TRIPS Agreement** - LDCs and Technology Transfer – we should see a "speeding" up of tech transfer as LDCs set up incentives and create more viable markets
- **Early signs of national protectionism** – Govt introduced import bans (Nigeria) to ensure national supply security and protect manuf
- **AfDB Pharmaceutical Technology Foundation** - focused on promoting and broker alliances between foreign and African pharmaceutical companies.

Notes: 1. https://www.mckinsey.com/industries/public-and-social-sector/our-insights/should-sub-saharan-africa-make-its-own-drugs
2. https://www.weforum.org/agenda/2020/01/the-children-s-continent/
3. https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_ACONF1-en.pdf

MMV Medicines for Malaria Venture

MMV Engagement with African manufacturing

Ongoing work

- MMV is supporting local manufacturers in **Kenya and Nigeria** to produce WHO- PQ'd chemopreventive medicines since 2017.
    1. In Nigeria, MMV is supporting both Emzor and Biogaran/Swipha to achieve WHO Prequalification of medicines used for IPTp, IPTi, and SMC.
    2. In Kenya, MMV is supporting Universal Corp (UCL) to achieve first time WHO prequalification of SP for IPTp.

- MMV is working with partners to support two **South African** pilots:
    1. Chemical Process Technologies Pharma – to build API manufacturing capacity, funded by BMGF.
    2. Nelson Mandela University – to develop a scalable, rapid and green continuous flow process, funded by the API Cluster.


MALARIA:
HELP DEFEAT IT!
Photographer: Natalia Szczygielska

Global Fund Updates:

Overview of the Upcoming Global Fund Allocation Cycle

Commodities Planning

C19RM

Central Africa National Malaria Program Managers and Partner Meeting, Brazzaville

9-12, August 2022

Background: Global Fund Strategy

Our Progress

As of end 2020:

44 million lives saved

21.9 million people on antiretroviral therapy for HIV in 2020

4.7 million people with TB treated in 2020

188 million mosquito nets distributed in 2020

$3.3 billion approved for >100 countries to fight COVID-19 (*as of end of 2021*)

Where we are now

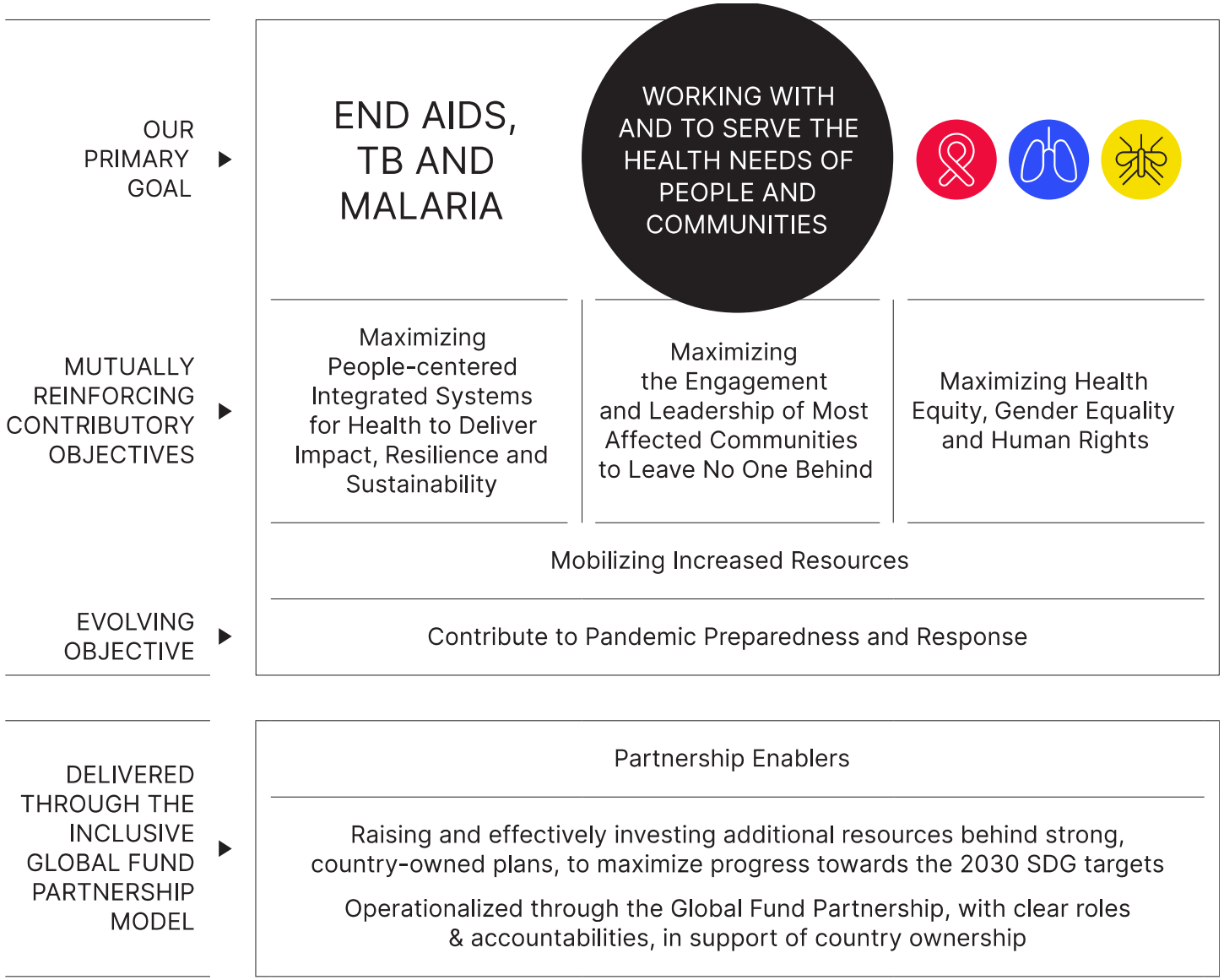
We are off track to meet the **Sustainable Development Goal (SDG) 3 targets**.

3 GOOD HEALTH AND WELL-BEING

Our Future

New Global Fund Strategy to accelerate impact toward the 2030 horizon.

The Global Fund Strategy Framework

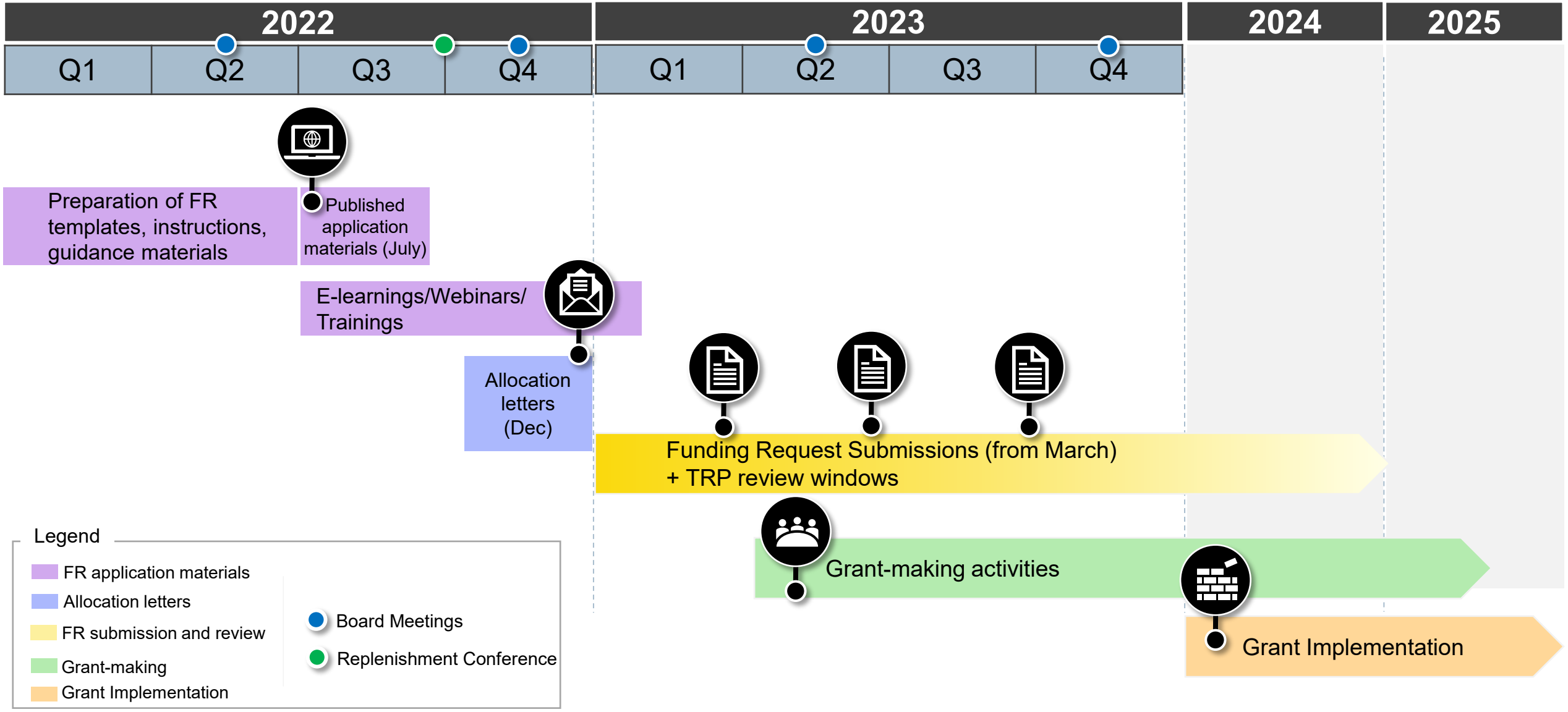


- **Strategy's primary goal** is to end AIDS, TB, and Malaria.
- **People and communities are at the heart** of our Strategy.
- Achievement of the primary goal is **supported by 4 mutually reinforcing contributory objectives** and **an evolving objective**.
- Partnership Enablers outline **roles and accountabilities** of all stakeholders.

What is different about this new Strategy?

1	Across all three diseases, **an intensified focus on prevention.**
2	Greater **emphasis on integrated, people-centered services**.
3	A more systematic approach to **supporting the development and integration of community systems for health.**
4	**A stronger role and voice for communities** living with and affected by the diseases.
5	Intensified action to **address inequities, human rights and gender-related barriers**.
6	**Greater emphasis on programmatic and financial sustainability.**
7	Greater focus on **accelerating the equitable deployment of and access to innovations**.
8	Much greater **emphasis on data-driven decision-making**.
9	Explicit recognition of the role **the Global Fund partnership** can and should play in **pandemic preparedness and response**.
10	**Clarity on the roles and accountabilities** of Global Fund partners across every aspect of the Strategy.

2023-2025 Funding Cycle Timeline



Preview: Upcoming malaria information note

Purpose:

- Complements normative guidance to assist with preparation of the FR
- Recommendations on priority interventions and strategic investments aligned to NSPs to achieve impact.
- Includes GF considerations around program essentials, procurement and other requirements

Outline:

1. **Investment Approach**
2. **Prioritized Interventions**
    1. **Evidence based decision making**
    2. **Prevention**
    3. **Case Management**
    4. **Elimination**
    5. **Cross-Cutting Areas**

Additional resources: Upcoming webinars, e-learning and additional information notes for RSSH, VfM, Malaria CRG.

Malaria Strategy Objectives 2023-2028

1. Implement malaria interventions, tailored to sub-national level, using granular data, and capacitating decision-making and action

2. Ensure optimal and effective vector control coverage

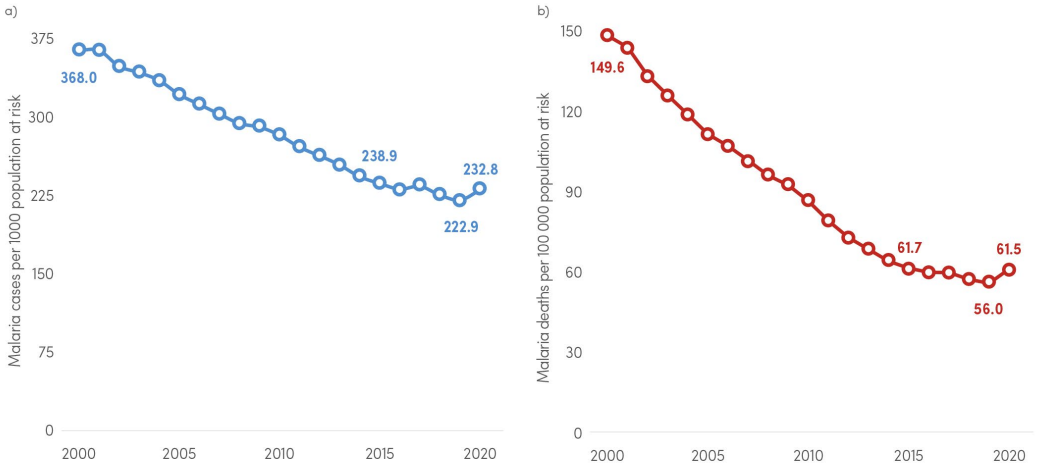
3. Optimize Chemoprevention

4. Expand equitable access to quality early diagnosis and treatment of malaria, through health facilities, at the community level and in the private sector, with accurate reporting

5. Drive towards elimination and facilitate prevention of reestablishment of malaria

FIG. 3.3.

Trends in a) malaria case incidence (cases per 1000 population at risk) and b) mortality rate (deaths per 100 000 population at risk), 2000–2020; and c) malaria cases by country in the WHO African Region, 2020 *Source: WHO estimates.*



WHO: World Health Organization.

WMR 2021: Observed reduction in overall cases and deaths between 2000 and 2017, stagnated through 2019 and increasing in the context of the COVID-19 pandemic and disruption in malaria services.

What should national programs be working on now in preparation for NFM4?

- Map out **key stakeholders, plans & timelines for country dialogue** – consider early engagement with RSSH and community stakeholders to ensure their support and participation
- Liaise with **CCM** on timelines for key discussions including CCM elections
- Review any **unaddressed TRP recommendations**
- Map out timelines and support needed for **strategy and review processes** (ex. MPR, NSP updates)
  - Consider what additional support may be required for a SNT NSP and GF funding request
- Start on your **programmatic gap analysis**
  - Ensure you have it ready for discussions on the program split
  - Highlight any commodities needed for NFM4 that may need to be procured in NFM3 (especially accounting for longer lead times) and notify your CTs of these needs
- Think through **implementation arrangements and any potentially needed revision** (to discuss with CTs)

1. Implement malaria interventions, tailored to sub-national level, using granular data, and capacitating decision-making and action

Use of local data and contextual info to determine appropriate mix of interventions & delivery strategies for optimum impact on transmission and burden of disease for a given area, such as a district, health facility catchment or village.

Suggested activities to prepare:

- Map out necessary **reviews/NSP etc., timelines**
- Consider what **staff and equipment needed for malaria data** repositories (MDR), data collection, analysis, retro evals, program reviews, NSP, stratification, SNT, NFM4 FR…..
- Consider hiring **data specialist/manager/assembler and data analyst under SME team** from **now** at least until grant-making (ideally longer)
- **Identify critical gaps** in the above and ask GF and partners for support ASAP
- Highlight any **potential bottlenecks foreseen** between now and FR development (for CT/partner support)

We do NOT expect that every country will have a fully SNT plan by NFM4 FR –we want to be able to understand what data they have, how they are using, how we can help them use it better, etc so that eventually all countries can have a quality SNT strategy and can operationalize it.

2. Ensure optimal and effective vector control coverage

Promote evidence-based decision-making, varied sub-nationality as appropriate, for intervention type and product class selection, delivery model and frequency; with a focus on ensuring sustained high coverage of effective tools amongst at risk populations

Suggested activities to prepare:

- Ensure you have **up-to-date data**, or plans to collect it, sub-nationally as far as possible: ento (including insecticide resistance); IRS/ITN coverage; ITN durability, attrition and use.
- These data – combined with epi data and operational considerations – will be vital to determine plans for:
  - appropriate intervention type (IRS or ITN) by sub-national areas
  - within ITNs - appropriate product class, delivery model and frequency - varied sub-nationally as appropriate
  - **With many places facing pyrethroid resistance and data showing ITN durability <3y; programmes will need to consider both the appropriate *number* of nets and the appropriate *type* of nets. Varying the approach sub-nationally will likely be critical to getting the balance right.**
- Start planning for any **2023 campaigns and identify any TA needs** ASAP
- If **orders not yet placed for 2023** (ITNs & IRS) – place ASAP
- Signal to CT any **needs for 2024 commodities** that may require pre-ordering (quantity, products, delivery timelines) and work with GF Supply operations (SO)/ Malaria Team (MT) to deal with NFM3/4 transition bottlenecks
- Signal any **TA needs** (to partners and CT)

3. **Optimize Chemoprevention**

Support data driven intervention selection and implementation modality

New WHO recs: SMC age/location; Perennial malaria chemoprevention; cIPTp; IPTsc; malaria vaccine

Suggested activities to prepare :

- Explore/understand **new WHO guidance** to see what may be relevant and feasible in your country context
- Consider in-country **subnational variations to adapt interventions**, implementation, etc.
- Ensure **2022/3 campaigns adequately planned and rolled out**
- Work with SO/MT on **pre-ordering drugs for 2024 campaigns** to address NFM3/4 transition bottleneck
- Note new WHO recommendation on RTSS, but TGF does not fund vaccine procurement at the moment, refer to WHO/GAVI guidance

4. Expand equitable access to quality early diagnosis and treatment of malaria, through health facilities, at the community level and in the private sector, including accurate reporting

Suggested activities to prepare:

- Assess **commodity stocks** given any changes in consumption and longer lead times – signal any upcoming gaps and adjust buffer stock as relevant
- Ensure sufficient **buffer stocks to cover NFM3/4 transition** – taking account of longer lead times
- Analyze **access to care/care-seeking (and barriers**) to feed into future scale up plans ex. Access barriers assessments, private sector strategy development, georeferencing, etc.
- Ensure **inclusion of refugees, IDPs and mobile populations** in quantification and strategy
- Plan for development of a **private sector strategy** (which includes parasitological testing)
- Analyze **quality of care metrics** to develop **targeted approaches** for continuous quality improvement
- Engage **PHC, community health and other RSSH stakeholders** now to ensure coordination for both scale up and quality improvement priorities for NFM4
- Start considering **antimalarial resistance mitigation strategies** (awaiting WHO guidance) and consider PfHRP2/3 gene deletion surveys if not already completed.

5. Drive towards elimination and facilitate prevention of re-establishment of malaria

Suggested activities to prepare:

- Continue to **target sub-nationally to reduce hot spots/foci**
- Consider **synergistic opportunities for acute febrile illness surveillance** (malaria, Covid 19, HIV, TB)
- Consider how to address **hard to reach populations, mobile and migrant populations and forcibly displaced populations**
- Map out **advocacy needed for increased domestic financing**
- Continue to focus on **enhancing and optimizing vector control and case management, building the surveillance capacity to detect, characterize and monitor all cases, accelerating transmission reduction; and preventing re-establishment of malaria**

Cross-Cutting Considerations

- Community leadership and engagement
- Equity, gender equality and human rights
- Social and Behaviour Change
- Pandemic Preparedness and Response
- Environment and Climate Change
- Urban Malaria
- Challenging Operating Environments (COE)
- Malaria Emergencies
- Program Management
- Sustainability of malaria response

Catalytic Investments for the 2023-2025 Allocation

Malaria specific (yellow) and cross-cutting

End Malaria	Biologic threats in malaria case management in Africa
	E2030: Drive towards elimination and facilitate prevention of reestablishment
	Malaria Elimination in Southern Africa
	Resistance to Artemisinin Initiative (RAI)
	Regional Coordination and targeted Technical Assistance (RCTA)
	Addressing vector control threats and opportunities: supporting country readiness for an expanding toolbox
Maximizing People-centered Integrated Systems for Health	Empowering regional reference laboratories and national diagnostic networks
	Data
	Equitable access to quality health products through innovation, partnership, and promoting sustainable sourcing and supply chains at global, national and community levels (NextGen Market Shaping)
	Incentivizing RSSH quality and scale
	Effective community systems & responses (CS&R) contributing to improved health outcomes, equitable access to integrated people-centered quality services
Maximizing Health Equity, Gender Equality and Human	Community engagement
	Scaling up programs to remove human rights and gender related barriers
Mobilizing Increased Resources	Health Financing
End AIDS, TB, Malaria	Emergency Fund

Total funding per Catalytic Investment will depend on final outcomes of the 7th replenishment

Procurement Updates for Malaria Commodities

Update on delivery times

Challenges

- **Delayed shipments** due to lack of containers, port closures and/or vessels
  - Suppliers required to store commodities for longer periods (storage cost implications)
  - Full supplier warehouses can lead to production delays
- **Freight cost increases** as well as in-country transport cost increases put pressure on grant budgets
- **Fuel shortages** for in-country distribution

Lead times

https://www.theglobalfund.org/en/sourcing-management/health-products/

- ACTs ~7 months
- RDTs ~7-9 months
- SPAQ ~ 8 months
- Insecticides for IRS ~9 months
- Pyrethroid-only ITNs ~7 months
- Pyrethroid-PBO ITNs ~ 10 months
- Dual a.i. ITNs ~12 months but early enquiries vital

→ Despite Herculean efforts from NMPs/PRs, Supply Operations, suppliers, and CTs we are still seeing campaign delays due to delayed receipt of ITNs

Changes in commodity prices

Malaria Rapid Diagnostic Tests (RDTs)

- Prices of the most commonly procured malaria tests (***Pf*** **only) has decreased**, whilst the **reference prices of *Pf/Pv* and *Pf/*PAN tests have slightly increased**.

Antimalarial medicines: no reference price increase – some price decreases:

- Artemether/Lumefantrine 20/120mg 6 tablet dispersible 30 blister: 5% decrease
- Artemether/Lumefantrine 20/120mg 12 tablet dispersible 30 blister: 6% decrease
- Artesunate 60mg powder for solution for injection - 1 vial: 7% decrease
- AQ + S/P 153mg+500/25mg 3+1 tablet dispersible co-blistered 50 blister: 7% decrease

Insecticide-treated Nets (ITNs):

- **Pyrethroid-only ITNs have increased** by 6% on average (15 cents per net)
- **Pyrethroid-PBO ITNs have increased** by 7% on average (22 cents per net)

Insecticides for Indoor residual spraying (IRS):

- **Small increases for certain** products like pirimiphos-methyl (Actellic®) increased by 3%.
- *(note that insecticides in water-soluble sachets are currently unavailable due to quality concerns and therefore no longer included in the price list. These insecticides are available in non-soluble sachets)*

Changes in commodity prices (con't)

Links to detailed reference prices (all linked from the category sub-pages available from https://www.theglobalfund.org/en/sourcing-management/health-products/ or https://www.theglobalfund.org/en/covid-19/health-product-supply/)

- Malaria
  - Antimalarial Medicines
  - Insecticide Treated Nets
  - Indoor Residual Spraying
  - Rapid Diagnostic Tests

- Covid-19
  - Personal Protective Equipment - note overall price reductions of 16% in Q1 2022
  - Laboratory and health equipment – including sequencing equipment, X-ray, cold chain and waste management
  - Freight, Insurance, Quality Assurance/Quality Control Indicative Reference Costs
  - Procurement Services Agent Fees

Potential mitigating actions

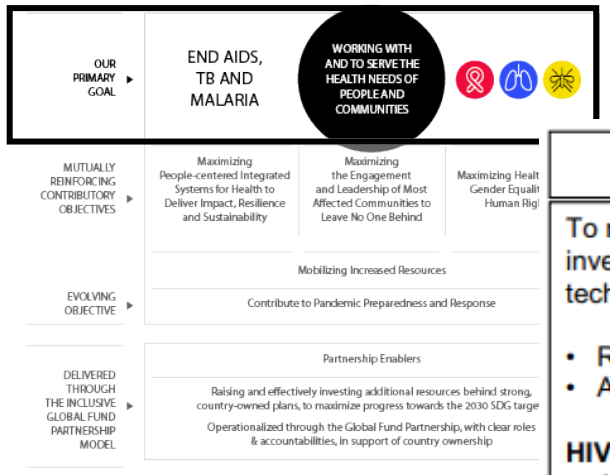
- **Increase in freight costs due to C19 can now be included in C19RM reprogramming**
- **Early procurement!** And even earlier flagging of interest if for Pyrethroid-PBO or dual a.i. nets.
- **Stagger shipments** of bulky items in smaller lots requiring fewer containers at once
- **Clarify delivery period** rather than only a delivery date
- Improve **communication/collaboration** between procurement service agent, freight forwarders and PRs
- Ensure any **waivers/port clearance bottlenecks** are addressed early
- **Re-evaluate in-country supply chain costs** early to identify any funding gaps
  - If related to C19 perturbations, discuss with your CT whether these gaps can be funded through C19RM reprogramming

Thank you!
Questions?

EXTRA SLIDES

The Global Fund Strategy Framework

Primary Goal



Under the primary goal, there are **sub-objectives** (bullet points) **that describe the specific areas focus needed to achieve this goal**.

End AIDS, TB and Malaria

To reach the ambitious SDG targets for HIV, TB and malaria, the Global Fund will support catalytic, people-centered HIV, TB and malaria (HTM) investments tailored to maximize impact, equity, quality and build sustainability according to local context, based on country-owned plans and aligned with technical partner guidance, including through:

- Redoubled focus on HTM incidence reduction
- Addressing structural barriers to HTM outcomes

HIV

- Accelerate access to and effective use of precision combination prevention, with behavioral, biomedical and structural components tailored to the needs of populations at high risk of HIV infection, especially key and vulnerable populations (KVP)
- Provide quality, people-centered diagnosis, treatment and care, to improve well-being for people living with HIV (PLHIV), prevent premature mortality and eliminate HIV transmission
- Advocate for and promote legislative, practice, program and policy changes to reduce HIV-related stigma, discrimination, criminalization, other barriers and inequities and uphold the rights of PLHIV and KVP

TB

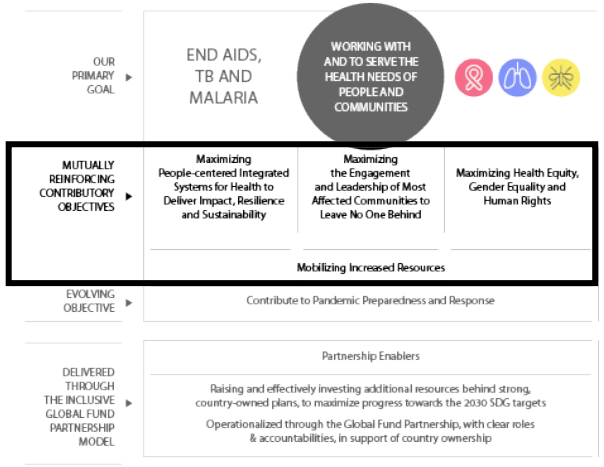
- Focus on finding and treating all people with DS-TB and DR-TB through equitable, people-centered approaches
- Scale up TB prevention with emphasis on TB preventive treatment and airborne infection prevention and control
- Improve the quality of TB services across the TB care cascade including management of comorbidities
- Adapt TB programming to respond to the evolving situation, including through rapid deployment of new tools and innovations
- Promote enabling environments, in collaboration with partners and affected communities, to reduce TB-related stigma, discrimination, human rights and gender-related barriers to care; and advance approaches to address catastrophic cost due to TB

Malaria

- Ensure optimal vector control coverage
- Expand equitable access to quality, early diagnosis and treatment of malaria, through health facilities, at community level and in the private sector
- Implement malaria interventions, tailored to sub-national level, using granular data and capacitating decision-making and action
- Drive toward elimination and facilitate prevention of reestablishment
- Accelerate reductions in malaria in high burden areas and achieve sub-regional elimination in select areas of sub-Saharan Africa to demonstrate the path to eradication

The Global Fund Strategy Framework

Mutually Reinforcing Contributory Objectives



Achievement of our primary goal will be underpinned by **4 mutually reinforcing contributory objectives** that must be concurrently and synergistically pursued to achieve our aims.

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 to:

- Deliver integrated, people-centered quality services
- Strengthen and reinforce community systems and community-led programming, integrated within national health and social systems
- Strengthen generation and use of quality, timely, transparent, and disaggregated digital and secure data at all levels, aligned with human rights principles
- Strengthen the ecosystem of quality supply chains to improve the end-to-end management of national health products and laboratory services
- NextGen market shaping focus on equitable access to quality health products through innovation, partnership, and promoting sustainable sourcing and supply chains at global, national and community levels
- As part of Global Fund efforts to strengthen country oversight of the overall health system, better engage and harness the private sector to improve the scale, quality and affordability of services wherever patients seek it
- Deepen partnerships between governments & non-public sector actors to enhance sustainability, transition-readiness and reach of services, including through social contracting

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 by:

- Accelerating the evolution of CCMs and community-led platforms to strengthen inclusive decision-making, oversight and evaluation throughout Global Fund-related processes
- Evolving Global Fund business processes, guidelines, tools and practices to support community-led organizations to deliver services and oversight, and to be engaged as providers of technical expertise
- Supporting community- and civil society-led advocacy to reinforce the prioritization of health investments and drive toward UHC
- Expanding partnerships with communities living with and affected by emerging and related health areas to support more inclusive, responsive and effective systems for health

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 by:

- Scaling up comprehensive programs and approaches to remove human rights and gender-related barriers across the portfolio
- Supporting comprehensive SRHR programs and their strengthened integration with HIV services for women in all their diversity and their partners
- Advancing youth-responsive programming, including for AGYW and young KVP and their partners
- Deploying quantitative and qualitative data to identify drivers of HTM inequity and inform targeted responses, including by gender, age, geography, income and for KVP
- Leveraging the Global Fund's diplomatic voice to challenge laws, policies and practices that limit impact on HTM

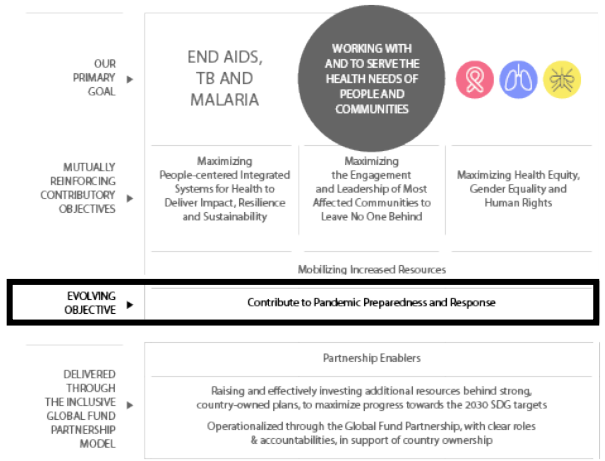
Mobilizing Increased Resources

To strengthen the scale, sustainability, efficiency and effectiveness of health financing for national and community responses the Global Fund will work across the partnership to:

- Increase international financial and programmatic resources for health from current and new public and private sources
- Catalyze domestic resource mobilization for health to meet the urgent health needs for SDG 3
- Strengthen focus on VfM to enhance economy, efficiency, effectiveness, equity & sustainability of Global Fund-supported country programs & systems for health
- Leverage blended finance and debt swaps to translate unprecedented levels of debt and borrowing into tangible health outcomes
- Support country health financing systems to improve sustainability, including reducing financial barriers to access and strengthening purchasing efficiency

The Global Fund Strategy Framework

Evolving Objective



We will contribute to building **pandemic preparedness** by supporting countries to strengthen the resilience of their systems for health and HTM programs.

Our work in **pandemic response** is well defined by our existing programs and C19RM.

The new Strategy **responds directly to the dramatic changes in the global health context** by introducing **an evolving objective on PPR**.

We will bring the Global Fund partnership's expertise and inclusive model to this global priority, alongside the important work with our partners.

Contribute to Pandemic Preparedness and Response (PPR)

Working collaboratively with actors across the global health architecture under an evolving objective, the Global Fund will leverage its core strengths and HIV, TB and malaria capacities and contributions to RSSH, community leadership and engagement, and equity, gender equality and human rights to build pandemic preparedness and response capabilities and contribute to resilient and sustainable systems for health.

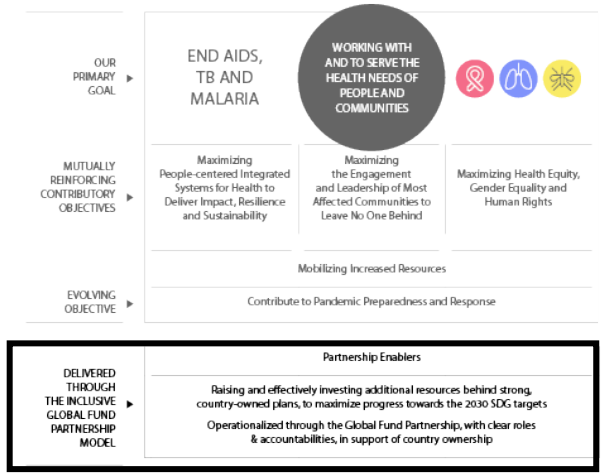
Approach

- Leveraging the Global Fund partnership model and principles to contribute to PPR, strengthen the resilience of HIV, TB and malaria programs and contribute to wider systems strengthening and resilience.

Focus

- Scaling up investments that build the resilience of HTM programs to current and future threats
- Building front-line capacity for detection and rapid response to epidemics and pandemics at facility and community levels
- Scaling up and integration of community systems capacity for detection and response
- Strengthening disease surveillance systems, including the use of real-time digital data and detection capacity
- Strengthening laboratory systems, supply chains and diagnostic capacity to meet HTM program demand and respond to outbreaks
- Addressing the threat of drug and insecticide resistance, and encouraging climate, environmentally-sensitive and One Health approaches
- Leveraging the Global Fund's platform to build solidarity for equitable, gender-responsive and human rights-based approaches
- Championing community and civil society leadership and participation in pandemic preparedness and response planning, decision-making and oversight

The Global Fund Strategy Framework
Partnership Enablers and M&E Framework



Partnership Enablers

- The Global Fund model is based on the **core principles of country ownership and partnership**.
- Achievement of the Strategy's goal and objectives depends on the collaboration of **all partners, working together, each with distinct, complementary roles and accountabilities**.
- These roles and accountabilities are **described in the Partnership Enablers** section of the Strategy.

Achievement of the Strategy's aims will be measured through a comprehensive and accountable M&E Framework,
including key performance indicators, as well as through global partner plans and the SDG 3 goals and targets.

Next Steps

- It is important for **all stakeholders** in the Global Fund partnership **to consider which changes they can make** to deliver our Strategy's goals and objectives – as guided by the roles and accountabilities in the Partnership Enablers section.

- The **Secretariat is also working to update relevant policies, guidelines, materials and tools** for the next cycle of grants.

- We look forward to **working together to achieve our vision** of a world free of the burden of AIDS, TB and malaria with better, equitable health for all.

Resources

- Global Fund Strategy (2023-2028): عربي | English | Español | Français | Português | Русский
- Executive Summary: English | Español | Français | Italiano |日本語| Português | Русский | Deutsch | عربي | 中文
- Strategy Framework: عربي | English | Español | Français | Português | Русский
- For more information please see: https://www.theglobalfund.org/en/strategy/

Fonds Mondial:

Aperçu du prochain cycle d'allocation

Planification des produits

C19RM

Reunion Annuelle des Programmes Palu d’Afrique Central et des Partenaires, Brazzaville

9-12 Aout, 2022

Contexte : Stratégie du Fonds mondial

Nos progrès

A partir de fin 2020 :

44 millions vies sauvées

21.9 million personnes sous traitement antirétroviral contre le VIH en 2020

4.7 million de personnes atteintes de tuberculose traitées en 2020

188 million moustiquaires distribuées en 2020

$3.3 billion approuvé pour >100 pays pour combattre le COVID-19 (à partir de fin 2021)

Où nous sommes maintenant

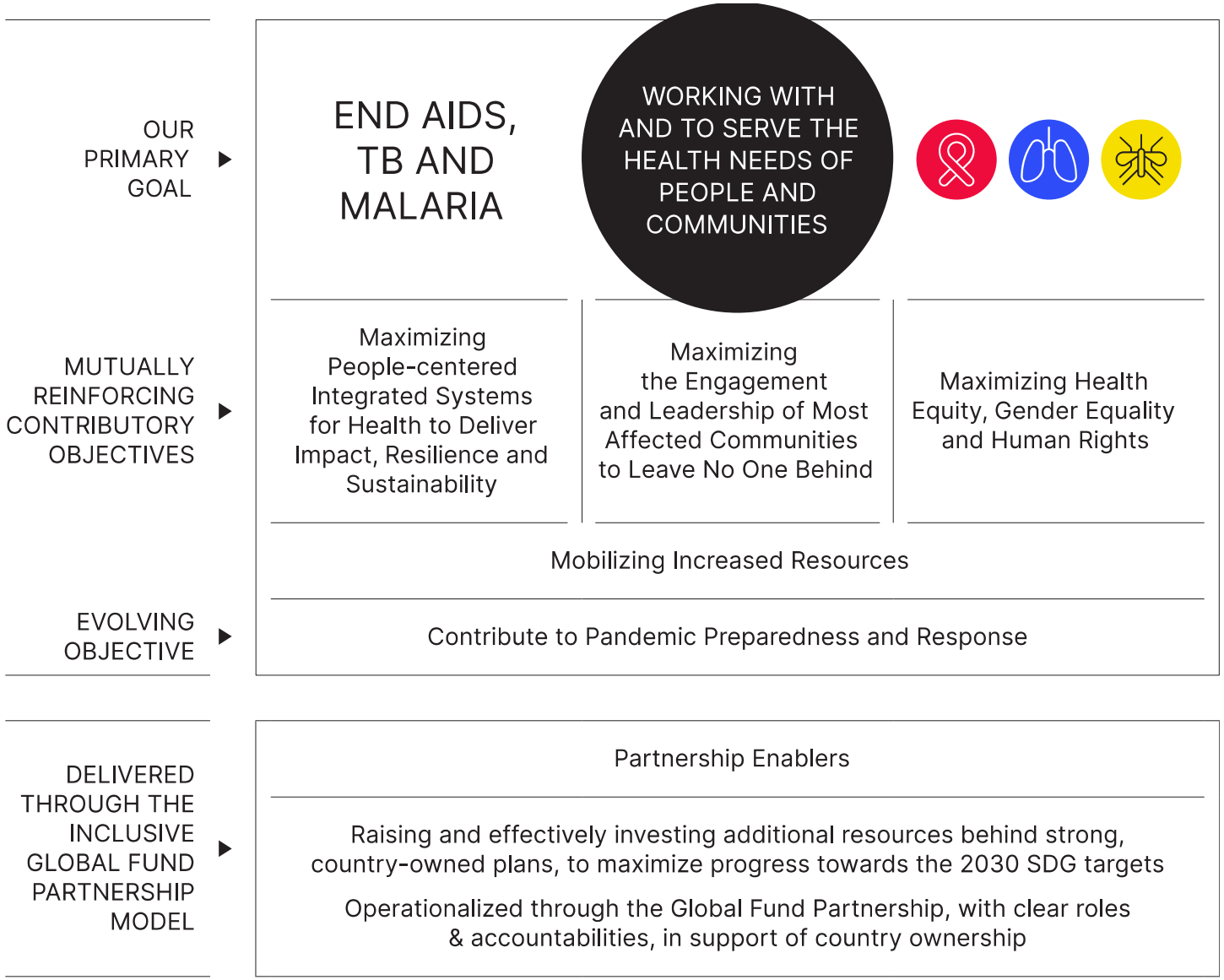
Nous ne sommes pas sur la bonne voie pour atteindre les cibles de l'objectif de développement durable 3 (ODD).

3 GOOD HEALTH AND WELL-BEING

Notre avenir

Nouvelle stratégie du Fonds mondial pour accélérer l'impact à l'horizon 2030.

Le cadre stratégique du Fonds mondial

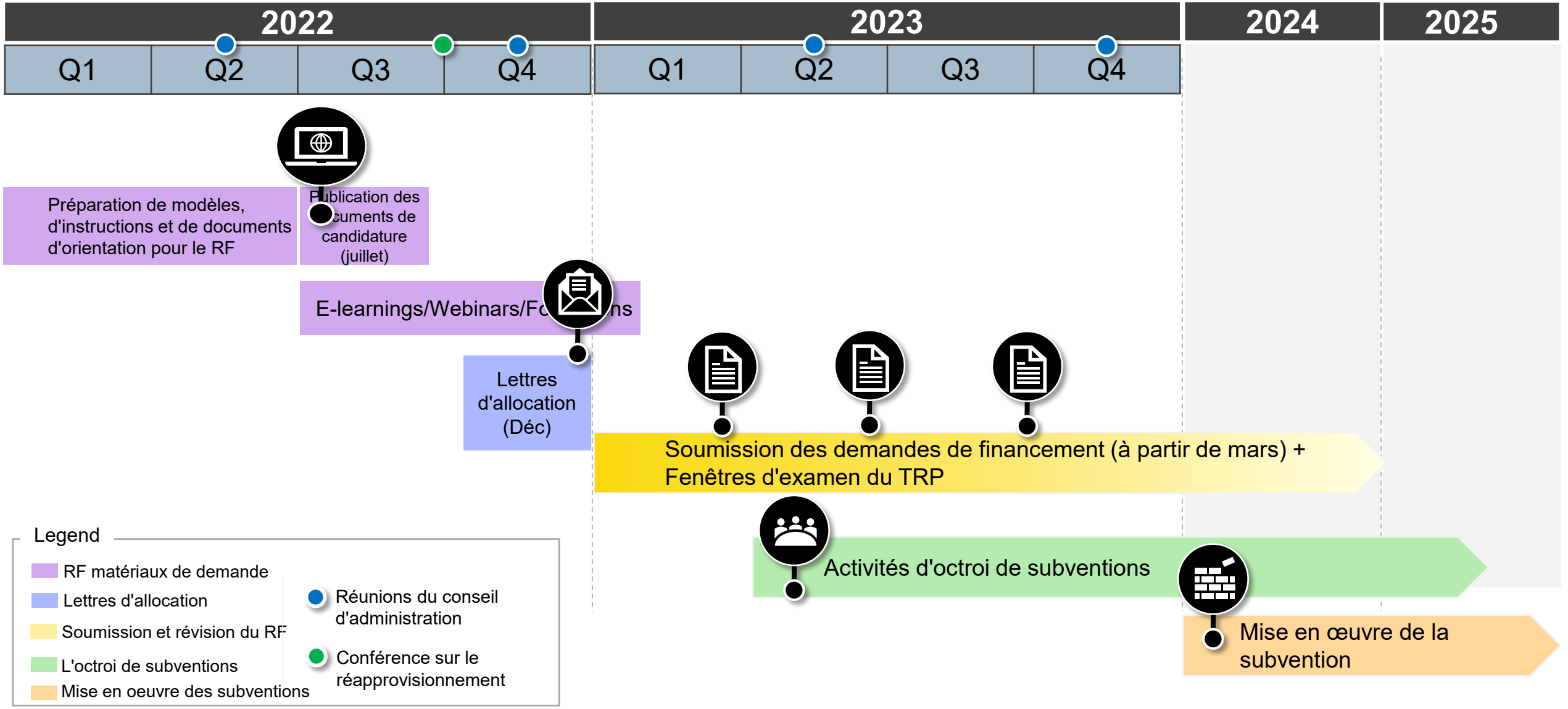


- L'objectif principal de la stratégie est de mettre fin au SIDA, à la tuberculose et au paludisme.
- Les personnes et les communautés sont au cœur de notre stratégie.
- La réalisation de l'objectif principal est soutenue par quatre objectifs contributifs se renforçant mutuellement et un objectif évolutif.
- Les catalyseurs du partenariat décrivent les rôles et les responsabilités de toutes les parties prenantes.

Qu'est-ce qui est différent dans cette nouvelle stratégie ?

1	Dans les trois maladies, l'accent est mis sur la prévention.
2	Une plus grande importance accordée aux services intégrés et centrés sur les personnes.
3	Une approche plus systématique pour soutenir le développement et l'intégration des systèmes communautaires pour la santé.
4	Un rôle et une voix plus forts pour les communautés vivant avec et affectées par les maladies.
5	Intensification des actions visant à lutter contre les inégalités, les droits de l'homme et les obstacles liés au genre.
6	Un accent accru sur la durabilité programmatique et financière.
7	Mettre davantage l'accent sur l'accélération du déploiement et de l'accès équitables aux innovations.
8	Une plus grande importance accordée aux décisions fondées sur les données.
9	Reconnaissance explicite du rôle que le partenariat du FM peut et doit jouer dans la préparation et la réponse aux pandémies.
10	Clarté sur les rôles et les responsabilités des partenaires du Fonds mondial dans tous les aspects de la stratégie.

Calendrier du cycle de financement 2023-2025



Aperçu : Prochaine note d'information sur le paludisme

Objectif :

- Complète les orientations normatives pour aider à la préparation du RF
- Recommandations sur les interventions prioritaires et les investissements stratégiques alignés sur les PSN pour obtenir un impact.
- Inclut les considérations du FM concernant les éléments essentiels du programme, les achats et autres exigences.

Aperçu:

- **Approche d'investissement**
- **Interventions classées par ordre de priorité**
- **Prise de décision fondée sur des données probantes**
- **Prévention**
- **Gestion de cas**
- **Élimination**
- **Domaines transversaux**

Ressources supplémentaires : Prochains webinaires, apprentissage en ligne et notes d'information supplémentaires pour RSS, VfM, HRG Palu.

Objectifs de la stratégie de lutte contre le paludisme 2023-2028

1. Mettre en œuvre des interventions contre le paludisme, adaptées au niveau infranational, en utilisant des données granulaires et en renforçant les capacités de prise de décision et d'action.

2. Assurer une couverture optimale et efficace de la lutte antivectorielle

3. Optimiser la chimioprévention

4. Étendre l'accès équitable à un diagnostic précoce et à un traitement de qualité du paludisme, par le canal des établissements de santé, secteur publique, au niveau communautaire et dans le secteur privé, avec des rapports précis.

5. Progresser vers l'élimination et faciliter la prévention de la réapparition du paludisme.

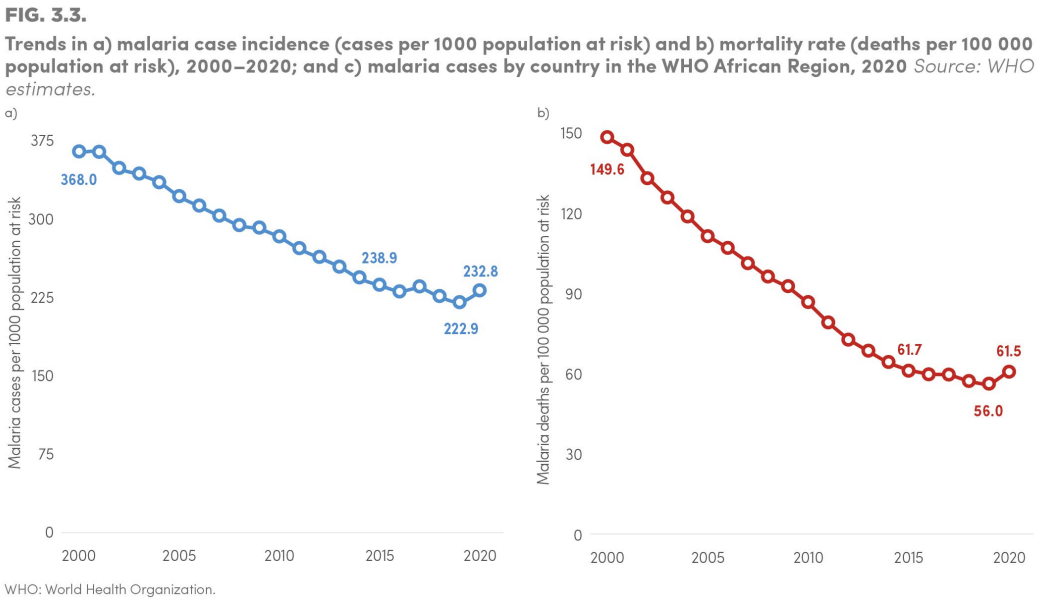


FIG. 3.3.
Trends in a) malaria case incidence (cases per 1000 population at risk) and b) mortality rate (deaths per 100 000 population at risk), 2000–2020; and c) malaria cases by country in the WHO African Region, 2020 *Source: WHO estimates.*

WHO: World Health Organization.

WMR 2021 : Réduction observée du nombre global de cas et de décès entre 2000 et 2017, stagnation jusqu'en 2019 et augmentation dans le contexte de la pandémie de COVID-19 et de la perturbation des services de lutte contre le paludisme.

Sur quoi les programmes nationaux devraient-ils travailler maintenant en vue de la NFM4 ?

- Définir les principales parties prenantes, les plans et les calendriers pour le dialogue national - envisager un engagement précoce avec le RSS et les parties prenantes de la communauté pour assurer leur soutien et leur participation.
- Assurer la liaison avec la ICN/CCM sur le calendrier des discussions clés, y compris les élections de la ICN/CCM.
- Examiner toutes les recommandations du TRP non traitées.
- Établir le calendrier et le soutien nécessaires pour les processus de stratégie et de révision (ex. RPP, mises à jour du PSN).Réfléchir au soutien supplémentaire qui pourrait être nécessaire pour une demande de financement PSN (a la adaptation infranational (AI)) et FM.
- Commencez votre analyse des lacunes programmatiques
  - Veillez à ce qu'elle soit prête pour les discussions sur le partage du programme
  - Mettez en évidence tous les produits nécessaires pour la NFM4 qui pourraient devoir être achetés dans la NFM3 (en tenant compte notamment des délais d'approvisionnement plus longs) et informez vos EPs/CTs de ces besoins.
- Réfléchissez aux dispositions de mise en œuvre et à toute révision potentiellement nécessaire (à discuter avec les EPs/CTs).

1. Mettre en œuvre des interventions contre le paludisme, adaptées au niveau infranational, en utilisant des données granulaires et en renforçant la capacité de prise de décision et d'action.

Utilisation de données locales et d'informations contextuelles pour déterminer la combinaison appropriée d'interventions et de stratégies de mise en œuvre afin d'obtenir un impact optimal sur la transmission et la charge de morbidité dans une zone donnée, telle qu'un district, un centre de santé ou un village.

Activités suggérées pour se préparer :

- Dresser la carte des révisions nécessaires, du PSN, etc. et des calendriers.
- Réfléchir au personnel et à l'équipement nécessaires pour les référentiels de données sur le paludisme (EDP), la collecte et l'analyse des données, les évaluations rétroactives, les revues de programme, le PSN, la stratification, la AI/SNT, NFM4 RF.....
- Envisager d'embaucher un spécialiste/gestionnaire de données et un analyste de données au sein de l'équipe des PME, au moins jusqu'à l'octroi de la subvention (idéalement plus longtemps).
- Identifier les lacunes critiques dans ce qui précède et demander le soutien du FM et des partenaires dès que possible.
- Mettre en évidence tout goulot d'étranglement potentiel prévu entre maintenant et le développement du FR (pour le soutien de la EP/CT/des partenaires).

Nous ne nous attendons PAS à ce que chaque pays dispose d'un plan AI/SNT complet d'ici NFM4 RF - nous voulons être en mesure de comprendre quelles sont les données dont ils disposent, comment ils les utilisent, comment nous pouvons les aider à mieux les utiliser, etc. afin qu'au final tous les pays puissent disposer d'une stratégie AI/SNT de qualité et la rendre opérationnelle.

2. Assurer une couverture optimale et efficace de la lutte antivectorielle

Promouvoir la prise de décision fondée sur des données probantes, en faisant varier la sous-nationalité le cas échéant, pour le choix du type d'intervention et de la classe de produits, du modèle de prestation et de la fréquence ; en s'attachant à garantir une couverture élevée et durable des outils efficaces parmi les populations à risque

Activités suggérées pour se préparer :

- Assurez-vous de disposer de données actualisées, ou de plans pour les collecter, au niveau infranational dans la mesure du possible : ento (y compris la résistance aux insecticides) ; couverture PID/MII ; durabilité, attrition et utilisation des MII.
- Ces données - combinées aux données épidémiologiques et aux considérations opérationnelles - seront essentielles pour déterminer les plans concernant:
  - le type d'intervention approprié (PID ou MII) par zone infranationale
  - dans le cas des MII, la classe de produits, le modèle de distribution et la fréquence appropriés, en fonction de la situation sous-nationale.
  - Avec de nombreux endroits confrontés à la résistance aux pyréthrinoïdes et des données montrant une durabilité des MII <3y ; les programmes devront considérer à la fois le nombre approprié de moustiquaires et le type approprié de moustiquaires. La variation de l'approche au niveau sous-national sera probablement essentielle pour trouver le bon équilibre.
- Commencez à planifier les campagnes 2023 et à identifier les besoins en assistance technique dès que possible.
- Si des commandes n'ont pas encore été passées pour 2023 (MII et PID) - les passer dès que possible.
- Signalez au EP/CT tout besoin de produits de base pour 2024 qui pourrait nécessiter une précommande (quantité, produits, délais de livraison) et travaillez avec les equipes palu et logistique du FM pour traiter les goulets d'étranglement de la transition NFM3/4.
- Signaler tout besoin d'assistance technique (aux partenaires et à la EP/CT)

3. **Optimiser la chimioprévention**

Soutenir la sélection d'interventions fondées sur des données et les modalités de mise en œuvre

Nouvelles recommandations de l'OMS : âge/localisation des CPS ; chimioprévention du paludisme pérenne ; TIPc ; TIP etudiant scolaire ; vaccin antipaludéen.

Activités suggérées pour se préparer :

- Explorer/comprendre les nouvelles orientations de l'OMS pour voir ce qui peut être pertinent et faisable dans le contexte de votre pays.
- Tenir compte des variations infranationales dans le pays pour adapter les interventions, la mise en œuvre, etc.
- S'assurer que les campagnes 2022/3 sont planifiées et déployées de manière adéquate.
- Travailler avec les equipes du palu et logistique du FM sur la commande préalable de médicaments pour les campagnes de 2024 afin de résoudre le problème de la transition vers les NFM3/4.
- Prendre note de la nouvelle recommandation de l'OMS sur le RTSS, mais le FM ne finance pas l'achat de vaccins pour le moment, se référer aux directives de l'OMS/GAVI.

4. Élargir l'accès équitable à un diagnostic précoce et à un traitement de qualité du paludisme, par des établissements de santé publics, au niveau communautaire et dans le secteur privé, y compris l'établissement de rapports précis.

Activités suggérées pour se préparer :

- Évaluer les stocks de produits compte tenu de tout changement dans la consommation et de l'allongement des délais - signaler tout manque à venir et ajuster le stock de reserve le cas échéant.
- Assurer des stocks de reserve suffisants pour couvrir la transition NFM3/4 - en tenant compte des délais plus longs.
- Analyser l'accès aux soins/la recherche de soins (et les obstacles) pour alimenter les futurs plans d'intensification, ex. Évaluation des obstacles à l'accès, développement de la stratégie du secteur privé, géoréférencement, etc.
- Veiller à inclure les réfugiés, les personnes déplacées et les populations mobiles dans la quantification et la stratégie.
- Planifier le développement d'une stratégie pour le secteur privé (qui inclut les tests parasitologiques).
- Analyser les mesures de la qualité des soins afin de développer des approches ciblées pour une amélioration continue de la qualité.
- Engager dès maintenant les SSP, la santé communautaire et d'autres parties prenantes du RSS pour assurer la coordination des priorités d'extension et d'amélioration de la qualité de la NFM4.
- Commencer à envisager des stratégies d'atténuation de la résistance aux antipaludiques (en attendant les directives de l'OMS) et envisager des enquêtes sur la délétion du gène PfHRP2/3 si ce n'est pas déjà fait.

5. Favoriser l'élimination et faciliter la prévention de la réintroduction du paludisme.

Activités suggérées pour se préparer :

- Continuer à cibler au niveau sous-national pour réduire les points chauds/foyers.
- Envisager des possibilités de synergie pour la surveillance des maladies fébriles aiguës (paludisme, Covid 19, VIH, tuberculose).
- Réfléchir à la manière d'aborder les populations difficiles à atteindre, les populations mobiles et migrantes et les populations déplacées de force.
- Définir le plaidoyer nécessaire à l'augmentation du financement national
- Continuer à se concentrer sur l'amélioration et l'optimisation de la lutte antivectorielle et de la gestion des cas, sur le renforcement de la capacité de surveillance pour détecter, caractériser et suivre tous les cas, sur l'accélération de la réduction de la transmission et sur la prévention du rétablissement du paludisme.

Considérations transversales

- Leadership et engagement communautaires
- Équité, égalité des sexes et droits de l'homme
- Changement social et comportemental
- Préparation et réponse aux pandémies
- Environnement et changement climatique
- Paludisme urbain
- Environnements opérationnels difficiles (COE)
- Urgences liées au paludisme
- Gestion du programme
- Durabilité de la réponse au paludisme

Investissements catalytiques pour l'allocation 2023-2025

Spécifique au paludisme (jaune) et transversal (vert)

Éliminer le paludisme	Les menaces biologiques dans la gestion des cas de paludisme en Afrique
	E2030 : S'orienter vers l'élimination et faciliter la prévention de la réintroduction.
	Élimination du paludisme en Afrique australe
	Initiative sur la résistance à l'artémisinine (RAI)
	Coordination régionale et assistance technique ciblée
	Faire face aux menaces et aux opportunités du contrôle des vecteurs : soutenir la préparation des pays à une boîte à outils en expansion

Renforcer les laboratoires de référence régionaux et les réseaux de diagnostic nationaux
Données
Accès équitable à des produits de santé de qualité grâce à l'innovation, au partenariat et à la promotion de chaînes d'approvisionnement durables aux niveaux mondial, national et communautaire (NextGen Market Shaping)
Encourager la qualité et l'échelle du RSS
Améliorer les systèmes et les réponses communautaires contribuant à l'amélioration des résultats en matière de santé et à l'accès équitable à des services de qualité intégrés et centrés sur les personnes.
Engagement communautaire
Mise à l'échelle des programmes afin de supprimer les obstacles liés aux droits de l'homme et au genre.
Financement de la santé
Fonds d'urgence

Le financement total par investissement catalytique dépendra des résultats finaux de la 7e reconstitution des ressources.

Mise à jour de la passation pour les produits de lutte contre le paludisme

Mise à jour des délais de livraison

Défis:

- **Livraisons retardées** en raison du manque de conteneurs, de la fermeture des ports et/ou des navires.
  - Les fournisseurs doivent stocker les marchandises pendant de plus longues périodes (coûts de stockage).
  - Les entrepôts pleins des fournisseurs peuvent entraîner des retards de production
- **L'augmentation du coût du fret et du transport** à l'intérieur du pays pèse sur les budgets des subventions.
- La **pénurie d'essence** dans plusieurs pays

Les temps de livraison

https://www.theglobalfund.org/en/sourcing-management/health-products/

- TCAs ~7 mois
- TDRs ~7-9 mois
- SPAQ ~ 8 mois
- Insecticides pour PID ~9 mois
- Pyrethroid MII ~7 mois
- Pyrethroid-PBO MII ~ 10 mois
- Dual a.i. MII ~12 mois mais des enquêtes précoces sont indispensables

→ Malgré les efforts herculéens des PNLP/RP, du service des approvisionnements, des fournisseurs et des EP/CT, nous constatons toujours des retards dans les campagnes en raison de la réception tardive des MII.

Changements dans les prix des produits

Tests de diagnostic rapide du paludisme (TDR):

- Les prix des tests de paludisme les plus couramment achetés (Pf uniquement) ont diminué, tandis que les prix de référence des tests Pf/Pv et Pf/PAN ont légèrement augmenté.

Médicaments antipaludiques : pas d'augmentation du prix de référence - quelques baisses de prix:

- Artemether/Lumefantrine 20/120mg 6 comprimés dispersibles 30 blister : Diminution de 5%.
- Artemether/Lumefantrine 20/120mg 12 comprimés dispersibles 30 blister : 6% de diminution
- Artesunate 60mg poudre pour solution injectable - 1 flacon : 7% de reduction
- AQ + S/P 153mg+500/25mg 3+1 comprimés dispersibles co-blister de 50 : 7% de réduction

Moustiquaires imprégnées d'insecticide (MII):

- Les MII pyréthrinoïdes ont augmenté de 6% en moyenne (15 cents par moustiquaire)
- Les MII pyréthrinoïdes-PBO ont augmenté de 7 % en moyenne (22 cents par moustiquaire).

Insecticides pour la pulvérisation résiduelle à l'intérieur (PID):

- Légères augmentations pour certains produits comme le pirimiphos-méthyl (Actellic®) qui a augmenté de 3%.
- (Notez que les insecticides en sachets hydrosolubles sont actuellement indisponibles pour des raisons de qualité et ne figurent donc plus dans la liste de prix. Ces insecticides sont disponibles en sachets non solubles)

Changements dans les prix des produits (cont)

Liens vers des prix de référence détaillés (tous liés aux sous-pages de la catégorie disponibles à partir de https://www.theglobalfund.org/en/sourcing-management/health-products/ ou https://www.theglobalfund.org/en/covid-19/health-product-supply/)

- Paludisme
  - Antimalarial Medicines (medicaments)
  - Insecticide Treated Nets (MII)
  - Indoor Residual Spraying (PID)
  - Rapid Diagnostic Tests (TDR)

- Covid-19
  - Personal Protective Equipment - (EPP) noter des réductions de prix globales de 16% au 1er trimestre 2022
  - Laboratory and health equipment – (equipment laboratoire et sante) y compris les équipements de séquençage, les rayons X, la chaîne du froid et la gestion des déchets. sequencing equipment, X-ray, cold chain and waste management
  - Freight, Insurance, Quality Assurance/Quality Control Indicative Reference Costs (fret et assurance qualité)
  - Procurement Services Agent Fees (honoraires des agents de services d'approvisionnement)

Mesures de mitigation potentielles

- **L'augmentation des coûts de fret due au C19 peut maintenant être incluse dans la reprogrammation du C19RM**
- Achat précoce ! Et signalement encore plus précoce de l'intérêt s'il s'agit de Pyréthroïde-PBO ou de moustiquaires à double action/nouvelle génération.
- Échelonner les expéditions d'articles volumineux en lots plus petits nécessitant moins de conteneurs en une fois
- Clarifier la période de livraison plutôt que de se limiter à une date de livraison.
- Améliorer la communication/collaboration entre l'agent du service des achats, les transitaires et les RP.
- S'assurer que les dérogations et les goulots d'étranglement en matière de dédouanement sont traités rapidement.
- Réévaluer rapidement les coûts de la chaîne d'approvisionnement dans le pays afin d'identifier les éventuels déficits de financement.
  - Si cela est lié aux perturbations du C19, discutez avec votre EP/CT pour savoir si ces lacunes peuvent être financées par la reprogrammation du C19RM.

Merci!
Des questions?

EXTRA SLIDES

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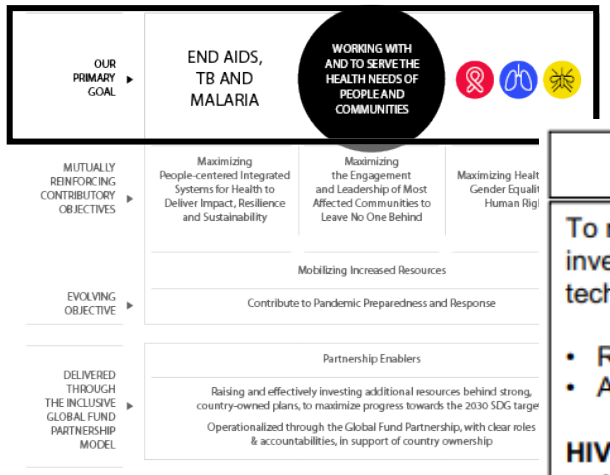
Primary Goal



Under the primary goal, there are **sub-objectives** (bullet points) **that describe the specific areas focus needed to achieve this goal**.

End AIDS, TB and Malaria

To reach the ambitious SDG targets for HIV, TB and malaria, the Global Fund will support catalytic, people-centered HIV, TB and malaria (HTM) investments tailored to maximize impact, equity, quality and build sustainability according to local context, based on country-owned plans and aligned with technical partner guidance, including through:

- Redoubled focus on HTM incidence reduction
- Addressing structural barriers to HTM outcomes

HIV

- Accelerate access to and effective use of precision combination prevention, with behavioral, biomedical and structural components tailored to the needs of populations at high risk of HIV infection, especially key and vulnerable populations (KVP)
- Provide quality, people-centered diagnosis, treatment and care, to improve well-being for people living with HIV (PLHIV), prevent premature mortality and eliminate HIV transmission
- Advocate for and promote legislative, practice, program and policy changes to reduce HIV-related stigma, discrimination, criminalization, other barriers and inequities and uphold the rights of PLHIV and KVP

TB

- Focus on finding and treating all people with DS-TB and DR-TB through equitable, people-centered approaches
- Scale up TB prevention with emphasis on TB preventive treatment and airborne infection prevention and control
- Improve the quality of TB services across the TB care cascade including management of comorbidities
- Adapt TB programming to respond to the evolving situation, including through rapid deployment of new tools and innovations
- Promote enabling environments, in collaboration with partners and affected communities, to reduce TB-related stigma, discrimination, human rights and gender-related barriers to care; and advance approaches to address catastrophic cost due to TB

Malaria

- Ensure optimal vector control coverage
- Expand equitable access to quality, early diagnosis and treatment of malaria, through health facilities, at community level and in the private sector
- Implement malaria interventions, tailored to sub-national level, using granular data and capacitating decision-making and action
- Drive toward elimination and facilitate prevention of reestablishment
- Accelerate reductions in malaria in high burden areas and achieve sub-regional elimination in select areas of sub-Saharan Africa to demonstrate the path to eradication

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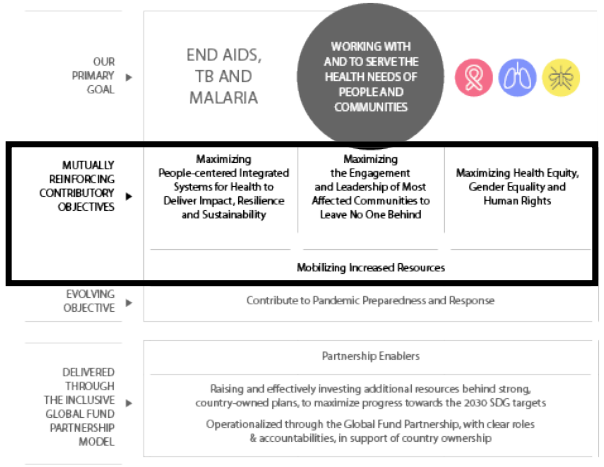
Mutually Reinforcing Contributory Objectives



Achievement of our primary goal will be underpinned by **4 mutually reinforcing contributory objectives** that must be concurrently and synergistically pursued to achieve our aims.

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 to:

- Deliver integrated, people-centered quality services
- Strengthen and reinforce community systems and community-led programming, integrated within national health and social systems
- Strengthen generation and use of quality, timely, transparent, and disaggregated digital and secure data at all levels, aligned with human rights principles
- Strengthen the ecosystem of quality supply chains to improve the end-to-end management of national health products and laboratory services
- NextGen market shaping focus on equitable access to quality health products through innovation, partnership, and promoting sustainable sourcing and supply chains at global, national and community levels
- As part of Global Fund efforts to strengthen country oversight of the overall health system, better engage and harness the private sector to improve the scale, quality and affordability of services wherever patients seek it
- Deepen partnerships between governments & non-public sector actors to enhance sustainability, transition-readiness and reach of services, including through social contracting

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 by:

- Accelerating the evolution of CCMs and community-led platforms to strengthen inclusive decision-making, oversight and evaluation throughout Global Fund-related processes
- Evolving Global Fund business processes, guidelines, tools and practices to support community-led organizations to deliver services and oversight, and to be engaged as providers of technical expertise
- Supporting community- and civil society-led advocacy to reinforce the prioritization of health investments and drive toward UHC
- Expanding partnerships with communities living with and affected by emerging and related health areas to support more inclusive, responsive and effective systems for health

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 by:

- Scaling up comprehensive programs and approaches to remove human rights and gender-related barriers across the portfolio
- Supporting comprehensive SRHR programs and their strengthened integration with HIV services for women in all their diversity and their partners
- Advancing youth-responsive programming, including for AGYW and young KVP and their partners
- Deploying quantitative and qualitative data to identify drivers of HTM inequity and inform targeted responses, including by gender, age, geography, income and for KVP
- Leveraging the Global Fund's diplomatic voice to challenge laws, policies and practices that limit impact on HTM

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 to:

- Increase international financial and programmatic resources for health from current and new public and private sources
- Catalyze domestic resource mobilization for health to meet the urgent health needs for SDG 3
- Strengthen focus on VfM to enhance economy, efficiency, effectiveness, equity & sustainability of Global Fund-supported country programs & systems for health
- Leverage blended finance and debt swaps to translate unprecedented levels of debt and borrowing into tangible health outcomes
- Support country health financing systems to improve sustainability, including reducing financial barriers to access and strengthening purchasing efficiency

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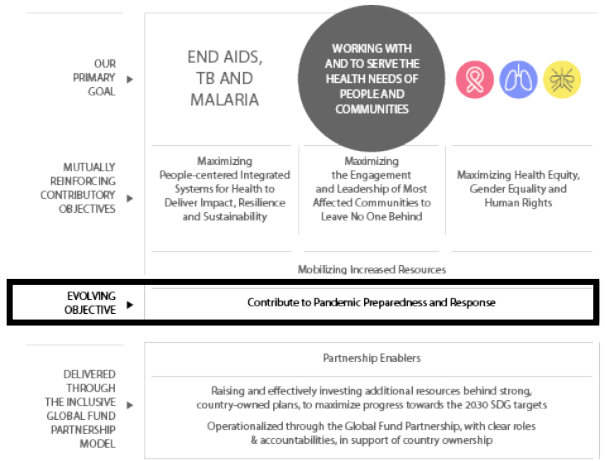
Evolving Objective



We will contribute to building **pandemic preparedness** by supporting countries to strengthen the resilience of their systems for health and HTM programs.

Our work in **pandemic response** is well defined by our existing programs and C19RM.

The new Strategy **responds directly to the dramatic changes in the global health context** by introducing **an evolving objective on PPR**.

We will bring the Global Fund partnership's expertise and inclusive model to this global priority, alongside the important work with our partners.

Contribute to Pandemic Preparedness and Response (PPR)

Working collaboratively with actors across the global health architecture under an evolving objective, the Global Fund will leverage its core strengths and HIV, TB and malaria capacities and contributions to RSSH, community leadership and engagement, and equity, gender equality and human rights to build pandemic preparedness and response capabilities and contribute to resilient and sustainable systems for health.

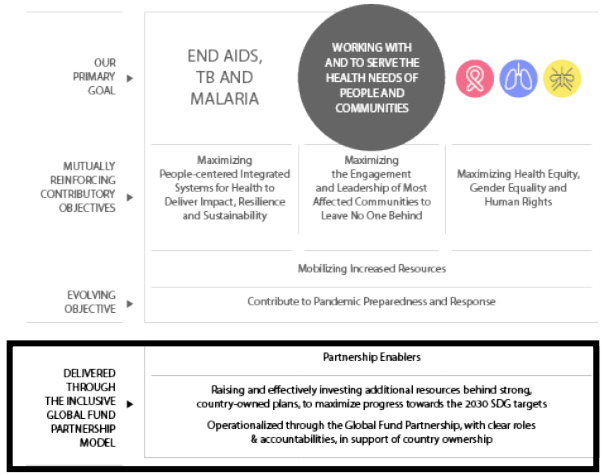
Approach

- Leveraging the Global Fund partnership model and principles to contribute to PPR, strengthen the resilience of HIV, TB and malaria programs and contribute to wider systems strengthening and resilience.

Focus

- Scaling up investments that build the resilience of HTM programs to current and future threats
- Building front-line capacity for detection and rapid response to epidemics and pandemics at facility and community levels
- Scaling up and integration of community systems capacity for detection and response
- Strengthening disease surveillance systems, including the use of real-time digital data and detection capacity
- Strengthening laboratory systems, supply chains and diagnostic capacity to meet HTM program demand and respond to outbreaks
- Addressing the threat of drug and insecticide resistance, and encouraging climate, environmentally-sensitive and One Health approaches
- Leveraging the Global Fund's platform to build solidarity for equitable, gender-responsive and human rights-based approaches
- Championing community and civil society leadership and participation in pandemic preparedness and response planning, decision-making and oversight

The Global Fund Strategy Framework
Partnership Enablers and M&E Framework



Partnership Enablers

- The Global Fund model is based on the **core principles of country ownership and partnership**.
- Achievement of the Strategy's goal and objectives depends on the collaboration of **all partners, working together, each with distinct, complementary roles and accountabilities**.
- These roles and accountabilities are **described in the Partnership Enablers** section of the Strategy.

Achievement of the Strategy's aims will be measured through a comprehensive and accountable M&E Framework,
including key performance indicators, as well as through global partner plans and the SDG 3 goals and targets.

Next Steps

- It is important for **all stakeholders** in the Global Fund partnership **to consider which changes they can make** to deliver our Strategy's goals and objectives – as guided by the roles and accountabilities in the Partnership Enablers section.

- The **Secretariat is also working to update relevant policies, guidelines, materials and tools** for the next cycle of grants.

- We look forward to **working together to achieve our vision** of a world free of the burden of AIDS, TB and malaria with better, equitable health for all.

Resources

- Global Fund Strategy (2023-2028): عربي | English | Español | Français | Português | Русский
- Executive Summary: English | Español | Français | Italiano |日本語| Português | Русский | Deutsch | عربي | 中文
- Strategy Framework: عربي | English | Español | Français | Português | Русский
- For more information please see: https://www.theglobalfund.org/en/strategy/

RBM Partnership To End Malaria

Objectifs et résultats

Réunion annuelle des programmes nationaux de lutte contre le paludisme et des partenaires d'Afrique centrale, Congo, Brazzaville, 09-12 août 2022

Réunion annuelle des programmes nationaux de lutte contre le paludisme et des partenaires d'Afrique centrale

- C'est une réunion de 4 jours
- Rencontre hybride (virtuelle et en personne)
- Participants
    - Tous les pays de la région de l'Afrique centrale
    - REC
    - Les partenaires

Objectifs spécifiques

- Engager les programmes nationaux de lutte contre le paludisme et les partenaires pour examiner les progrès, identifier les goulots d'étranglement et les défis de la mise en œuvre des programmes de lutte contre le paludisme, partager les meilleures pratiques et proposer des solutions dans le contexte de COVID-19 ;
- Suivre les progrès et les leçons apprises dans le processus de mise en œuvre de l'approche High Burden to High Impact, et des campagnes à l'échelle continentale telles que Zéro paludisme commence avec moi ;
- Suivre l'impact de COVID-19 et l'état de la disponibilité et de la préparation des produits pour 2022 ;
- Mise à jour sur les derniers développements en matière de paludisme ;

Objectifs spécifiques

- Mettre à jour l'analyse des écarts programmatiques et financiers spécifiques au pays qui servira d'outil pour la mobilisation de ressources supplémentaires, y compris l'optimisation du portefeuille ;
- Identifier et hiérarchiser les goulots d'étranglement de la mise en œuvre du programme de lutte contre le paludisme pour le soutien technique en 2022/2023 ;
- Orientation sur le prochain cycle de planification et de soutien des candidatures au Fonds mondial.
- Orienter les Programmes Nationaux de Lutte contre le Paludisme, les partenaires, les CCM et les OSC sur les droits communautaires et l'approche genre et l'outil de matchbox du paludisme ;

Methodology

- Mises à jour techniques de RBM et des partenaires
- Présentations et discussions par pays
- Mises à jour sur le prochain cycle de candidature au Fonds mondial
- Sessions plénières générales
- Planification des besoins d'assistance technique pour 2022 et 2023
- Séances ciblées et suivis individuels
- Orientation/formation sur la Communauté, les Droits et le Genre/Malaria Matchbox

Résultats

- Expériences d'apprentissage entre pairs et meilleures pratiques partagées
- Mise à jour sur les nouveaux développements et les orientations politiques concernant les interventions, les pratiques, etc. contre le paludisme
- Mise à jour sur la direction et les attentes pour le prochain cycle de candidature au Fonds mondial qui commence en 2023
- Identifié les besoins d'assistance technique pour 2022 et 2023 et hiérarchisé ceux à compléter en 2022
- Orienté sur la Communauté, les Droits et le Genre/Malaria Matchbox et sur la manière d'intégrer cet aspect dans vos plans

RBM Partnership
To End Malaria

Merci

RBM Partnership To End Malaria

Objectives and Outcomes

Southern Africa National Malaria Programmes and Partners Annual Meeting
Senegal, Dakar, 26-29 July 2022

Western Africa National Malaria Programmes and Partners Annual Meeting

- It is a 4 days meeting
- Hybrid meeting (virtual and in person)
- Participants
    - All Countries in Western Africa region
    - REC
    - Partners

Specific Objectives

- Engage the National Malaria Programmes and partners to review the progress, identify malaria programme implementation bottlenecks, challenges, share best practices and propose solutions in the context of COVID-19;
- Track progress and lessons learned in the process of the implementation of High Burden to High Impact approach, and continental wide campaigns such as Zero malaria starts with me;
- Track the impact of COVID-19 and the status of commodities availability and preparedness for 2022;
- Update on the latest developments in malaria;

Specific Objectives

- Update the country specific programmatic and financial gap analysis which will serve as tool for additional resource mobilisation including portfolio optimisation;
- Identify and prioritize the malaria program implementation bottlenecks for technical support during 2022/2023;
- Orientation on the next cycle of Global Fund application planning and support.
- Orient National Malaria Programmes, partners, CCMs and CSOs on community rights and gender approach and the malaria matchbox tool;

Methodology

- Technical updates from RBM and Partners
- Country presentations and discussions
- Updates on the next Global Fund application cycle
- Overall plenary sessions
- Planning Technical Assistance needs for 2022 and 2023
- Targeted sessions and one on one follow ups
- Orientation / training on Community, Rights and Gender /Malaria Matchbox

Outcomes

- Peer learning experiences and Best practices shared
- Updated on new developments and policy directions regarding malaria interventions, practices etc
- Updated on the direction and expectations for the next Global Fund application cycle which starts in 2023
- Identified the Technical Assistance needs for 2022 and 2023 and prioritize those to be completed in 2022
- Orientated on Community, Rights and Gender /Malaria Matchbox and on how to mainstream this aspect in your plans

RBM Partnership
To End Malaria

Thank you

RBM Partnership
To End Malaria

Best Practices on the Malaria Matchbox Processes & Mechanisms
An equity assessment tool to improve the effectiveness of malaria programs

The Malaria Matchbox

The Malaria Matchbox aims to shed light on the different types of barriers people face to access and utilize malaria services, particularly prevention and treatment.

Those barriers can be sociocultural, financial, physical or related to gender norms.

It is essential to match people's specific needs to malaria responses that are person centered, rights-based and gender responsive.

The Malaria Matchbox strives to increase learning and collaboration between countries and integrated and multisectoral approaches that will help drive the agenda to end malaria.

BEST PRACTICES Malaria Matchbox in selected countries

Phase 0 | The Planning

Country Engagement is key – country lessons

- **Ensure the project is driven by NMCP whose leadership and time commitment is key to lead the process and engage stakeholders**; NMCP head should assign a focal point at the NMCP for the project (*Niger, Rwanda, Nigeria, Zimbabwe*)

- **Set up the steering committee of the project with members from diverse sectors to ensure a multisectoral approach to include:** Government officials, MOH, NMCP/NMEP, relevant Ministries such as Ministry of Women and Family, Health partners, WHO, PMI, UN Agencies, Civil society, Researchers, Private sector (*Nigeria*) or **Leverage an existing Steering Committee** such as the part of the country Global Fund Country Coordinating Mechanism (*Rwanda*).

- **Recruit a local consultant in addition to the international consultant, with experience in similar data collection projects** to support the project and engage with NMCP focal point and team.

- **Conduct regular virtual or in person meetings with the Steering Committee members (**for example: once a month and as needed) to collect feedback, recommendations, validation at every steps (*Nigeria, Rwanda, Zimbabwe* - virtually via ZOOM once a month).

Phase 1: Implementation Phase

The Inception Report (Desk Review)

- **The consultants conduct the Desk Review** to set the country context and initial understanding about the determinants of health, particularly malaria services and mapping/identification of the most vulnerable groups.

- **In several countries inception reports included:** overall malaria burden, country policy and program context in terms of equity in malaria & identification of inequities in malaria service coverage.

- **The selection of data sources is key:** Engagement of NMCP & health partners to provide country reports and relevant documents that facilitate this phase. Documents can include: NSPs, NMCP annual reports, NFM malaria concept notes and reports, TRP reports, DHS, MIS/MICS, Census population and housing, WHO health equity database, community data bases.

- **The inception report provides preliminary recommendations and indicates which data is missing from the desk review** and guides what should be collected to respond to the the assessment question.

Best practices | Data collection

Data collection

Preparation is key

- **Data collection tools should not be lengthy or wordy** but the questions should be very straight to the point. Shortening time allocation of the interviewees should be considered for quality of the data.
- **Quality of data is key**: the selection of data collectors and their training should be well prepared
- Some countries enrolled data collectors already working with NMCPs and who are used to collect data at community level, district level and national level in malaria or health related projects.
- **NMCPs to introduce data collectors early to all targeted groups** who will take part in the data collection to ensure availability of people/partners/ govt officials and health staffs.
- **Engagement of CSOs leaders and Community leaders** in the setting up of communities focus group is key to ensure full participation and adherence.
- **The use of local languages** during focus groups allow better engagement of communities. Translators might be needed in some cases.

Best Practices | Data Analysis

Data Analysis

This is a **QUALITATIVE Assessment**

- It is important to follow the best methods for analysis of this type of assessment, the Malaria Matchbox tool proposes methodologies.
- The data should be synthesized, triangulated and barriers identified and documented. A format is available in the Malaria Matchbox.
- The analysis can be done by the consultants (many countries used this method).
- The analysis can be done by consultants with the involvement of data collectors/designated partners in groups work (*Zimbabwe*).
- The data analysis report should be reviewed by the Steering Committee let by the NMCP for feedback before finalization.
- The data analysis should present facts, key findings and provide key recommendations on how to address barriers identified.

Some examples of data analysis findings resulting from the Malaria Matchbox assessment

Challenges and Gaps to Current Programmes

- **Insufficient engagement of IDPs and refugees (themselves) in the design and delivery of malaria interventions:** Few if any IDP or refugee participants discussed being involved in developing or delivering malaria interventions.

- **Limited to no engagement of traditional healers in malaria prevention and control:** The assessment findings were quite clear on the preferences of IDPs and refugees for traditional remedies and traditional healers as first points of call in the event of illness (for all illnesses, not just malaria).

- **Limited efforts to address linguistic and cultural barriers to malaria information and awareness activities:** Among refugees, a number of participants mentioned linguistic barriers as a main factor in low levels of knowledge and awareness about malaria risks.

- **Inadequate integration and coordination across health and humanitarian sectors:** As the assessment noted, there are a large number and an equally large variety of governmental and non-governmental actors involved. Coordination and collaboration remain uneven, including between national and state entities.

Challenges and Gaps to Current Programmes

- **Limited range of malaria prevention and control modalities:** As the findings of the assessment illustrate, provision of LLINs remains the primary strategy for malaria prevention despite the challenges this raises for mobile or unstable populations living where there is inadequate shelter.

- **Limited resources in relation to population needs:** Many participants noted the challenge of lack of sufficient resources to adequately respond to the needs of IDPs and refugees. This included coverage of core interventions such as LLINs, but also for adapted responses that are more specifics to IDP or refugees: ex nets SBCC programs in their local languages.

- **Insufficient attention to the influence of gender and gender norms:** While many participants, particular key informants from organisations or who were service providers, could describe the influence of gender and gender norms on malaria prevention and control interventions, few if any spoke of ways to address these effects.

Analysis regarding Equity Barriers

- Challenges related to general knowledge, attitudes and practices amongst IDPs and refugees with regard to malaria; including languages issues;
- Specific negative attitudes and beliefs about malaria interventions, particularly LLINs; example of net colour, being trapped or risks to suffocate;
- Trends in health seeking behaviour linked to traditional beliefs;
- Physical and financial accessibility by IDPs and refugees;
- Negative experiences with health facilities by IDPs and refugees; communities not feeling welcome.
- The influence of gender norms on women's and children's access to malaria services, including sexual and gender-based violence; and
- Other environmental factors, particularly tensions between IDPs, refugees and surrounding communities.

DATA ANALYSIS PROPOSED INTERVENTIONS

Equity barrier	Preliminary recommendations
Addressing the influence of gender norms	▪ Through community mobilisation interventions, engage male IDP leaders to promote malaria services and to address myths and misbeliefs about male resilience to malaria. ▪ Scale up efforts to integrate malaria prevention and control components into efforts to reach women and children in humanitarian settings for their health and survival needs. ▪ Work with IDP and refugee communities to find solutions to concerns regarding the gender of health care workers (communicating schedules when female HCWs are on duty, for example & recruit women as community workers) ▪ Review strategies, policies and guidelines for the provision of malaria services in conflict settings and for IDPs and refugees to ensure that they address all aspects of gender and its influence on uptake, coverage and effectiveness of malaria interventions.
Monitoring and accountability	▪ Improve the availability of disaggregated data on malaria prevention and control efforts In selected regions ▪ Improve the sensitivity and specificity of current monitoring systems to assess progress to reduce or remove equity barriers for IDPs and refugees.

DATA ANALYSIS PROPOSED INTERVENTIONS

Equity barrier	Preliminary recommendations
Social-cultural and linguistic barriers:	▪ Recruit community health workers from among IDPs and refugees; provide training and mentoring in malaria prevention and control; deploy them to work in camps, host communities . ▪ Engage members of IDP and refugees camps to participate in the design and delivery of SBCC interventions. ▪ Ensure that SBCC interventions incorporate and address problematic attitudes and beliefs about malaria prevention, particularly LLINs.
Traditional beliefs and practices for malaria treatment and low malaria literacy	▪ Work with traditional healers, herbalists, and local vendors to engage them in malaria prevention and control, including support for health facility referrals. ▪ As part of adapted SBCC interventions, address harmful beliefs and practices regarding malaria prevention and control, particularly for women and young children. ▪ Encourage health care providers to respect traditional practices while promoting the need to also attend health facilities for the timely diagnosis and treatment of malaria.

DATA ANALYSIS PROPOSED INTERVENTIONS

Equity barrier	Preliminary recommendations
Physical and environmental barriers (including safety and security)	▪ Undertake community mobilisation work within IDP and refugee camps to promote community ownership for safe and secure environments. ▪ Intervene with local authorities, including protection forces, humanitarian agencies, and others to draw attention to safety and security concerns and to resolve them. ▪ Scale-up the provision of malaria prevention and control interventions in communities, including through mobile outreach modalities. ▪ Scale-up alternatives to LLINs for effective malaria prevention and control amongst mobile populations and those living in temporary shelters.
Financial barriers	▪ As part of SBCC interventions, provide information about free malaria services and create awareness about illicit user fees and other inappropriate charges for malaria prevention and treatment commodities.

Engaging stakeholders The national action plan development workshop

Engaging stakeholders in National Workshop

This phase enables a multisectoral approach to define targeted responses to the challenges and barriers found in the data analysis report.

- NMCP, with the support of the consultants, organizes a 3 to 5 days workshop with key participants from the national, regional, district and community levels.
- It is key to include community representatives in the workshops, especially from the most vulnerable groups identified or who took part in the assessments.
- Include diverse partners from diverse sectors and related Ministries (example: Ministry of Women and Families, Environment, Agriculture, Labor, etc.)
- Organizations or agencies/NGOs/CSOs working with vulnerable groups
- Malaria technical and financial partners
- Malaria PR, SRs, SSRs
- Human rights and gender experts

The National action plan

- Outlines challenges and barriers identified by vulnerable groups
- Proposes key interventions/actions to reduce those barriers
- The period of implementation of these actions
- The cost of each intervention
- The parties who can support these interventions or include in their current work or source of funding

Reflections on the Malaria Matchbox assessment & Actions following the implementation in Rwanda & Nigeria

NIGERIA- Stakeholders

- The Malaria Matchbox assessment enabled the development of a plan of action to achieve the gaps in accessing malaria services for IDPs

- This assessment achieved its objective as it was able to identify equity related vulnerability to malaria, assess the effects of equity related barriers to access, uptake and retention of malaria services among the marginalized population (mainly the IDPs).

- It was also able to assess the interventions and efforts which are already being implemented to reduce such barriers as well as made an effort to identify opportunities to further strengthen these interventions.

- The costing of the interventions was a challenge as it required sufficient information from the ground and other factors to be assessed and included.

World Health Organization

Plans for rolling out the malaria vaccine

Central Africa Malaria Programmes and Partners Annual Meeting, Brazzaville, Republic of Congo, 09-12 August 2022

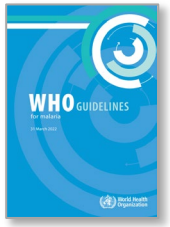
WHO recommendation on use of the first malaria vaccine

WHO recommends the RTS,S/AS01 malaria vaccine be used for the prevention of *P. falciparum* malaria in children living in regions with moderate to high transmission as defined by WHO

- RTS,S/AS01 malaria vaccine should be provided in a schedule of 4 doses in children from 5 months of age for the reduction of malaria disease and burden.
- Countries may consider providing the RTS,S/AS01 vaccine seasonally, with a 5-dose strategy in areas with highly seasonal malaria or areas with perennial malaria transmission with seasonal peaks.
- RTS,S/AS01 introduction should be considered in the context of comprehensive national malaria control plans.

Useful links

WHO malaria vaccine position paper
https://www.who.int/publications/i/item/WER9709



WHO Guidelines for malaria
PDF version:
https://www.who.int/publications/i/item/guidelines-for-malaria
MAGICapp Online platform:
https://app.magicapp.org/#/guideline/5701

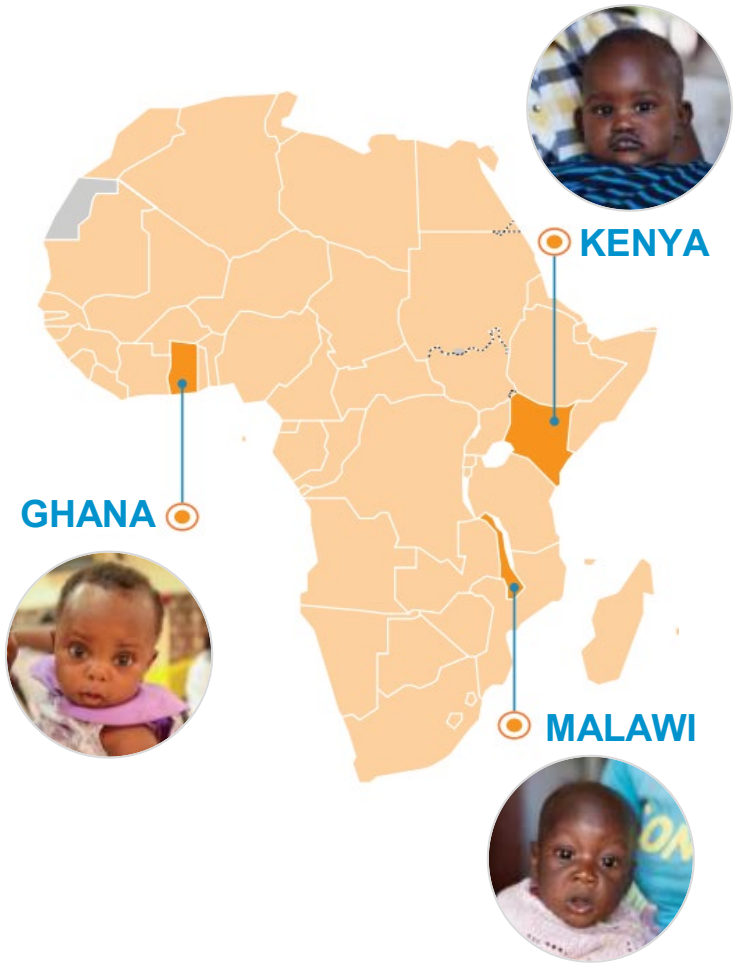
Malaria Vaccine Implementation Programme
https://www.who.int/initiatives/malaria-vaccine-implementation-programme

NITAG Resource center
https://www.nitag-resource.org/

Summary findings from the ongoing Malaria Vaccine Implementation Programme (MVIP)

World Health Organization

24 months after first vaccination (April 2019 – April 2021)



1. **Feasibility:** Vaccine introduction is feasible, with good uptake and coverage through the routine systems, no impact on uptake of other vaccines, insecticide-treated bed nets (ITNs), care-seeking behavior
2. **Safety:** Vaccine is safe, with no evidence that the safety signals that were seen in the phase 3 trial were causally related to the RTS,S vaccine and no new safety signals identified
3. **Impact:** Vaccine introduction resulted in a substantial reduction in severe malaria and all cause mortality even when introduced in areas with good ITN use and access to care
    - 30% (95% CI 8, 46%) reduction in hospitalized severe malaria
    - Preliminary data show reduction in all-cause mortality
4. **Equity:** the vaccine is reaching children who are not using other forms of prevention such as insecticide-treated nets, increasing access to malaria prevention interventions to > 90%

Gavi support for vaccine roll-out confirmed

** Of note: Gavi's co-financing policy is currently under review; the updated policy is expected to be available after the December 2022 Gavi Board meeting*

- December 2021: **Gavi Board approved support for a malaria vaccine programme** for eligible countries
- **Gavi Support guidelines available here:** French / English
  - General Gavi requirements for new vaccine support apply, including co-financing*
  - Some additional malaria vaccine programme requirements [available in the **Gavi Vaccine Funding Guidelines** – French p.37 / English, p.31], for example:
    - Role of the vaccine within comprehensive malaria control strategy and sub-national stratification of areas according to categories of need in the Framework for allocation of limited supply (to be described in addendum)
- Application deadlines: 13 September for pilot countries and Expression of interest (EOI) for all other countries; January 2023; subsequently usually three times per year (available here)
- Information on supply and price expected upon completion of UNICEF's first malaria vaccine tender (coming days)

How Gavi support works

More information available on the Gavi website: https://www.gavi.org/programmes-impact/our-support

Donor support is **predictable and long-term**

To renew their portfolio of Gavi support on a yearly basis, countries regularly submit monitoring and reporting data

All countries pay a share of the cost of their Gavi-supported vaccines (in line with **co-financing** policy)

The **Ministries of health take the lead** in applying for support and managing grants using national systems

Countries are encouraged to base requests on their national vision, and to align Gavi support with their own planning and financial cycles

Requests are **reviewed by an Independent Review Committee** (IRC). Once approved, the funds and vaccines are sent to the country

Eligibility based on gross national income per capita.
Gavi works closely with countries to ensure that investments support the long-term programmatic and financial sustainability of their immunisation programme. The ultimate goal is for countries to **transition out of Gavi support**

Framework for the allocation of limited malaria vaccine supply

Available on WHO website

Governance principles

Transparency

Inclusiveness & participation

Accountability

Ethical principles for allocation

First priority principle: Greatest need
Allocate the vaccine to countries with areas of greatest need, where the malaria disease burden in children and the risk of death are highest

Second priority principle: Maximize health impact
Allocate the vaccine to countries for use in areas where the expected health impact is greatest

Third priority principle: Equity (Equal Respect)
Prioritize countries that commit to fairness and addressing the needs of marginalized individuals and communities in their malaria vaccination programmes

Fourth priority principle: Fair benefit sharing
If everything else is equal, the country with a prior contribution to the vaccine's development should get priority

Additional key considerations

Honour commitments to MVIP countries: MVIP areas continue to get priority access to vaccine

Ensure continuity / sustainability of access to vaccine once a programme has started

Minimize risk of vaccine wastage and delayed use of available doses

Allocation should not perpetuate pre-existing structural injustices

Foundational value: solidarity

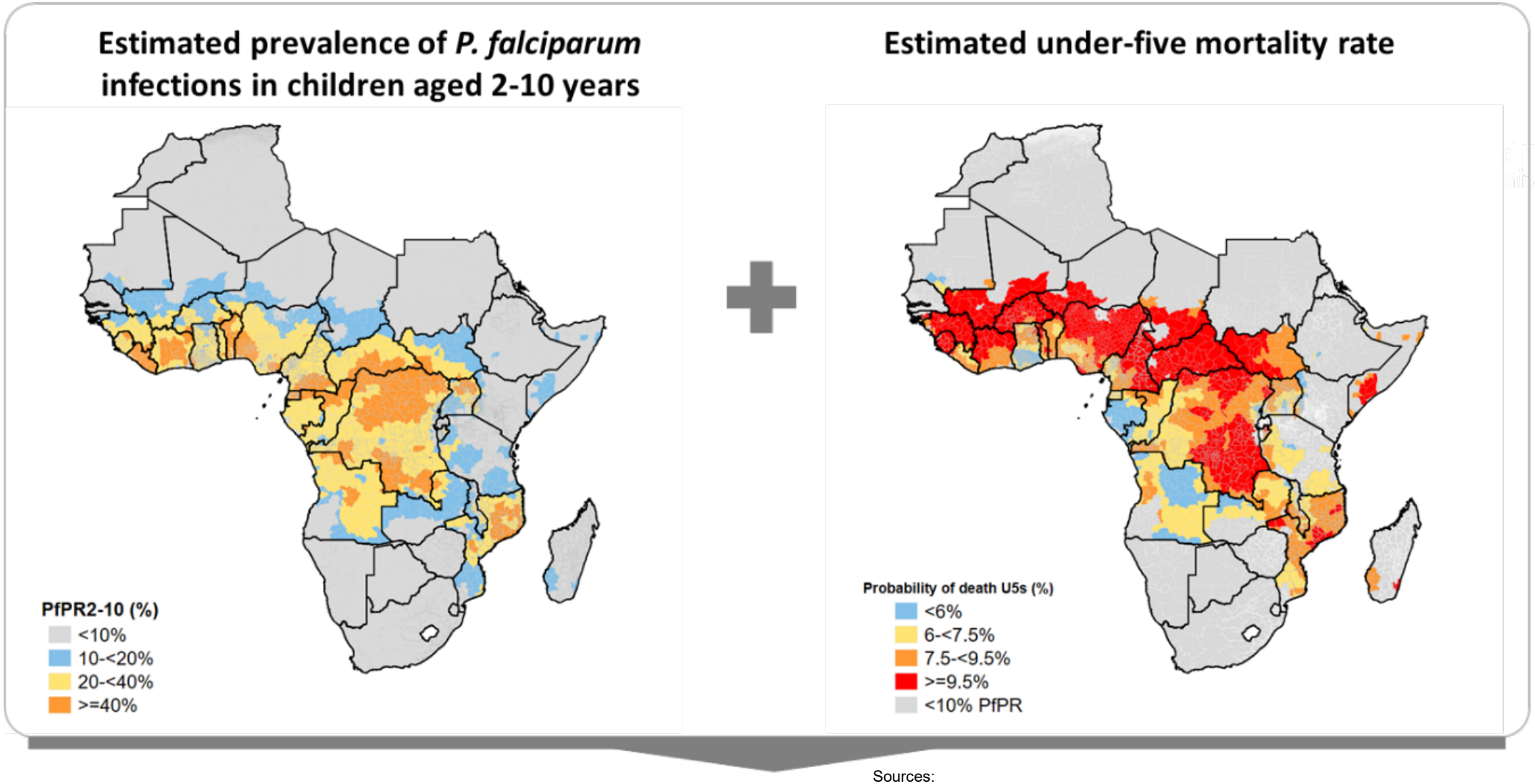
Thinking as a community and standing in solidarity with those most in need:
Initially, if there are unmet vaccine requests for greatest need (category 1) areas across multiple countries, no single country should receive more than 20% of the total available supply

Key implications for countries

- No country is excluded by the Framework (no *a priori* list of eligible countries).
- All countries will have to consider a phased approach to vaccine implementation, starting in areas with highest need, with expansion after supply increases.
- For the application to Gavi:
  - Countries will be invited to present the **full scope** of desired vaccine roll-out in regions with moderate to high transmission (i.e. supply-unconstrained).
  - **Present a sub-national stratification of areas according to the categories of need** in the Framework, based on best available local evidence.
  - Provide more details on the proposed **scope of the first phase** of vaccine roll-out that would be implemented in greatest need areas while there is limited supply.
- To help manage expectations and support decision-making and planning, countries will be informed through a dialogue about the potential initial allocation quantities.

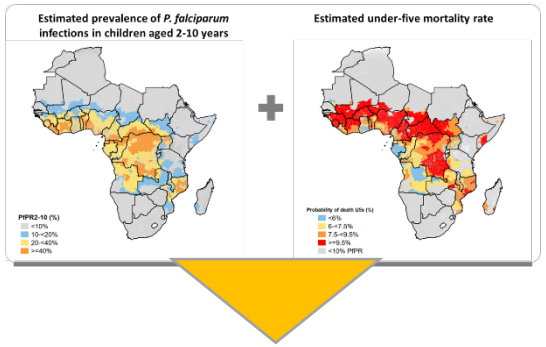
Illustration of “need” classification

World Health Organization



Sources:
District level mean estimates of *Pf*PR in 2-10 year old children in 2019 (Malaria Atlas Project)
District level mean estimates probabilities of death from all-causes before the age of 5 in 2015 (IHME)

Illustration of “need” classification



World Health Organization

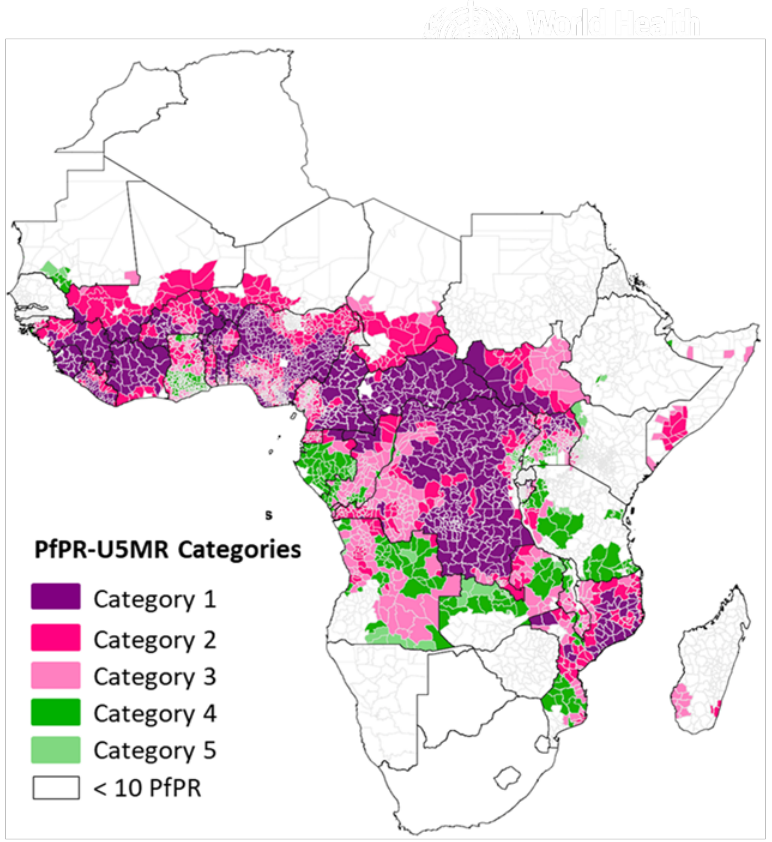
Composite classification of malaria prevalence and all-cause under-five mortality as proxy for “need”

Indicative. Countries will present their own data

Maps are illustrative based on global estimates. Countries will identify areas of highest burden and need within its own borders based on best available local evidence and the broader context of sub-national tailoring of malaria interventions

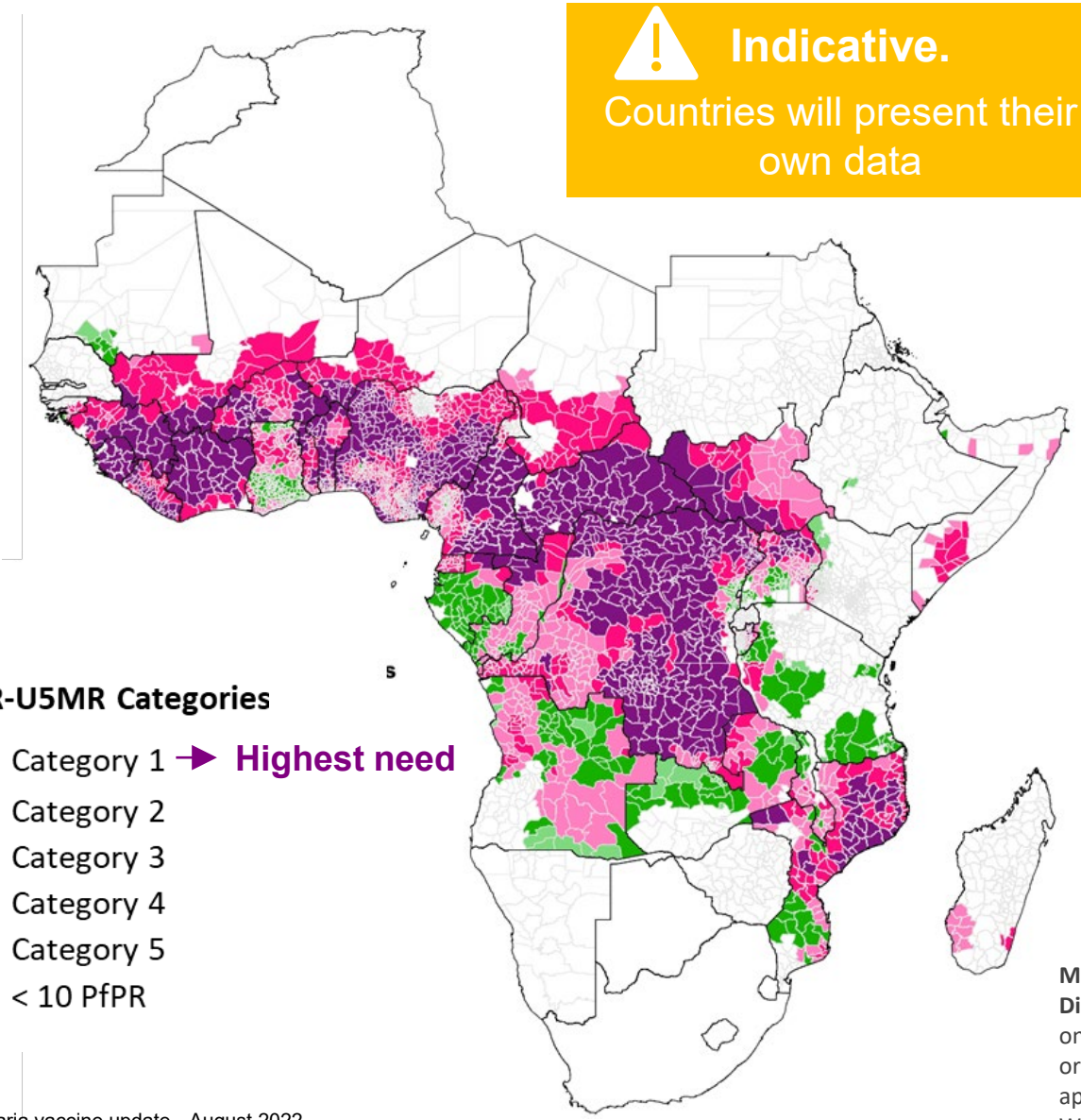
Composite classification of malaria prevalence and all-cause under-five mortality as proxy for “need”

Category	Possible combinations	
	Malaria prevalence	All-cause under-five mortality
1 Greatest need	PfPR 20-<40%	& U5MR >=9.5%
	PfPR >=40%	& U5MR >=9.5%
	PfPR >=40%	& U5MR 7.5-<9.5%
2	PfPR 10-<20%	& U5MR >=9.5%
	PfPR 20-<40%	& U5MR 7.5-<9.5%
	PfPR >=40%	& U5MR 6-<7.5%
3	PfPR 10-<20%	& U5MR 7.5-<9.5%
	PfPR 20-<40%	& U5MR 6-<7.5%
	PfPR >=40%	& U5MR <6%
4	PfPR 10-<20%	& U5MR 6-<7.5%
	PfPR 20-<40%	& U5MR <6%
5	PfPR 10-<20%	& U5MR <6%



Categories of need:
Composite classification of malaria prevalence and under-five mortality

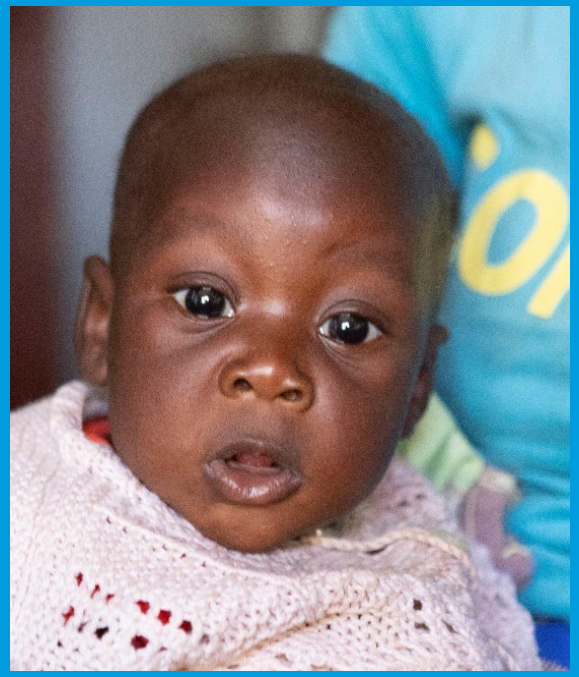
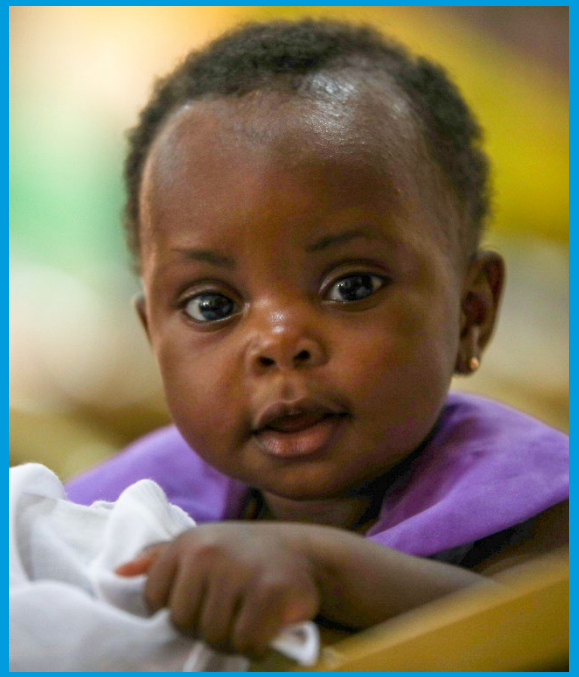
Indicative.
Countries will present their own data



- Countries should describe the full scope of needs – all categories – in their Gavi application.
- Firm vaccine allocation decisions by Gavi will initially be **limited to category 1** (greatest need) areas.
- In addition, no single country can initially receive more than 20% of total available supply at the global level.
- If supply is insufficient to satisfy all category 1 areas, the second priority principle ("maximize health impact") will be applied to establish the country order of priority

Map production: Global Malaria Programme (GMP), World Health Organization (WHO)
Disclaimer: The designations used on this map do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. World Health Organization, WHO, 2022. All rights reserved.

Thank you for your attention


These are the first babies vaccinated with the new malaria vaccine in Malawi, Ghana, and Kenya (from left to right) in 2019, at the start of the Malaria Vaccine Implementation Programme (MVIP)

RBM Partnership
To End Malaria

THE ROLE OF MULTISECTORAL ACTORS IN THE SUSTAINABLE FIGHT AGAINST MALARIA

MSWG PRESENTATION TO RBM CARN ANNUAL MEETING

PETER KWEHANGANA MBABAZI
CO-CHAIR MSWG
FINANCE & MULTISECTORAL PARTNERSHIP COORDINATOR
MINISTRY OF HEALTH UGANDA

Date 10th August 2022

MSWG PURPOSE & RATIONALE

- Multisectoral collaboration is key in light of the challenges faced in malaria control and elimination including insecticide and drug resistance, mobility of populations, risk perception, sustainable human settlements, poverty, disasters (natural & man-made), outdoor transmission, climate change and funding shortfalls.
- To end malaria for good, we need the concerted action of different stakeholders across different sectors beyond the health sector, as well as inter-sectoral collaboration.
- The SDGs calls for action to transform societies gives further impetus for a Multi-sectoral Working Group (MSWG).
- The MSWG was established under the umbrella of the RBM Partnership to End Malaria, following approval by the RBM Board in April 2018.
- The MSWG convenes and coordinates RBM Partnership members around a multi-sectorial action in the field of malaria to facilitate learning and share best practices from the field.

NEED FOR MALARIA MULTISECTORAL ACTION

- **Engaging beyond the health sector**: developing ambitious national responses to the Malaria- related targets included in the SDGs will require action across all government departments, as well as the engagement of civil society & the private sector.
- **Delivering commitments**: critical for delivering the national commitments set for example:
- **Implementing health-in-all-policies**, whole-of-government & whole-of-society approaches for addressing Malaria;
- **Setting national targets for Malaria**;
- **Developing and strengthening national multisectoral policies and plans** and incorporating Malaria into the national development agenda and plans;
- **Raising awareness about the national public health burden** caused by Malaria & the relationship between Malaria, poverty, social & economic development.

MSWG PURPOSE & RATIONALE

- The MSWG brings together different stakeholders across different sectors including; health, science and technology, oil & gas, international cooperation (cross border), housing, infrastructure, extraction industries, water and sanitation, environment, food and agriculture, education, immigration, tourism, customs, security, finance, trade, political, private, civil society, labour, research & development, media, information & communications technology, social protection and justice.
- The aim is to align partners in their actions for new interventions as well as putting new life into those that already exist, and coordinate and manage these in new and innovative ways.

MSWG Co-Chairs

1. Dr Graham Alabaster UN-Habitat, Switzerland
2. Mr Peter Kwehangana Mbabazi Ministry of Health Uganda

MSWG Secretariat/Coordinator

1. Dr Konstantina Boutsika Swiss TPH, Switzerland

MSWG TORS

- The Terms of References (TORs) as approved by the RBM Board are available in English and French.
- The structure is in line with the structure of other RBM Working Groups, following the Working Group Standard Operating Procedures (SOPs).
- The governance of the MSWG ensures adequate participation of malaria-affected countries and demonstrates a self-financing and self-convening capacity.
- The coordination of the MSWG is guaranteed though the financial support of the Swiss Agency for Development and Cooperation (SDC) to the Swiss Tropical and Public Health Institute (Swiss TPH) which is hosting the MSWG Secretariat.

MSWG KEY MANDATES & RESULTS

Mandate; Convene, Coordinate, Mobilise Resources, Facilitate communication

Results:

1. Develop systems and tools to conduct national appraisal of malaria determinants and inequalities.
2. Promote the development of national multi-sectoral malaria action plans
3. Promote ‘malaria-smart’ innovative approaches to apply multi-sectoral interventions at
4. large scale for sustainable impact on malaria.
5. Develop the framework for monitoring the implementation of multi-sectoral malaria action plans at different levels.

RECENT/PLANNED ACTIVITIES OF MSWG

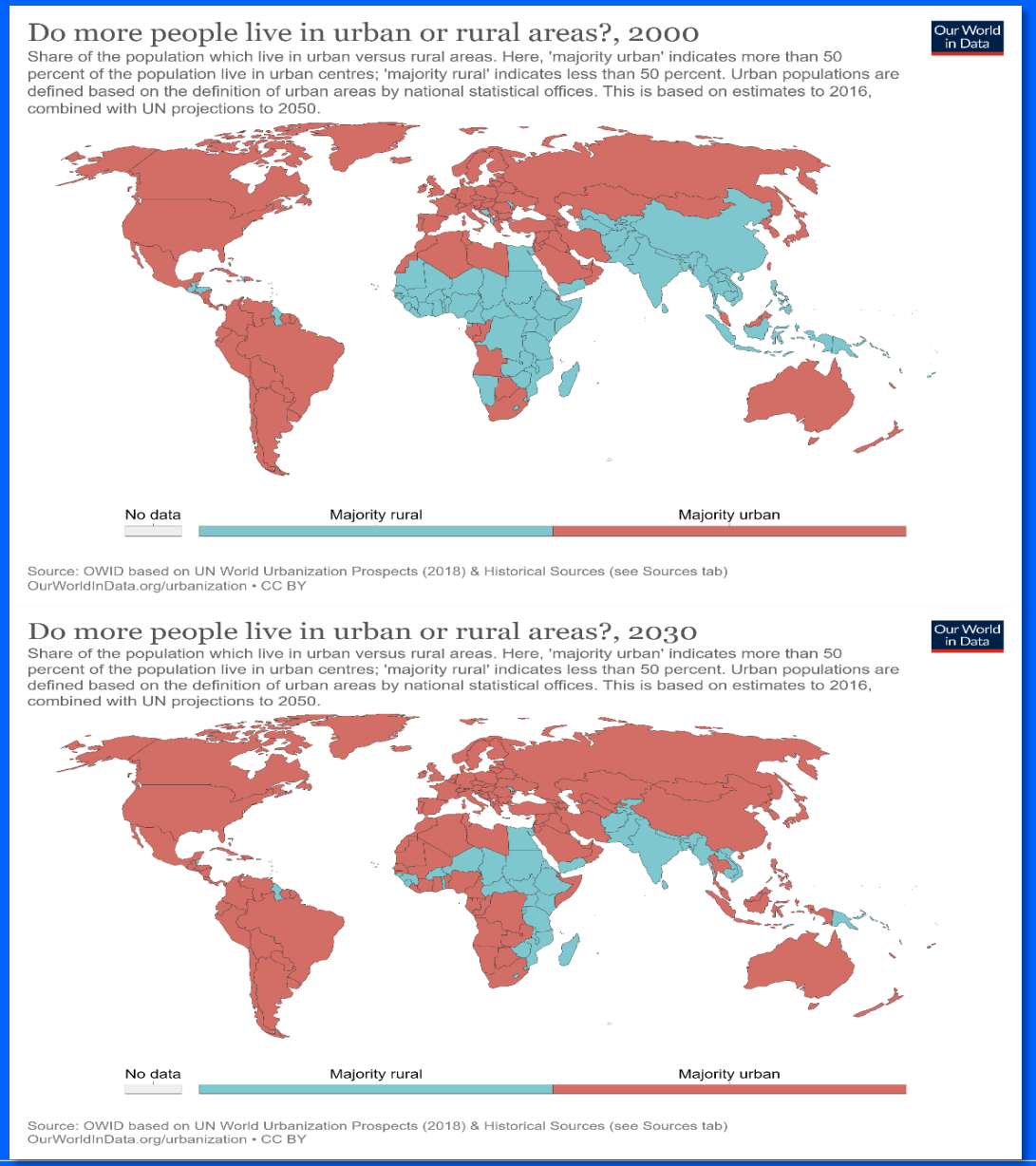
- **Finalisation of MS Framework documents**:
  - RBM Multisectoral Action Guide to End Malaria (Completed)
  - RBM “Comprehensive Multisectoral Action Framework-Malaria & Development” (with UNDP) Under final Edits

- **Further development of Two Flagship programmes and Resource Mobilisation**:
  - Healthy Cities Healthy People
  - Pathfinder Endeavours

- **Additional work**
  - Links to other VB diseases (Dengue, and other Aedes-transmitted viral diseases, in cities are a growing threat to the health and development of tropical urban environments)
  - Support to WHO on Joint WHO/UN-Habitat Urban Malaria Report
  - Focus on data collection and monitoring: housing/Infrastructure/Planning approvals

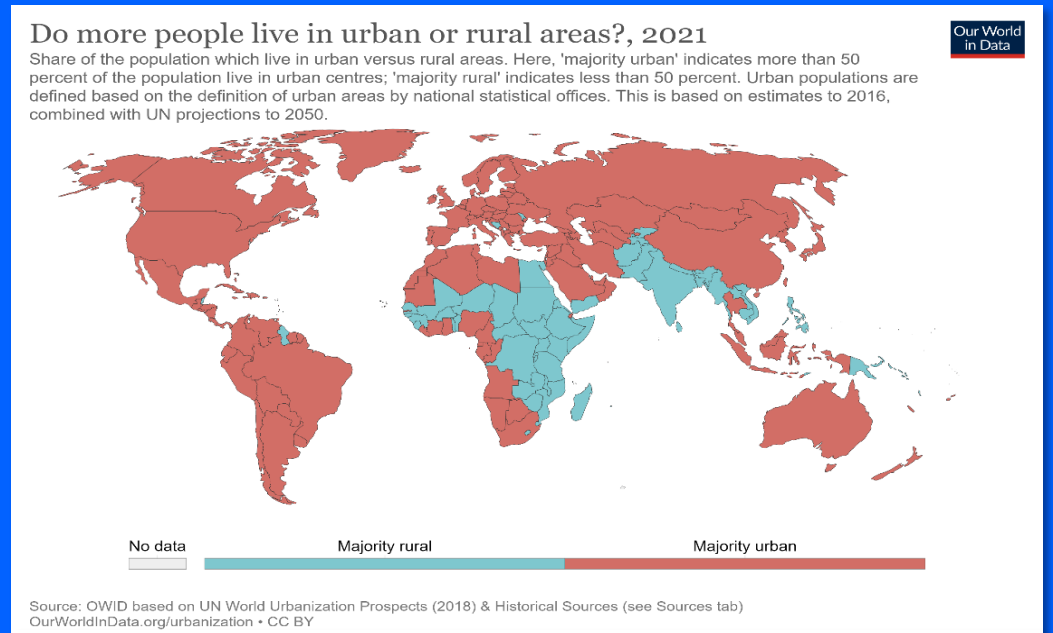
GLOBAL RURAL-URBAN SETTLEMENT TRENDS 2000-2050

2000

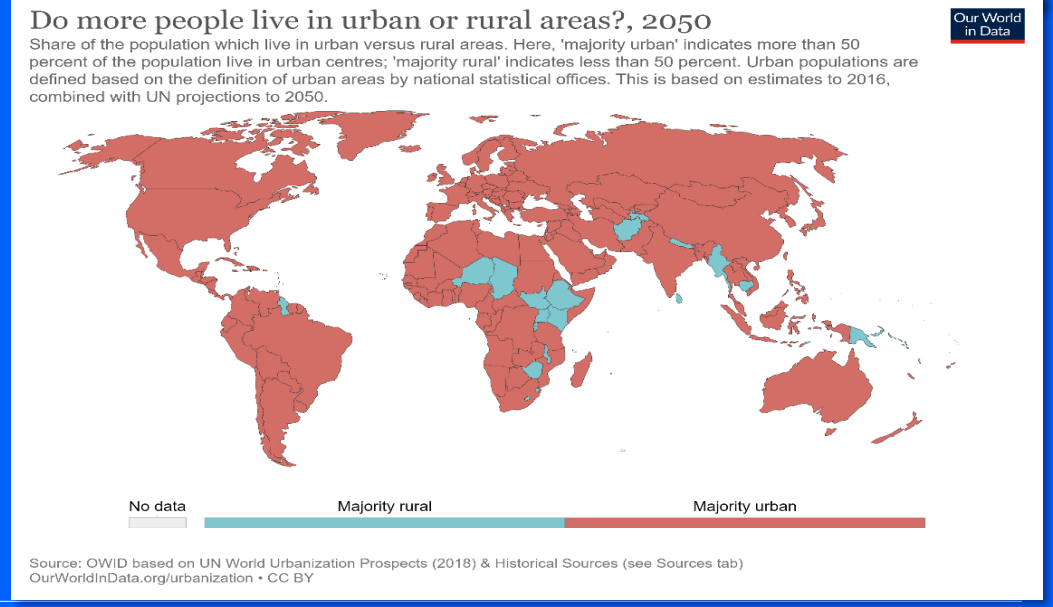


2030

2021

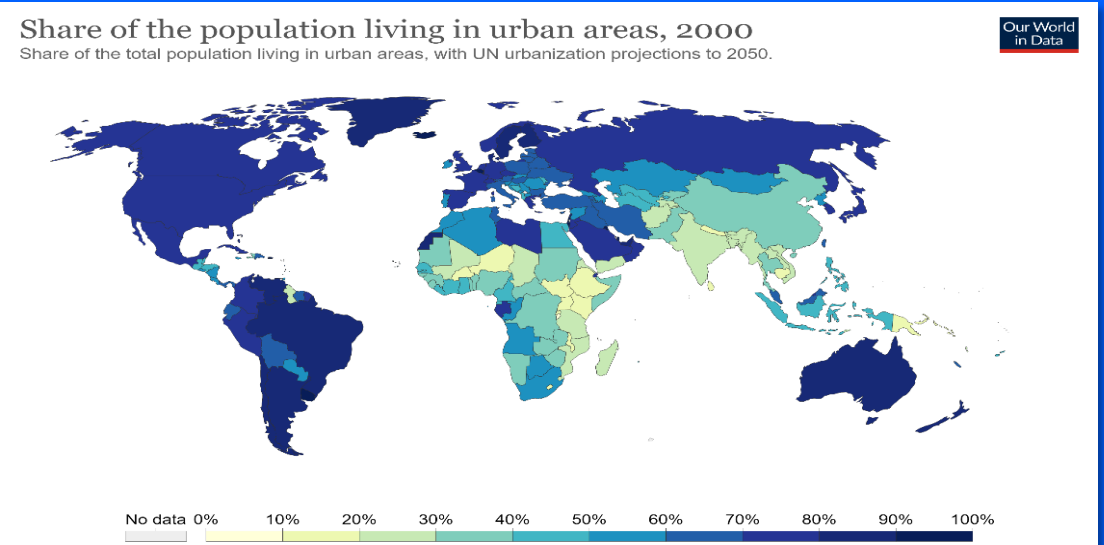


2050

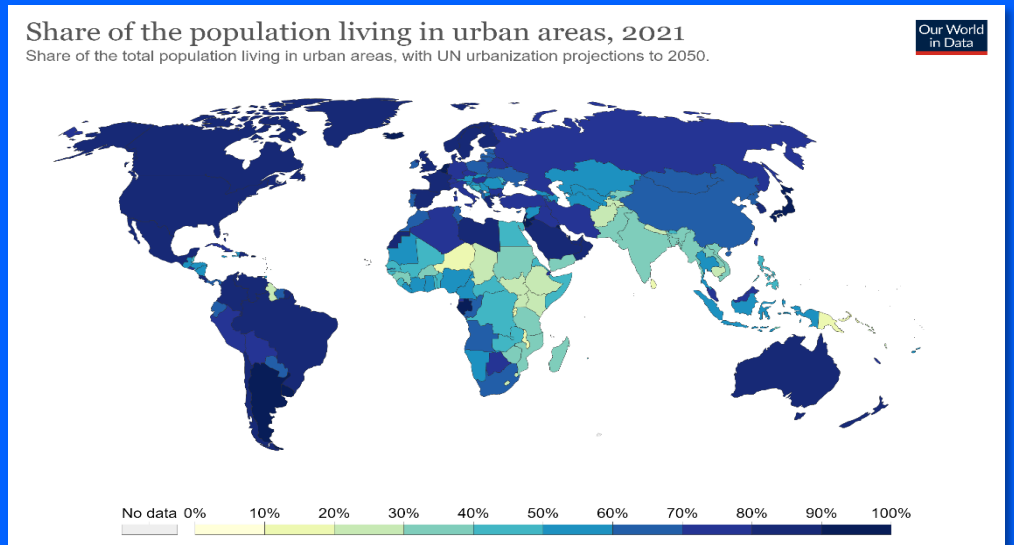


GLOBAL URBAN SETTLEMENT SHARE TRENDS 2000-2050

2000



2021



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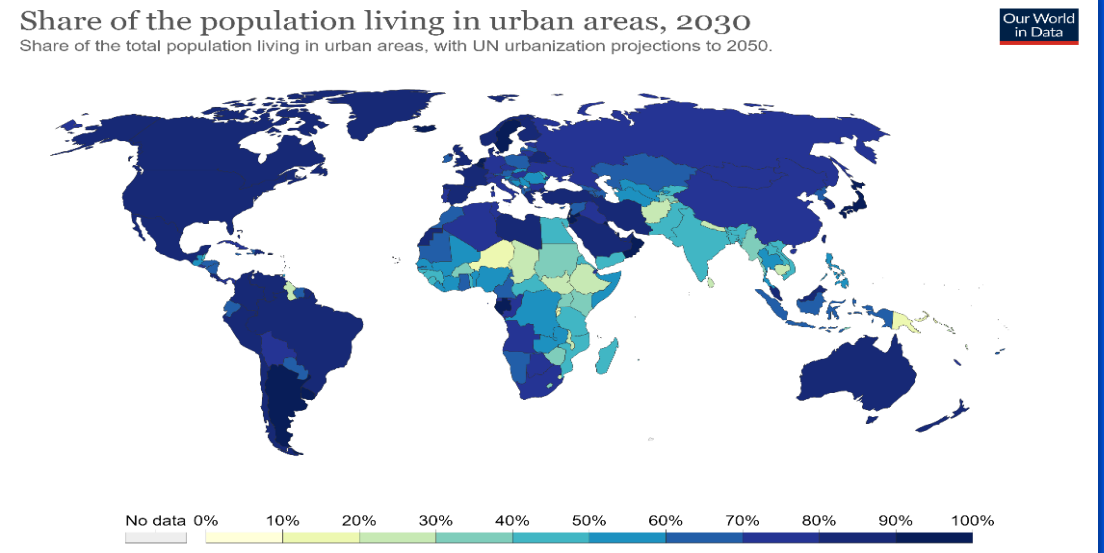

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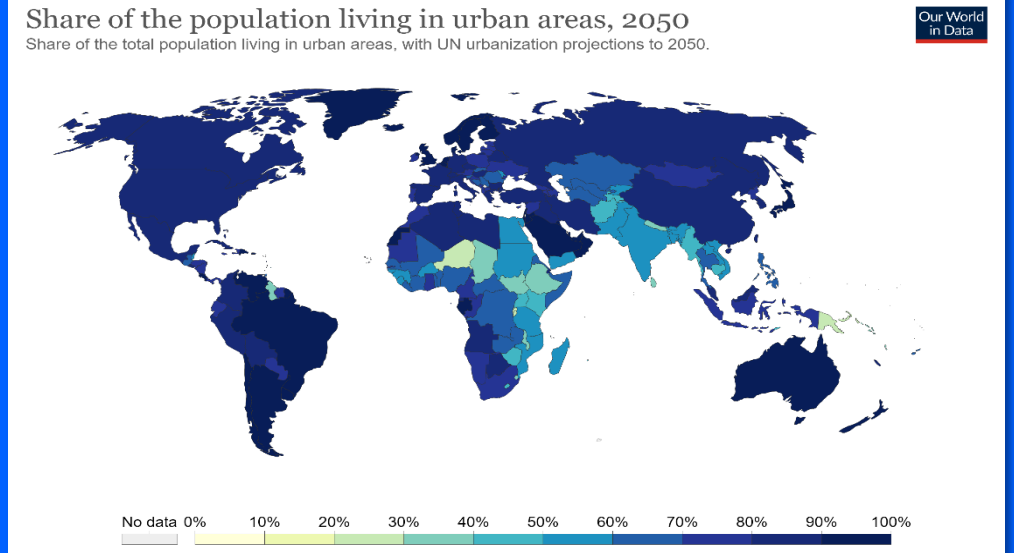
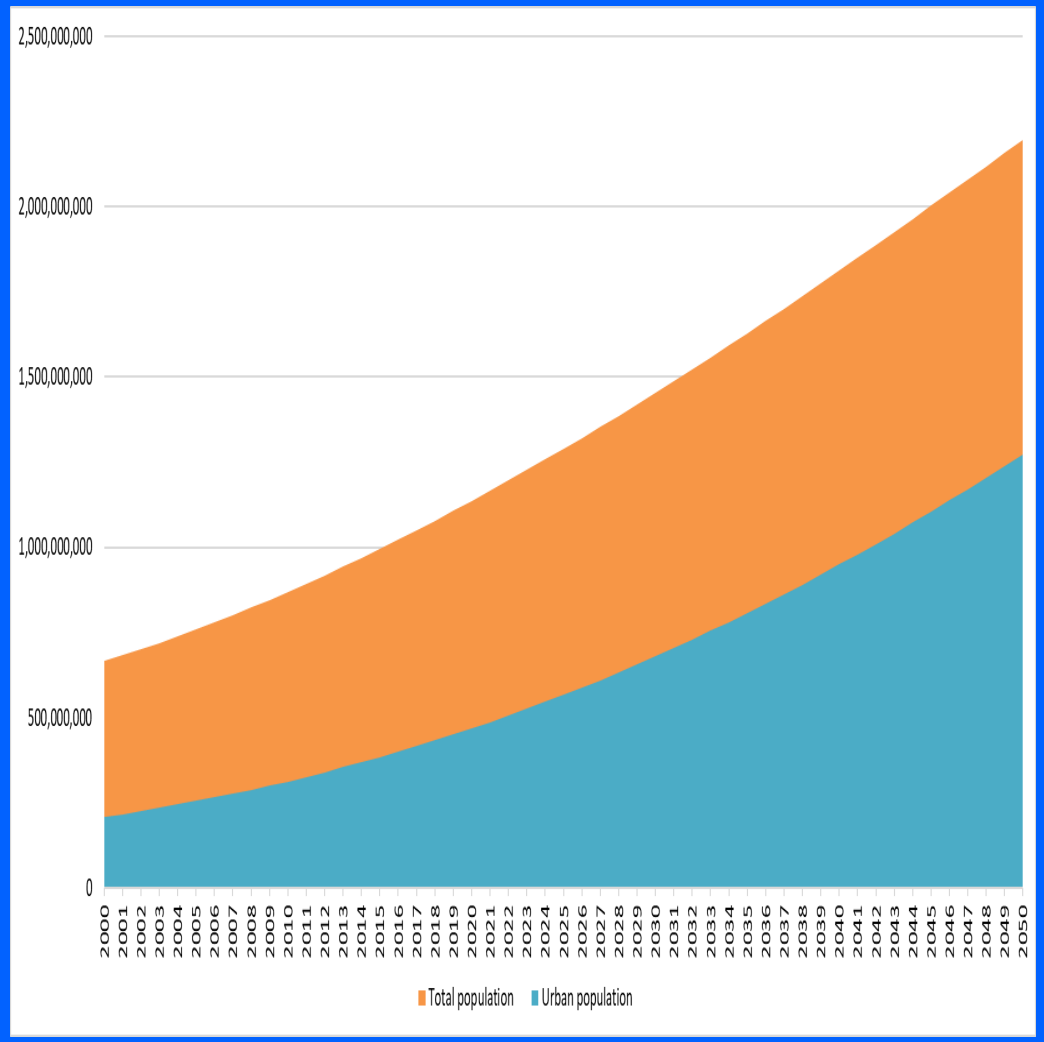
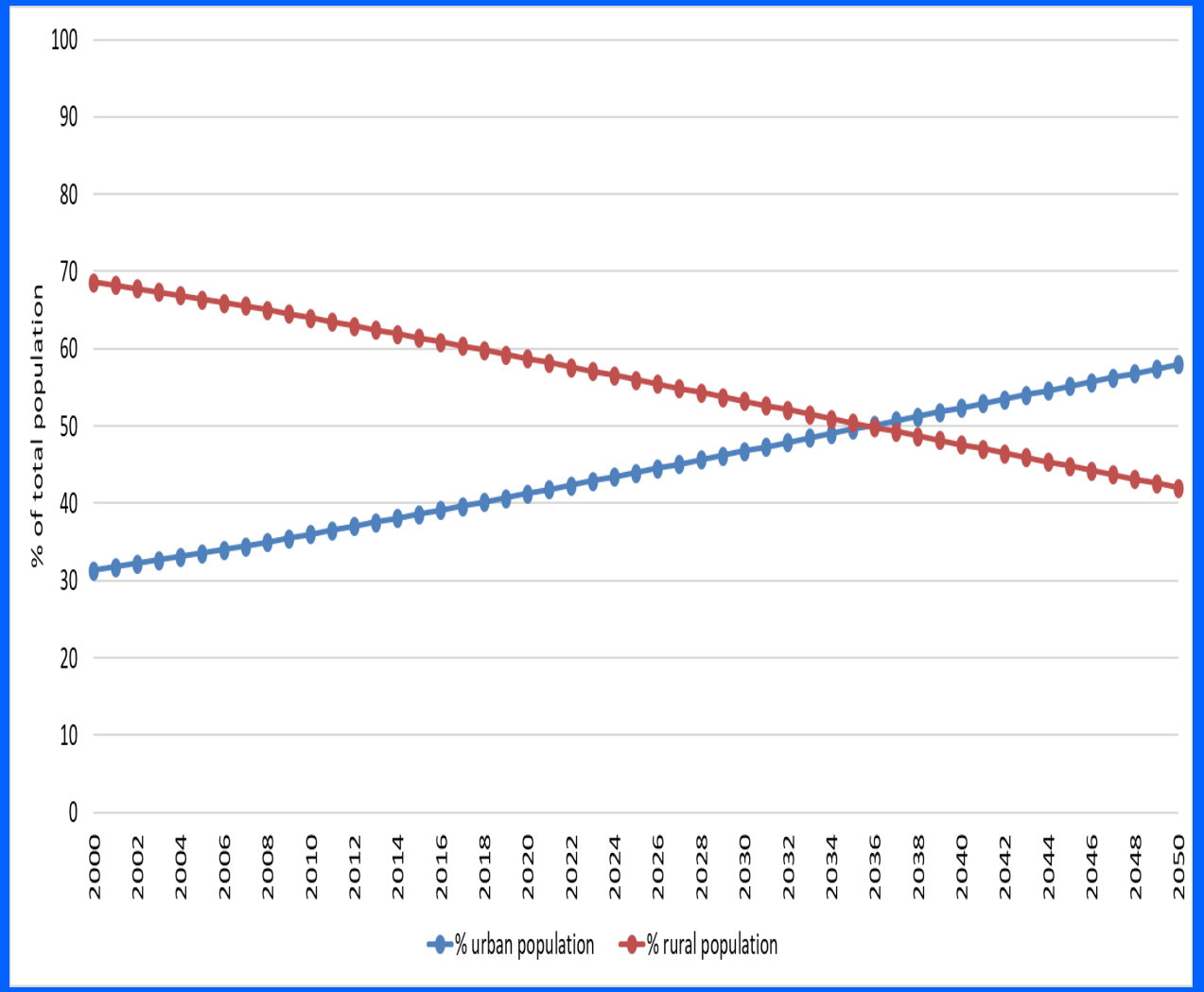


Rapid Urban Population Growth in malaria endemic countries

Population count, SSA



% urban, rural, SSA

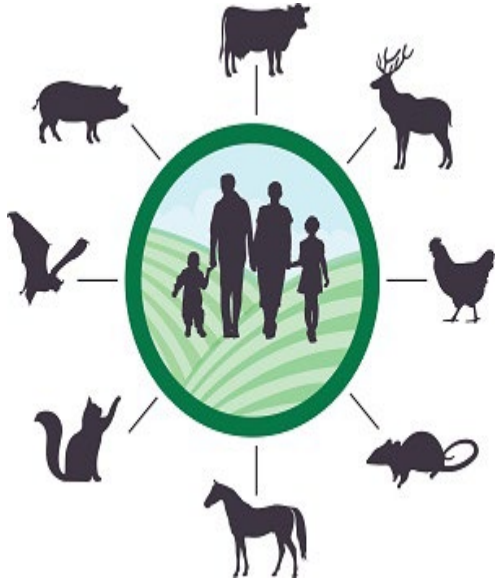


In the 10 highest burden countries in SSA, 43% of population already in urban areas in 2020

The tables will turn in 2036

RBM Partnership To End Malaria | Multi-sectoral Action Working Group

OUR WORLD IS CHANGING FAST…



INCREASED INTERACTIONS AT THE HUMAN-ANIMAL-ENVIRONMENTAL INTERFACE

WHY FOCUS ON URBAN AND PERI-URBAN SETTINGS?

- **Urbanisation**: From 2000 to 2030 the world's urban population is expected to increase from 2.7 billion to 5.1 billion people – i.e. 60% of global population

- **Environment:** Urban malaria and vector-borne disease risk varies according to types of construction, waste management, drainage, ditches and water storage that can create breeding sites for vectors

- **Urban vs rural:** WHO has recognised the different response required for the response to malaria in urban areas vs rural, to address rapid urban population growth and evolving malaria transmission dynamics in malaria endemic countries*

- **Multiple benefits of action**: Multi-sector response required to tackle malaria in cities will also help tackle other vector borne diseases, NTDs and TB

*WHO technical consultation on the burden of and response to malaria in urban areas (Malaria Policy Advisory Group 13-15 April 2021)

WHY WORK WITH CITY LEADERS?

Many of the indirect (i.e. non health) interventions to tackle vector borne disease fall under the direct responsibilities of local governments

TYPE	INTERVENTION
Environmental modification	• Improving drainage • Draining swamps • Dredging to increase water flow • Making embankments • Land reclamation • Deforestation/afforestation • Flood control • Improved sanitation including better water storage and provision and good maintenance of piped water • General infrastructure development — e.g., construction of roads
Social/ preventive	• House/window screening • Improved housing • House inspections to identify and remove breeding sites

Table extracted from WHO technical consultation on the burden of and response to malaria in urban areas (Malaria Policy Advisory Group 13-15 April 2021)

HEALTHY CITIES, HEALTHY PEOPLE

- The ***purpose*** of this initiative is to **support a network of city leaders** and link them with international health advocates. This initiative responds to the Commonwealth Local Government Forum **'Call to Action on Sustainable Urbanisation Across the Commonwealth'** and the CHOGM Communiqué 2018.
- The initial ***objective*** was to agree a ***Common Position and Commitment to Action,*** with a focus on the role city leadership can play in galvanising action beyond the health sector.
- The ***longer-term aim*** is to **mobilise substantial and sustainable support for urban health investment across the Commonwealth**, and create a *network* with a strong focus on vector-borne diseases and NTDs.
- Particular attention needs to be given to secondary cities which often lack the political power, resources and support of national capitals and commercial centres.

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Healthy Cities, Healthy People: Partners

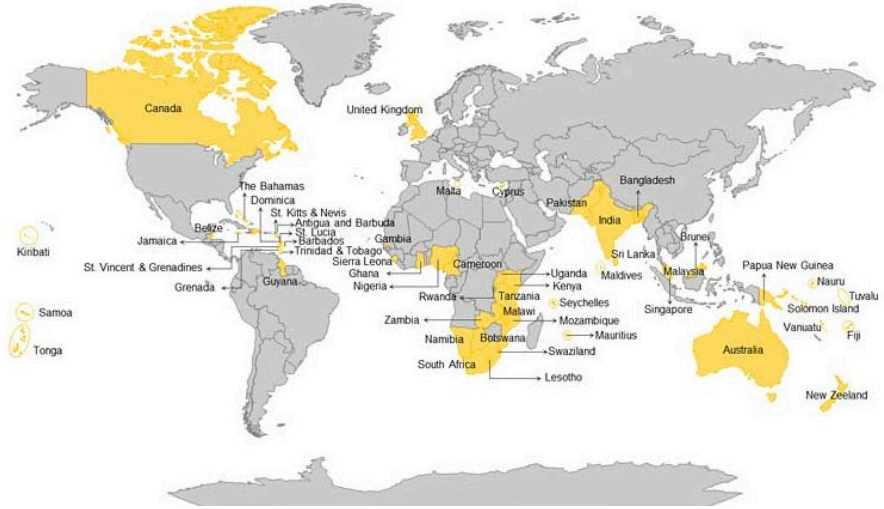
Partner Organisations

BOVA network · CRS Catholic Relief Services · The Commonwealth · clgf · RBM Partnership To End Malaria · Uniting to Combat Neglected Tropical Diseases · UN-HABITAT

Potential Collaborators

Bill & Melinda Gates foundation · African Development Bank · ADB Asian Development Bank · Caribbean Development Bank · IDB · The Global Fund · Smart Cities India · World Health Organization

Commonwealth Local Governments Forum (CLGF)



- Hosted series of regional meetings with 20+ countries represented, plus further consultations.
- Covid-19 highlights role of mayors/city leaders, but most lack authority and resources they need.
- Environmental factors must be addressed, investment in prevention has never been more critical
- Keen to join forces with Francophone Mayors & beyond

NEXT STEPS

- UN Habitat and CLGF are seeking resources to support city leaders with technical assistance, enabling them to build the case for investment, identifying opportunities to access sub-sovereign finance and other resources for infrastructure development and capacity building.

- A new financing mechanism has been developed. Which links the creation of a challenge fund for demonstration projects WITHIN current and planned larger scale investments

- Work plan is being developed under Commonwealth Sustainable Cities Network to link leaders with each other and with technical expertise. Widening the network to collaborate with Francophone partners and beyond.

- We are currently looking for resources to developing pilot projects to take to Commonwealth leaders at CHOGM, World Health Assembly, World Urban Forum etc

THE PATHFINDER ENDEAVOUR

- ***Overriding theme***: 'leave no one behind and sustainability'
- ***Action theme*** (*vision*): 'a malaria free world'
- ***Collaborative theme***: 'Mutual-benefits'

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

- Make development work for malaria control and malaria control work for development

"Unlock Synergy"

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

Nothing to Lose – only Gain

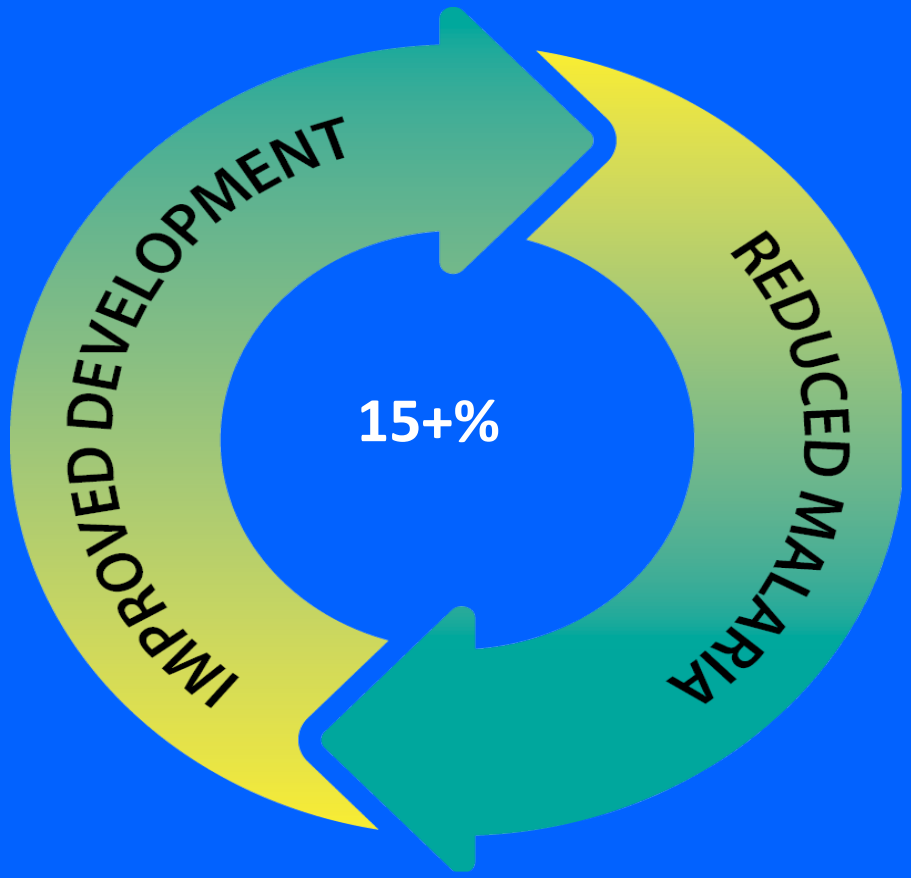
- Comprehensive multisectoral action for malaria complements and amplifies conventional malaria and selective sectoral approaches

THE PATHFINDER ENDEAVOUR OUTCOMES

What if …

Malaria-critical indicators across all 17 SDGs improved by 5%?

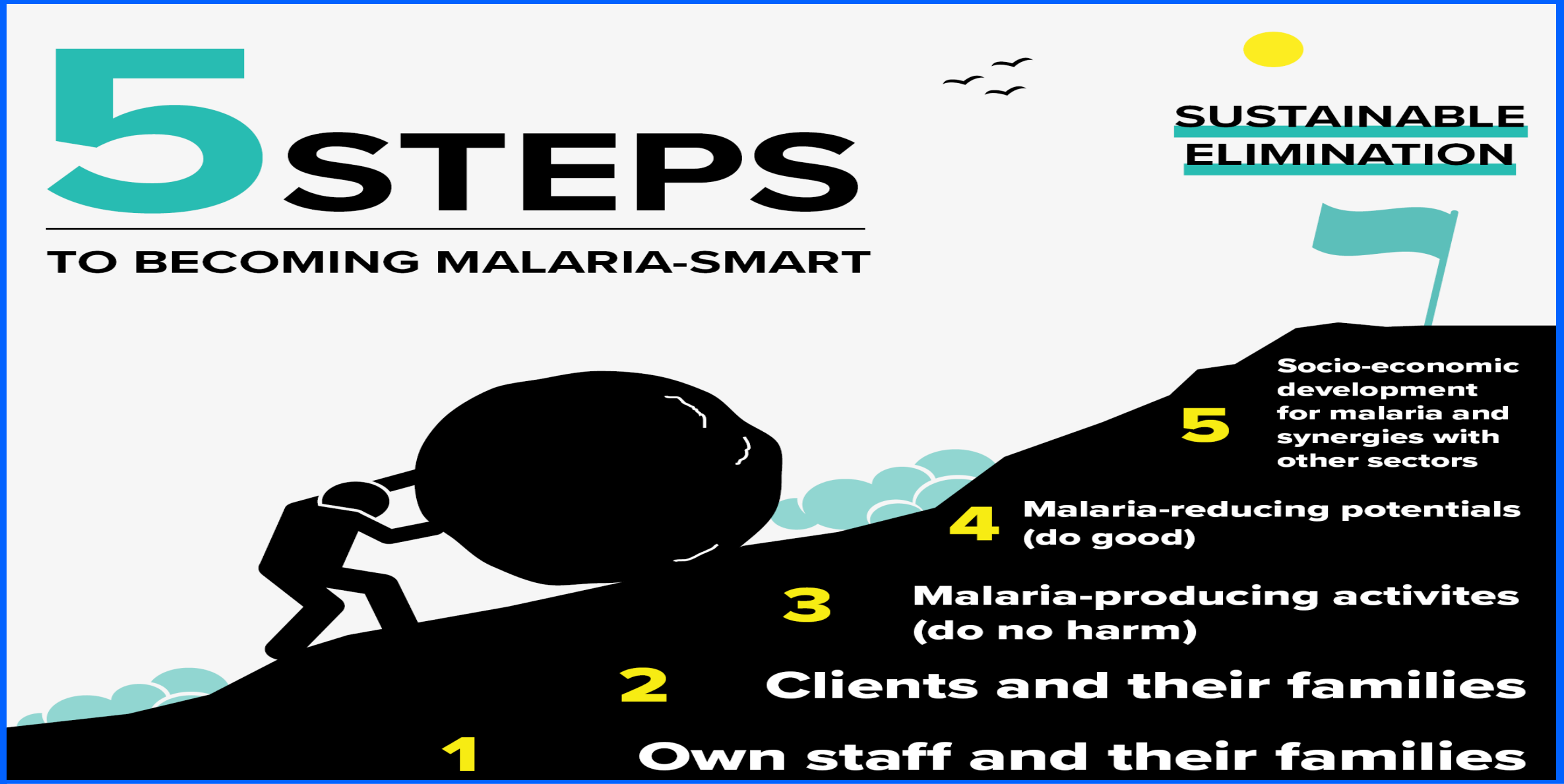
5%



Reach of conventional malaria interventions improved by 5%?

5%

MALARIA SMART SECTORS



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MUTUAL ACCOUNTABILITY

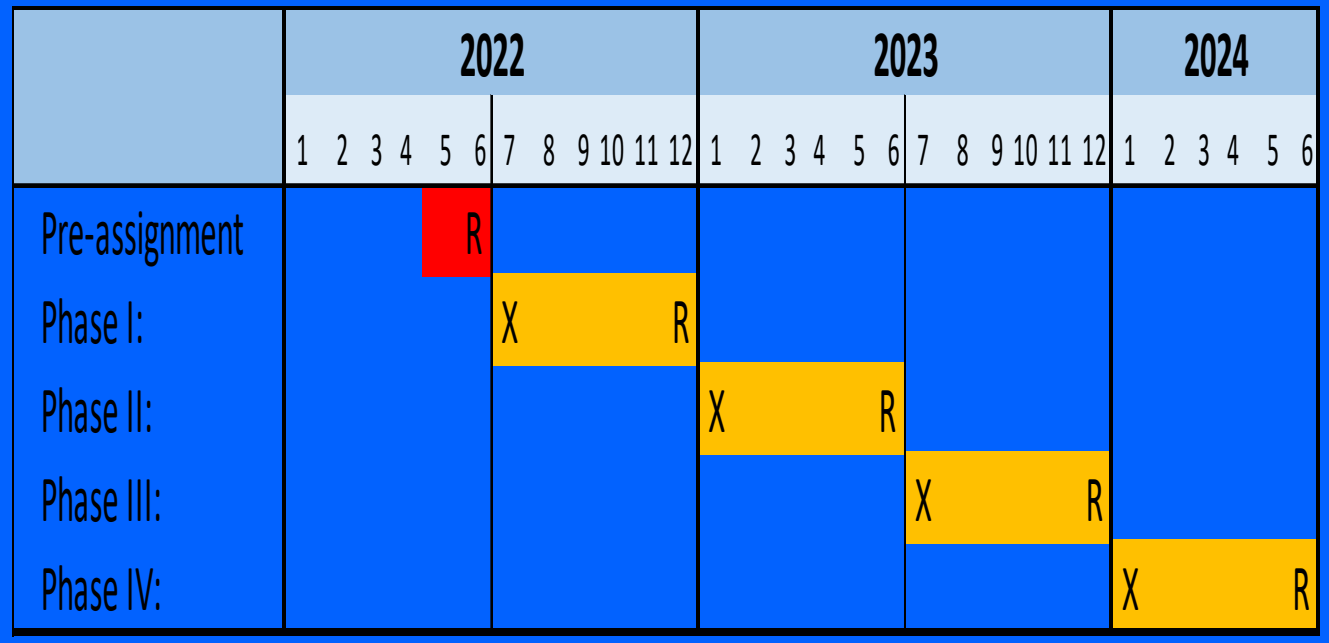
Two malaria-critical indicators for each of the 17 SDGs

1. **Within participating districts and countries**
   - Political, technical, and public
   - Local government officer
   - Health officer [NMCP]
   - Development partner present in district
2. **Across participating districts and countries**
   - Resources and progress against plans and targets
   - MoLG / MoPl
   - MoH/NMCP
   - Lead Development Partner

All relevant global technical strategy for malaria indicators

EXPLORE THE PATH

Methods of work: training; provision of toolbox; peer review, cross-learning and -support; adapting; planning, budgeting, and target setting; and analysing, learning, adjusting…..



Documentation and analysis: systematic and continuous reporting, real-time monitoring, participatory analysis and review

Pre-assignment
Rapid appraisal, 'hardest' districts (*development & malaria*), commitment, nominate 5

✹

Phase I
Understand local situation and determinants, select 3 districts per country, anchor in local ownership, Step1 and Step2

✹

Phase II
Add Step3 and Step4

✹

Phase III
Add Step5

✹

Phase IV
Sustain and institutionalize

Crosswalk GF Strategy 2023-2028 to the Pathfinder Endeavour

GF-Strategy – Mutually reinforcing contributory objectives		The Pathfinder Endeavour
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 first two steps of the "*Five steps to becoming malaria smart*" aim at raising a **sustainable and equitable health systems response** to the needs of sectoral actors, communities and population groups in districts The two malaria critical indicators for each of the 17 SDGs, include **two broad indicators that are also critical to UHC** (SGD3.8.1 & 3.b.1)
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	Focus on district and community / population group levels and **reaching the furthest behind first**. Political, technical, and public accountability with **direct real-time engagement of citizens and communities**
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	Addressing the **determinants** of health inequity, gender inequality and discrimination are cornerstones – and among the **root causes** for differential exposure, vulnerability, access, and health service outcomes.
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	Focus on **unlocking synergies, co-benefits, and better use of existing resources** across all sectors and actors in each district – **more value for the same money** – regardless of their source, primary purpose, and who controls them.

MAINSTREAMING MALARIA IN MULTISECTORAL PLANS

UGANDA EXPERIENCE

Guidance on Multisectoral Partnerships

3 Pertinent questions in Multisectoral Partnerships that guides Uganda experience:

1. **What do we mean by 'Multisectoral Action Against Malaria'?**
   - Interventions initiated and carried out by sectors other than the health sector that can work in synergy with and enhance the impact of health sector investments,
   - Expand the benefits of malaria investments to other sectors,
   - Reduce the strain on health systems and economies
2. **How do actions outside the health sector get in the way of progress?**

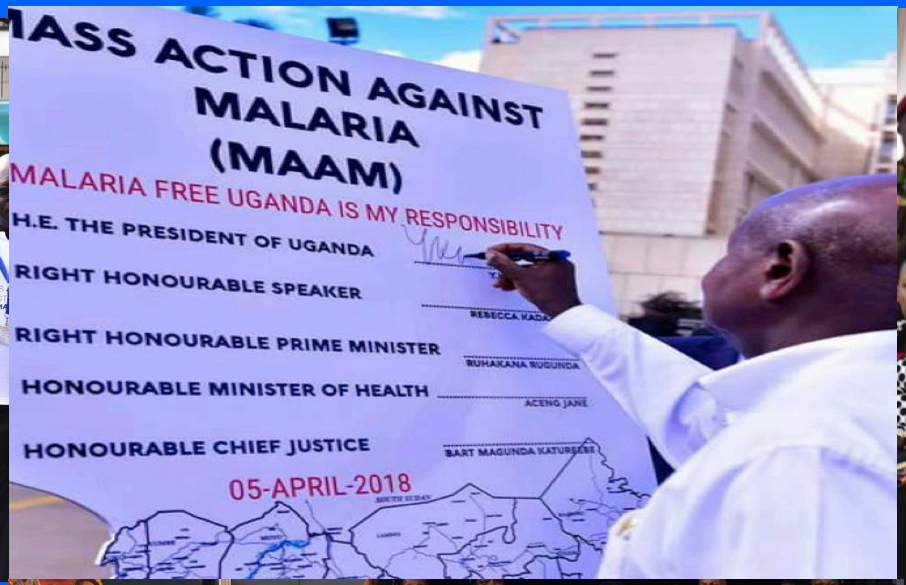
   Identified and classified all the sectors into
   - Malaria transmission enhancing sectors; Extraction/Mining, Agriculture
   - Malaria prevention and control sectors; Education, Local Government
   - Facilitating sectors; Finance
3. **How can we work together to end Malaria?**

   Engagement process included

   Activities: Consultations, tool adaptations, workplan development, consensus building workshops,

   Examples: Budget Call Circular, Music Dance Drama, MAAM Book series, Malaria Free Uganda, UPFM, AMICALL etc.

Presidential Commitment



Empowerment for Malaria free Uganda starts with You!
MAAM Handbook for Leaders (2019)

https://www.afro.who.int/publications/mass-action-malaria-free-uganda-handbook-leaders

- Developed in reference to the Mass Action Against Malaria (MAAM), a **multisectoral implementation approach** of bringing everyone on board in the fight against malaria.
- MAAM aims to attain Uganda's vision of a malaria free Uganda with a slogan – **"Am I malaria free today?"**
- Meant for leaders at all levels including the president, parliamentarians, civil servants, religious and cultural leaders, …, community leaders and households.
- Developed to **guide you on your role** in the fight against malaria for a healthy and productive nation
- MAAM aims to **reach every household** with malaria interventions.

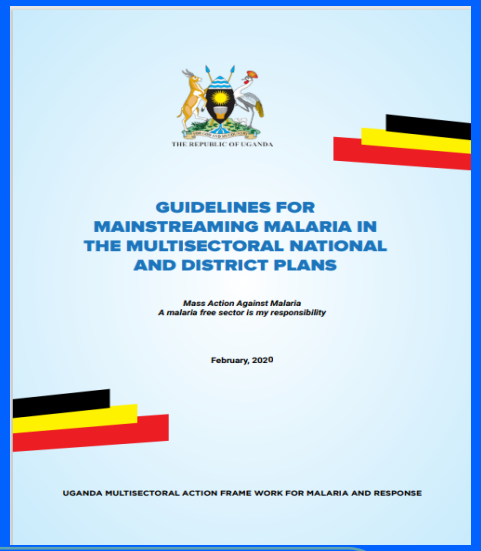
National level

Household level

MAINSTREAMING MALARIA INTO MULTI-SECTORAL NATIONAL AND DISTRICT PLANS, UGANDA (2020).

https://www.afro.who.int/publications/guidelines-mainstreaming-malaria-multisectoral-national-and-district-plans

To provide guidance to Ministries, Departments, and Agencies (MDAs) in mainstreaming of malaria control as a cross cutting issue in their plans and budgets in compliance with the Budget call Circular issued by the Permanent Secretary & Secretary to the Treasury (PSST) MoFPED starting with Financial Year 2020/21 budgets and over the medium term.



"I would like to appeal to the Private sector, Rotarians, Philanthropists and Individuals to contribute to the Malaria Free Uganda fund. Together we can achieve a malaria free Uganda by 2030" ***(Rt. Honourable Dr. Ruhakana Rugunda – Prime Minister of Uganda)***

"This guidance is critical towards strengthening and streamlining efforts by all Malaria multisectoral partners in sustainable malaria financing" **(*Dr. Diana Atwine, Permanent Secretary – MoH, Uganda*).**

"I therefore call upon all the Government MDAs and LGs, our valued partners - the Development Cooperation Agencies, NGOs, CSOs, and the private sector to use this document as a reference tool or a resource for effective malaria mainstreaming of malaria in your respective activities" ***Hon. Dr. Ruth Jane Aceng – Minister of Health, Uganda*.**

Rethinking Malaria: Multi-sectoral Engagement for Effective National Response to Malaria and Health System strengthening

BUDGETARY FRAMEWORK TRANSLATE POLITICAL WILL TO SUSTAINABLE RESOURCES

Telephone : 256 41 4707 000
: 256 41 4232 095
Fax : 256 41 4230 163
: 256 41 4343 023
Email : finance@finance.go.ug
Website : www.finance.go.ug

THE REPUBLIC OF UGANDA

Ministry of Finance, Planning & Economic Development
Plot 2-12, Apollo Kaggwa Road
P.O. Box 8147
Kampala
Uganda

In any correspondence on this subject please quote No. BPD 86/107/02

13th September 2019

All Accounting Officers (Central Government, Missions Abroad & Local Governments Votes),

All Chief Executive Officers of State Owned Enterprises and Public Corporations

THE FIRST BUDGET CALL CIRCULAR (1ST BCC) ON PREPARATION OF THE BUDGET FRAMEWORK PAPERS (BFPs) AND PRELIMINARY BUDGET ESTIMATES FOR FINANCIAL YEAR 2020/2021

A. INTRODUCTION

1. Section 9(3) of the Public Finance Management (PFM) Act 2015 (Amended) requires that, for every financial year, the Minister of Finance Planning and Economic Development should prepare a Budget Framework Paper that is consistent with the National Development Plan and Charter of Fiscal Responsibility.

2. In line with the above, Section 9(1) of Public Finance Management (PFM) Act 2015 (Amended) requires every Accounting Officer, in consultation with the relevant stakeholders, to prepare a Budget Framework Paper for the Vote, taking into consideration balanced development as well as gender and equity responsiveness. This should be submitted to the Minister of Finance Planning and Economic Development by **15th November**. This is meant to facilitate analysis, consolidation of the National Budget Framework Paper (NBFP) and onward submission to

III. Malaria Mainstreaming

57. Whereas Uganda has experienced a reduction in malaria prevalence, it is one of the leading killer diseases and largely affects the strength of labor force through sickness and time taken to treat and care for those affected. As part of the budget preparation for FY 2020/21, Accounting Officers are advised to plan for a malaria free environment by ensuring that resources are earmarked for bush clearing around the offices as well as sensitization of staff to adopt malaria preventive measures, among other budget cross cutting actions, in their homes.

58. Furthermore, in the development of work plans where the intended intervention(s) have a community focus, the issue of malaria prevention should be incorporated. The Permanent Secretary, Ministry of Health is advised to issue a guideline on specific details related to malaria prevention by 25th September, 2019 to guide Accounting Officers in the course of preparing their work plans and detailed budget estimates for FY 2020/21.

Tel: +256 - 417 - 712260
PS' Office: +256 - 417 - 712221
Toll free: 0800100066
E-mail: ps@health.go.ug
Website: www.health.go.ug

IN ANY CORRESPONDENCE ON THIS SUBJECT PLEASE QUOTE NO. ADM.105/309/15

THE REPUBLIC OF UGANDA

Office Of The Permanent Secretary
Ministry Of Health
P.O.Box 7272
Plot 6, Lourdel Road - Wandegeya
KAMPALA, UGANDA

25th September,2020

MINISTRY OF FINANCE, PLANNING & ECONOMIC DEVELOPMENT
P. O. BOX 8147, KAMPALA
TEL: +256414707000
30 SEP 2020
REGISTRY RECEIVED
TIME:.....

Permanent Secretary/ Secretary to the Treasury
Ministry of Finance Planning & Economic Development
P. O. Box 8147
Kampala, Uganda

Dear Colleague,

RE: REQUEST FOR CONTINUED INCLUSION OF MALARIA AS CROSS CUTING ISSUE IN BCC 2021/2022 & BEYOND AND SUBIMSION OF GUIDELINES FOR MAINSTREAMING MALARIA IN NON-HEALTH SECTORS.

As you are aware that Global Fund to fight HIV, TB, & Malaria, awarded a total of USD $260,024,950 for Malaria control in Uganda, and an additional USD $3,000,000 as matching funds (available on investing an equal amount). There is a potential addition called Prioritized Above Allocation (Conditional to availability of additional funds/savings) of $38,918,197, for the period January 2021 to December 2023. Please note that the Ministry of Finance, Planning and Economic Development (MoFPED) is the PR1 with TASO as PR2 for these funds.

However, the Global Fund Technical Review Panel (TRP), an independent review panel, came up with recommendations (conditional precedents) among others, issue number 6; ***Need to identify additional GoU financing for malaria interventions***

It was observed that Uganda is a hyper-endemic malaria country situated within a transmission belt that makes disease control challenging. Its proximity to the Congo Basin, climate change, pressure on eco-systems, and influx of refugees, are also making the country vulnerable to malaria epidemics.

The TRP recommended that the MoFPED to work together with the Secretariat during grant implementation, to ensure malaria is included in the GOU's planning, including technical analyses, around a long-term strategy for transition in external support for critical disease programs.

In our response, we stated that the GOU has agreed to continue mainstreaming Malaria as a cross-cutting issue, referring to the recent Budget Call Circular (2020/2021) of 13th September 2019, where malaria was included in the cross-cutting issues to be integrated in multispectral work plans and budgets (see page 13 of the Call Circular). The Malaria community remains profoundly appreciative of this commitment.

Therefore, we hereby solicit the continuity of the same in the BCC 2021/2022 and beyond. In addition, we wish to request for a system for tracking Malaria funding to be included in the chart of accounts in line with the Guidelines on page 23.

In this regard, the MOH has established **Malaria Free Uganda,** a private sector initiative, to raise funds that will complement Government of Uganda's efforts towards the elimination of malaria in Uganda by 2030. With regards to your request, we have published the **Guidelines for Mainstreaming Malaria in the Multispectral National and District plans. The guidelines provide guidance on how to mainstream Malaria in non-health sector plans.** We humbly request that you mention the use of guidelines by all sectors and circulate it alongside the BCC 2021/2021.

The purpose of this letter therefore is to request you to re-affirm your commitment and possibly increase the budget for supporting Malaria control in writing to The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) and provide a system for tracking Malaria funding in multisectoral workplans.

Dr Diana Atwine
PERMANENT SECRETARY

Cc: Hon Minister of Health
Cc: Hon Minister of State, Primary Health Care
Cc: Hon Minister of State, General Duties
Cc: Managing Director, National Medical Stores

Telephone : 256 41 4707 370
Fax : 256 41 4232 095
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THE REPUBLIC OF UGANDA

Ministry of Finance, Planning & Economic Development
Plot 2-12, Apollo Kaggwa Road
P.O. Box 8147
Kampala - Uganda

In any correspondence on this subject please quote No. BPD 86/107/01

15th February, 2021

All Accounting Officers (Central and Local Government Votes) and,
All Chief Executive Officers of State Owned Enterprises and Public Corporations

THE SECOND BUDGET CALL CIRCULAR ON FINALISATION OF DETAILED BUDGET ESTIMATES AND MINISTERIAL POLICY STATEMENTS (MPSs) FOR FINANCIAL YEAR 2021/2022

A. INTRODUCTION

1. The Second Budget Call Circular (2nd BCC) for FY 2021/2022 is issued in line with Section 11(b) of the Public Finance Management (PFM) Act, 2015 (Amended).
2. In line with the above and as required under Section 9 (8) of the PFM Act 2015, Cabinet and Parliament respectively approved the National Budget Framework Paper (NBFP) for FY 2021/2022 with recommendations. Accordingly, we have embarked on the process of finalization of the Budget for FY 2021/2022.
3. The Budget for FY 2021/2022 is anchored on the Third National Development Plan (NDP III), the Budget Strategy approved in the National Budget Framework Paper for FY 2021/2022, the NRM Manifesto 2021 – 2026 and the twelve strategic policy intervention areas by H.E. The President.
4. Section 13 (3) of the PFM Act 2015 requires Detailed Budget Estimates to be presented in Parliament by **1st April** for review, approval and appropriation by Parliament by **31st May**. Similarly, Section 13 (7) of the PFM Act, 2015 requires the Minister of Finance, Planning and Economic Development to present the proposed Budget Estimates in Parliament accompanied by a Certificate of Compliance (CoC) issued by the National Planning Authority. Accordingly, Accounting Officers should submit copies of the following documents, to the National Planning Authority (NPA), by **Thursday**, 11th **March 2021** for review and issuance of the Certificate of Compliance:
   i. Approved Ministries, Departments and Agencies (MDA) Strategic Plan (2021/2022 – 2025/2026);
   ii. MDA BFPs for FY 2019/2020 and 2020/2021;
   iii. Ministerial Policy Statements (MPS) for FY 2019/2020;
   iv. Annual Performance Report for FY 2019/2020; and
   v. MDA Project Specific Progress Reports for FY 2019/2020.
5. The purpose of this Circular therefore, is to the following:

Malaria

62. Whereas Uganda has experienced a reduction in malaria prevalence, it is one of the leading killer diseases and largely affects the strength of labor force through sickness and time taken to treat and care for those affected. As part of the budget preparation for FY 2021/2022, Accounting Officers are advised to plan for a malaria free environment by ensuring that resources are earmarked for bush clearing around the offices as well as

sensitization of staff to adopt malaria preventive measures, among other budget cross cutting actions, in their homes.

63. Furthermore, in the development of work plans where the intended intervention(s) have a community focus, the issue of malaria prevention should be incorporated. The Permanent Secretary, Ministry of Health has issued and disseminated the Guidelines on specific details related to malaria. These are expected to guide Accounting Officers in the course of preparing their work plans and detailed budget estimates for FY 2021/22.

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In any correspondence on this subject please quote No. BPD/86/02

Ministry of Finance, Planning & Economic Development,
P.O Box 8147
Kampala, Uganda

15th February 2022

All Accounting Officers (Central and Local Government Votes) and,
All Chief Executive Officers of State Owned Enterprises and Public Corporations

THE SECOND BUDGET CALL CIRCULAR ON FINALISATION OF THE BUDGET FOR FINANCIAL YEAR 2022/2023

A. INTRODUCTION

1. The Second Budget Call Circular for FY 2022/2023 is hereby issued pursuant to Part III, Section 10 – 13 of the Public Finance Management Regulations, 2016.

2. The National Budget Framework Paper (NBFP) for FY 2022/2023 – 2026/2027 was approved by Parliament on 28th of January 2022 respectively, with recommendations in line with Sections 9 (5 & 8) of the Public Finance Management (PFM) Act, 2015.

NDPIII. **Unlike other budget output codes, this has been created as a special purpose code that can be used across all the 20 Programmes of the NDPIII.**

106. You are advised effectively to allocate 0.1% of your total budget (excluding pension, gratuity and transfers) towards various HIV&AIDs interventions as per the HIV&AIDS mainstreaming Guidelines issued by Uganda AIDS Commission. All Accounting Officers are instructed to clearly use the Budget output code to outline and cost their HIV / AIDS related activities for the FY 2022/23 including: Counselling, Social support, Awareness Campaigns, Workplace policies and Care and treatment.

Malaria Mainstreaming

107. Whereas Uganda has experienced a reduction in malaria prevalence, it is one of the leading killer diseases and largely affects the strength of labor force through sickness and time taken to treat and care for those affected. As part of the budget preparation for FY 2020/21, Accounting Officers are advised to plan for a malaria free environment by ensuring that resources are earmarked for bush clearing around the offices as well as sensitization of staff to adopt malaria preventive measures, among other budget cross cutting actions, in their homes.

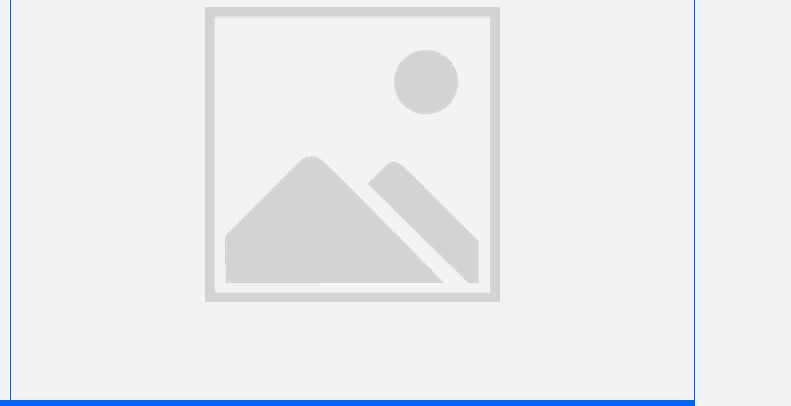
108. Furthermore, in the development of work plans where the intended intervention(s) have a community focus, the issue of malaria prevention should be incorporated. The Permanent Secretary, Ministry of Health issue the Guidelines on specific details related to malaria prevention to guide Accounting Officers in the course of preparing their work plans and detailed budget estimates for FY 2022/2023.

109. A copy of the Guidelines can be accessed on the link

Gender and Equity Budgeting

110. The mainstreaming of gender and equity issues remains one of the government's primary commitments under the Sustainable Development Goals (SDGs). Section 9(6) of the PFM Act 2015 requires the Minister of Finance, Planning, and Economic Development to certify that MALG budgets are gender and equity responsive in consultation with the Equal Opportunities Commission (EOC).

Recent High level Political Engagement



NATIONAL NEWS
Friday, September 3, 2021

By Betty Amamukiroi

PRESIDENT MUSEVENI COMMITS TO STRENGTHENING MALARIA FIGHT

President Yoweri Kaguta Museveni has made strong commitments in the fight to end malaria infections in Uganda.

Speaking at a global malaria webinar organised by Harvard University in the US and Makerere University and a host of other sponsors, the President admitted that much as malaria consumes a lot of resources and does a lot of damage to the economy, there has been laxity in the fight to eliminate the disease.

"We are used to just managing the problem of malaria and our medical service was biased towards curative care. The preventive measures are not emphasised," he said, noting that once he gets the figures on the gains the country will make when it moves from the curative approach to prevention, he will launch a full war against the disease.

"I am ready to launch a full war against the mosquitoes and plasmodium (the parasite that causes malaria) so that we are free from malaria," Museveni said.

According to the 2019 WHO World Malaria report, Uganda has the third highest global malaria burden (5%) and the eighth highest number of deaths (3%). The country has the highest proportion of malaria cases in East and southern Africa, standing at 23.7%.

Research evidence shows that Uganda has a stable, perennial malaria transmission in 95% of the country with Anopheles gambiae s.l. and Anopheles funestus s.l being the most common malaria vectors.

In the fight against the disease, Uganda has employed a multi-pronged approach involving the use of insecticide-treated mosquito nets, larviciding and indoor residual spraying.

Museveni said: "We have been leisurely handling malaria. The disease has lived with us for centuries and we haven't been as scared of it as we have been of COVID-19."

He said just like other diseases, one needs to understand human behaviour and society to control malaria.

Citing the country's successful war against the guinea worm and tuberculosis, Museveni underscored the importance of behavioural change and community engagement in eliminating the biological agents that cause the diseases.

"With the guinea worm, we realised that if you cleaned the water that was the end of Guinea worm. The same with malaria; we are looking at larviciding, the killing of the larvae to lessen the mosquitoes, the use of insecticide-treated mosquito nets and spraying the walls," he said.

He said the multi-pronged approach is the right way to deal with mosquitoes, stating that other treatment approaches such as the use of quinine and chloroquine have been short-lived since the plasmodia mutate into more resistant variants.

The President's remarks came after a submission by scientists that the only way to eliminate malaria is through community engagement and use of evidence up-to-date data.

Globally, 40 countries and territories have been granted a malaria-free certification from WHO – El Salvador in 2021, China in 2021, Algeria in 2019, Argentina in 2019, Paraguay in 2018 and Uzbekistan in 2018.

Earlier, Prof. George F. the director-general, Ch Center for Disease Contro Prevention and vice-pres Chinese National N Science Foundation, noted China was able to elim malaria due to the st leadership right from the h level to the central governm

He said China relied on lo surveillance reports and scien based on evidence in its fight.

In Sri Lanka, that eliminate malaria in 2012, Prof. Emerita of Colombo University, Kamini Mendis, said empowering people at the local level, having a good technical governance structure with a strong political will, and research played a big role in kicking out the disease.

In response, Museveni said the Government has emphasised and supported science research, especially in universities and institutions such as Uganda Virus Research Institute (UVRI).

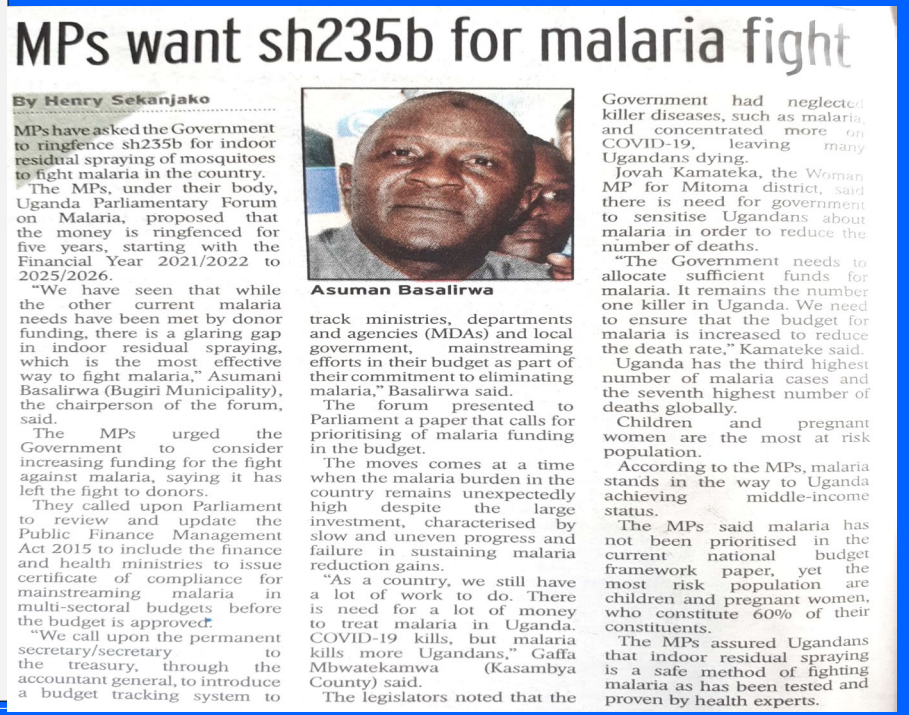
He called for a collaborative response, especially among African countries through ensuring that there is division of labour to quicken the pace of scientific researches and ensure efficiency.

He also stated that besides behavioural change sensitisation, there is need to adopt force in enforcement of preventive measures in communities.

PPU PHOTO

President Museveni speaking during webinar on rethinking malaria in Africa in the context of COVID-19

Ministry allows international schools to reopen for finalists



MPs want sh235b for malaria fight

By Henry Sekanjako

MPs have asked the Government to ringfence sh235b for indoor residual spraying of mosquitoes to fight malaria in the country.

The MPs, under their body, Uganda Parliamentary Forum on Malaria, proposed that the money is ringfenced for five years, starting with the Financial Year 2021/2022 to 2025/2026.

"We have seen that while the other current malaria needs have been met by donor funding, there is a glaring gap in indoor residual spraying, which is the most effective way to fight malaria," Asumani Basalirwa (Bugiri Municipality), the chairperson of the forum, said.

The MPs urged the Government to consider increasing funding for the fight against malaria, saying it has left the fight to donors.

They called upon Parliament to review and update the Public Finance Management Act 2015 to include the finance and health ministries to issue certificate of compliance for mainstreaming malaria in multi-sectoral budgets before the budget is approved.

"We call upon the permanent secretary/secretary to the treasury, through the accountant general, to introduce a budget tracking system to track ministries, departments and agencies (MDAs) and local government, mainstreaming efforts in their budget as part of their commitment to eliminating malaria," Basalirwa said.

Asuman Basalirwa

The forum presented to Parliament a paper that calls for prioritising of malaria funding in the budget.

The moves comes at a time when the malaria burden in the country remains unexpectedly high despite the large investment, characterised by slow and uneven progress and failure in sustaining malaria reduction gains.

"As a country, we still have a lot of work to do. There is need for a lot of money to treat malaria in Uganda. COVID-19 kills, but malaria kills more Ugandans," Gaffa Mbwatekamwa (Kasambya County) said.

The legislators noted that the Government had neglected killer diseases, such as malaria, and concentrated more on COVID-19, leaving many Ugandans dying.

Jovah Kamateka, the Woman MP for Mitoma district, said there is need for government to sensitise Ugandans about malaria in order to reduce the number of deaths.

"The Government needs to allocate sufficient funds for malaria. It remains the number one killer in Uganda. We need to ensure that the budget for malaria is increased to reduce the death rate," Kamateke said.

Uganda has the third highest number of malaria cases and the seventh highest number of deaths globally.

Children and pregnant women are the most at risk population.

According to the MPs, malaria stands in the way to Uganda achieving middle-income status.

The MPs said malaria has not been prioritised in the current national budget framework paper, yet the most risk population are children and pregnant women, who constitute 60% of their constituents.

The MPs assured Ugandans that indoor residual spraying is a safe method of fighting malaria as has been tested and proven by health experts.

MAAM INITIATIVE AT SUB-NATIONAL LEVELS: MAAM DISTRICT TASK FORCES SUPPORTING DISTRICT AND COMMUNITY HEALTH TEAMS

Health Minister, Dr Ruth Aceng, launching District MAAM Task Force at a district headquarter

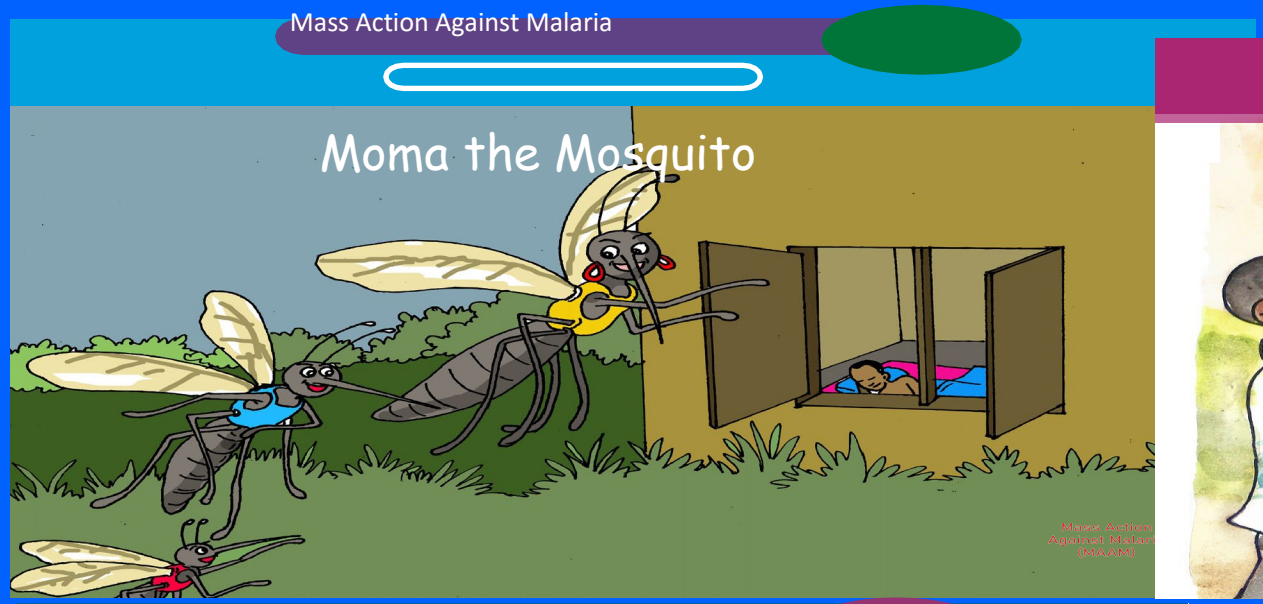
District MAAM Task Force at Lira

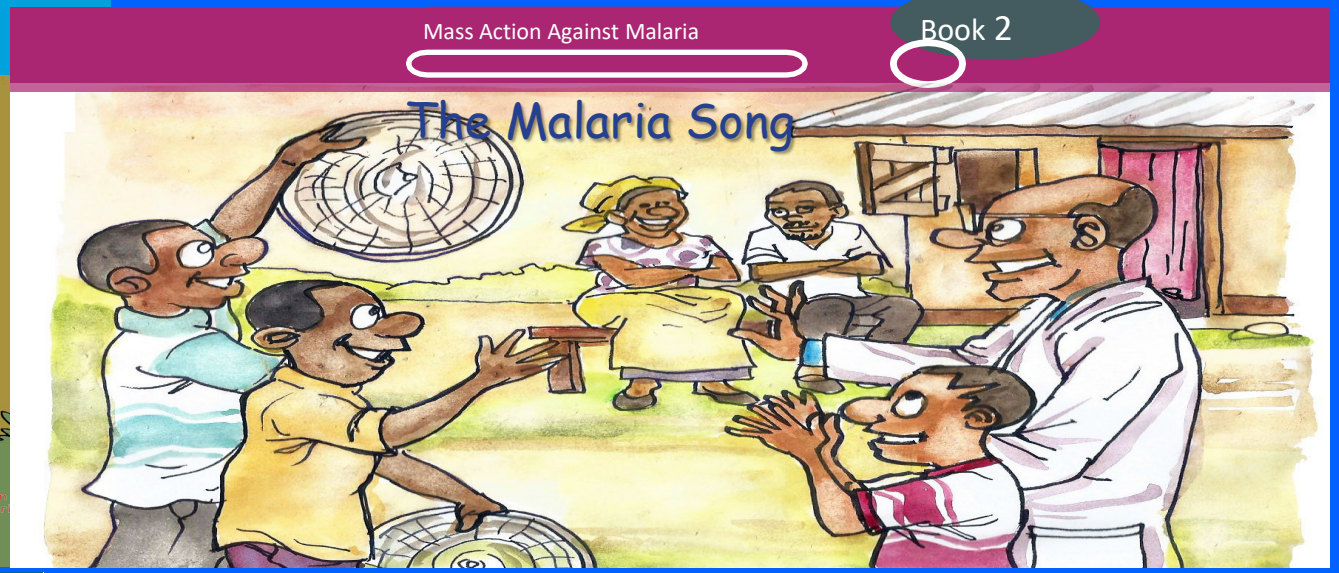
Mass awareness and social mobilization activities

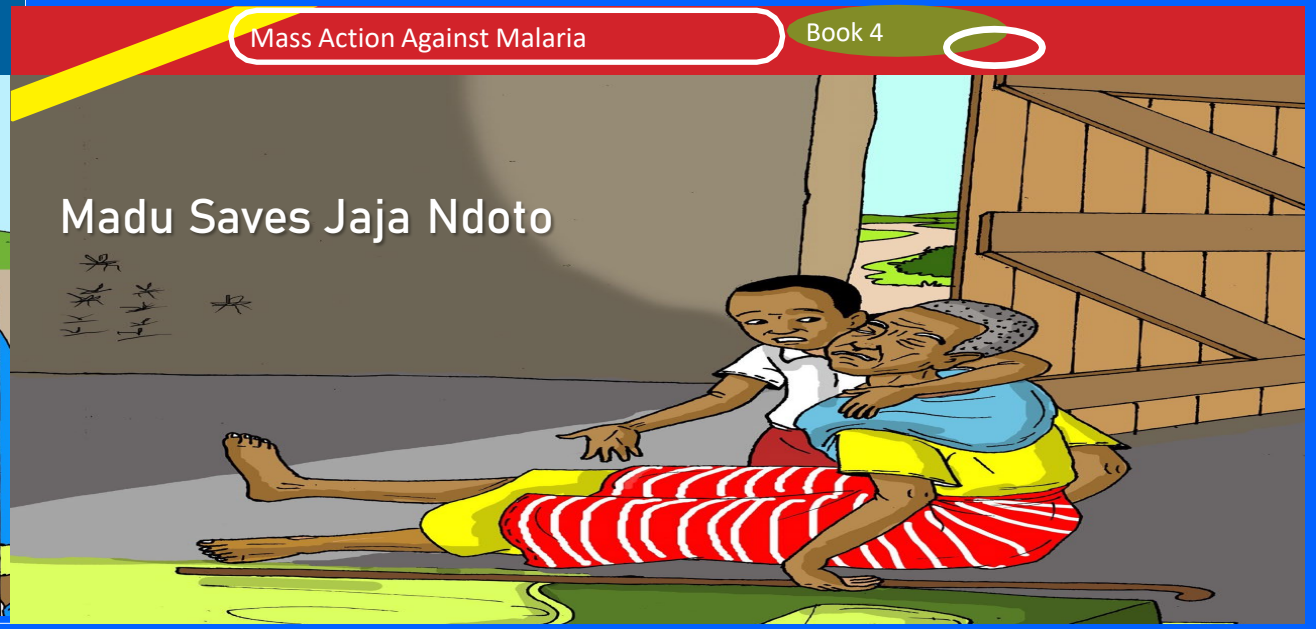
The Armed Forces were not left out

National School MAAM MDD Competitions

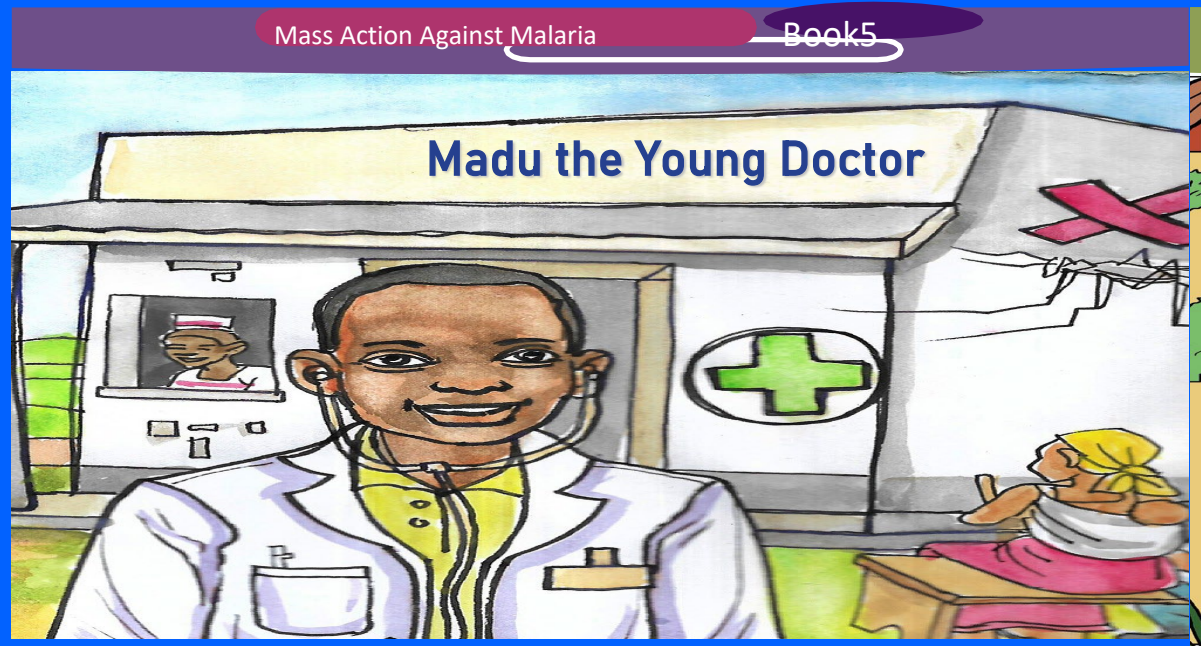
MAAM Malaria Free Schools (Primary school Series)







MAAM Malaria Free Schools (Primary school Series & Instructors)



Malaria Smart School/ Home Model

A HAND BOOK FOR MALARIA CHAMPIONS

Ministry of Education Implement MAAM in Schools/NCDC Approve MAAM Books

CD/2021/57

NCDC
NATIONAL CURRICULUM DEVELOPMENT CENTRE

Certificate of Approval

This is to certify that this material:

"MASS ACTION AGAINST MALARIA SERIES BOOK 1 - 7"

By: SCIENCE TEACHERS' INITIATIVE

has been evaluated by National Curriculum Development Centre and deemed appropriate for use as a

READER AT PRIMARY LEVEL

Signed
DIRECTOR
NCDC

NCDC
NATIONAL CURRICULUM DEVELOPMENT CENTRE

Kyambogo Hill
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Tel: +256 393-112088
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Web: www.ncdc.go.ug

Our Ref: CD/ADM/25/1
Your Ref:
Date: 22/02/2022

The Permanent Secretary,
Ministry of Education and Sports.

Dear Madam,

RE: RECOMMENDATION FOR MASS ACTION AGAINST MALARIA SUPPLEMENTARY READERS

For effective implementation of the competence-based curriculum, NCDC has been evaluating, approving and recommending educational materials to improve the quality of education.

Last year the NCDC approved and awarded certificates of evaluation for Mass Action Against Malaria readers from River Flow International authored by Science Teachers' Initiative. Our team found these readers relevant to the science curriculum and they serve the purpose of equipping learners in schools with scientific knowledge on malaria control and prevention.

I am therefore pleased to recommend to you these books to improve the quality of science education in schools for knowledge application and life-long learning.

I appreciate any support rendered.

Yours faithfully,

Dr. Grace K. Baguma
DIRECTOR

OFFICE OF THE DIRECTOR
23 FEB 2022

cc. : Permanent Secretary, Ministry of Health.

Telegram: "EDUCATION"
Telephone: 234451/8
Fax: 256-41-234920

THE REPUBLIC OF UGANDA

Ministry of Education and Sports
Embassy House
P.O. Box 7063
Kampala Uganda
Website: www.education.go.ug
Email: permasec@education.go.ug

In any correspondence on this subject please quote: **ADM/298/311/01**

11th April 2022

All District/Municipal/City Education Officers,
All District/Municipal/City Inspectors of schools.

MASS ACTION AGAINST MALARIA (MAAM) SUPPLEMENTARY READERS

For effective implementation of Competence Based Curriculum (CBC), National Curriculum Development Centre (NCDC) has been evaluating, approving and recommending, educational materials to improve the quality of education in Uganda.

Last year, NCDC approved and awarded certificates of evaluation for Mass action Against Malaria readers from River Flow International authored by Science Teachers Initiative. The NCDC in their letter referenced CD/ADM/25/1 dated 22nd February 2022 to MOES, recommended the MAAM books to improve quality of Science Education in schools for knowledge application and lifelong learning.

We have confidence that learners will access these books and put them to the right use. Our Vision is to attain a malaria free education sector by 2030.

The purpose of this letter therefore, is to strongly encourage you to use every effort and opportunity to promote use of these books in your respective Local Governments.

Ismael Mulindwa
For: **PERMANENT SECRETARY**

c.c: Commissioner, Basic Education
Chief Administrative Officer/Town Clerk.....

Telegram: "EDUCATION"
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Fax: 234920

THE REPUBLIC OF UGANDA

Ministry of Education and Sports
Embassy House
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Website: www.education.go.ug
Kampala, Uganda

In any correspondence on this subject please quote: ADM/137/157/01

CIRCULAR NO.20/2018

The Chief Administrative Officers/Town Clerks
Executive Director, Kampala City Council Authority

NATIONAL EFFORTS TO STRENGTHEN SCHOOL HEALTH; MASS ACTION AGAINST MALARIA AND MUSIC DANCE AND DRAMA

On September 1st to 8th 2018, the Ministry of Health in collaboration with Ministry of Education and Sports successfully held the National Music Dance and Drama (MDD) competitions for Secondary and Primary schools respectively. Both Ministries agreed to use edutainment (education through entertainment) channel of MDD competitions in schools to transform and equip learners with knowledge and skills as change agents to fight malaria

Ministry of Health aims to achieve a Malaria Free Uganda by 2030 through Mass Action Against Malaria (MAAM). To that effect the of Ministry of Education and Sports aims to achieve Malaria Free Schools because Malaria is the number one cause of Morbidity, Mortality, poor academic performance, and drop out in schools. Community surveys in Uganda have shown that children aged 5 to 15 years had the highest malaria prevalence and these are all of the school going age.

District Education Officers (DEOs) and Head Teachers are very critical in the dissemination of Health information and practices to the learners and the communities they serve and we would like to appreciate the support and cooperation they provided during the implementation of the National Roll-out of HPV vaccination, Distribution of Long Lasting Insecticidal Treated Nets in selected schools, De-worming, Development of school Health Micro-Plans between health facilities and catchment schools and Participation in Child Health Days.

The purpose of this circular is to bring to your attention the following health promotion activities to be conducted in your schools:

i) Establishment of clubs to discuss health issues affecting learners including: malaria, HIV/AIDS, Tuberculosis, Immunisable diseases, Non Communicable Diseases, Diarrheal diseases (WASH) and nutrition.

ii) School Management Committees/Board of Governors to ensure the following malaria control interventions are properly implemented:
   a. Indoor Residual Spraying (IRS) for both dormitories and classrooms & toilets conducted during the holidays
   b. Screening of the windows and ventilators
   c. Encouraging learners to use protective clothing to limit mosquito bites (long sleeves and trousers in the evenings/night)
   d. Clearing bushes around schools and homes.
   e. Draining any stagnant water (Draining gutters, broken containers, covering water drums/containers) to destroy breeding sites for mosquitoes

iii) Work with the nearest health facility to develop a schedule for providing health education talks and referral mechanisms for learners in case of complicated malaria and other medical conditions of concern.

iv) Follow up cases of school absentees to establish reason and provide possible support where required.

We would like to emphasize the need for updated appropriate messages, regular supportive supervision and continuous monitoring and evaluation to identify gaps in the implementation and address them in a timely manner to ensure malaria free schools by 2020.

We look forward to your support and cooperation

Dr. Daniel Nkaada
For: PERMANENT SECRETARY

Copy: District /Municipal Education Officers,
" Director, Education and Social Services, KCCA.
" District /Municipal Inspectors of Schools
" Board of Governors Chairpersons,
" School Management Committee chairpersons,
" Head Teachers.

Telegram: "EDUCATION"
Telephone: 234451/8
Fax: 256-41-234920

THE REPUBLIC OF UGANDA

Ministry of Education and Sports
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In any correspondence on
This subject please quote: **ADM/298/312/01**

18th March 2022

CIRCULAR NO. 15

The Chief Administrative Officers/Town Clerks
Executive Director, Kampala City Council Authority

NATIONAL EFFORTS TO STRENGTHEN THE MASS ACTION AGAINST MALARIA THROUGH SCHOOLS DURING THE MONTH OF APRIL

The Ministry of Education and Sports in collaboration with the Ministry of Health have rolled out the Mass Action Against Malaria (MAAM) with the overall objective of achieving a Malaria Free Uganda by 2030. The program is intended to achieve a Malaria Free School environment since Malaria is the number one cause of morbidity, mortality, poor academic performance and drop outs in schools. Community surveys have shown that children of school going age (5 to 15 years) have the highest Malaria prevalence.

In 2018, the Ministry of Health joined the National Music Dance and Drama (MDD) competitions for Secondary and Primary schools to promote the fight against Malaria. Both Ministries agreed to use edutainment (education through entertainment) channel of MDD competitions in schools to transform and equip learners with knowledge and skills as change agents to fight Malaria. However with the outbreak of the Covid-19 epidemic in 2020, the program was halted due to various concerns.

One of the measures to continue implementing the MAAM program, the two ministries wish to use the Malaria month of April to educate and sensitize schools about Malaria prevention and control. The District Education Officers (DEOs) and Head Teachers are very critical in the dissemination of Health information and practices to the learners and the communities they serve.

The purpose of this circular is to bring to your attention the following health promotion activities to be conducted in your schools during the Malaria month of April;

i). Activation of Science Clubs to discuss Malaria prevention and control measures to learners. These discussions should also include other common diseases such as HIV/AIDS, Tuberculosis, Immunisable diseases, Non Communicable Diseases, Diarrheal diseases (WASH) and nutrition.

ii). School Management Committees/Board of Governors should ensure the following Malaria control interventions are properly implemented:

   a. Indoor Residual Spraying (IRS) for dormitories, classrooms and toilets
   b. Clearing bushes around schools and homes that can aid the breeding of mosquitoes,
   c. Draining any stagnant water (draining gutters, broken containers, covering water drums/containers) to destroy breeding sites for mosquitoes.
   d. Screening of the windows and ventilators of school facilities,
   e. Encouraging learners to use protective clothing to limit mosquito bites (long sleeves and trousers in the evenings/night)

We look forward to your support and cooperation.

Ismael Mulindwa
For: **PERMANENT SECRETARY**

c.c: Director, Education and Social Services, KCCA
Commissioner, Basic Education
District /Municipal Education Officers,
District /Municipal Inspectors of Schools
Board of Governors Chairpersons,
School Management Committee Chairpersons
Head Teachers.

Conclusions/ Recommendation

- Malaria is both **a result** and **a cause** of a lack of development and should be seen as a development issue.
- The **Malaria Multisectoral Action Framework** adds this development dimension, by making actions **outside** the health sector **essential components** of malaria control
- Multisectoral Partnerships contributes to the current need for sustainable domestic resource mobilization.
- National Malaria Programmes need to have Multisectoral engagement Objective in their strategic plans
- CRSPC to recruit Consultants for supporting countries on Multisectoral engagement (Trained by MSWG)
- MSWG to develop performance indicators for multisectoral engagement
- Annual SRN meetings should have Multisectoral engagement progress reporting

INTERIM HYBRID RBM MSWG MEETING

RBM Partnership To End Malaria | Multi-sectoral Action Working Group

Tuesday 30 August 2022, 15:00-17:30 CET

RECENT ADVANCES IN MULTISECTORAL APPROACHES IN MANAGING VECTOR-BORNE DISEASES

MOVING IN ACTION IN A SUSTAINABLE MANNER

Register in advance for this meeting:

https://swisstph.zoom.us/meeting/register/tZMkdu-trD0oE9PzjOuuNWms3j80yS00X89o

After registering, you will receive a confirmation email containing information about joining the meeting.

****

5th RBM MSWG Annual meeting on February 8-10, 2023, Accra, Ghana

Details will follow

Find out more visit https://endmalaria.org/our-work-working-groups/multi-sectoral-action

For questions: konstantina.boutsika@swisstph.ch

RBM Partnership to End Malaria

National Malaria Programmes and Partners Annual Meeting, 2022

RBM Partnership to End Malaria Overview

- The RBM Partnership is the global platform for coordinated action against malaria.
- It was launched in 1998 by WHO, UNICEF, UNDP and the World Bank in an effort to provide a coordinated global response to the disease.
- It mobilizes for action and resources and forges consensus among partners.
- The Partnership is comprised of more than 500 partners, including malaria endemic countries, their bilateral and multilateral development partners, the private sector, nongovernmental and community-based organizations, foundations, and research and academic institutions.

RBM Partnership to End Malaria

The largest global multi-stakeholder platform to fight malaria.

Provides a **forum** to engage, amplify and align partners across sectors and geographies to increase progress towards the **global malaria goals**

Works towards greater **multi-sectoral engagement and cross-border** collaborations will characterise the new Partnership and will enable it to realise the goals and targets of the **Global Technical Strategy and Sustainable Development Goal (SDG) 3.3.**

Has been able to form **effective partnerships** both globally and nationally, increasing the core strength of the organisation

Partners work together to **scale up malaria-control and elimination efforts** at country level, coordinating their activities to avoid duplication and fragmentation, and to ensure optimal use of resources.

Actively aims to harness the power of the partners to ***"Achieve more, together"***

RBM Partnership to End Malaria Overview

- The RBM Partnership Secretariat is hosted by the United Nations Office for Project Services (UNOPS) in Geneva, Switzerland.
- The RBM Partnership recognizes country ownership and leadership as the bedrock to ending malaria. Through effective national and global partnerships and leveraging expertise across sectors, the RBM Partnership is leading partners in:
  - *keeping malaria high on the political and development agenda;*
  - *promoting and supporting regional approaches to fight malaria; and,*
  - *promoting and advocating for sustainable financing at global and national levels.*

Vision

A world free from the burden of malaria

Mission

To convene and coordinate an inclusive, multisectoral response to control, eliminate and ultimately eradicate malaria

Principle

Ending malaria is central to achieving UHC, global health security, poverty reduction and reducing inequalities

Governance Overview

- The new governance model provides a number of specific opportunities and avenues for engagement, including the new Partner Committees and the continuation of Working Groups

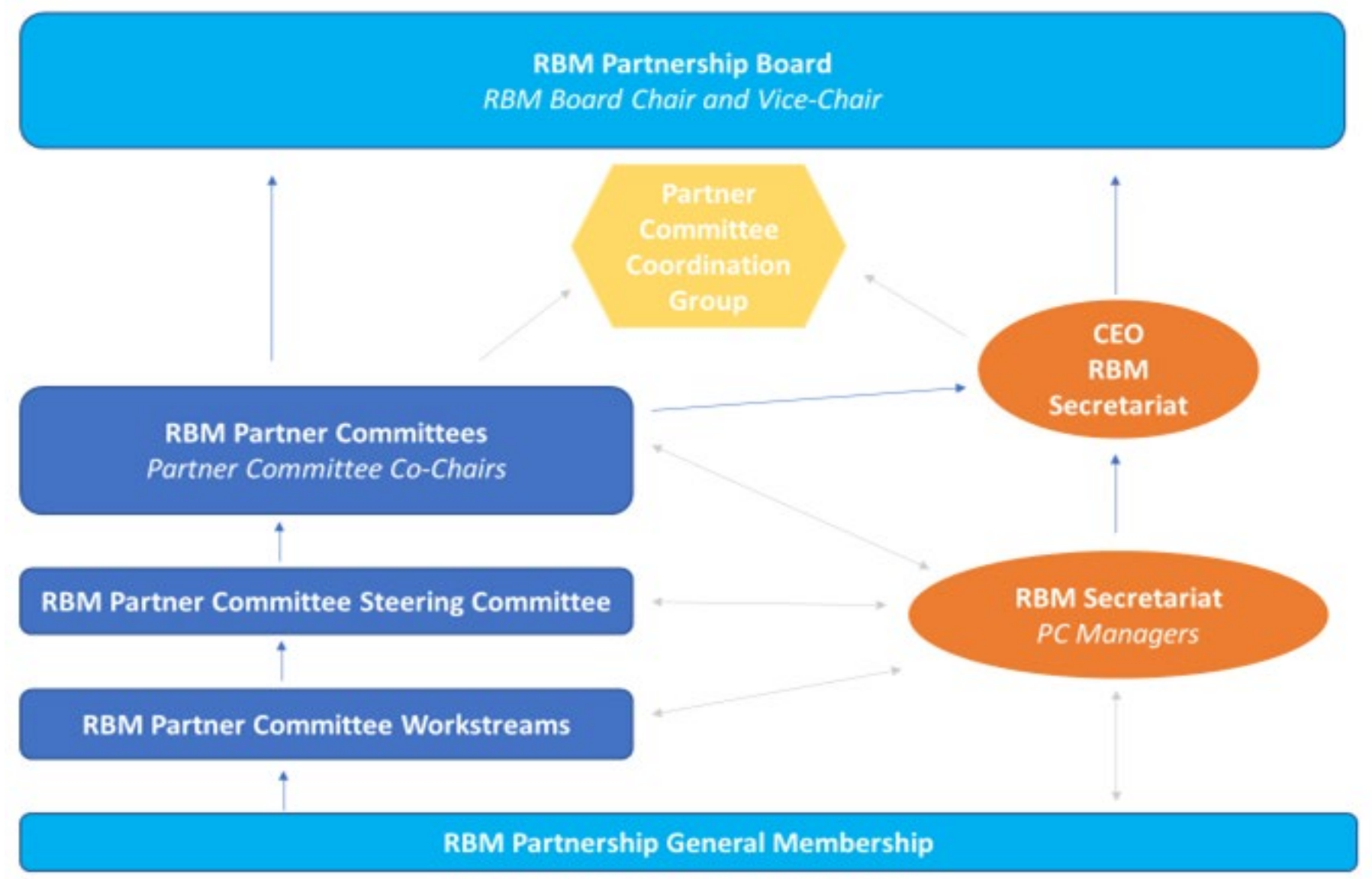
Partnership Board	• **Governing body** – with diverse, senior-level composition – that oversees Partnership operations and strategy • **Accountable** to Partners via regular reporting and regular, published, independent reviews • **Partners nominate** candidates, individually or as groups of like-minded stakeholders
CEO & Management Team	• **Day-to-day** manager and face of the Partnership • **Leads the Management Team** in implementing the strategy and plans approved by the Partnership Board and mobilising resources required to support them.
Partner Committees	• Formalized mechanism of **direct Partner engagement and ownership** to create strategy for the Partnership and deliver on its core functions • **Advocacy and Resource Mobilization; Strategic Communications**; **Country and Regional Support**
Working Groups	• Continuing / Established as needed by partners to **facilitate and streamline** specific bottlenecks and coordinate partner technical area implementation efforts

RBM Partner Committee Structures

The RBM Bye-Laws allow flexibility for Partner Committees to organize themselves in the most effective manner based on their size, composition, and the specific work priorities. The potential structures Partner Committees may wish to establish are outlined below:

- **Leadership:** Two dedicated Co-Chairs (nominated by Committee members for Partnership Board approval; expected to dedicate a substantial proportion of their time to this work) and the Partner Committee Manager (within the permanent RBM Management Team, reporting to the CEO).
- **Steering Committee:** In addition to the Co-Chairs, each Committee may choose to convene a Steering Committee (SC) of engaged members to support and deliver its work.
- **Workstreams:** Partner Committees may wish to organize themselves into workstreams based on specific priorities and work packages. The leadership of these workstreams may then form the basis of a Steering Committee.
- **General Membership:** Malaria-affected country and global partners willing to dedicate time and bring their knowledge, expertise and assets to the Committees' work.

RBM Partner Committee Structures



CRSPC - Sub regional Approach

- **Coordinate the effort through placing our staff at sub-regional level**
  - Eastern and Southern Africa, West and Central Africa
  - Direct support to the REC (EAC, SADC and WAHO)

RBM Partnership
To End Malaria

RBM Partnership Strategic Plan 2021–2025

RBM Partnership To End Malaria

#endmalaria

Strategic Plan 2021–2025

Strategic Objectives

Optimize the quality and effectiveness of country and regional programming

Maximize levels of financing

Facilitate the deployment and scale-up of new products, techniques or implementation strategies

RBM Partnership To End Malaria

#endmalaria

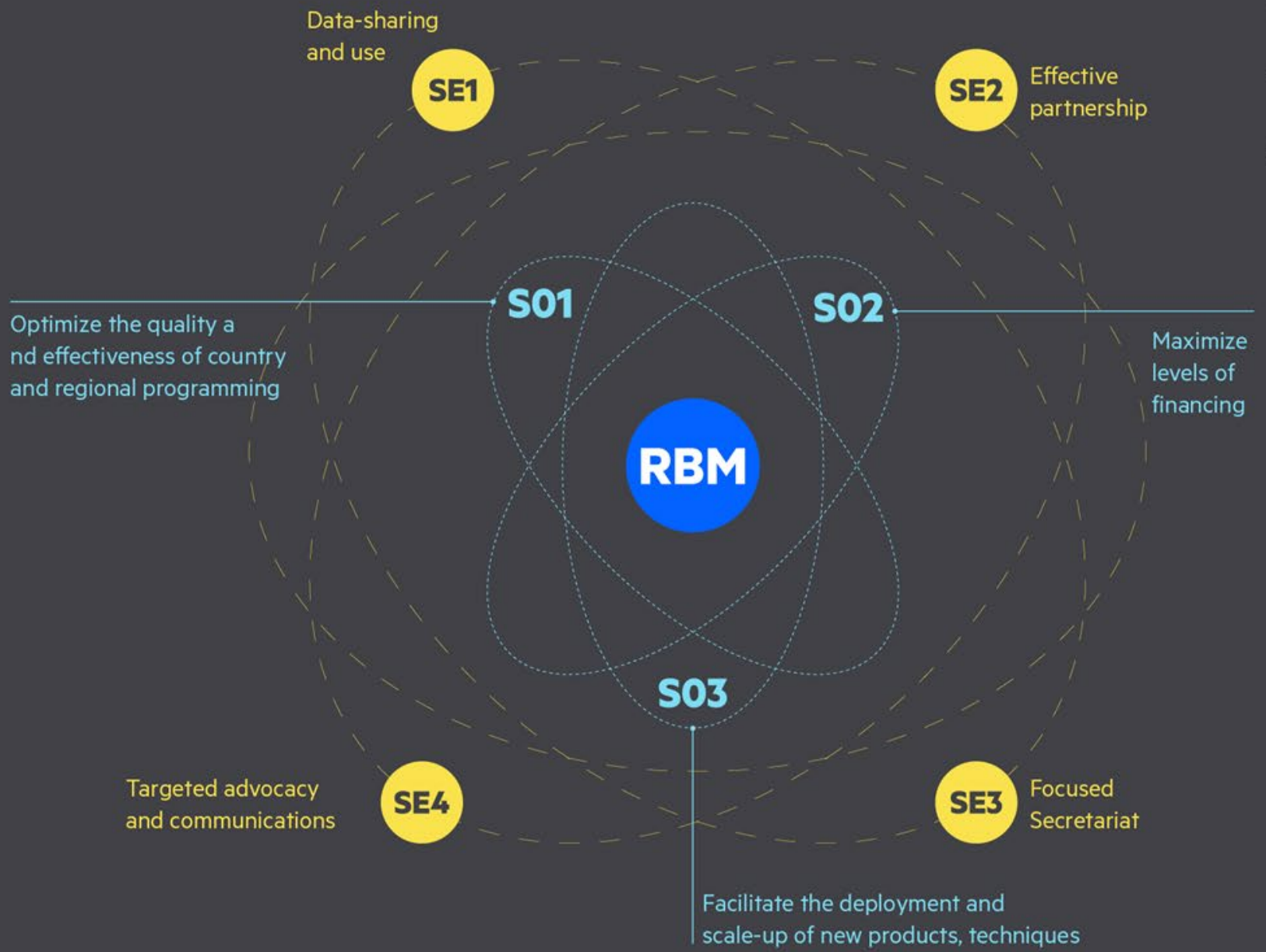
Strategy framework 2021–2025

Strategic Objectives

Cross-cutting Strategic Enablers

Mission

To convene and coordinate an inclusive, multisectoral response to control, eliminate and ultimately eradicate malaria.



RBM Partnership
To End Malaria

Thank you, find out more visit our website endmalaria.org @EndMalaria

Mise à jour sur l'Alliance CPS

11 AOÛT 2022

BRAZZAVILLE

RBM – CRSPC AFRIQUE CENTRALE

Establishment of SMC Alliance

En 2021, sous l'impulsion de RBM, l'Alliance CPS a été créée afin de rassembler toutes les forces vives désireuses de soutenir la CPS. Il s'agit notamment des représentants des PNLP, des ONG, et des bailleurs de fonds, ainsi que de la communauté des chercheurs.

Le groupe se réunit tous les mois, organise une réunion annuelle et produit un rapport annuel sur ses activités .

Co-présidents:

- Erin Eckert, RTI International
- Eugène Kaman Lama, PNLP Guinée

Secrétariat:

- André - Marie Tchouatieu, MMV

Sous-comités:

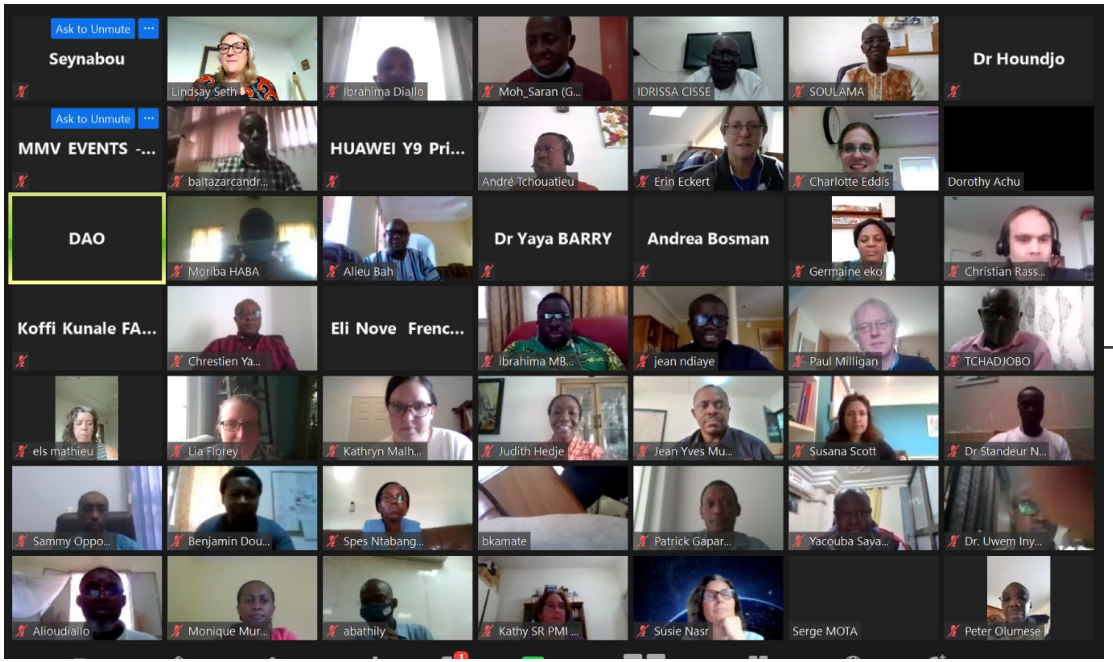
- Recherche
- Suivi Evaluation
- Plaidoyer et communication

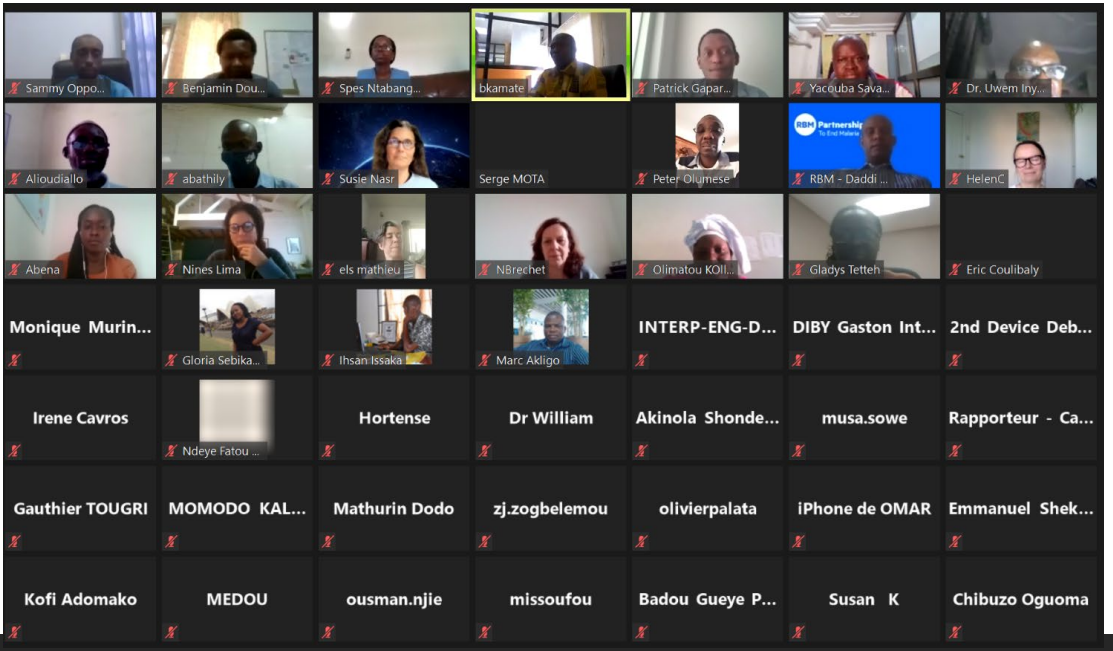
SMC Alliance

Activités en 2021 - 2022

- Compilation des données de la CPS pour le Rapport mondial sur le paludisme en 2021
- Facilitation de l'octroi de financement additionnel pour les pays nécessiteux:
  - Environ 8 000 000 USD pour l'État de Borno au Nigeria
- Appui technique et apport de réponses aux questions posées par les équipes nationales.
- Suivi de l'état de préparation des pays pour l'exécution de la CPS de 2021
- Lancement du projet IMPACT-SMC dans 4 pays
- Supervision du Projet OPT-SMC en cours dans 13 pays
- Organisation régulière de réunions mensuelles pour les discussions sur la CPS et les mises à jour des pays bénéficiaires.
- Activités spécifiques organisées par les sous-groupes

SMC Alliance





Colloques Annuels (virtuels)

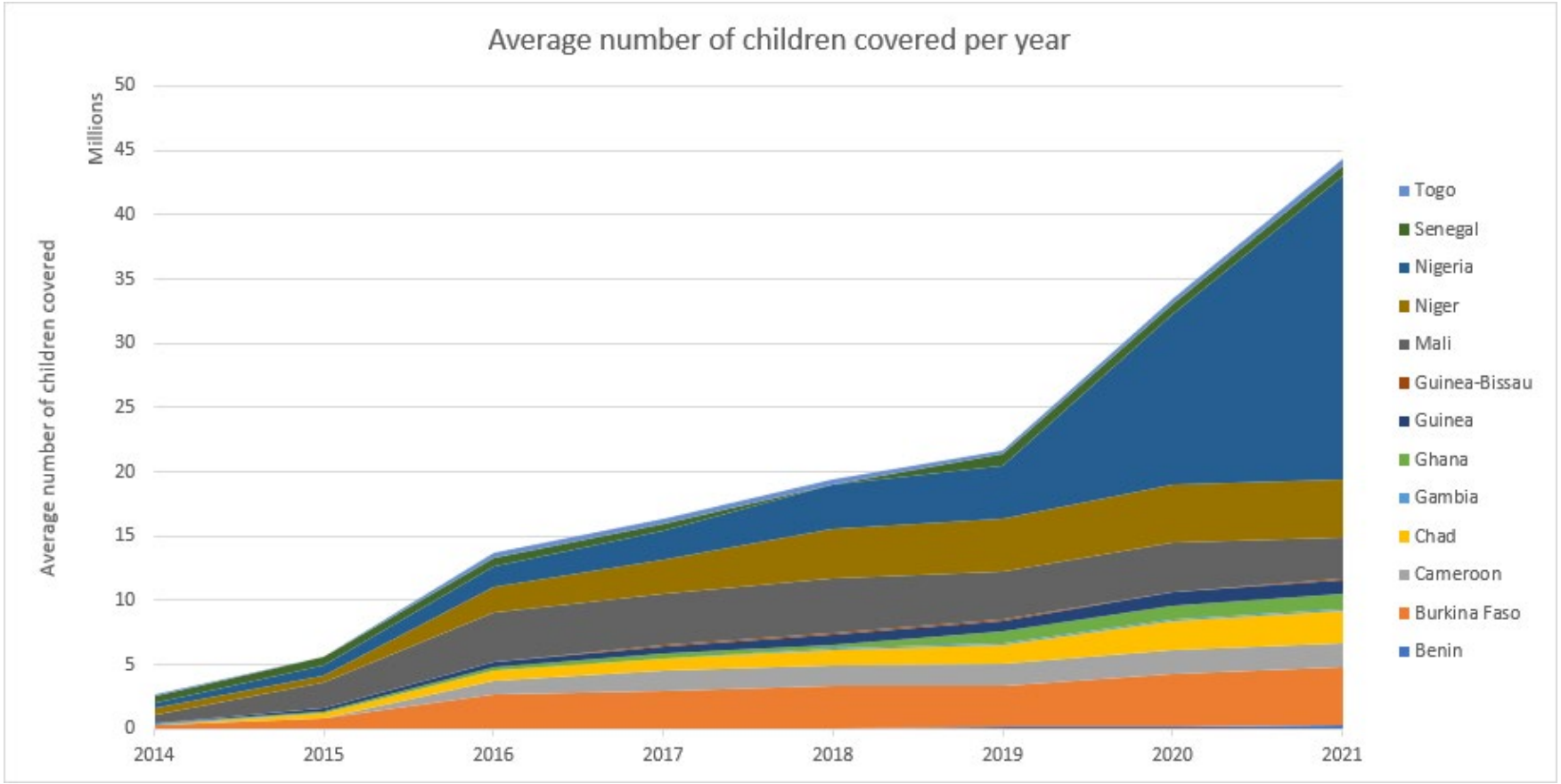
9–11 Mars 2021 & 1-3 Mars 2022

4eme et 5eme Réunions annuelles d'évaluation et de planification de la CPS

Avec une audience minimum de **115 participants** connectés simultanément

SMC Alliance

Tendance évolutive de la CPS :
Moyenne du nombre d'enfants couverts depuis 2014



Deux projets en cours

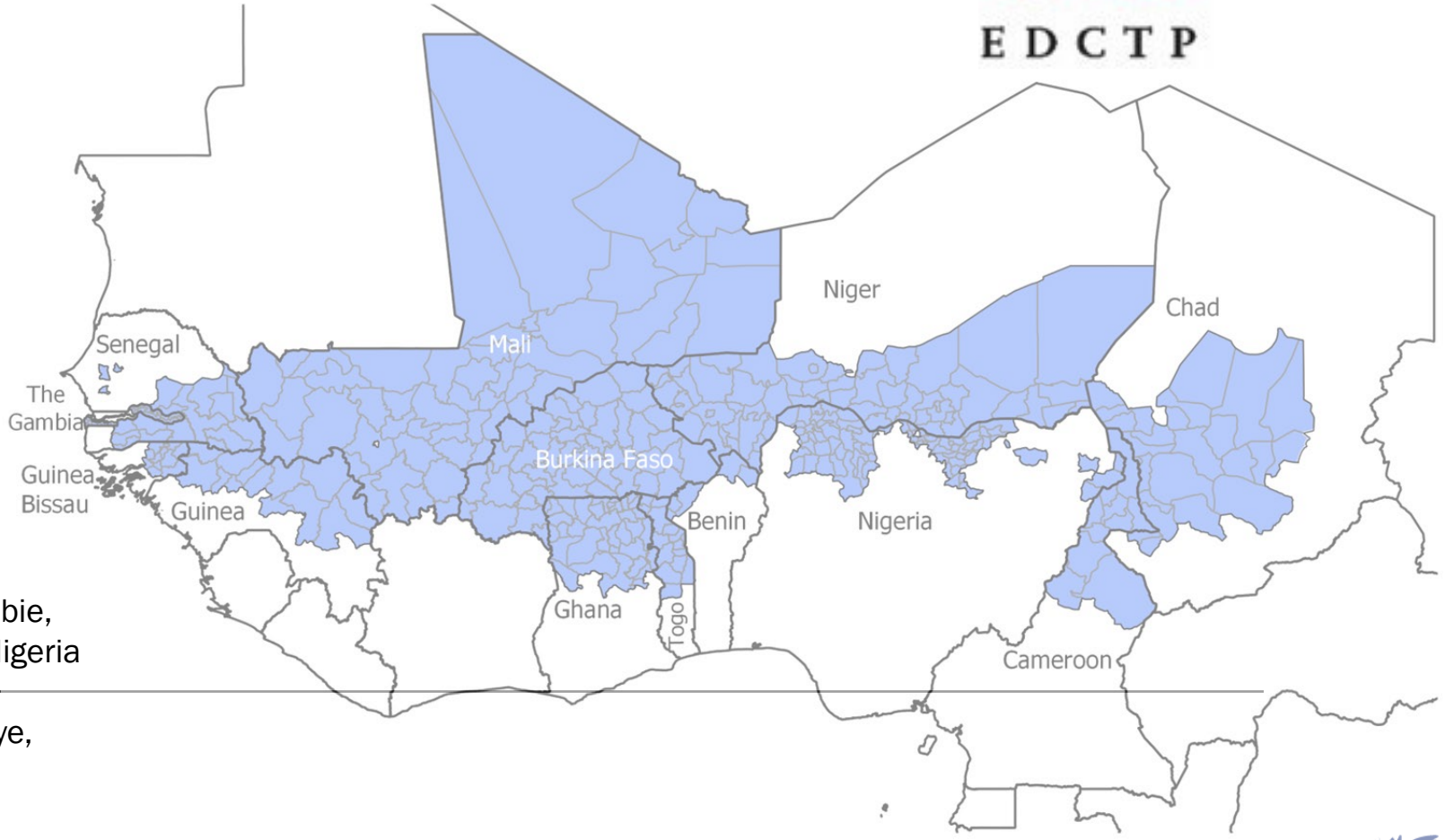
OPT SMC

SMC IMPACT

OPT-SMC

Optimizing Seasonal Malaria Chemoprevention in West and Central Africa

EDCTP



PNLP Bénin, Burkina Faso, Cameroun, Tchad, La Gambie, Ghana, Guinée, Guinee Bissau, Mali, Sénégal, Niger, Nigeria et le Togo

Université de Thiès : Jean Louis Ndiaye, Ibrahima Mbaye, Fatimatou Bintou, Amadou Seck, Ndeye Fatou Diop

LSHTM: Paul Milligan, Susana Scott, Lucy Bell

OMS/TDR : Corinne Merle

MMV : André Tchouatieu, Abena Poku-Awuku

L'HUMILITE MON CHOIX, L'EXCELLENCE MA VOIE
UNIVERSITE DE THIES

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

MMV Medicines for Malaria Venture

TDR For research on diseases of poverty
UNICEF • UNDP • World Bank • WHO

SMC Alliance

Objectifs du projet OPT-SMC

Renforcement de capacité des PNLP chargés de la mise en œuvre de la CPS:

- Définir les priorités de recherche pour **optimiser l'efficacité de la CPS.**
- **Mener des projets de recherche (RI/RO)** pour améliorer l'efficacité de la CPS :
- interpréter et utiliser les données de surveillance du paludisme
- cibler efficacement (populations à haut risque et périodes de l'année)
- surveiller la livraison (couverture), l'adoption et l'efficacité

Promouvoir la collaboration inter-état, le partage d'information et d'expertise

OPT-SMC
Optimizing Seasonal Malaria Chemoprevention in West and Central Africa

Projets portés par les PNLP par pays :

Suivi et Evaluation

➢**Ghana:** Évaluer l'étendu de la couverture de la CPS et la connaissance dont disposent les soignants en matière de paludisme .

➢Présenté à ASTMH en 2021

➢**Bénin:** Etude-contrôle pour jauger l'efficacité de la CPS

➢Analyse en cours

➢**Niger:** Adaptation des groupes cibles pour la Chimio prévention saisonnière

➢En cours

- **Sénégal:** Etude coût-efficacité de la Thérapie d'Observation Directe (SMC – DOT3)

➢Finalisation des dossiers de proposition prêts à soumission

Barrières à l'adoption : Etudes qualitatives

➢**Guinée:** Adaptation de administration de la CPS afin d'atteinte les enfants en zones minières en

➢L'augmentation du nombre de distributeurs et la réduction de la charge de travail a augmenté les couts mais a permis de desservir les zones précédemment exclues

- Soumis à ASTMH en 2022

➢**Nigéria** : Barrières et facteurs facilitant l'adoption de la CPS

- Soumis à ASTMH en 2022

➢**Burkina Faso**: Inventaire des facteurs contribuant à la mauvaise couverture de la CPS en milieux urbains

- 4 districts urbains et 4 districts ruraux seront comparés, les études éthiques seront approuvés pour la campagne de la CPS 2022

Developpement de nouvelles strategies

➢**Mali :** Evaluation de la CPS en utilisant 3 approches

➢CPS habituelle (1ere dose administrée par le personnel de santé communautaire (CHW) – Les doses 2 & 3 administrées par les parents)

➢CPS - DOT (3 doses DOT by CHW)

➢CPS Plus (1ere dose administrée par le Personnel de Santé Communautaire. Doses 2 & 3 administrées par les parents sous supervision des volontaires

➢Débute lors de cette campagne CPS 2022

➢**Cameroun:** Efficacité de la méthode d'administration des produits par les parents afin d'améliorer l'adhésion à la CPS

➢Débuté au cours de la campagne CPS 2022

Projets en cours de developpement

➢**Togo**

➢**Tchad**

➢**La Gambie**

➢**Guinée Bissau**

➢**Mauritanie?**

SMC-IMPACT

SMC Impact

KOICA Korea International Cooperation Agency

Global Disease Eradication Fund | KOREA

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

CRS CATHOLIC RELIEF SERVICES

malaria consortium
disease control, better health

MMV
Medicines for Malaria Venture

Objectifs

Contribuer à compléter la couverture des tranches d'âge cibles non-couvertes

Apporter des éléments justificatifs sur:

1. L'efficacité de la démarche et le rapport coût-efficacité si la CPS est étendue aux enfants âgés de 5-10 ans
2. L'impact additionnel de l'extension de la période d'administration d'un mois supplémentaire pendant la période de transmission
3. Le développement d'une présentation de la SPAQ pour les tranches de 5-10 ans ; en anticipation de l'éligibilité à la CPS pour ce groupe cible
4. La contribution à une meilleure visibilité du Pyramax® et son introduction dans les pays endémiques au paludisme comme solution thérapeutique alternative

Tableau des accomplissements en 2021

>1 MILLION DE TRAITEMENTS CPS ADMINISTRES ; ~ 400.000 ENFANTS DESSERVIS

2021	Traitements administrés	Enfants desservis	% Cible SV
Gambie	56,498	14,124	110%
Nigeria	1,076,978	269,244	>100%
Mali (cycle additionnel)	74,274	74,274	101%
Guinée (cycle additionnel)	41,140	41,140	92%

Impacts enregistrés à ce jour

- IMPACT POSITIF (TRÈS) PRÉLIMINAIRE SUR L'INCIDENCE DU PALUDISME

Pays	Préfectures/ District	Taux de réduction annuel vs 2020	Taux de réduction saisonnier suite à la CPS vs 2020	
Nigeria	Ningi	31,99%	21,74%	
	Tafawa Balewa	20,85%	19,20%	
		Cas de réduction suite au 5eme mois de passage	Taux de réduction du paludisme grave suite au 5eme mois de passage de la CPS	Réduction du taux de positivité suite au 5eme mois de passage de la CPS
Guinee	Dabola	36%	65%	26%

Alliance CPS
Sous-groupe chargé de la Recherche

Termes de Référence

2 co-présidents élus :

Prof Jean Louis Ndiaye de l' Université de Thiès, Sénégal

Dr Susana Scott de London School of Hygiene & Tropical Medicine, Royaume -uni

secrétariat: Kevin Baker & Erica Viganó de Malaria Consortium

Objectifs du groupe :

- Inventorier les insuffisances et lister les priorités de recherche sur la CPS;
- Développer et présenter les protocoles de recherche et les résultats des études ;
- Recueillir les observations; les critiques et les conseils des paires sur les concepts de recherches et l'interprétation des résultats ;
- Identifier les voies de diffusion des acquis et promouvoir l'utilisation de ces acquis pour mieux mettre en œuvre la CPS;
- Identifier les opportunités de financement des recherches

Points d'intérêts primaires

Inventorier les projets de recherche existant dans le cadre de la CPS aussi bien que le calendrier des études déjà planifiées

Compiler la liste des priorités de recherche liées à la CPS au sein des PNELP qui mettent en œuvre la CPS ; les partenaires à l'exécution ; les agences de financement et des communautés.

Etudier la possibilité de création d'un répertoire des travaux de recherches publiés relatifs à la CPS

Servir de plateforme de diffusion des résultats des recherches; de partage d'idées et de discussion de recherche au bénéfice de la communauté de la CPS à tous moments

Tableau des Accomplissements en 2021

Symposium ASTMH : Exécution des campagnes de Chimio -prévention saisonnière du paludisme pendant la pandémie de la covid-19

- Résultats d'une étude à méthodes mixtes diligentées dans deux États du Nigeria afin d'évaluer la qualité des mesures de prévention et de lutte contre les infections pratiquées pendant le déploiement de la CPS (Malaria Consortium Nigeria)
- Intégration du dépistage de la malnutrition à la CPS au Niger, avant et pendant la pandémie à COVID-19, analyse des données de routine recueillies depuis 2016 (Catholic Relief Services Niger).
- Mise en œuvre de Traitements Directement Observés pendant Trois Jours (DOTS3) dans le cadre de la CPS pendant la pandémie de COVID-19 au Sénégal (Programme National de Lutte contre le Paludisme Sénégal)

Résultats d'une Distribution en Masse d'antipaludiques au sein des populations déplacées dans la province de Cabo Delgado au Mozambique (Centro de Investigação em Saúde de Manhiça)

Plans pour 2022

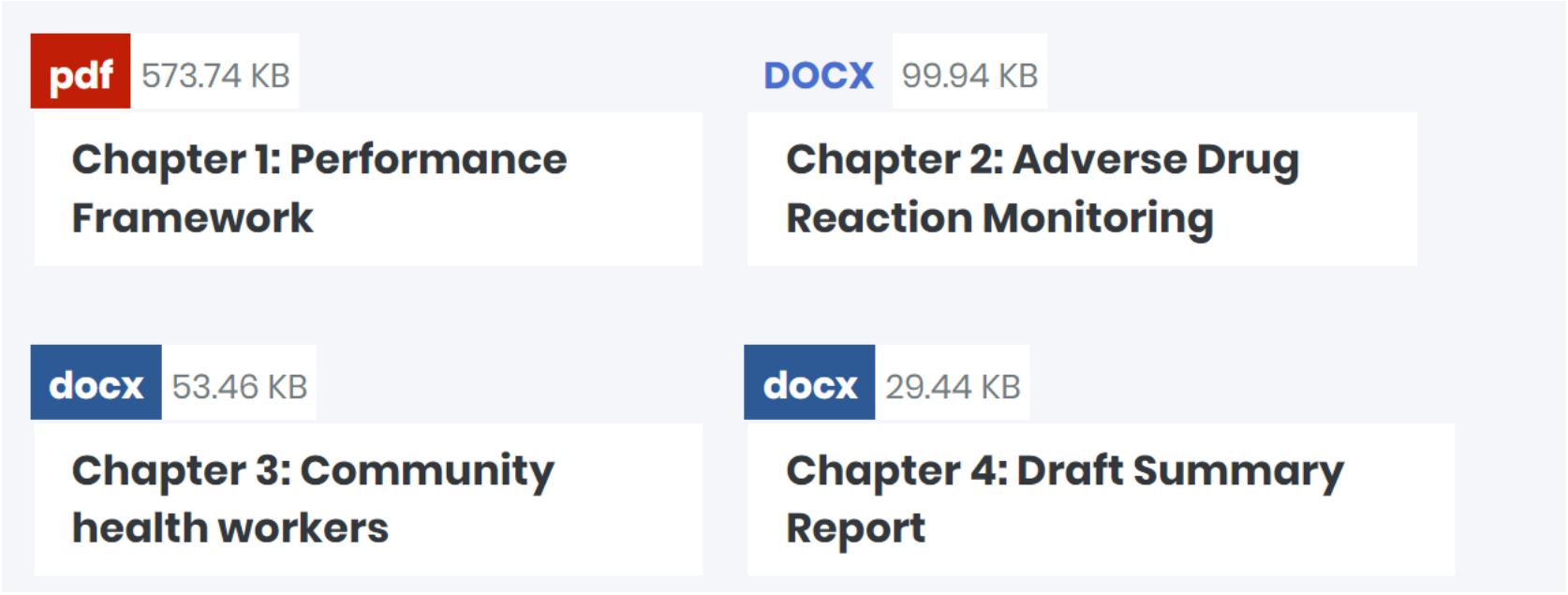
- Augmenter le nombre de membres en 2022 et stimuler la participation, en particulier celle des collègues intéressés par la recherche sur la CPS dans les pays qui la mettent en œuvre .
- Poursuivre la création d'un répertoire en utilisant l'application MESA Track, logiciel hébergé par IS Global qui est une base de données de projets sur le paludisme. ;
- Débuter l'établissement et l'inventaire des priorités: en utilisant la méthode eDelphi
- Continuer à faire des présentations sur les travaux de recherche portant sur la CPS - **Vous êtes invités à vous joindre**

Alliance CPS
Sous-groupe Suivi & Evaluation

Les ressources suivantes en matière de S&E sont disponibles sur le site Internet de l'Alliance CPS

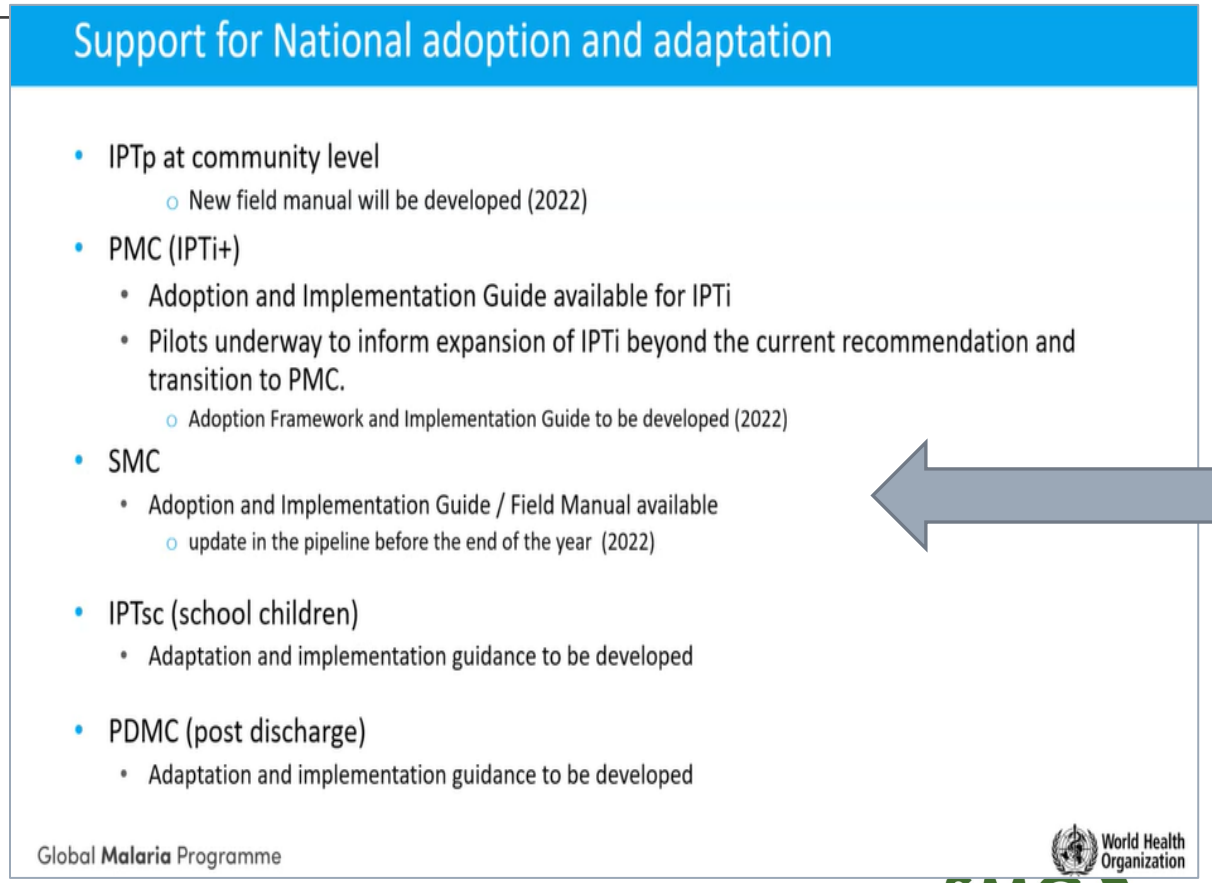
Anglais: https://www.smc-alliance.org/resources/seasonal-malaria-chemoprevention-monitoring-evaluation-toolkit

Français:https://www.smc-alliance.org/fr/ressources/bo%C3%AEte-%C3%A0-outils-de-suivi-et-d%C3%A9valuation-de-la-cps



Les activités CPS du Sous-Groupe S&E pour 2022

- Intégrer les commentaires et les avis recueillis suite aux Consultations nationales sur le Cadre de Performance
- Continuer avec d'autres sections de la boîte à outils S&E de la CPS / mettre à jour le guide de terrain de la CPS.
- Contribuer à l'élaboration du Rapport Mondial sur le Paludisme 2022



SMC Alliance

CPS Alliance

Alliance CPS
Sous–groupe Communication & Plaidoyer

Sous–groupe Communication& Plaidoyer

- **Objectif: C**réé en Avril 2022, ce sous-groupe a pour objectif de servir de forum de partage de bonnes pratiques, partage de connaissance et de résoudre les défies liés a la communication et au plaidoyer en faveur de la CPS.
- **Co-présidents:** Abena Poku-Awuku (MMV) et Mohammed Bala (PNEP du Nigeria)

Activités entreprises et à venir

Tâches Immédiates :

- Maintenance, mise à jour régulière et vulgarisation du site web de l' Alliance CPS,
- Faciliter la communication sur la boîte à outil de S&E et le cadre de performance de la CPS
- Élaboration d'un contenu de communication et de sensibilisation pour la Journée mondiale du Paludisme 2022.
- Développement d'un article de plaidoyer célébrant les 10 ans de la CPS dans « *Health Policy Watch* »

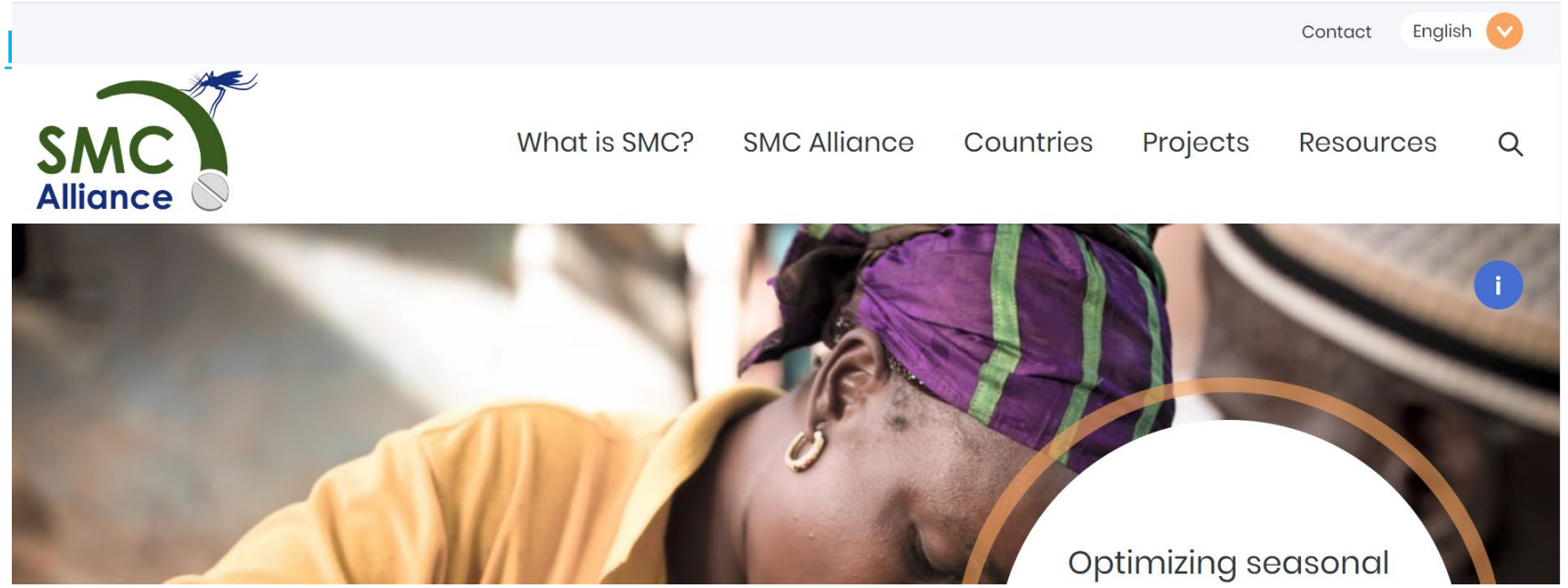
Développement d'un contenu de communication utilisant des matériaux de tous les partenaires pour marquer les 10 ans de la CPS ; cette pièce sera lancée au T4 2022 / T1 2023.

Tentative: Organiser un évènement / atelier pour discuter des nouvelles politiques de l'OMS au bénéfice de la CPS

Lancement du siteweb de l'Alliance CPS

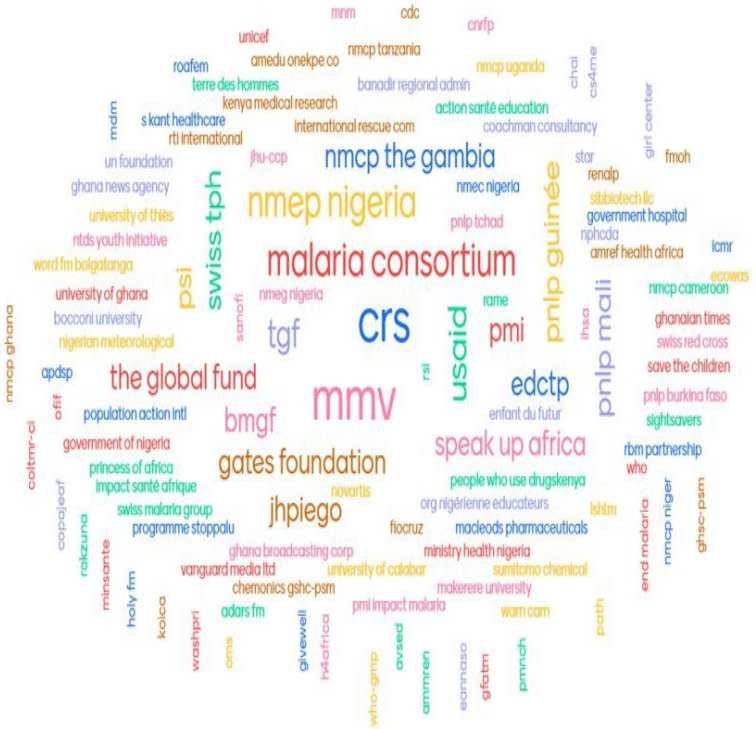
25 Avril 2021

Lancement du site web de l'Alliance CPS lors de la Journée Mondial de Lutte contre le Paludisme 2021



Discussion de panel en Virtuel

18 Mai 2021



Publié dans Lancet Children and adolescent : https://www.thelancet.com/pdfs/journals/lanchi/PIIS2352-4642(22)00007-4.pdf

Publié dans Health policy watch : https://healthpolicy-watch.news/97669-2/

Plans de l'Alliance CPS pour 2022

- Compilation des données de la campagne CPS 2022 pour le Rapport Mondial sur le Paludisme
- Continuer de catalyser des financements supplémentaires pour les pays dans le besoin
- Fournir un soutien technique aux pays pour la mise à jour des directives de mise en œuvre de la CPS.
- Suivi de l'état de préparation des pays pour la campagne CPS 2022
- Réunions mensuelles régulières pour les discussions sur la CPS et les mises à jour des activités pays.
- Soutenir les activités des sous-groupes (suivi et évaluation, recherche, communication et plaidoyer).
- Produire le rapport annuel 2021
- Identifier de nouveaux pays CPS et contribuer à leur préparation pour la mise en œuvre de 2023.
- Contribuer à la compréhension et à la diffusion des nouvelles directives de l'OMS en matière de chimio prévention saisonnière et autre…

Prochain Colloque Annuel de la CPS

Conakry, Guinée

Du 28 Fév. au 2 Mars 2023

Veuillez noter les dates

Merci pour votre collaboration

Veuillez Contacter tchouatieua@mmv.org pour toutes informations complémentaires

RBM Partnership
To End Malaria

MISE À JOUR DU SMERG

Médoune Ndiop
NMCP Sénégal, coprésident du MERG

Changement de nom et de direction

- **Changement de nom :** Le MERG est maintenant officiellement le Groupe de référence pour la surveillance, le suivi et l'évaluation (SMERG)
  - Nous avons suggéré de ce changement de nom pour mettre l'accent sur la surveillance, qui est maintenant une intervention de base.
  - Le SMERG collaborera avec tous les partenaires pour mettre en œuvre les composantes de surveillance en collaboration avec l'OMS/GMP
- **Direction SMERG**

  Le SMERG est co présidé, par :
  - Molly Robertson (GF)
  - Medoune Ndiop (NMCP, Sénégal).

Pratiques de surveillance et qualité des données

- **Le comité SP&DQ :** Le Comité sur la pratique de surveillance et la qualité des données (SP&DQ) a été créé dans le cadre du SMERG pour se concentrer sur la surveillance et plus particulièrement sur les initiatives de surveillance opérationnelle.
- **Co-leads du Comité :**

  Dr Arantxa Roca, ancienne coprésidente du SMERG

  Dr Baltazar Candrinho du PNLP Mozambique.

- **Objectif du comité :**
  - Améliorer la visibilité des initiatives de surveillance
  - Partager avec les partenaire et les PNLP les meilleures pratiques d'amélioration de la qualité des données
  - Accompagner les NMCP et les partenaires pour une meilleure harmonisation dans l'application des guides et directives de l'OMS en matière de surveillance.

Pratiques de surveillance et qualité des données (*suite)*

Objectifs spécifiques :

- Diffuser, par l'entremise du SMERG, des renseignements sur l'utilisation actuelle des outils opérationnels de surveillance par les partenaires de mise en œuvre, et améliorer la mise en œuvre et la coordination des partenaires en ce concerne leur utilisation et à leur adoption

- Partager avec les PNLP et les partenaires de façon dynamique à travers des webinaires les initiatives dans la mise en œuvre des outils de OMS et RBM.

- Fournir des mises à jour au SMERG chaque fois que nécessaire.

- Documenter les avantages et les difficultés opérationnelles de mise en oeuvre des directives et outils de suivi de qualité des données de l'OMS et RBM.
- Identifier, les priorités opérationnelles de surveillance des PNLP afin de leur fournir des conseils et recommendations pour une meilleure adaptation des outils.

Réalisation du comité : Sondage d'évaluation des besoins des PNLP

Objectif du sondage

- Mieux comprendre les besoins en matière de surveillance, de suivi et d'évaluation du paludisme au niveau des programmes nationaux
- Obtenir des recommandations des PNLP sur les outils utiles et nécessaires
- Mieux comprendre comment le SMERG peut répondre aux besoins des PNLP

Résultats du sondage

- Le résultat préliminaire a été présenté lors de la dernière réunion du SMERG (les diapositives sont accessibles à Link)

Prochaines étapes

- Organisation de réunion de réflexion
- Organisation de Webinaires

Réalisations du SMERG liées à la COVID-19

- Élaboration du document d'orientation sur la surveillance, l'évaluation et l'analyse des données de routine liées au paludisme pendant la pandémie de COVID-19 (https://endmalaria.org/our-work-working-groups/monitoring-and-evaluation)

- Organisation d'une série de webinaires en anglais, en français et en portugais avec les membres pour les orienter sur le document d'orientation.Les enregistrements de ces webinaires sont disponibles sur les liens suivants :

Anglais https://drive.google.com/file/d/19lcqVhR0R96nKW8c4aPRsIlA1ldmuu0L/view?usp=sharing

Français https://drive.google.com/file/d/1yih0YZemg-levO4x4-ABtvjPBMeOi1Lh/view?usp=sharing

Portugais https://drive.google.com/file/d/18h11eaV4UYf57_IUav_m855cwUYLd-Ca/view?usp=sharing

Organisation de la 33e réunion annuelle du SMERG au Rwanda en mode Hybride

- **Réunion tenue du 17 au 20 mai 2022**
- **Thème de la réunion 2022 :**

  Rationaliser nos Système de Suivi Evaluation et Surveillance pour soutenir les gains et répondre pleinement aux priorités émergentes en matière de contrôle et d'élimination du paludisme.
  Que devons-nous continuer de faire ?
  Que devons-nous faire différemment ?
- **Organisation de Visite de terrain :**

  Objectif de la visite d'étude : *Comprendre le système de surveillance du paludisme au Rwanda – Surveillance au niveau communautaire – Leçons apprises, défis et succès.*
- **Rapport de la réunion :** Sera partagé dans les semaines à venir

Participants: 59 pour 20 pays avec une bonne participation des PNLP : Burundi, Cameroon, Central African Republic, Chad, Congo (DRC), Ghana, Madagascar, Nigeria, Rwanda, Sudan, Zambia, Zanzibar

Partenaires et managers des PNLP sur le terrain à Kigali.

Perspectives du SMERG

- **Réviser nos termes de référence sous la direction de RBM et en collaboration avec GMP/WHO pour une meilleure harmonisation ;**

- **Revoir le mode de financement du SMERG : Co-Financement ;**

- **Préparer la réunion semi-annuelle du SMERG :**
  - Entamer la réflexion sur les recommandation de la réunion annuelle
  - Partager les résultats du comité SP/DQ
  - Discuter des modalités de mise en place de comité sur l'évaluation ;

RBM Partnership
To End Malaria

Merci.
Pour en savoir plus sur le SMERG, visitez www.endmalaria.org