



**Report of the Joint SARN – PMI Mission to Malawi carried out from 29
May to 8 June 2012**

**National Malaria Control Program, Ministry of Health
Lilongwe, Malawi**

**SARN
Gaborone, Botswana**



1.0 Background

The SARN Secretariat carries out assessment/support missions to all the SARN countries once a year and when necessary, a follow up mission is carried out. Following intense communication with the Presidential Malaria Initiative HQ, it was agreed that joint SARN-RBM missions will be conducted in all PMI countries in the SARN region. Since the PMI had already planned its calendar of conducting Malaria Operations Planning (MOP), SARN agreed to align/harmonize its missions to Madagascar, Malawi, Mozambique, Zambia and Zimbabwe with those of the PMI. The mission to Malawi was the fifth joint mission that was used for assessing the value addition of these harmonized missions. The SARN Steering Committee has drafted generic TORs for carrying out missions which are adjusted to meet the requirements of each country. Thus a mission team made up of the SARN Secretariat, Swaziland Malaria Program Manager and the Zambia Malaria Program Manager was organized for the joint SARN-PMI mission. The PMI team was made up of Members of the Malaria Operations Planning (MOP) from the USA and those based at the USAID/PMI and CDC in Lilongwe, Malawi.

2.0 Objectives

The main objectives were to:

1. Assess progress made in malaria control and program management
2. Assess the Global Fund performance and challenges
3. Assess progress on LLINs mass distribution campaign
4. Determine bottlenecks/challenges and conduct a Gap analysis for identifying technical (TA) support/resource needs that would inform the development of an action plan for support and resolution of bottlenecks.
5. For the PMI, the mission would help them in consolidating their MOP.
6. Follow up on cross-border initiatives
7. Develop a harmonized TA plan and action plan for follow up

3.0 Method of work

The work scheduled included courtesy calls to the Director of Preventive Health Services and the Principal Secretary in the Ministry of Health which did not take place as they were out on other official duties. Discussions with the following partners (Chemonics International Inc, WHO, CDC, USAID, PMI and DFID) were carried out at their offices, followed by a debrief with the NMCP. The PMI-MOP team also briefed the USA Ambassador and the Directors of USAID and CDC. The SARN team concluded their mission by debriefing the NMCP team. The Malawi Program Manager had time to discuss with her counterparts (the Swaziland and Zambia Program Managers) on cross-border collaboration and peer learning exchange visits in agreed areas.



4.0 Discussions with the NMCP and Partners

4.1 Progress made in malaria control and program management

- There is a visible political will and commitment at government of Malawi as evidenced by commitment by the Head of State to launch LLINs mass distribution campaign. It should be noted that the current arrangement is such that the Vice President is also the Minister of Health. This arrangement provides a rare opportunity for health including malaria to be high on the agenda of the Government of Malawi.
- RDTs were rolled by November 2011 in all districts after the MPR was carried out in 2010. This resulted in 50% reduction in consumption of ACTs. Notably consumption of ACTs is not consistent with number of malaria cases reported. This is a health system issue and needs the involvement of wide range of stakeholders.
- During the MPR, one of the findings was that the burden of malaria had increased by 50% from 2005 to 2010. However during this mission, there is new evidence that the number of reported cases had declined to about 4.6 million in 2011 from the initially reported 6.1 million in 2010. It is however very difficult to clearly explain what resulted to this decline as there was no evidence of scale-up of control interventions between 2010 and 2011.
- There are plans to scale-up IRS to 12 districts from seven, this may however be hindered by availability of resources as there submitted budget to government was 1.2 Billion Kwacha but only 400 Million Kwacha (US\$1.6 Million) was approved. The gap in the resources approved may work very negatively to the program. Technically the NMCP will be supported by Chemonics International Inc on IRS.
- Monitoring and evaluation is being supported by PMI.
- 2012 Malaria indicator Survey (MIS) was conducted and analysis is currently underway.
- Once the Central Medical Stores Trust is fully operational, it is envisaged that the parallel system of procurement and distribution of health commodities will cease to exist. Of note is the fact that the process of recruiting staff to strengthen the procurement and supply chain management has already started. Adverts were already running in the local media houses during the mission. It therefore envisaged that once the systems are in the issue of frequent stockouts of health commodities will be a thing of the past.

4.2 Global Fund performance and challenges

- Malawi currently has two Global Fund rounds running (Consolidated Grant Round 7 Phase 2 and Round 9 Phase 1) as indicated in the table below. Round 9 Phase



2 negotiations are reported to commence in July 2012 has a total value of USD64,156,545.00.

YEARS	JAN-DEC 2011	JAN-DEC 2012	JAN-DEC 2013
Consolidated Grant Round 7 and 2 (Phase 2)	US\$21,545,520,	US\$12,020,229	US\$11,140,967
Round 9 (Phase 1)	US\$21,592,482,	US\$6,440,278	

- There is delayed disbursement of funds from Global Fund like many other countries benefiting from Global Fund.

4.3 Progress on LLINs mass distribution campaign

- LLINs mass distribution campaign started in the southern region on 28th May 2012 to 8th June 2012, followed by northern region, 11 – 22 June 2012 and would be concluded in the central region, 18th June to 6th July 2012.
- The president would officially launch the LLINs mass distribution campaign in Chiradzulu District to advocate for net acceptability and increased usage.
- LLINs were transported from port of entry to three regional (central, north and south) warehouses by international contractor and from regional warehouses to districts warehouses then to local distribution points by local contractors.
- 5.4 million (4.7 million from GF and 0.7 million from PMI) LLINs were procured for mass distribution campaign. With a successful mass distribution campaign, the country looks on course to achieve the universal coverage target.

4.4 Cross-border initiatives

- The mission provided the opportunity for program managers to discuss the proposed Trans-Luangwa Cross-border Malaria Initiative meeting that would be held 9 – 10 July 2012 in Chipata, Zambia.

4.5 USAID/PMI and CDC

- The Malaria Operational Plan for fiscal year 2013, PMI has pledged to support the NMCP with USD26 million. This support covers all thematic areas in the program.
- In discussion with the NMCP, PMI has decided to withdraw IRS funding to one district which they supported for the past five years however, PMI will support capacity building in IRS for the NMCP. The withdrawal of IRS spraying is very complex but includes wide spread vector resistance to the affordable insecticides.



4.6 WHO

- WHO continues with their core mandate of providing policy and strategic direction to the Ministry of Health including the National Malaria Control Program (NMCP).

5.0 Priorities of the NMCP

- Procurement and distribution of antimalarial drugs and diagnostic supplies

MALARIA COMMODITIES PROCUREMENTS THROUGH PMI FOR 2013-2014 FY GAP FILLING

S/N	PROCUREMENT ITEMS	QUANTITIES	UNIT COST (US\$)	ESTIMATED COST (US\$)
1	ACTs - Artemether Lumefantrine:			
	1x6	1,800,000	0.42	756,000.00
	2x6	1,200,000	0.84	1,008,000.00
	3x6	600,000	1.25	750,000.00
	4x6	2,400,000	1.59	3,816,000.00
	Total Treatments	6,000,000		6,330,000.00
2	Rapid Diagnostic Tests:	9,358,315		
	Bioline	4,679,175	0.59	2,760,713.25
	Paracheck	4,679,175	0.50	2,335,844.16
	Total Kits	9,358,350		5,096,557.41
3	Long Lasting Insecticide treated Nets	900,000	5.00	4,500,000.00
	Total LLINs	900,000		4,500,000.00

Total estimated funds

15,926,557

- Maintenance and expansion of indoor residual house spraying in the seven districts of Karonga, Nkhata Bay, Nkhota Kota, Salima, Mangochi Chikhwawa and Nsanje
- Promotion and provision of SP to pregnant mothers through directly observed treatment Strengthening Behavioral Change Communication.
- Conduct malaria vector resistance survey
- Strengthening surveillance, monitoring and evaluation systems to ensure that key malaria indicators are routinely monitored
 - Conduct program monitoring and evaluation at regular intervals (entomological monitoring, epidemiological surveillance, Malaria Indicator Surveys).



6.0 Develop a harmonized TA plan and action plan for follow up

The TA plan was not developed as the partners meeting was postponed to 22nd June 2012.

7.0 Challenges

- Delays in disbursement of funds from partners
- Delays in procurement process of health products
- Low reporting rates from service delivery areas
- Delay by communities to initiate malaria treatment within 24 hours of onset of malaria symptoms
- Alternatives to SP for IPTp
- The communities continue to perceive malaria as part of their lives
 - Low uptake of malaria interventions by members of communities
- One of the observations in the MPR was that there was only one established position in the NMCP but the rest of the staff were seconded. This situation has not been resolved.
- Planning for IRS has not commenced for 2012/13 spraying season.
- The M & E system is weak especially in tracking and reporting of consumption data.
- GF grants end by December 2013 and there are going to be gaps for commodities from 2014.

8.0 Recommendations

- Establishment of dedicated positions remains a priority.
- There is a need to devise a strategy to maintain the current political will by presenting regular progress reports on malaria control.
- In view of the fact that Chemonics has withdrawn IRS from Nkhota kota, this district should be a priority to be covered by government.
- Planning for IRS should start immediately.
- To understand the magnitude of insecticides resistance, there is need to conduct insecticides resistance survey.
- Before IRS scale-up to 12 districts, there is a need to carry out a detailed epidemiological and entomological baseline surveys.
- There is need to invest more into SBCC to promote net usage and maintenance.
- There is need to explore ways of collecting and disposing of expired nets.



9.0 Conclusions

The joint team concluded that:

- a. In view of the current political climate, seems there is a window of opportunity for the program to mobilise more resources from government and partners.
- b. The NMCP program has made much progress in most areas; however, there is need for strengthening M/E especially reporting of consumption data and establishment dedicated positions of the program.