

CRSPC Sub-Regional National Malaria Programs and Partners Annual Meetings

October 3-6, 2023



Zimbabwe

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Outline



- 1. Overview and context**
- 2. Program Implementation Status**
- 3. Other Major achievements**
- 4. Bottlenecks/Challenges**
- 5. Best Practices**
- 6. Gap analysis**
- 7. Technical Assistance**

Country context



- Malaria remains a public health problem
- Four provinces heavily burdened, contributing above 80% of national case load
- National incidence remained the same in 2021 and 2022 at 9/1000 pop
- Mortality rate stood at 0.8/100000 pop (2022)
- Country aims to eliminate malaria by 2030

Malaria Programme Strategic Objectives 2021-2025



To reduce malaria incidence to 15/1000, malaria deaths by at least 90% by 2025 and accelerate towards malaria elimination



Protect at least 85% of the population at risk of malaria with an appropriate malaria prevention intervention for the period 2021-2025



Provide prompt and quality assured diagnosis for all malaria suspected cases and treatment to all confirmed cases



Achieve zero malaria transmission in 20 districts and increase the elimination districts to 36 by 2025



To increase utilization of malaria interventions to at least 85% of the targeted populations by 2025



Strengthen surveillance, monitoring and evaluation and operational research for all malaria interventions for the period 2021-2025



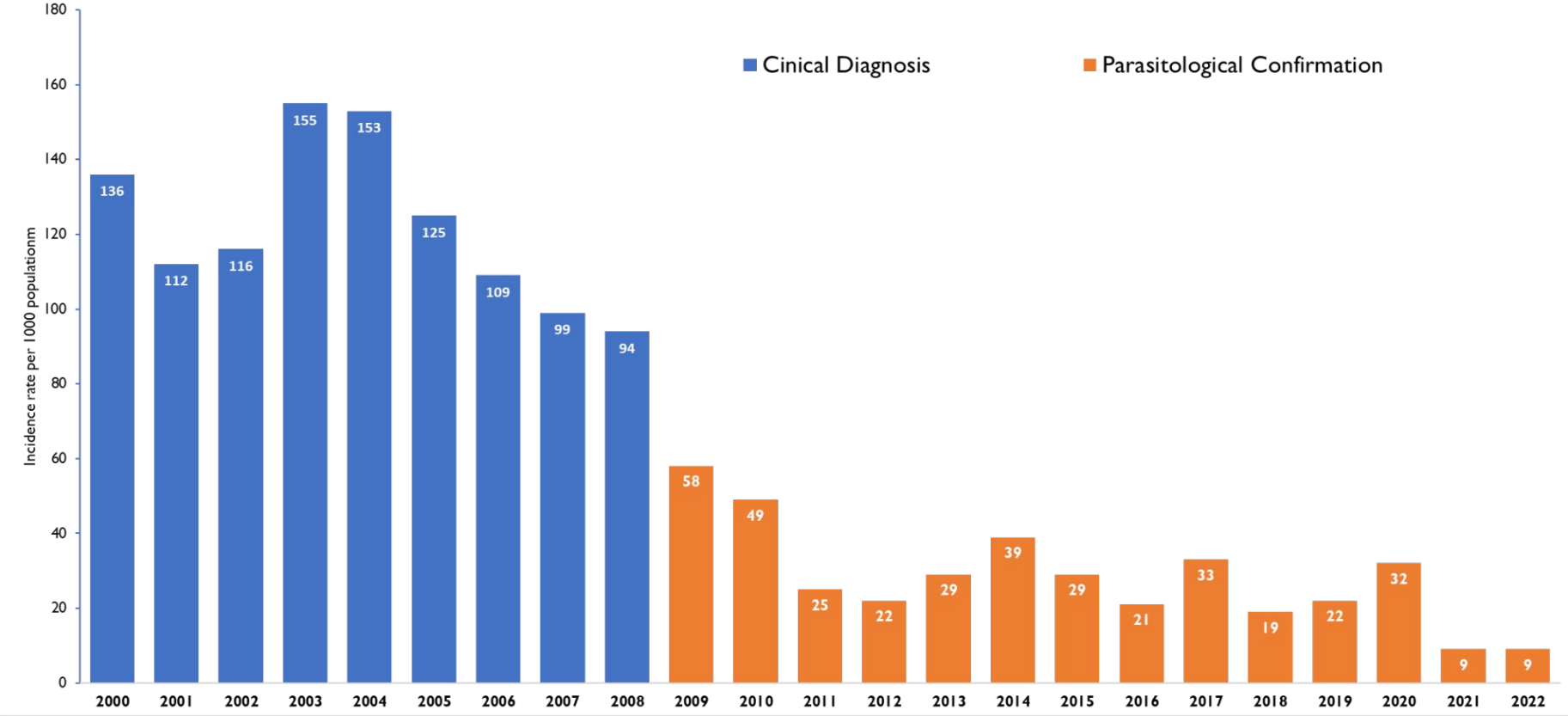
Foster an enabling environment for optimal program implementation and impact

Population at risk



	2024	2025	2026
Total Population	15,637,764	15,872,330	16,110,415
Malaria endemic	10,555,490	10,713,823	10,874,530
LLINs Population	5,800,275	5,858,277	5,916,860
Population IRS	2,771,541	2,799,256	2,827,249
No Vector Control	2,892,043	2,920,963	2,950,173

Malaria Incidence Trends



Program Implementation Status



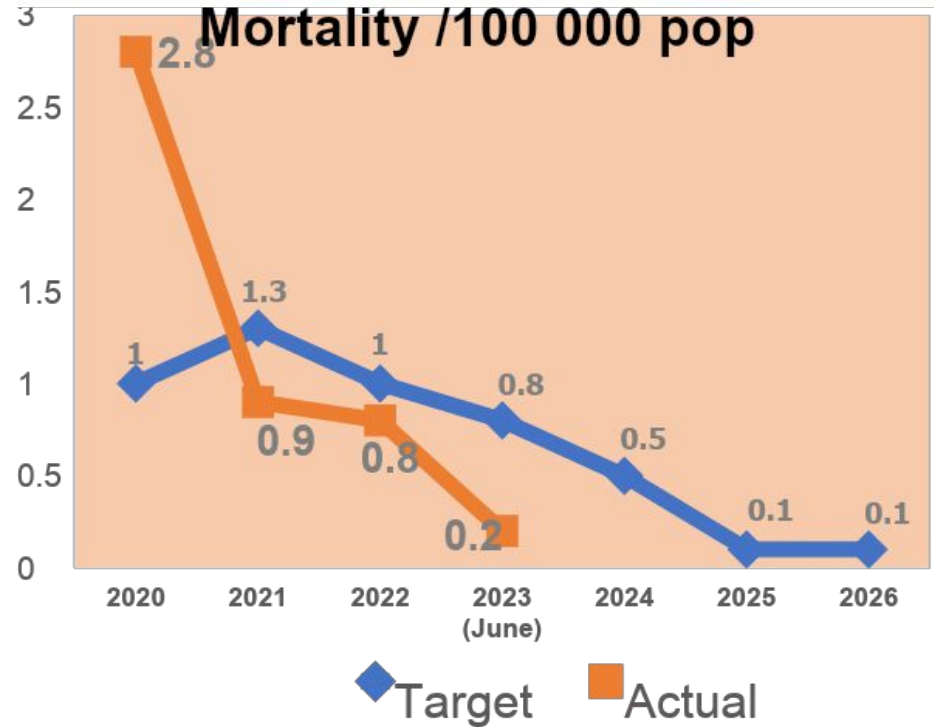
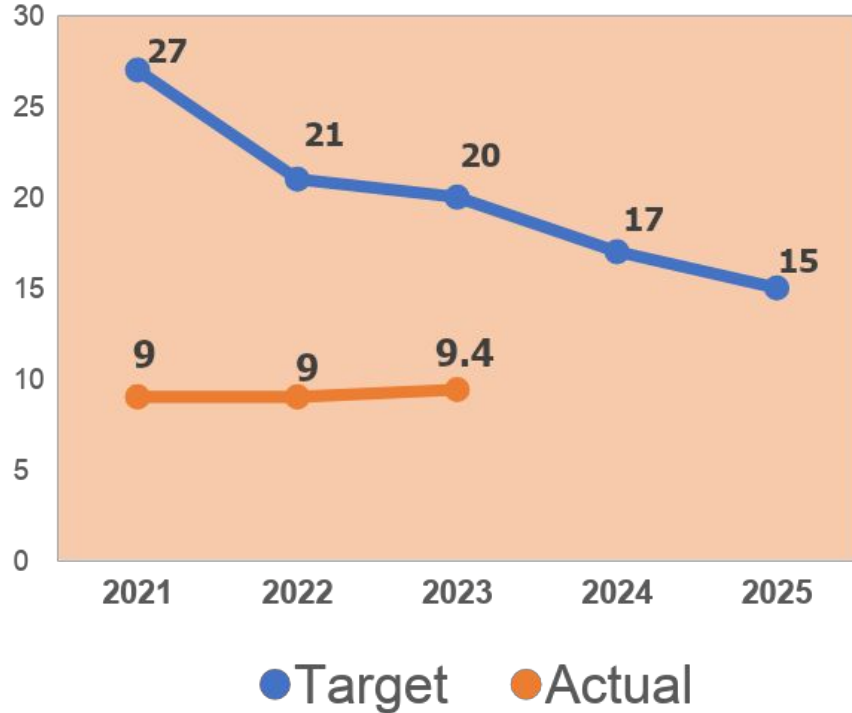
Indicator	2021		2022		2023	
	Target	Actual	Target	Actual	Target	Actual
Confirmed malaria cases (microscopy or RDT) per 1000 persons per year.	27	9	21	9	20	13*
Malaria mortality rate: number of malaria deaths per 100,000 persons per year.	1.3	0.9	1	1.2	0.8	1.8*
Number of local cases in 11 districts targeted for no local transmission (elimination setting)	200	73	150	21	100	71*

Comment:

- Increasing malaria mortality
- The country is making progress in most of the indicators.

*Data as of August, 2023.

Progress on strategic Goal 2021 - 2023 (June 2023)



Program Implementation Status



Indicator	2021		2022		2023	
	Target	Actual	Target	Actual	Target	Actual
Proportion of suspected malaria cases who received a parasitological test at health facility	100%	100%	100%	99.9%	100%	100%
Proportion of suspected malaria cases who received a parasitological (RDT) test at community level	100%	96%	100%	96%	100%	97%
Proportion of confirmed malaria cases who received first line antimalarial treatment according to national guidelines at public health facility	100%	98%	100%	97%	100%	96%
Proportion of confirmed malaria cases who received first line antimalarial treatment according to national guidelines at community level	100%	99%	100%	99%	100%	98%
Proportion of identified cases fully investigated	85%	85%	85%	92%	90%	78%
Malaria cases managed at community level				56%		
Severe malaria cases managed according to National guidelines			100%	98.1% CMA 2022		

Program Implementation Status

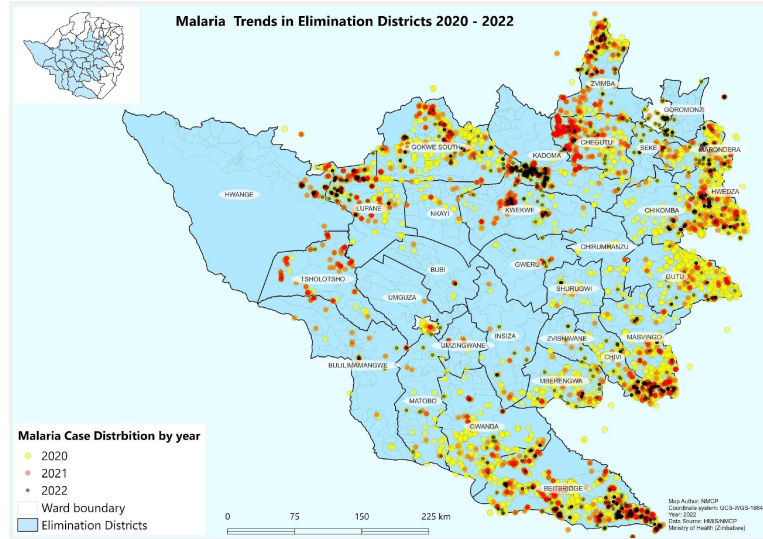
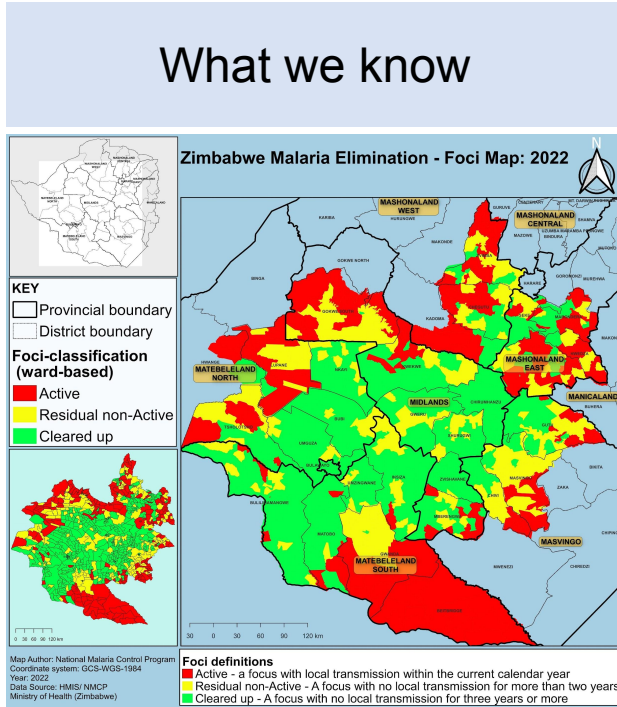


Indicator	2021		2022		2023	
	Target	Actual	Target	Actual	Target	Actual
Proportion of pregnant women who received at least 3 doses of SP	85%	54%	85%	61% (HMIS) 94% (CMA)	85%	64%
Percentage of targeted population at risk protected by IRS	100%	89%	100%	94%	100%	-
Number of nets distributed through continuous distribution	945,944	318,904 (34%)	888,745	578,929 (65%)	1,080,648	-
Number of LLINs distributed through mass campaign	928,629	1,017,646 (110%)	1,769,258	2,538,840 (144%)	281,686	657,568 (233%)

Other achievements: Foci Management And Classification , 2022




What we know



Other achievements



- Availability of Updated Strategic Plan 2021-2025 + Addendum 2026 , Updated SBC Strategy 2021-2026
- Submitted GC7 Application Request to Global Fund and Grant Making in progress
- Scale back of IRS to 23 districts  increased districts on LLINs and expanded elimination districts to 32 @ 2023
- Steered subnational cross border collaboration meetings (Zim/Zambia, Moza, Zim, Zim .SA) - *Implementation frameworks & action plans reviewed & produced*
- Conducted Case Management Audit and death analysis meetings
- Developed DQA tools specific for community level (CBHWs)
- Rolled out the revised CBHW logistics system in 15 districts, further expansion is eminent
- Transitioned Health posts to Full fledged health clinics
- Training in basic entomology for improved Vector surveillance; (60 EHP capacitated)
- **Four functional subcommittees (SBC, SMEOR, CM & VC)** - serving as the technical advisory

Best Practices

Best Practice	Description	
<p>Consistency. in holding Malaria Quarterly Review and Planning meetings</p>	<ul style="list-style-type: none"> ▪ Involves of all stakeholders and partners ▪ Reflects on progress achievements, challenges, solutions, and joint planning ▪ Provide transparency,, teamwork and ownership of results 	
<p>Case Management Audits (CMA) held every two years (Last one done in 2022)</p>	<ul style="list-style-type: none"> ▪ Use of experienced and practicing specialist clinicians to assess practices through these (CMA) audits ▪ Findings useful in decision making 	
<p>Digitalising the Malaria space :</p>	<p>Digital Clinical malaria mentorship programme</p>	<ul style="list-style-type: none"> ▪ Health workers followed up after training and mentored on site. ▪ This bridges the gap between theory and practice.. ▪ Works well in facilities with new staff
	<p>Electronic reporting – Ento, CD for LLINs, death notification,, IRS, Elimination DHIS2 Tracker App, VHVs logistics supply system</p>	<ul style="list-style-type: none"> ▪ Pilot exercises informing roll out of digital systems electronic ▪ Expand partner access of DHIS2– e.g Africa University on DHIS2 planform for entomology reporting ▪ Reporting systems rides on DHIS2 platform ▪ Data availability improved ▪ Entomology quality indicators improved
<p>Roll out of Community Action Cycle & CAG groups to increase community uptake of malaria interventions</p>	<ul style="list-style-type: none"> ▪ Increased community interactions and uptake of interventions 	

Bottlenecks/Challenges



- **Shrinking funding envelope**
 - Limited domestic funding for malaria operations, limiting the sustainability
 - Limited funding for expanding elimination districts from the current 32 to 36 by 2026 in accordance to the National Malaria Control and Elimination Strategic Plan (2021-2026).
 - Same funding (or reduced) GF support, viz the inflationary environment, leading to scaling down intervention coverages
- **Limited evaluations and population surveys**
 - The country last conducted MIS in 2016, although MICs was last done in 2019, the sample did not capture samples enough for malaria indicators
 - Inadequate vector surveillance data to inform selection of vector control tools
- **Malaria case management (diagnosis and treatment) threats**
 - No new information on the efficacy of the current antimalarials - last TES was in 2017/18 season
 - Unknown status of HRP2/3 deletion status
 - Increase in malaria mortality despite general decrease in incidence
- **Cross border complexities**
 - Slow rate of harmonization of cross border activities
 - Difficult to quantify mobile special groups and strategies to reach them with malaria interventions
- **Limited capacity building resources**
 - Losing of trained health workers, and the limited resources to retrain new ones (shrinking envelope)

Gap Analysis

For 2024	Need	Financed	Gaps
LLINs (<i>number of nets</i>)	1,515,595	1,515,595	0
IRS [US\$]	11,493,502	10,116,104	1,377,398
ACTs (<i>number of treatment doses</i>)	1,593,612	1,593,612	0
RDTs (<i>number of RDTs</i>)	1,727,624	1,727,624	0
Total US\$ need essential services (<i>from your gap analysis sheet</i>)	20,301,646	14,859,647	5,441,999
Other costs (<i>add as required</i>)			
Total US\$ need malaria strategic plan	38,378,594	*14,859,647	23,518,947

Gap Analysis

For 2025	Need	Financed	Gaps
LLINs (number of nets)	2,928,595	2,928,595	0
IRS [US\$]	9,527,447	8,464,046	1,545,025
ACTs (number of treatment doses)	1,234,123	1,234,123	0
RDTs (number of RDTs)	1,672,381	1,672,381	0
Total US\$ need essential services (from your gap analysis sheet)	29,541,674	17,012,120	6,208,838
Other costs (add as required)			
Total US\$ need malaria strategic plan	45,685,329	*17,012,120	28,673,203

Gap Analysis

For 2026	Need	Financed	Gaps
LLINs (number of nets)	1,080,633	1,080,633	0
LLINs operational costs	632,632	-	632,632
IRS [US\$]	6,757,911	1,346,770	4,411,142
ACTs (number of treatment doses)	836,883	836,883	0
RDTs (number of RDTs)	1,512,100	1,512,100	0
Total US\$ need essential services (from your gap analysis sheet)	23,220,958	14,859,647	8,361,311
Other costs (add as required)			
Total US\$ need malaria strategic plan	33,758,987	*14,859,647	18,899,340

Technical Assistance

Technical Assistance	TA Partners	Year	Class
Updating of Elimination guidelines		2023/24	International
Updating of Malaria case management and Malaria in Pregnancy guidelines		2023/24	Local
MSP Mid-term review		2024	1) International 2) Local
Malaria stratification and subnational tailoring		2024/25	1) International 2) Local
Insecticide resistance monitoring for selection of insecticide and LLIN types		2014	Local
Evaluation of malaria community systems strengthening focus on community Action Cycles systems/ CAGs		Q3, 2026	1) International 2) Local

Tinotenda
Siyabonga
Thank you