

CRSPC Sub-Regional National Malaria Programs and Partners Annual Meetings

**KAMPALA, UGANDA
3RD -6TH OCTOBER 2023**

UPDATE - ZAMBIA



Strategic FRAMEWORK 2022-2026

- **Vision:** A malaria free Zambia.
- **Mission:** To provide equitable access to cost-effective, quality health services as close to the family as possible.
- **Strategic directions**
 - Lowering the burden in high-transmission settings
 - Eliminating malaria in low-transmission settings
 - Preventing the reintroduction of malaria transmission in malaria free HFCAs



GOALS

To reduce malaria infection, disease and death in Zambia by 2026.

- To increase proportion of the population living in malaria free HFCAs.
- To maintain malaria-free status and prevent reintroduction and importation of malaria into areas where the disease has been eliminated.



OBJECTIVES

- Increase implementation rate of interventions from 72 percent in 2021 to 95 percent by 2026.
- Reduce malaria incidence from 340 cases per 1,000 population in 2021 to 201 cases per 1,000 population by 2026.
- Reduce malaria deaths from 8 deaths per 100,000 population in 2021 to 4.7 deaths per 100,000 population by 2026.
- Increase malaria free HFCAs from 10 in 2021 to 260 in 2026



Malaria Situation Analysis

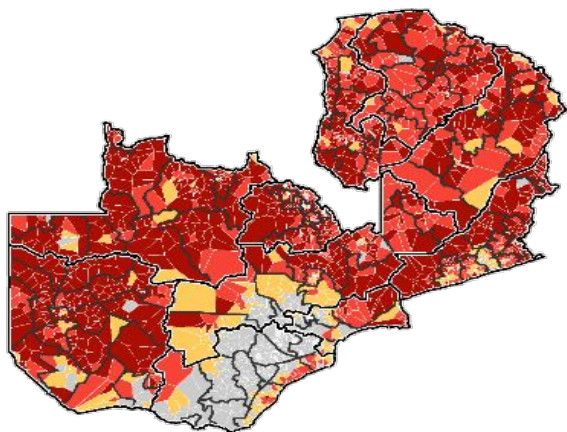
- Incidence 323/1,000
- Mortality 8/100,000
- Transmission all year round with seasonal variations
- Heterogeneous malaria burden
- Parasite profile: predominantly *P. falciparum* (98%)
- Vectors: *An. funestus* s.s, *An. gambiae* s.s and *An. Arabiensis*
- Resistance to pyrethroids widespread

MALARIA RISK STRATIFICATION

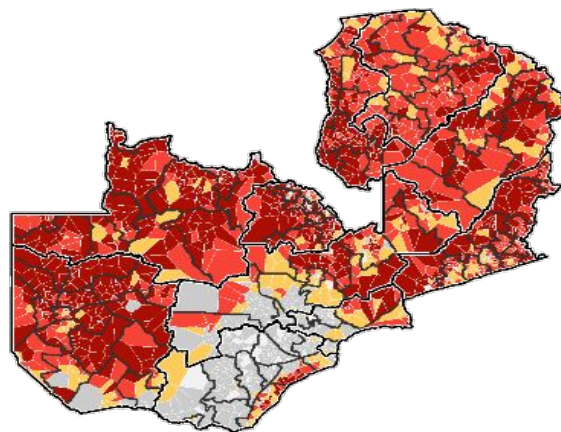
Malaria cases per 1,000

- 0
- 1 - 49
- 50 - 199
- 200 - 499
- 500 and above

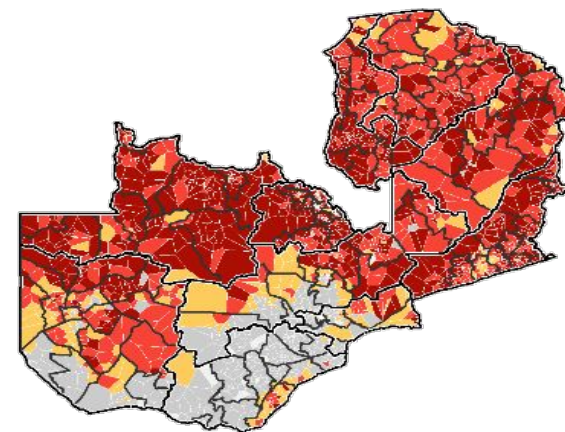
2017



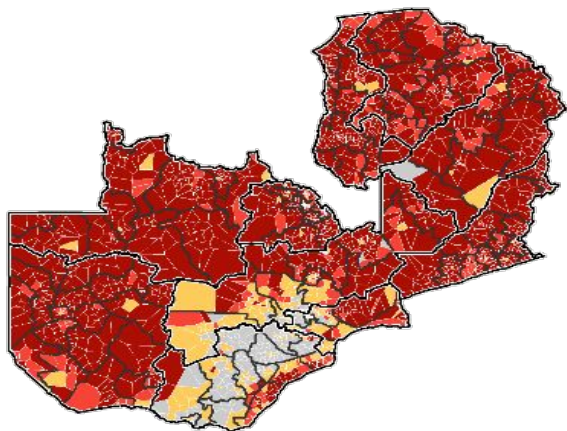
2018



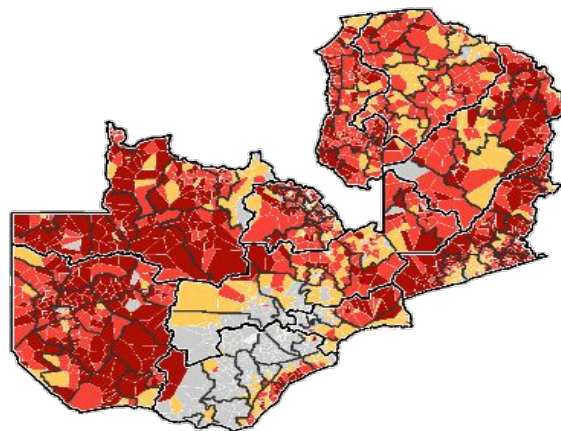
2019



2020

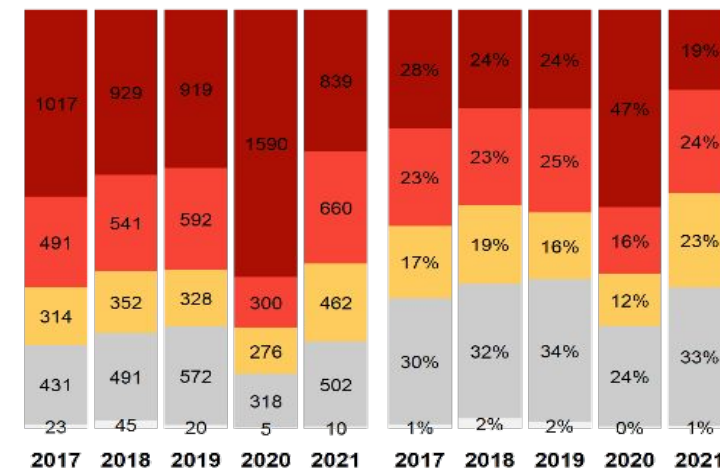


2021

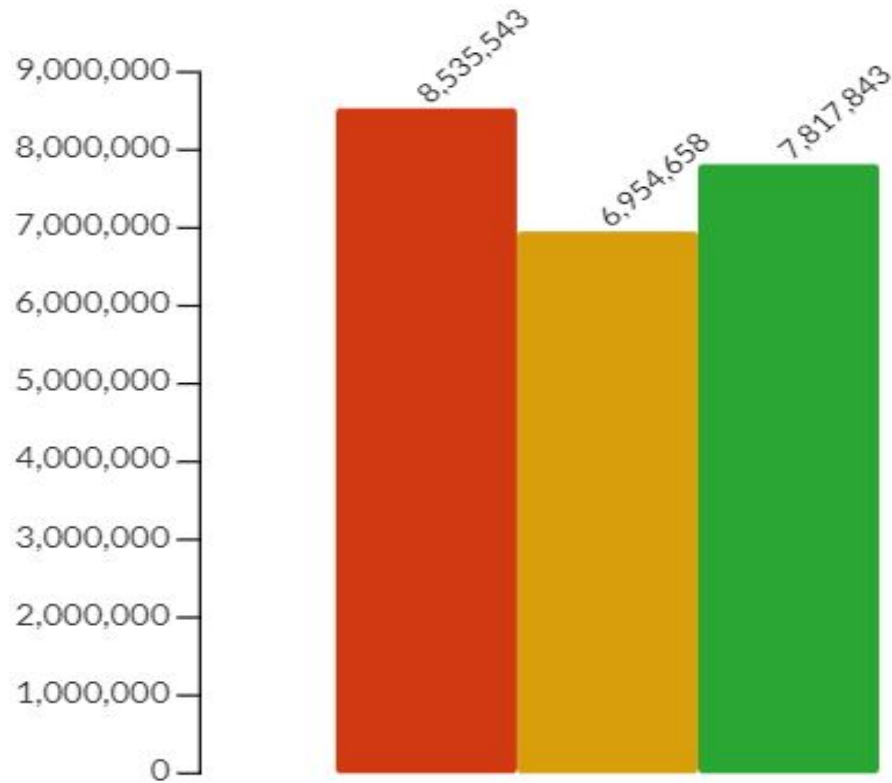


of HFCAs in strata

% of pop. in each strata

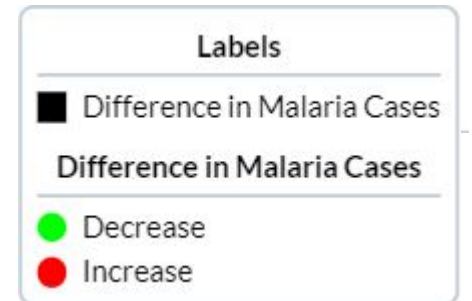
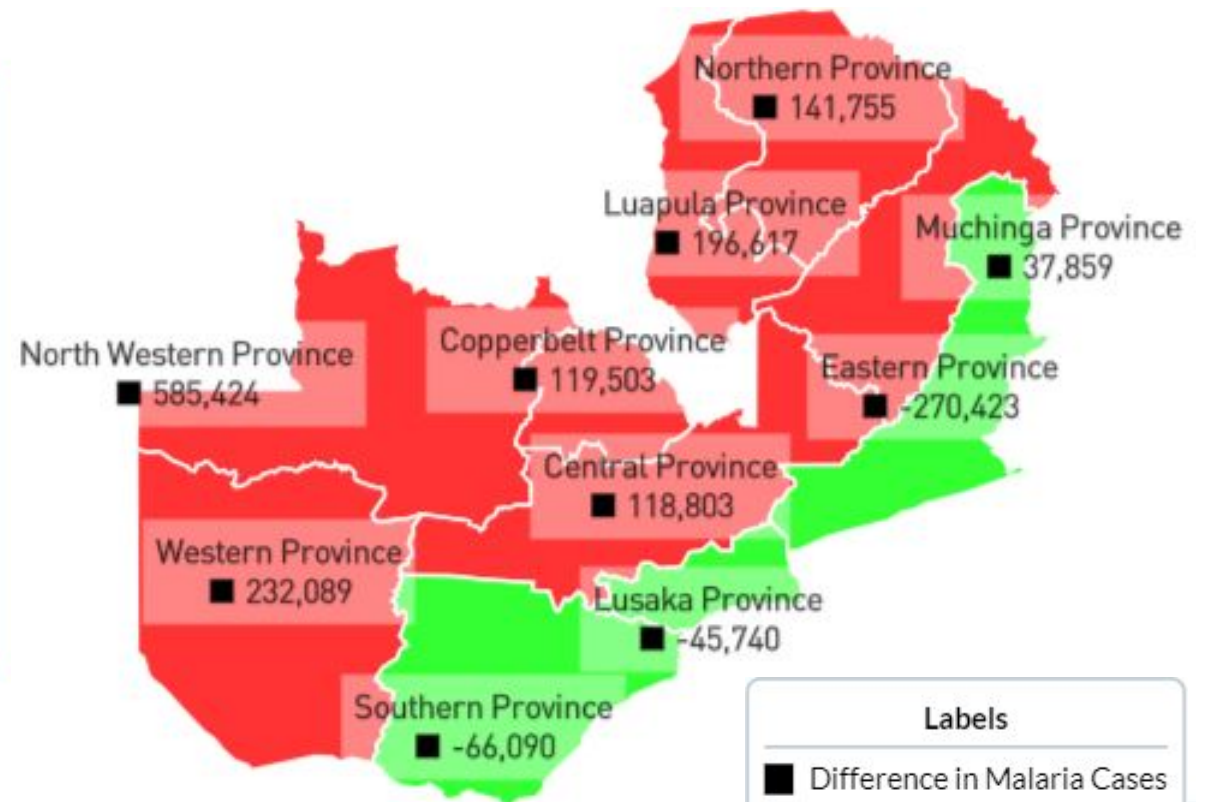


Current Malaria situation

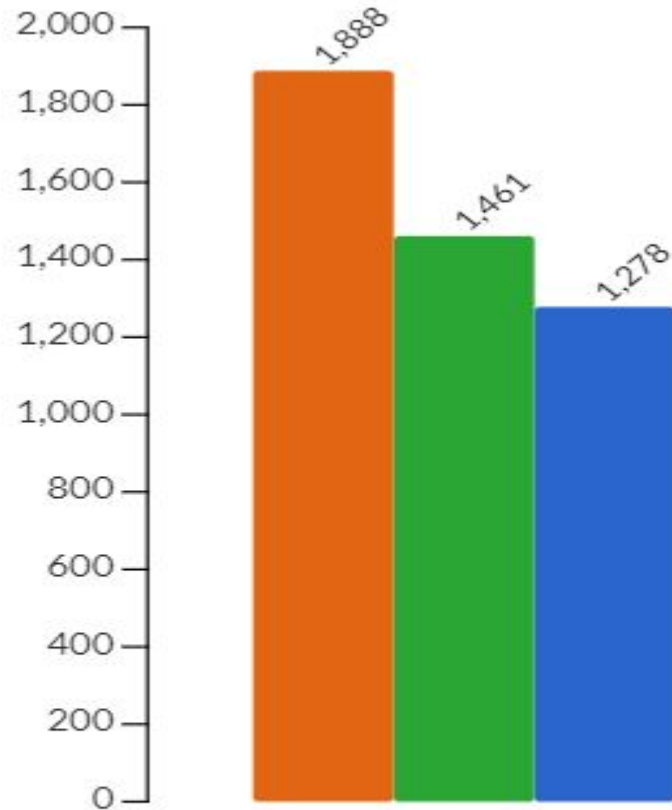


- 2020 Total Malaria Cases (HMIS + MRRS)
- 2021 Total Malaria Cases (HMIS + MRRS)
- 2022 Total Malaria Cases (HMIS + MRRS)

- The country recorded at least 21,400+ daily

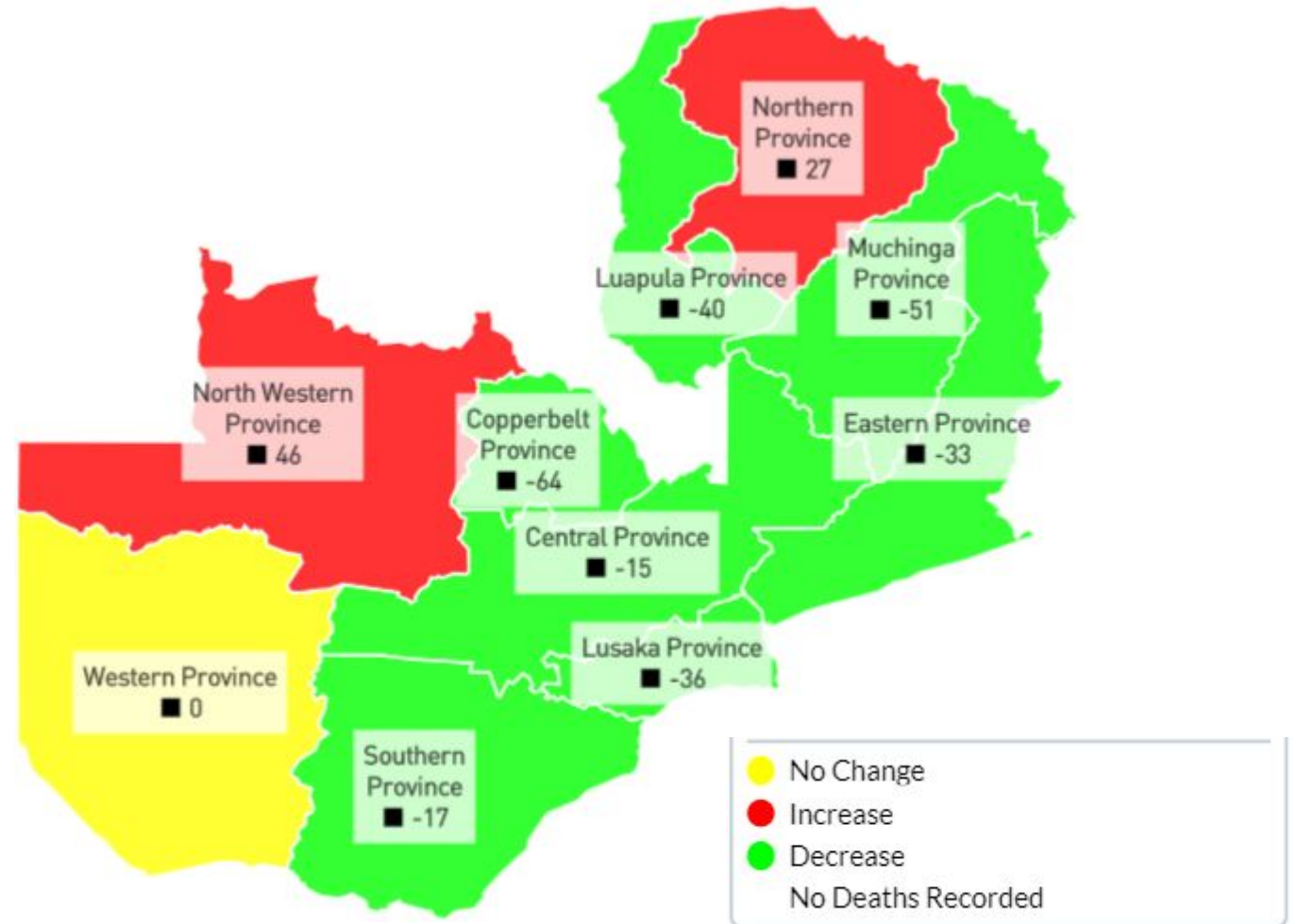


Current Malaria situation – Deaths



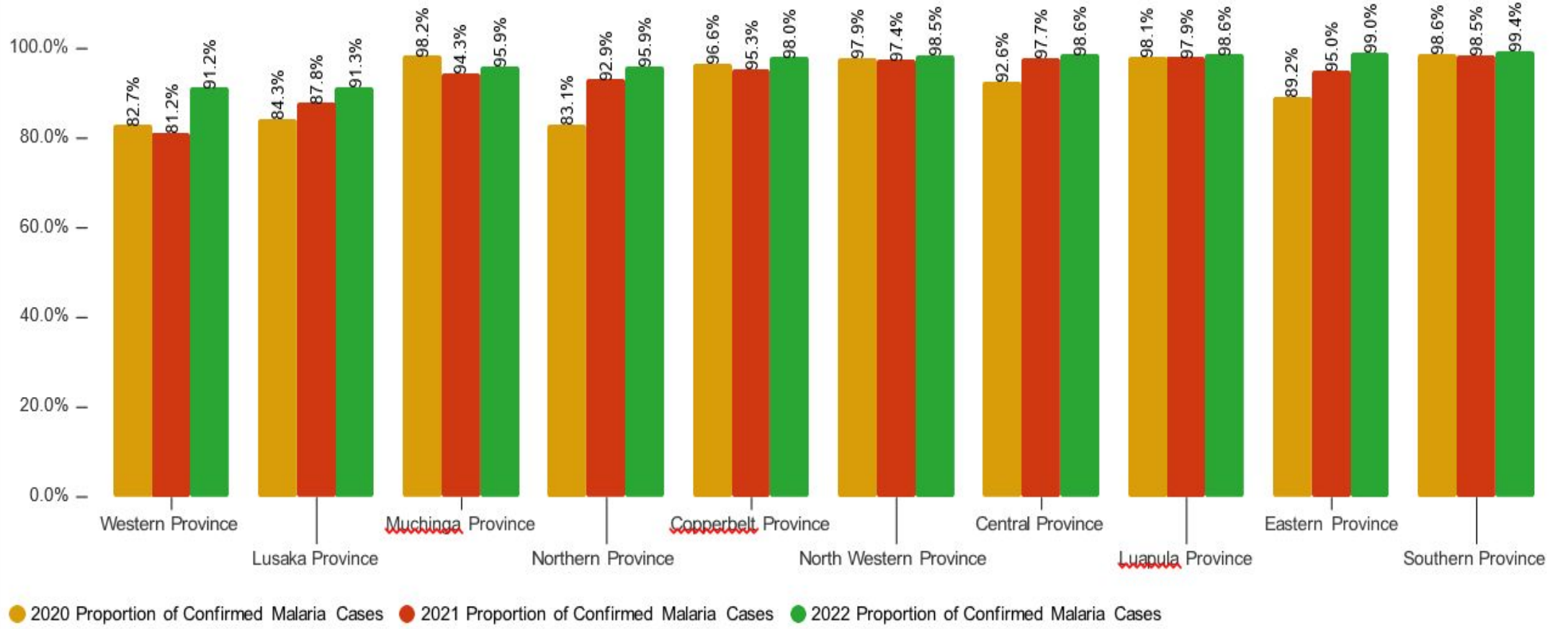
- 2020 Total Malaria Deaths
- 2021 Total Malaria Deaths
- 2022 Total Malaria Deaths

• The country recorded at least 3.5 daily due to malaria





Proportion of Confirmed Malaria Cases Provincial Level | January - December | HMIS



Program Implementation Status

Indicator	2021 (Baseline)	2022 (Target)	2022 (Achieved)	2023 (Target)	2023 (Achieved Jan-July)	2024	2025	2026
Malaria Incidence	340	306	324	275.4	288	247.9	223.1	200.8
Mortality	8	7.2	6.8	6.5	4.7	5.2	5.2	4.7

- 2022 target to reduce malaria incidence from 340 to 306 was not achieved and so far the 2023 data January to July the incidence is above the incidence target of 275.4
- However, the set targets of reducing mortality were met during same period (attributed to ↑ iCCM)

Some of the reasons in the increase in incidence included:

- Decline in vector control coverage: HH protected by either IRS or ITN from 84% in 2018 to 71% in 2021. However, in 2022, a total 1,525,341 LLINs were distributed through the routine (ANC and EPI) distribution channels and a total of 2,317,957 structures were sprayed to increase VC coverage
- Disruptions in supply chain resulting stock outs of commodities especially at community level affecting service delivery
- No epidemic contingency plans were in place to respond to epidemics



Achievements

- Global Fund Grant Request approval and now in grant making
- Procurement of all insecticides for national IRS campaign for 2023 and 2024 by GRZ
- The Programme continues to ensure universal access to vector control intervention
 - 11.5 million LLINs have been procured and distributed country-wide through the mass distribution which has commenced, while 2,000,000 LLINs through antenatal care clinics and the expanded program for immunization program continue to be provided
 - 894,266 structures are targeted in the selected high burden district for indoor residual spraying and this has commenced.
- Training of an additional more than 4,500 community health workers to bring the total trained to over 22,398 by the end of 2023 and procurement of enablers to the already trained CHWs so far over 2000 have been trained in 2023.



Achievements *cont*

- Pre-referral RAS has been expanded from 10 districts in 2021 to 45 districts in 2022. Implementation of RAS has been shown to lead to reduction in malaria case fatality
- Established national surveillance system to track HRP2 gene deletion.
- Continue to track systematically drug and insecticide resistance to guide policy decision making
- Strengthening SBC through increased Civil Society Organisations' and other community-based organizations' involvement in community engagement and, advocacy activities
- In line with the Government Digital Health Strategy 2022-2026, For the programme is fully digitilising the 2023 LLINs mass campaign



Challenges

1. Inadequate financing to meet the entire programmatic needs for **optimal** implementation of the interventions as outlined in the strategic plan
2. Low uptake of some malaria interventions in communities
3. Inadequate numbers of CHWs to implement ICCM to saturation
4. Stock out of antimalarial drugs and RDTs at facility and community level due some bottlenecks in the procurement processes
5. Poor data use culture at subnational level
6. Malaria rapid reporting system not fully rolled out
7. Lack of a functional early warning system to inform the programme on possible increase in malaria cases and epidemics
8. Inadequate numbers of trained staff in health facilities



Mitigation Measures

1. Mobilise resources through increased domestic funding through;
 - Lobbying Government
 - End Malaria Council
 - Community Development Fund policy formulation to allocate a % to Malaria interventions
2. Strengthen mentorship and supervision in data management and use
3. Increase the number of CHWs and improve staffing levels in HFs
4. Enhance advocacy and awareness raising (SBC) through community based organisations
5. Strengthening the procurement process and last mile delivery of supplies
6. Investments in a functional early warning system to inform the programme on the increase in cases and possible epidemics



Best Practices/Lessons Learnt

- Despite the gap in the required number of CHWs to reach saturation the expansion of community case management continues to produce positive results. i.e the proportion of malaria cases managed at the community increased from 4% in 2021 to 25% in 2022
- Ensuring that there are treatments courses to treat those with malaria even if the age specific blister pack is not available . This is as a result of the challenges with specific commodity availability, this is good mitigation measure
- Increased Cross-border collaboration



Best Practices/Lessons Learnt *cont..*

- Harmonized work planning and real time program implementation monitoring for decision-making and action at all levels.
- Engagement of Community Stakeholders to foster community led implementation and monitoring by introducing a community scorecard
- Developing a functional early warning system to inform the programme on possible epidemics
- Continue to strengthen and expanding entomological surveillance and surveillance of antimalarial drugs for resistance monitoring

Projected Costs, Commitments and Gaps by Year (US\$)

2024	Need	Commitments	Gap
LLINs (ANC/EPI)	US\$ 8.7 M	US\$ 8.7 M	0
IRS	US\$5.6M	US\$3.6M	US\$2M
ACTs	US\$8.5M	US\$8.5M	0
Number of RDTs	US\$3.5M	US\$3.5M	0
Total US\$ need essential services	US\$26.3M	US\$24.3M	US\$2M
Other Costs	US\$38.7	US\$18.7	US\$20
Total US\$ need malaria strategic plan	US\$ 65 M	US\$ 43 M	US\$ 24M

Projected Costs, Commitments and Gaps by Year (US\$)

2025	Need	Commitments	Gap
LLINs (ANC/EPI)	US\$ 9.6 M	US\$ 9.6M	0
IRS	US\$5.9M	US\$3.6M	US\$2.3M
ACTs	US\$7M	US\$7M	0
Number of RDTs	US\$3M	US\$3M	0
Total US\$ need essential services	US\$ 24.3M	US\$ 22.3M	US\$ 2M
Other Costs	US\$38.7 M	US\$18.7M	US\$20M
Total US\$ need malaria strategic plan	US\$ 63M	US\$ 41M	US\$ 24.3M

Projected Costs, Commitments and Gaps by Year (US\$)

2026	Need	Commitments	Gap
LLINs (MASS)	US\$ 35.7M	US\$ 19.2M	US\$16.5m
IRS	US\$6.2M	US\$3.6M	US\$2.9M
ACTs	US\$6.2M	US\$6.2M	0
Number of RDTs	US\$2.1M	US\$2.1M	0
Total US\$ need essential services	US\$50.2M	US\$31.1M	US\$19.4M
Other Costs	US\$38.7 M	US\$18.7M	US\$20M
Total US\$ need malaria strategic plan	US\$88.9M	US\$49.8M	US\$39.4M

Technical Assistance

Activity	Type of TA	Date
1. Development of the malaria communication strategy	Local and International consultant	January 2024
3. Larval Source Management Mapping and Implementation Using new technology	Local and International consultant	Feb/March 2024
4. Entomological surveillance of Stephensi and other potential transmitters	International consultant	Feb/March 2024
5. Mid-Term Review of the 2022 to 2026 NMESP	Local and International consultant	June 2024
7. Forecasting and Quantification	International consultant	July 2024



MALARIA FREE ZAMBIA
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ENDS WITH
ME.