

RBM- Comité des Partenaires pour l'appui aux pays et régional (RBM-CRSPC)

Réunion Annuelle des Responsables des Programmes Nationaux de Lutte contre le Paludisme et des Partenaires

26 Octobre 2021

Burundi

État de la mise en œuvre: le pays est-il sur la bonne voie pour atteindre les objectifs du PSN

Indicateur	Périodicité de rapportage	Base line 2017	Niveau d'atteinte 2018	Niveau d'atteinte 2019	Niveau d'atteinte 2020	Niveau d'atteinte 2021 (janvier à septembre)	Commentaires: Défis/contraintes
Cas de Paludisme confirmés (par microscopie ou test de dépistage rapide) pour 1000 habitants par an (incidence)	Annuel	733,6	503	808	485;9	412.5	
Nombre de décès de patients hospitalisés dus au paludisme : taux pour 100 000 habitants par an	Annuel	35,275	24.2	33	25,8	17,9	
Létalité liée au paludisme	Trimestriel	1,20%	1.03%	0.9%	1.1	0,97	
Taux de positivité des GE/TDR	Trimestriel	58,10%	62.1%	60%	49,6	51,8	

Sensibilité de l'*An.gambiae* s.l aux insecticides

Table 7. Susceptibility of *An. gambiae* s.l. to Insecticides

District	Clothianidin+ Deltamethrin		Clothianidin		Chlorfenapyr		Pirimiphos-methyl		Bendiocarb		Deltamethrin		Permethrin		Alphacypermethrin	
	%	# tested	%	# tested	%	# tested	%	# tested	%	# tested	%	# tested	%	# tested	%	# tested
Bujumbura Rural	100 S	100	100 S	100	100 S	100	100 S	100	100 S	100	99 S	100	99 S	100	-	-
Bujumbura Mairie	100 S	100	100 S	100	100 S	100	100 S	100	100 S	100	100 S	100	100 S	100	99 S	100
Karusi	100 S	100	100 S	100	-	-	-	-	97PR	100	98 S	100	-	-	-	-
Kayanza	100 S	100	100 S	100	100 S	100	-	-	-	-	100S	100	88 R	100	-	-
Muyinga	100 S	100	100 S	100	100 S	100	100 S	100	100 S	100	100 S	100	93PR	100	-	-
MWARO	100 S	100	100 S	100	-	-	100 S	100	-	-	100 S	100	95 PR	100	-	-
MURAMVYA	100 S	100	100 S	100	-	-	-	-	-	-	95 PR	100	-	-	84 R	100
Kinyinya	100 S	100	100 S	100	100 S	100	100 S	100	-	-	100 S	100	97PR	100	94 PR	100
Rumonge	100 S	100	100 S	100	-	-	100 S	100	-	-	97 PR	100	-	-	-	-

- Sensibilité des vecteurs au pirimiphos-méthyl, au chlorfénapyr, Clothianidin, et au bendiocarbe dans tous les sites sentinelles.
- Sensibilité des vecteurs à la deltaméthrine dans tous les sites sauf à Muramvya et Rumonge, où une résistance possible a été observée.
- Possible résistance à la perméthrine et à l'alpha-cyperméthrine observées dans les sites sentinelles de Muyinga, Mwaro, Kinyinya.
- Le vecteur est résistant dans le district Kayanza pour le perméthrine l'alpha-cyperméthrine .
- Le vecteur était également sensible à l'alpha-cyperméthrine au DS de Bujumbura nord

Impact du COVID-19 sur implementation des interventions de lutte contre le paludisme en 2021 et les actions prises

L'impact du Covid-19 a été remarqué notamment:

- **Perturbation du circuit d'approvisionnement** des intrants avec retard des livraisons des commandes internationaux avec comme consequence les Stockouts;
- **Impact budgétaire supplémentaire** suite aux respect des normes Covid-19: distanciation, achat EPI, etc.
- Perturbation de certaines activités de terrain:
 - **Recours au télétravail** pour certaines activités requarant la presence physique des acteurs impliqués: Assistance technique à distance des fois avec faible connexion locale lors des formations, etablissement/négociation de la subvention du FM.
- **Cependant** la continuité des services de lutte contre le paludisme sur tout le pays a été préservée.

Meilleures Pratiques(I/4)

Riposte aux flambées des cas de paludisme 2020:

- ✓ PID dans les DS les plus pourvoyeurs: 6 DS avec 96 %de couverture ;
 - ✓ Cliniques mobiles dans 11 DS;
 - ✓ Réalisation de l'étude d'efficacité thérapeutique de l'Artemeter-Lumefantrine;
 - ✓ Etc.
- .

Meilleures Pratiques(2/4)

Surveillance épidémiologique:

- Actualisation des outils de monitoring hebdomadaire de la situation du paludisme jusqu'au niveau des CDS: courbes de surveillance épidémiologique;
- Rapportage journalier des données du paludisme au niveau des CDS a travers le DHIS2;
- Décentralisation au niveau BPS et DS de l'évaluation de la performance des interventions a l'aide le Carte de score/ALMA;

Meilleures Pratiques(3/4)

Surveillance entomologique et suivi de la résistance des vecteurs aux insecticides

- 9 sites sentinelles fonctionnels;
- Existence d'un insectarium fonctionnel pour les analyses biochimiques sur les larves et moustiques anophèles (capturés);
- Usage des produits à efficacité documentée localement avec une longue rémanence;
- Etude de la durabilité et la bio efficacités des MIILDA

Meilleures Pratiques(4/4)

Gestion des Achats et stocks

1. existence d'un comité national de quantification des intrants malaria officiellement mis en place incluant les partenaires clés (USAID/chemonics , OMS, UNICEF, PNUD etc) et les structures gouvernementales clés (DPML, PNILP, CAMEBU, IGSLs etc),
2. Une session de quantification annuelle avec mise à jour trimestrielle du plan des approvisionnements;
3. Des sessions mensuelles sont effectuées pour analyser les niveaux de stocks ou autres problématiques des médicaments y compris les antipaludiques;
4. Etc.

Goulots d'étranglement/ Obstacles rencontrés et comment ils ont été résolus

Goulots d'étranglement/ Obstacles rencontrés	comment ils ont été résolus
Suspension momentanée de la PEC-communautaire avec le démarrage du nouveau protocole de traitement avec AL: retards de livraison à cause de la pandémie Covid-19	Presque la totalité des ASC sont fonctionnel(38/45)
Resistance émergente aux dérivés d'Artemisinine dans la sous région	Etude sur l'efficacité thérapeutique de l'AL réalisée
Flambée périodique des cas de paludisme normalement tous les 2 ans après la CDM	Planification de nouvelles stratégies pour la période 2021-2023: <ul style="list-style-type: none">• Distribution continue des MIILDAs;• PECADOM étendue aux plus de 5ans.

Analyse des écarts 2021

Domaine	Besoins	Financés	Gap Demande PAAR FM	Gaps résiduel
MIILDA(FOB+GAS+MEO)	\$ 4 647 407	\$ 4,333,546	\$ 313,861	\$ 0
PID	\$ 18 383 395	\$ 4,473,566	\$ 7,489,908	\$ 6 419 921
CTA(CTA1 et CTA2)	\$ 5 322 992	\$ 5 322 992	\$	\$ -
Artesunate suppositoire	\$ (13 403)	0	\$ -	\$ -
RDT	\$ 3 169 969	\$ 3169969	\$ -	\$ -
Microscopie	\$ 1 852 761	\$ 1,347,766		\$ 504 995
Paludisme Grave	\$ 3 034 279	\$ 3 034 279	\$ -	\$ -
PEC	\$ 3 893 552	\$ 3,306,597	\$ 127,404	\$ 456 340
TPIg	\$ 410 380	\$ 410 380		\$ -
Suivi Evaluation	\$ 1 607 982	\$ 571,425	\$ 143.595	\$ 516 435
Gestion de Programme	\$ 3 439 594	\$ 2,862,609	\$ 249 900	\$ -
IEC/CCC	\$ 3 118 930	\$ 1,551,487	\$ 478,378	\$ 1 089 065

Analyse des écarts 2022

Domaine	Besoins	Financés	Gaps Demandé dans PAAR	Gaps résiduel
MIILDA(FOB+GAS+MEO)	\$ 36 064 235	\$ 30,555,669	\$ 5,508,567	\$ 0
PID	\$ 16 796 162	\$ 3,929,540	\$ 6,876,694	\$ 5 894 309
CTA(CTA1 et CTA2)	\$ 4 142 755	\$ 4 142 755	\$ -	\$ -
Artesunate suppositoire	\$ 3 809	\$ 3 809	\$ -	\$ -
RDT	\$ 2 415 830	\$ 2 415 830	\$ -	\$ -
Microscopie	\$ 1 760 123	\$ 1,231,511	\$ -	\$ 528 612
Paludisme Grave	\$ 2 882 565	\$ 2 882 565	\$ -	\$ -
PEC	\$ 1 399 788	\$ 1,184,983	\$ -	\$ -
TPIg	\$ 387 139	\$ 387 139	\$ -	\$ -
Suivi Evaluation	\$ 2 748 745	\$ 1,327,238	\$ -	\$ 1 445 711
Gestion de Programme	\$ 2 536 949	\$ 2,199,460	\$ 382 726	\$ -
IEC/CCC	\$ 2 745 274	\$ 1,965,598	\$ 389,282	\$ 390 394

Analyse des écarts 2023

Domaine	Besoins	Financés	Gaps Demande PAAR FM	GAP Residuel
MIILDA(FOB+GAS+MEO)	\$ 4 289 656	\$ 3 724 416	\$ 565 239	\$ 565 239
PID	\$ 17 296 581	\$ 4 044 603	\$ 7 078 055	\$ 6 066 905
CTA(CTA1 et CTA2)	\$ 3 238 275	\$ 3 238 275	\$ -	\$ -
Artésunate suppositoire	\$ 7 767	\$ 7 767	\$ -	\$ -
RDT	\$ 1 785 298	\$ 1 785 298	\$ -	\$ -
Microscopie	\$ 2 910 746	\$ 1 329 717	\$ -	\$ 1 581 028
Paludisme Grave	\$ 2 130 221	\$ 136 140	\$ 323,567	\$ -
PEC	\$ 1 197 616	\$ 637,653		\$ 604 441
TPIg	\$ 402 999	0	\$ -	\$ 402 999
Suivi Evaluation	\$ 1 075 804	\$ 329,928	0	\$ 336,060
Gestion de Programme	\$ 2 137 604	\$ 2 347 890	\$ -	\$ -
IEC/CCC	\$ 2 718 287	\$ 1 842 801	\$ 414 648	\$ 460 838

Exigences de l'assistance Technique pour l'année 2022

Activité	Type d'assistance	Période
Réalisation de l'étude de la qualité de prise en charge du paludisme	Consultant externe et un consultant national;	T I 2022,30jours
Atelier d'évaluation et d'actualisation de la stratégie nationale de distribution des MIILDA de routine	Consultant externe	T I 2022,30jours
Mise à jour du plan de riposte aux épidémies (OMS)	Consultant externe et un consultant national	30 jours T2-2022
Réaliser l'enquête rapide post CDM 2022	Consultant externe	Juin 2022,30jours

Merci pour votre aimable écoute



Ministry of Health

Sub-Regional National Malaria Elimination/Control Programs and Partner Annual Meeting

Kenya Updates
October 2021





Vision, Mission and Goal



A Malaria-free Kenya



To direct and coordinate efforts towards a malaria-free Kenya through Effective partnerships



To reduce malaria incidence and death by 75 percent of 2016 levels by 2023.





OBJECTIVES OF THE NSP 2019 - 2023



OBJECTIVE 1:

To protect 100% of people living in malaria risk areas through access to appropriate malaria preventive interventions by 2023



OBJECTIVE 2:

To manage 100% of suspected malaria cases according to the Kenya malaria treatment guidelines by 2023



OBJECTIVE 3:

To establish systems for malaria elimination in targeted counties by 2023



OBJECTIVE 4:

To increase utilisation of appropriate malaria interventions in Kenya to at least 80% by 2023



OBJECTIVE 5:

To strengthen malaria surveillance and use of information to improve decision-making for programme performance



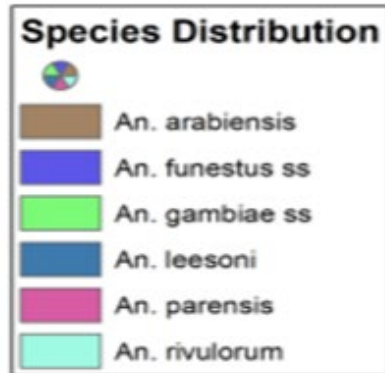
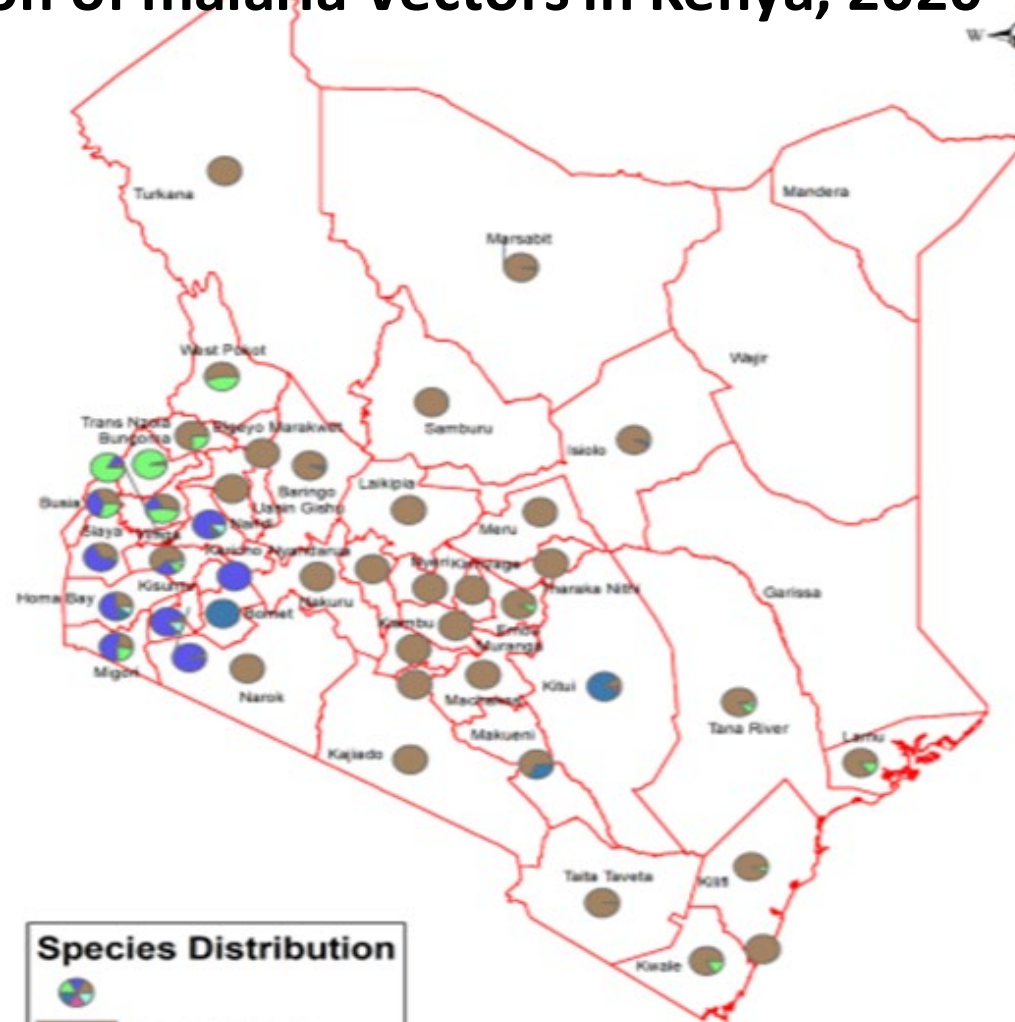
OBJECTIVE 6:

To provide leadership and management for optimal implementation of malaria interventions at all levels, for the achievement of all objectives by 2023





Species composition of malaria vectors in Kenya, 2020



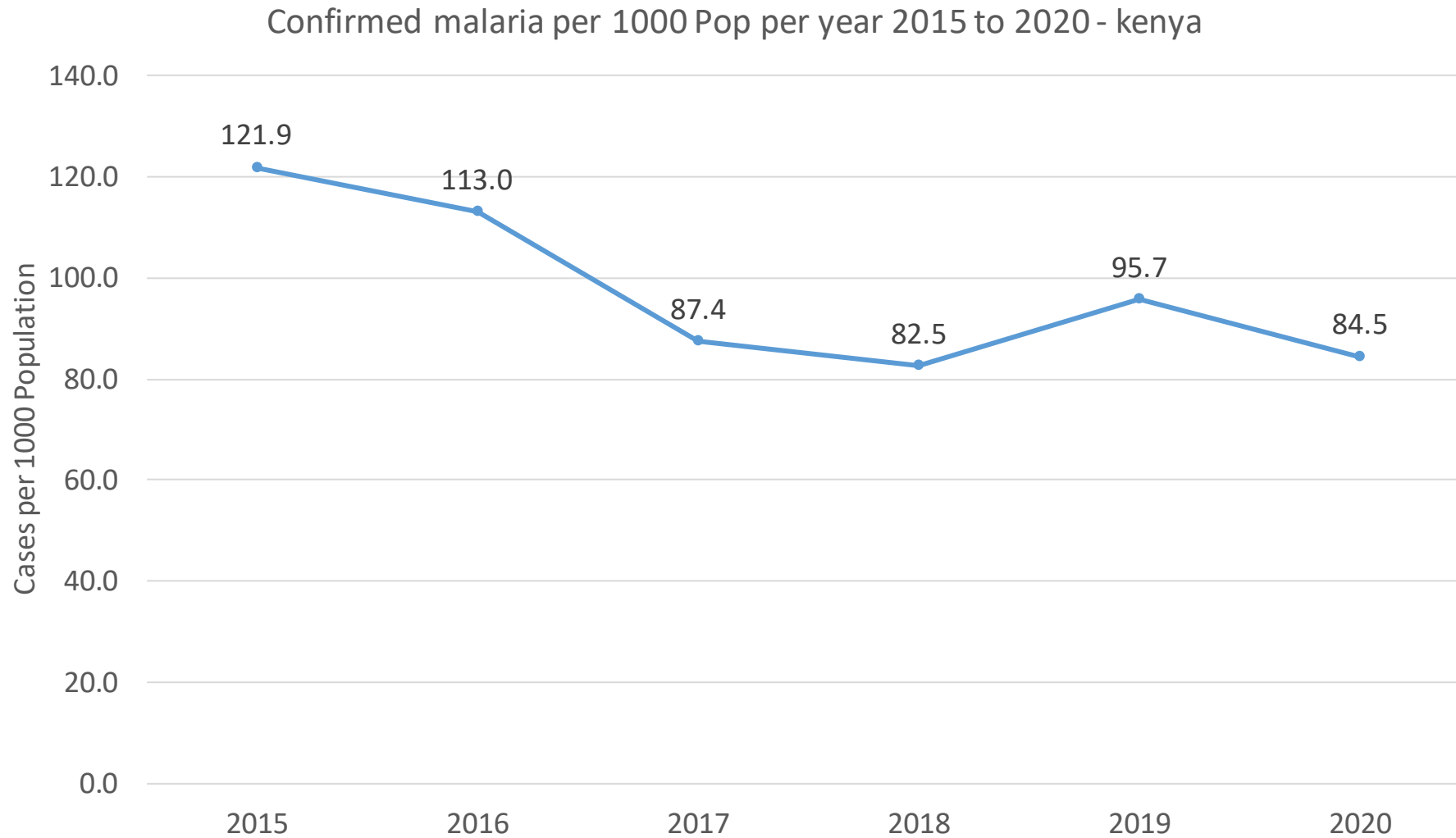


Implementation Status: Country progress against MSP targets



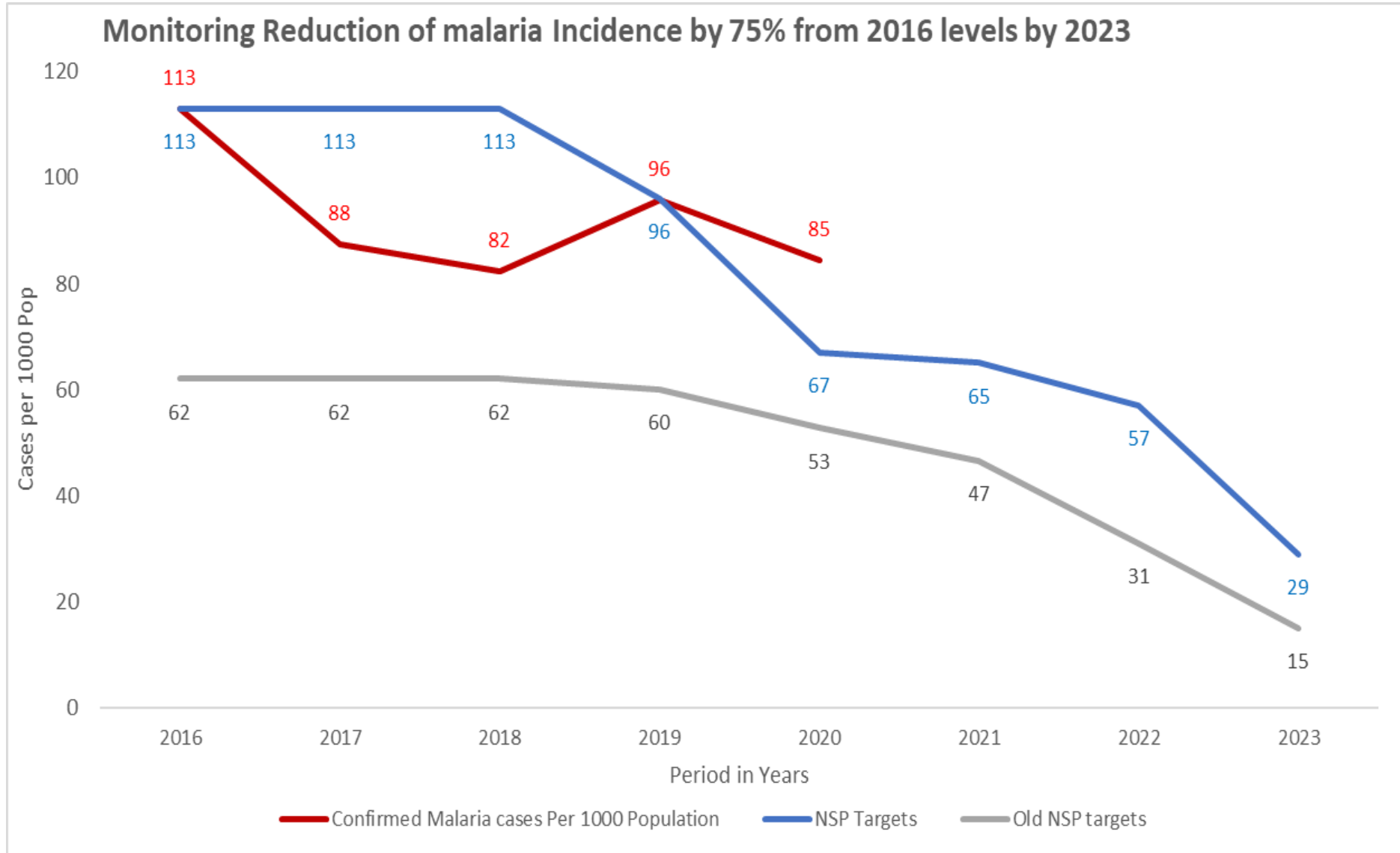


Cases per 1000 Pop



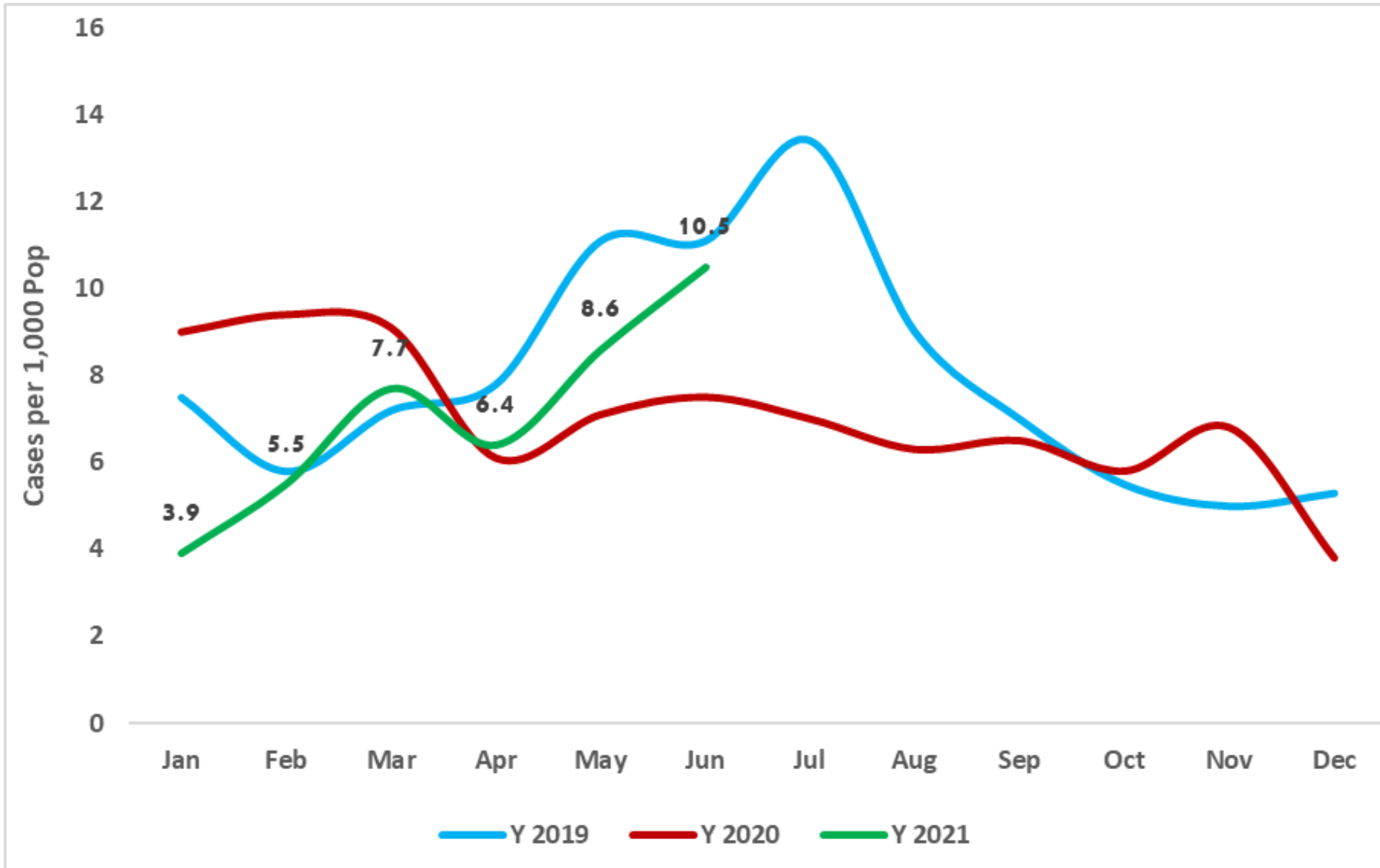


Impact Indicators - Incidence



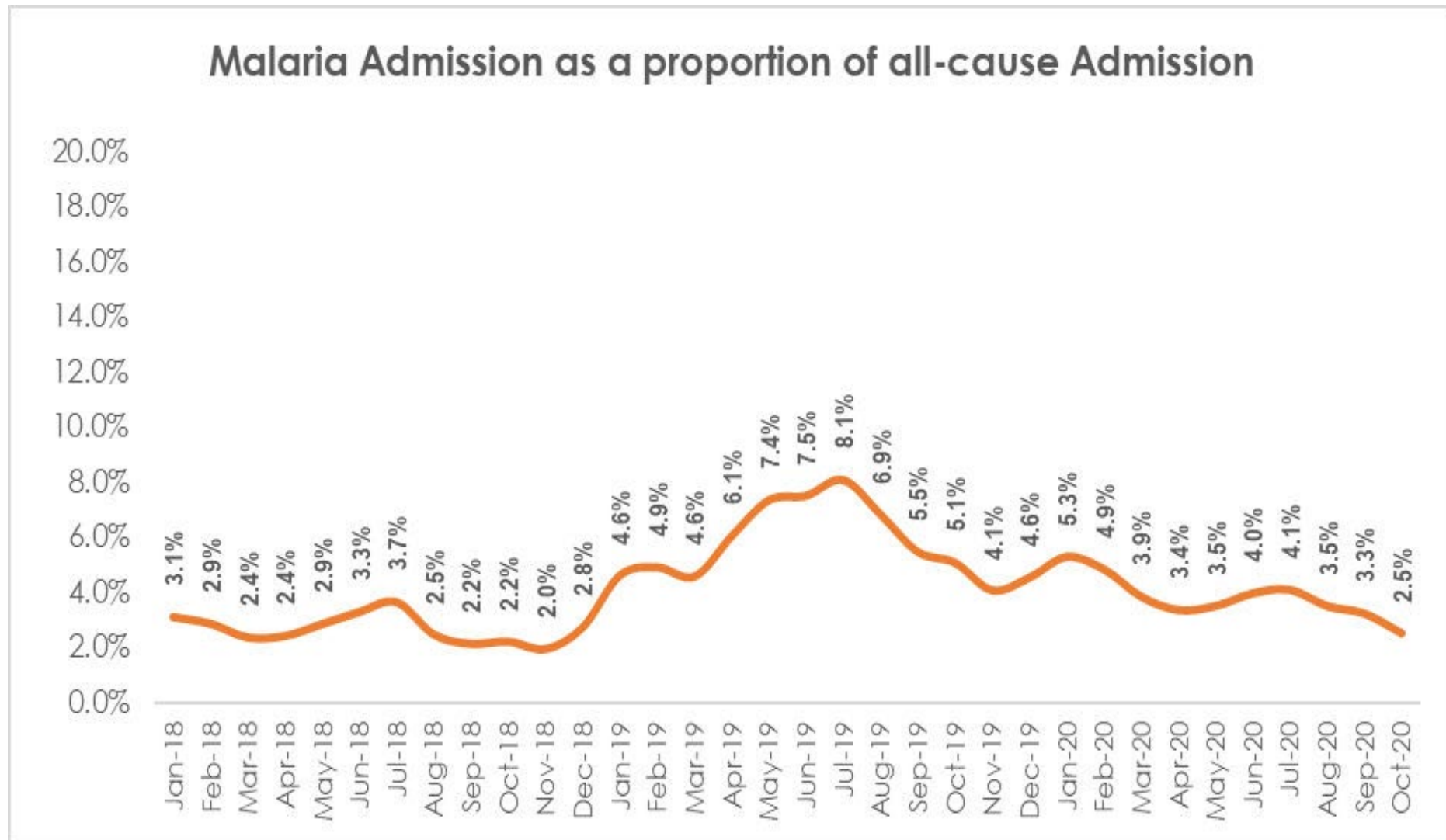


Confirmed Malaria Cases per 1,000 population per month



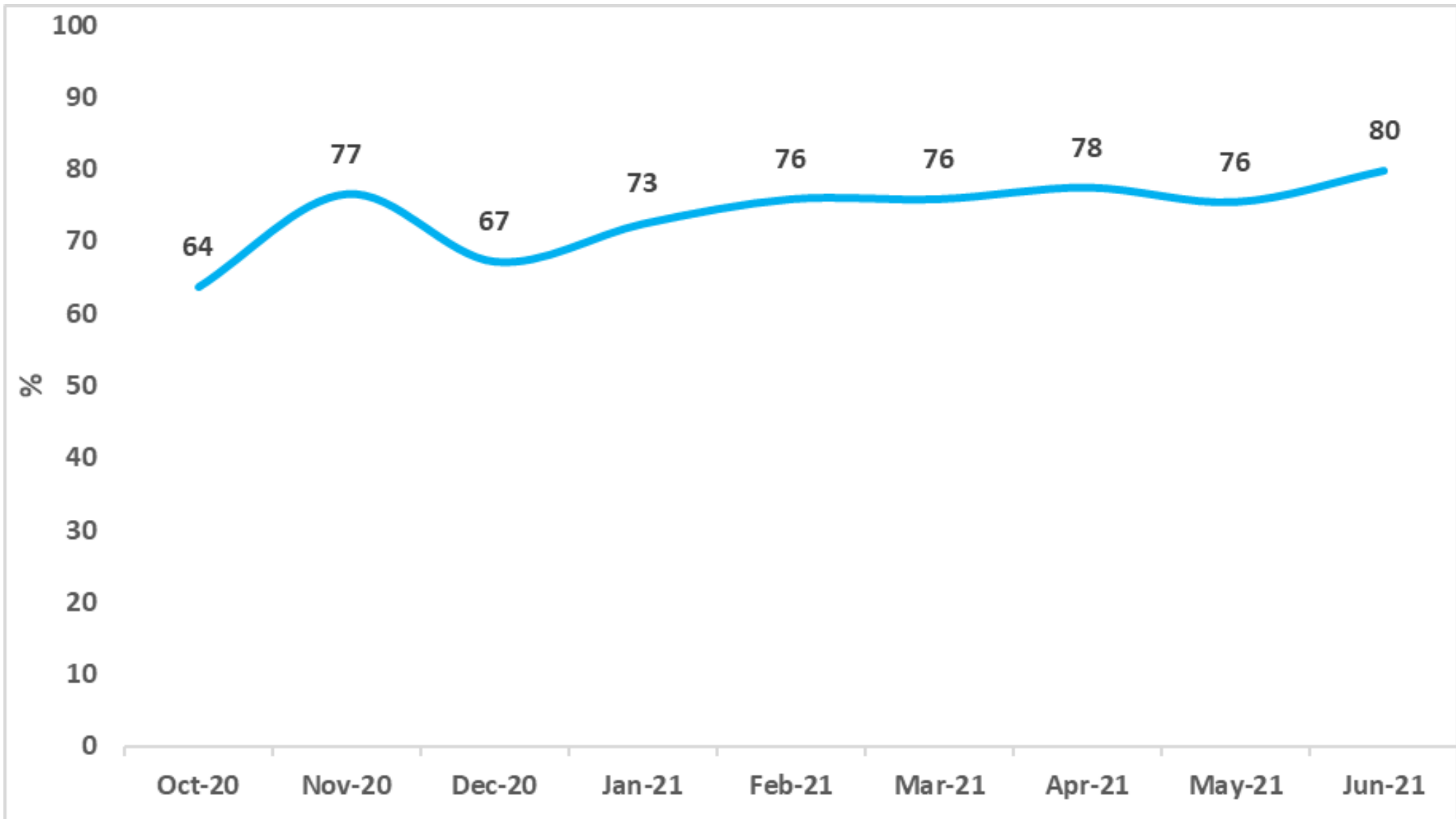


Proportion Admissions due to Malaria



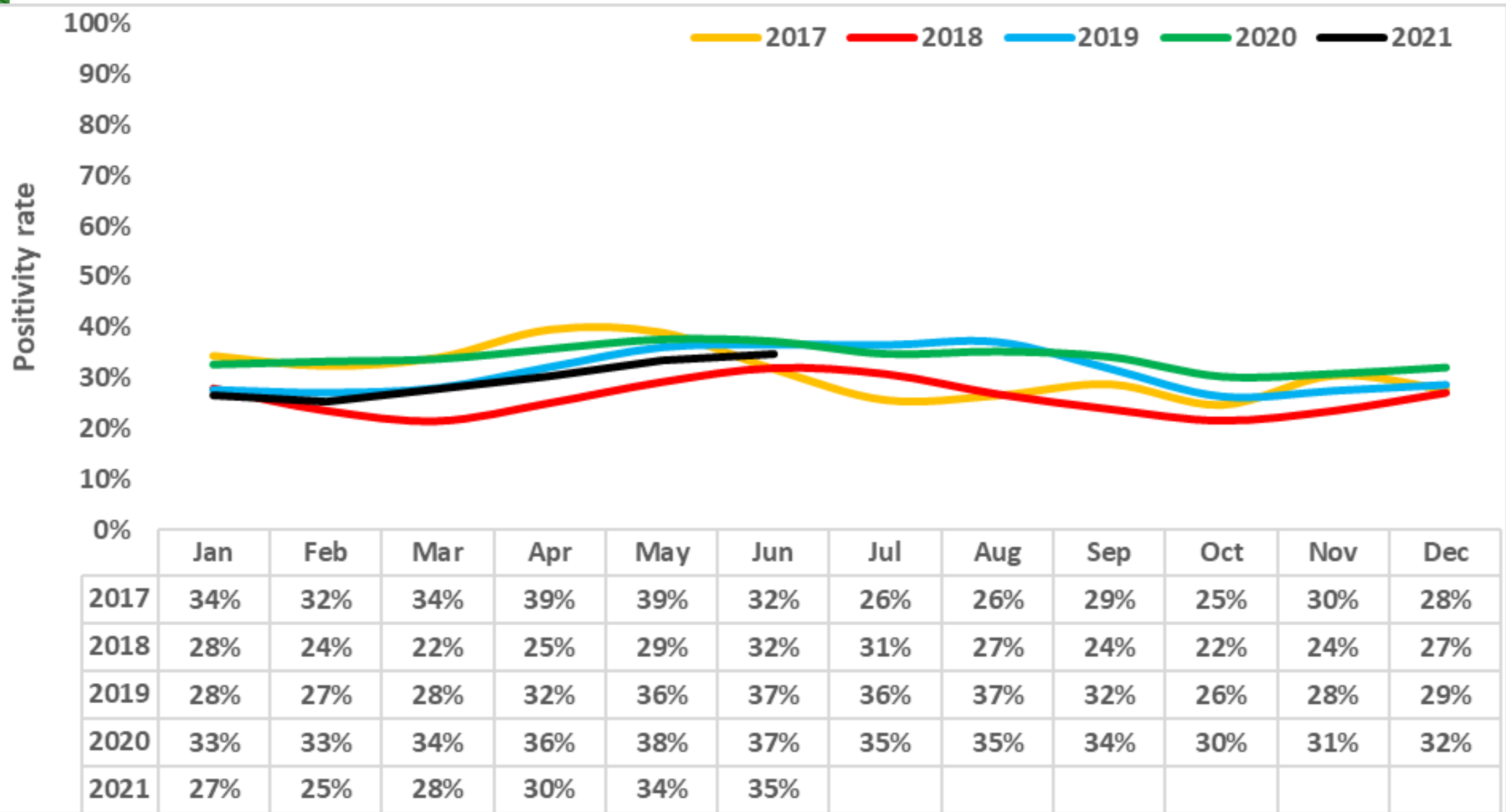


Proportion of Suspected Cases tested for Malaria





Outpatient Malaria test positivity rate, Kenya





Impact of COVID-19 on Planned Malaria Interventions in 2021 and Actions Taken

- Delay in seeking treatment at facility level due to covid19 related restriction on hospital visits.
 - MOH intervened through messaging on the need for prompt action on malaria signs and symptoms; Continuity of health service delivery including malaria services (case management and vector control) during the period; awareness on the need to have diagnosis for malaria due to shared symptoms with Covid19.
- Disrupted the availability of key malaria commodities
 - Commodity redistribution within and across counties; prioritized saving to procure medicines and test kits;
- Delayed implementation of key activities Mass LLIN campaign delayed by 1 year: MIS deferred by 6 months
 - Activities' plan of action for LLIN distribution and MIS revised to incorporate COVID-19 containment measures.





Key Bottlenecks/Challenges encountered and how they were addressed

Commodity Security – reduced commodities stocked at the central level as a result of expiry of bilateral trade agreements.

- Engaged with Snr MoH and Govt officials to expedite the bi-lateral agreement to ensure availability of malaria commodities.

Inadequate financing for implementation of major interventions such as IRS in all malaria endemic counties as envisioned in the Strategic plan.

- Resource mobilization include advocacy for increase domestic allocation to bridge funding gaps.





Best Practices

- Mainstreaming malaria entomology surveillance and part of routine county level implementations with national level oversight.
- Programme adaptation of innovative ways for continued Implementation of Malaria activities amidst Covid19 mitigation and response
 - MIS 2020 and LLIN distribution processes shifted to hybrid modes to ensure continuation.
- Innovation – Development of Malaria Commodities Dashboard onto DHIS for enhanced visibility of malaria commodity pipeline at all levels.
- Reduced physical / in-person meetings resulting in a larger stakeholders participation through use of virtual meetings platforms e.g zoom, teams.





Gap analysis 2021

	NEED	FINANCED	GAPS	
			Deficit/Surplus	Deficit/Surplus of minimum stock
LLINs (<i>Routine</i>) Pyrethroid	1,649,554	1,858,266	208,712	-
LLINs (<i>Routine</i>) PBO	495,475	306,441	-189,034	-
LLINs (<i>Mass Net</i>) Pyrethroid	10,847,618	11,932,380	-	-
LLINs (<i>Mass Net</i>) PBO	2,503,564	2,753,921	-	-
IRS US\$	13,339,233	10,732,583	-2,606,650	
ACTs (# number of commodities)	6,543,715	12,652,666	6,108,951	1,201,164
RDTs (# number of commodities)	7,418,598	15,019,171	7,600,573	2,036,624
Total US\$ need essential services				
IPTp (SP)	3,045,536	5,779,018	2,733,482	449,330
Artesunate	1,125,238	1,631,961	506,723	-337,205
Total US\$ need malaria strategic plan				





Gap analysis 2022

	NEED	FINANCED	GAPS	
			Deficit/ Surplus	Deficit/Surplus net of minimum stock
LLINs (<i>routine</i>) Pyrethroid	1,704,188	3,240,804	1,536,616	-
LLINs (<i>routine</i>) PBO	508,000	239,196	-268,355	-
IRS US\$	13,339,233	10,732,583	-2,606,650	
ACTs (# number of commodities)	5,979,904	11,898,951	5,919,047	1,434,119
RDTs (# number of commodities)	7,369,120	16,000,573	8,631,453	3,104,613
Total US\$ need essential services				
IPTp SP	3,257,441	5,733,482	2,476,041	32,961
Artesunate	1,092,684	2,070,223	977,540	158,027
Total US\$ need malaria strategic plan				





Gap analysis 2023

	NEED	FINANCED	GAPS	
			Deficit/Surplus	Deficit/Surplus net of minimum stock
LLINs Routine Pyrethroid	1,770,217	3,022,028	1,251,811	-
LLINs Routine PBO	522,582	239,196	-268,355	-
LLINs Mass Net Pyrethroid	10,312,988	11,344,287	-	-
LLINs Mass Net PBO	4,406,373	4,847,010	-	-
IRS US\$	13,339,233	10,732,583	-2,606,650	
ACTs (# number of commodities)	5,968,201	14,399,047	8,430,845	3,954,695
RDTs (# number of commodities)	8,253,014	15,769,290	7,516,276	1,326,515
Total US\$ need essential services				
IPTp Sp	3,485,616	5,776,041	2,290,425	-323,788
Artesunate	1,090,643	1,807,540	716,397	-101,086
Total US\$ need malaria strategic plan				





Implementation Support (TA) Requirements for 2022

(max 2 slides)

Activity	Support type (TA or financial)	Period
Support implementation of malaria elimination activities	Financial	
Support development of the case based surveillance system for malaria elimination	Financial and TA	
Additional resources to support implementation of IRS in remaining 6 counties in the Lake Endemic zone	Financial	





The National Malaria Control Programme (NMCP)

P.O. Box 19982 – 00202

Nairobi, KENYA

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Twitter: [@nmcpkenya](https://twitter.com/nmcpkenya)



Malaria Free KENYA

Case Mgmt

Vector Control

MIP

SBC

Elimination

SMEOR

Prog Mgmt

Sub-Regional National Malaria Elimination/Control Programs and Partners Annual Meeting

Updates-Rwanda

Dr. Aimable MBITUYUMUREMYI
MOPD Division Manager

26 October 2021

Implementation Status:

Is Rwanda on Track with Addressing the MSP Targets

ITEMS	INDICATORS	Baseline	Year of Baseline	2020-2021 Targets	2020-2021 Results	%
Goal	Impact Indicators					
By 2024, Reduce Malaria Morbidity and Mortality by at Least 50% of the 2019 Levels	Annual Parasite Incidence per 1,000 persons	321	2018-19	281	114	100*
	Inpatient malaria deaths per 100,000 persons per year	2.1	2018-19	2	0.74	100*
	Number of confirmed malaria deaths	264	2018-19	231	96	100*

NB: * For all indicators, the Results are > 100% and therefore, we kept 100% as results rather than presenting as overachievement

Other Malaria Program Indicators, 2020-2021

ITEMS	INDICATORS	Baseline	Year of Baseline	2020-2021 Target	2020-2021 Results	%
Objective 1:	Outcome Indicators					
By 2024, at least 85% of population at risk will be effectively protected with preventive interventions	Proportion of structures in targeted areas that received Indoor Residual Spraying (IRS) during the reporting period	98%	2018-19	98%	99.53%	*100%
	Proportion of population protected by Indoor Residual Spraying within the last 12 months in targeted districts	98.0%	2018-19	75%	99.48%	*100%
Objective 2:	Outcome Indicators					
All suspected malaria cases are promptly tested and treated in line with the national guidelines	Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	NA	2018-19	90%	100%	*100%
	Proportion of suspected malaria cases that receive a parasitological test at the community level	NA	2018-19	90%	100%	*100%
	Proportion of confirmed malaria cases that received first-line antimalarial treatment according to national guidelines at public sector health facilities	100%	2018-19	100%	98.5%	98%
	Proportion of confirmed malaria cases that received first-line antimalarial treatment according to national guidelines at the community	100%	2018-19	99%	100%	100%

Key Malaria Program Indicators, 2018-2021

N°	Indicators	2018/19	2019/2020	2020/2021
1	Malaria Incidence per 1,000 persons per year	321	198	114
2	Slide Positivity Rate (%)	44	35	27
3	Uncomplicated Malaria Cases	3,973,973	2,495,890	1,481,698
4	Severe Malaria Cases	7,054	4,358	2,592
5	Malaria Deaths	272	167	96
6	Case Fatality Rate (per 100,000 Malaria cases)	6.8	6.7	6.5
7	Proportion of malaria cases treated at community level (HBM)	57%	58%	54%

Key Malaria Program Successes

- 41% Reduction of in Malaria Incidence from 2019/2020 to 2020/2021
- 40% Reduction in Un-complicated Malaria Cases from 2019/2020 to 2020/2021
- 40% Reduction in Severe Malaria Cases from 2019/2020 to 2020/2021
- 42% Reduction in Malaria Deaths from 2019/2020 to 2020/2021

Impact of COVID-19 on Planned Malaria Interventions in 2021 and Actions Taken

- **Partial lock down with travel restrictions and other COVID-19 Prevention Measures impact the following activities :**
 - Supervisions
 - Trainings
 - Meetings
 - Assessments
 - IRS Campaigns
 - Studies (NNP, LLIN DM, TES, etc.)
- **Actions Taken**
 - Requesting for Special Authorization from the Ministry of health for Essential Activities
 - Complying with Cabinet Guidelines on COVID-19 Prevention

Key Bottlenecks/Challenges Encountered and

How they Were Addressed

- **Delay in implementing Malaria Matchbox Assessment :**
 - Malaria Matchbox Assessment
 - Action Plan addressing Gaps in Malaria Vulnerable/Risk Groups
- **Actions Taken**
 - Requesting for Special Authorization from the Ministry of health for Essential Activities
 - Complying with Cabinet Guidelines on COVID-19 Prevention for the Workshop with remote support from the International Consultant

Best Practices

- **Community Based SBCC with support from CSOs:**
 - 5 CSOs in all 5 provinces
 - Key Program Indicators with scorecards to monitor (LLINs coverage, HBM, Home Visits)
- **Continued Services Provision at Community level during COVID-19 Pandemic**
 - IRS
 - SBCC
 - HBM
 - LLINs Distribution
- **Data guided interventions**
 - IRS
 - Deployment of New Types of LLINs (PBO and G2 Nets)
 - Community IVM through CSO and Districts Staff
 - Targeted SBCC by CSOs

Program Gaps FY21-24

Sum of Total Cost FY21-24 USD	Column Labels					
Row Labels	GF	GOR	Other	PMI	PAAR	Grand Total
1. Malaria Prevention	39,297,527	15,548,847	1,927,744	32,416,406	18,914,717	108,105,241
1.1 IRS	24,364,240	15,548,847	-	21,455,287	7,533,517	68,901,892
1.2 LLINs	12,028,496	-	1,927,744	9,719,560	5,774,583	29,450,384
1.3 Vector Control	-	-	-	-	4,726,616	4,726,616
1.4 Environment management	-	-	-	-	-	-
1.5 Community awareness and engagement	2,904,791	-	-	791,558	880,000	4,576,349
1.6 Mass Media	-	-	-	450,000	-	450,000
2. Malaria Case Management	8,331,244	437,986	-	7,536,856	-	16,306,086
2.1 Diagnosis	4,322,850	-	-	3,524,855	-	7,847,705
2.2 Simple Malaria	1,037,184	-	-	3,598,150	-	4,635,334
2.3 Severe Malaria	2,582,594	437,986	-	113,851	-	3,134,431
2.4 Commodities management	-	-	-	-	-	-
2.5 Ensuring drug quality	388,616	-	-	300,000	-	688,616
3. Malaria SMEOR	1,533,243	1,440,303	-	1,741,916	-	4,715,462
3.1 Data Quality	23,128	1,423,285	-	114,280	-	1,560,692
3.3 Surveys	610,707	-	-	1,200,000	-	1,810,707
3.6 Research	-	-	-	-	-	-
3.7 Entomological surveillance	838,187	17,018	-	313,356	-	1,168,561
3.8 Integrated Supervision	61,221	-	-	114,280	-	175,501
4. Malaria Program Management	1,051,825	28,070,701	-	-	-	29,122,527
4.1 Advocacy	-	-	-	-	-	-
4.2 Coordination	1,051,825	28,070,701	-	-	-	29,122,527
5.HSS	2,491,431	1,241,185	158,075	2,338,312	-	6,229,003
Grand Total	52,705,271	46,739,024	2,085,819	44,033,489	18,914,717	164,478,319

- IRS in 6 Districts for Y3 (GF-PAAR)
- LLINs for Routine in IRS Districts (in GF-PAAR)
- Larviciding (in GF-PAAR)
- Support to CSOs for SBCC (in GF-PAAR)
- **New need for Risk Groups (Matchbox Findings)**

TA 2021-202

Activity	Support type (TA or financial)	Period
Reviewing the Malaria SBCC Strategic Plan to align with findings from RBM Malaria Matchbox	<ul style="list-style-type: none">- International Consultant- Workshops- Communication Materials	Nov 2021 to March 2022
Designing, Developing, Testing and Evaluating the Community based surveillance and Response for malaria control in few districts	<ul style="list-style-type: none">- Operational costs- Technical Support	From January 2022

Sub-Regional National Malaria Elimination/Control Programs and Partners Annual Meeting

27 October 2021

Organised by: RBM/CRSPC

Updates: **Somalia**

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

Intervention area	Indicator	Target (2021)	Results (Mid-Year)
Vector Control	VC-1(M): Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	0	N/A <i>Mass distribution planned in 2022</i>
Vector control	VC-3(M): Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	2021 target = 88,852 (100%) Mid-year target = 44,413	Total = 39,361 Achieved: 44% of annual target = 90.3% of half-year target
Case management	CM-1a(M): Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	N: 131,358 D: 138,271 Achieved: 95%	N: 161,380 D: 175,998 Achieved: 92%
Case management	CM-2a(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	N: 13,131 D: 13,339 (98%)	N: 5,293 D: 7,346 Achieved: 72%
Case management	CM-2a(M): Proportion of malaria cases (presumed and confirmed) that received first-line antimalarial treatment at public sector health facilities	Reporting only from 2022 after registers amended	Reporting only from 2022 after registers amended

Impact of COVID-19 – activities implemented in 2020/2021

- Communication and mobilization , including IEC materials printing and distribution, community dialogues, and jingles on Radio and TV. These activities are all ongoing, including in SL.
- Scaling up Malaria Case Management:
 - RDTs and ACTs were procured and distributed to the Health Facilities.
 - Mapping of HFs and services
 - The National guidelines and job aids were printed and distributed
 - Training on case management for selected health workers
 - Additional support to supervision
- PPEs were procured and distributed as part of the wider distribution by FMOH to health service providers
- LLINs were fully distributed with 99% LLIN planned for 2020,

Impact of COVID-19 on Planned Malaria Interventions in 2021 and Actions Taken

1. Activity 1: Promoting demand for Malaria services - Communication (TV and radio broadcasts)
2. Activity 2: Community Malaria surveillance and case management - Involving the CHW, to scale up and strengthen malaria surveillance
3. Activity 3: Infection Prevention and Control (Procure PPEs for Malaria/RSSH activities, digital distant thermometers for social distancing)
4. Operational costs of LLINs
5. Malaria Case Management in Covid-19 Context - PAAR
6. Data Review meeting on HMIS - PAAR

Key Bottlenecks/Challenges encountered and how they were addressed

- Covid-19 and related bans and carry over activities;
 - However, they were all done – Q3/Q4 of 2020, and during 2021
- Delays related due NFM3 (GF) Grant – New Grant take off
 - Finalization of Budgets
 - Development and signing of agreements and PD contracts with Partners
- Suspension of GF-funded activities by Somaliland during Q1 and Q2 affected implementation
 - Routine services – Case Management not affected
- Procurement of LLINs for Routine Distribution disrupted and only delivered in-country in September/October 2021 – seriously affecting the results
- Insecurity in some parts of the country affects access to services, and monitoring/supervision

Best Practices

- Government Ownership and providing Leadership for all activities
- Strong partnership and collaboration between partners – Government, WHO, UNICEF, RBM, CSO (NGOs)
- Commitment of CSO Implementing Partners who rose to the challenge of Covid, adapted implementation methodologies and contributed own resources (Face masks) for LLIN Mass distribution

Gap analysis 2021

	NEED	FINANCED	GAPS
LLINs (<i># number of commodities</i>)	2,732,285	2,732,285	0
IRS US\$	358,540.56	358,540.56	0
ACTs (<i># number of commodities</i>)	4393	4393	0
RDTs (<i># number of commodities</i>)	12251	12,251	0
IPTp	19490	0	19590
Other			
Total US\$ need malaria strategic plan	16,751,047	13,743,910	3,007,137

Gap analysis 2022

	NEED	FINANCED	GAPS
LLINs (<i># number of commodities</i>)	6,958,472	2,915,152	4,043,320
IRS US\$	47,790.00	47,790.00	0
ACTs (# of commodities)	40,928	40,928	0
RDTs (# of commodities)	234,294	234,294	0
IPTp	83,840	0	83,840
Other			
Total US\$ need malaria strategic plan	53,686,121	18,967,655	34,718,466

Gap analysis 2023

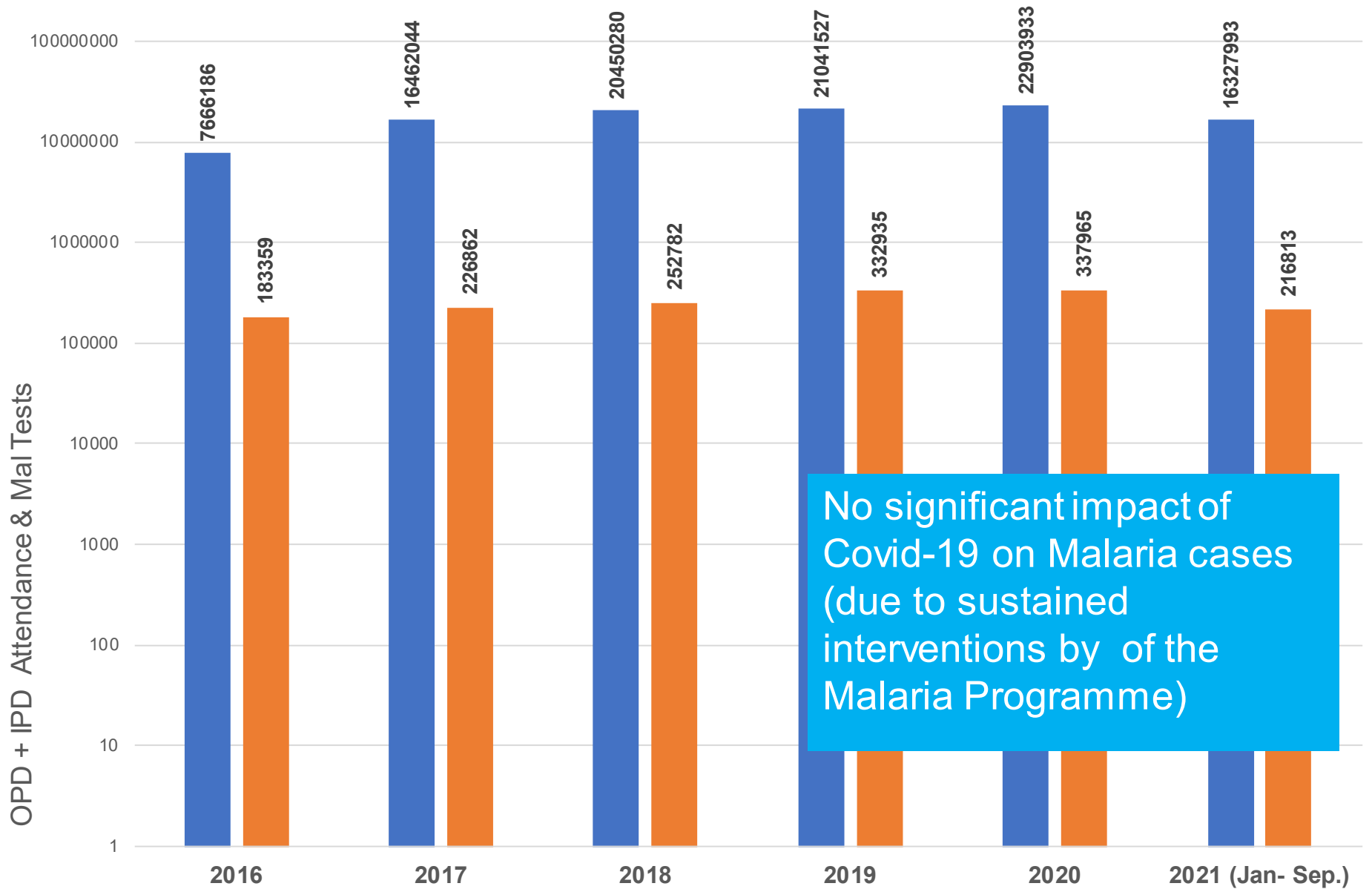
	NEED	FINANCED	GAPS
LLINs (<i># of commodities</i>)	188,890	188,170	0
IRS US\$	47,790.00	47,790.00	0
ACTs (<i># of commodities</i>)	33,570	33,570	0
RDTs (<i># of commodities</i>)	235,483	235,483	0
Total US\$ need essential services			
IPTp	19,490	0	19,490
Other			
Total US\$ need malaria strategic plan	15,461,696	11,254,485	4,207,211

Implementation Support (TA) Requirements for 2022

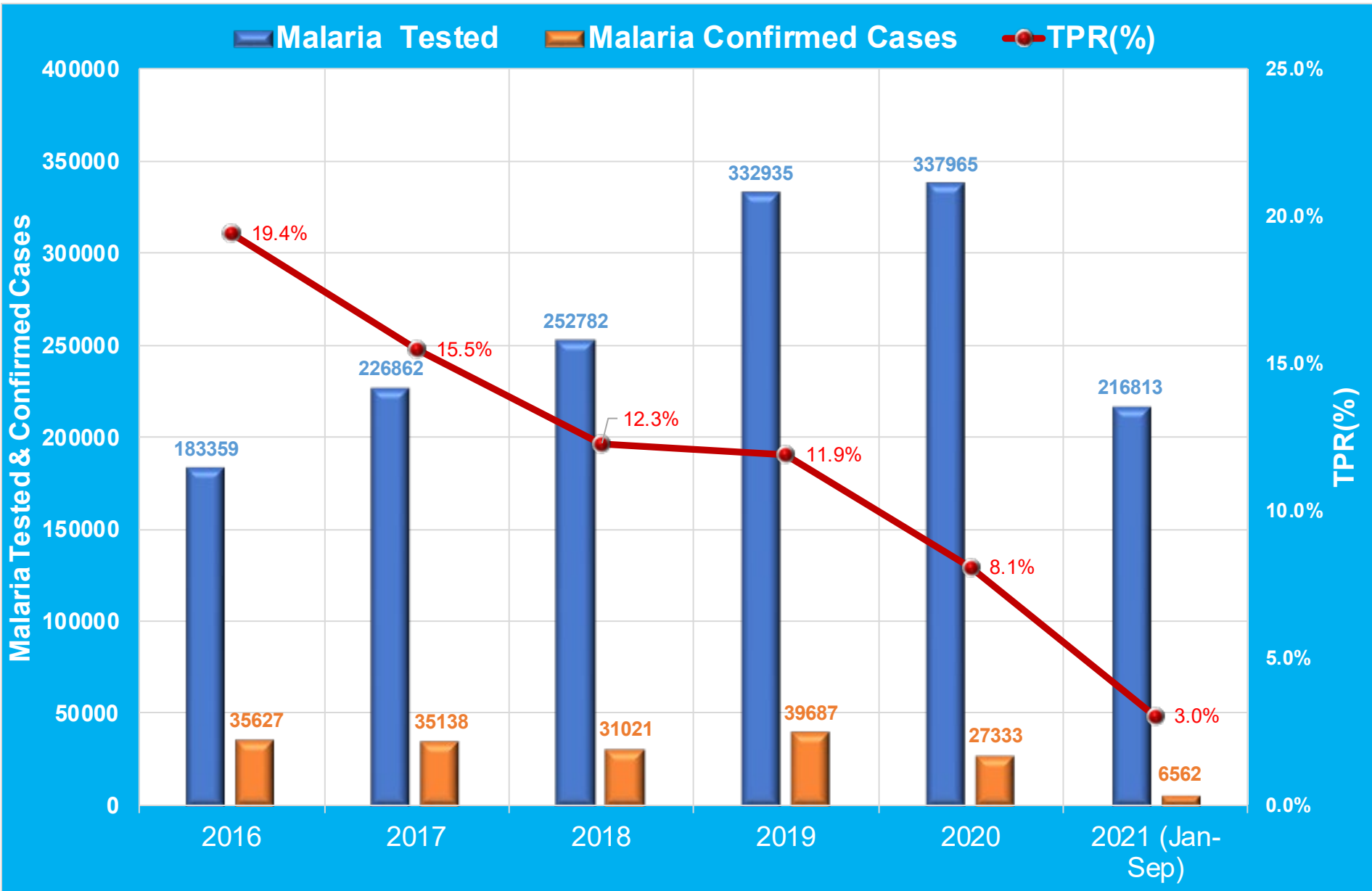
Activity	Support type (TA or financial)	Period
One International and 3 national Quantification Consultants for malaria Program	TA	2022 and 2023
One International and Two National Commodities and Supplies Consultants to review and assess Malaria logistics and supplies systems	TA	2022 and 2023
One International and 3 National Communications Consultants on targeting the under-served/unreached populations with Malaria messages and services	TA	2021 and 2022
2 International and 3 National Consultants for assessment of LLINs ownership and use	TA	2023

■ IPD + OPD ■ Malaria Tested

HF OPD Attendance & Malaria in Somalia 2016 - 2021 (Sept)



Malaria Cases in Somalia 2016--2021 (Up to Sep)



Thank you
Mercy
Asantesana
Mahadsanid

Sub - Regional National Malaria Elimination/Control Programs and Partners Annual Meeting

27 October 2021

Organized by: RBM/CRSPC

Updates: Tanzania

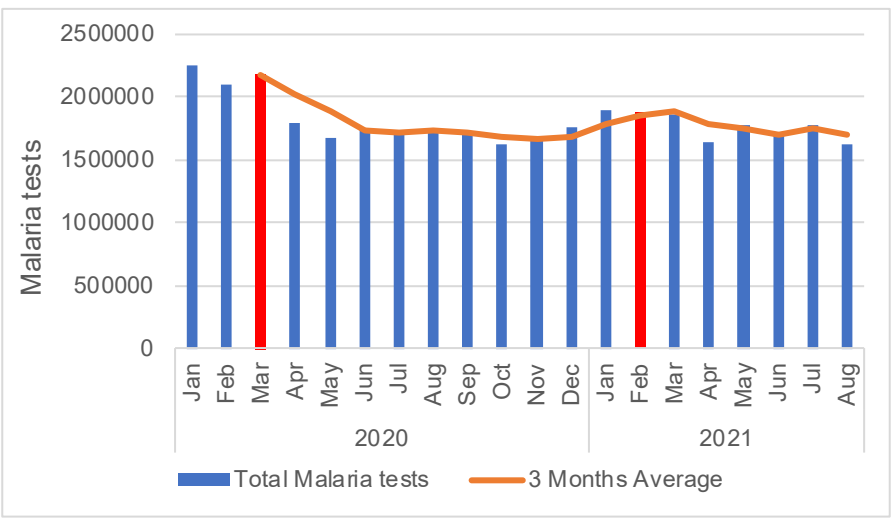
Implementation Status: Is the country on track with addressing the MSP targets

Malaria remains a public challenge in mainland Tanzania

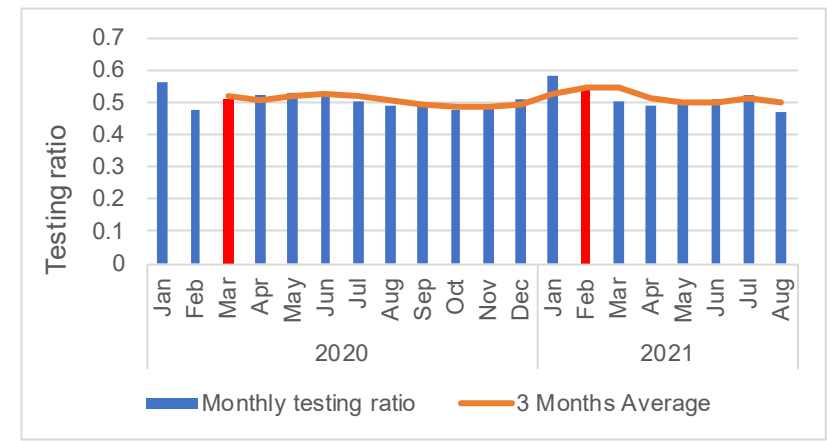
- Mainland Tanzania is among the top 15 high burden countries globally;
- Despite high Malaria burden a lot has been achieved in the past decade;
 - ✓ Malaria prevalence halved to 7.5% (MIS 2017) compared with 14.8% in 2015. Leading regions are: Kigoma (24%), Geita (17%), Kagera & Mtwara (15%), Lindi, Tabora & Ruvuma (12%); meanwhile five regions (19%) have prevalence of <1%: Manyara, Arusha, Kilimanjaro, Njombe and Iringa.
 - ✓ Malaria incidence per 1000 population reduced by almost **35%** from **162** in 2015 to **106** in 2020;
 - ✓ Hospital Admissions due to Malaria decreased by **30%** from 264,879 Cases in 2016 to 184,674 admissions in 2020 indicating a decrease of severe cases;
 - ✓ Number of Deaths resulting from Malaria has declined by **61%** from 6,311 (2015) to 2,561 in (2020);

Impact of COVID-19 on Planned Malaria Interventions in 2021 and Actions Taken

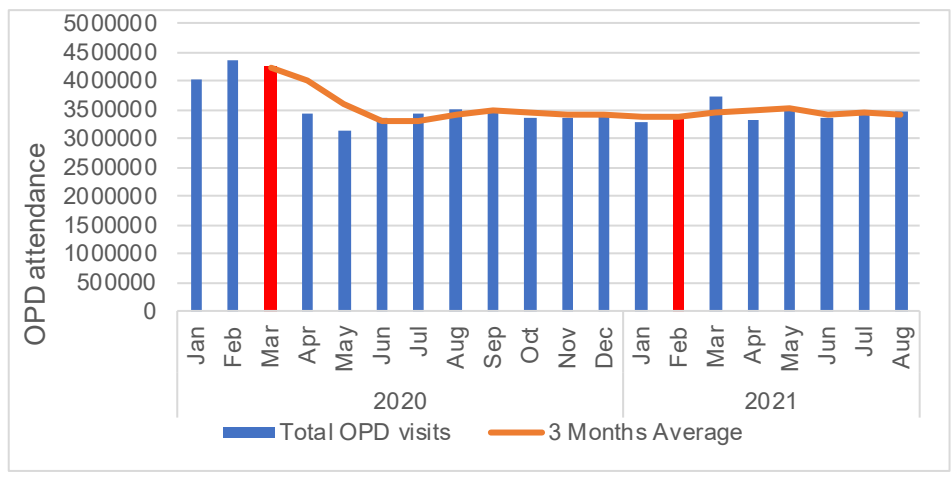
Malaria Testing



Monthly Malaria tests Jan 2020 - Aug 2021



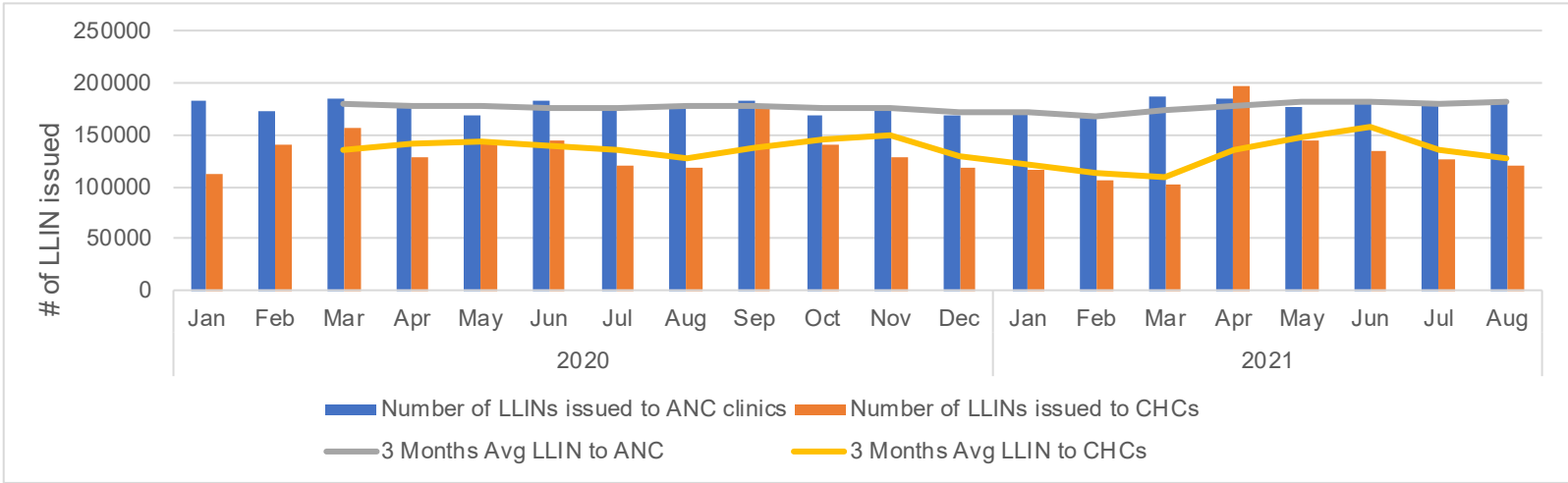
Monthly Test ratio Jan 2020 - Aug 2021



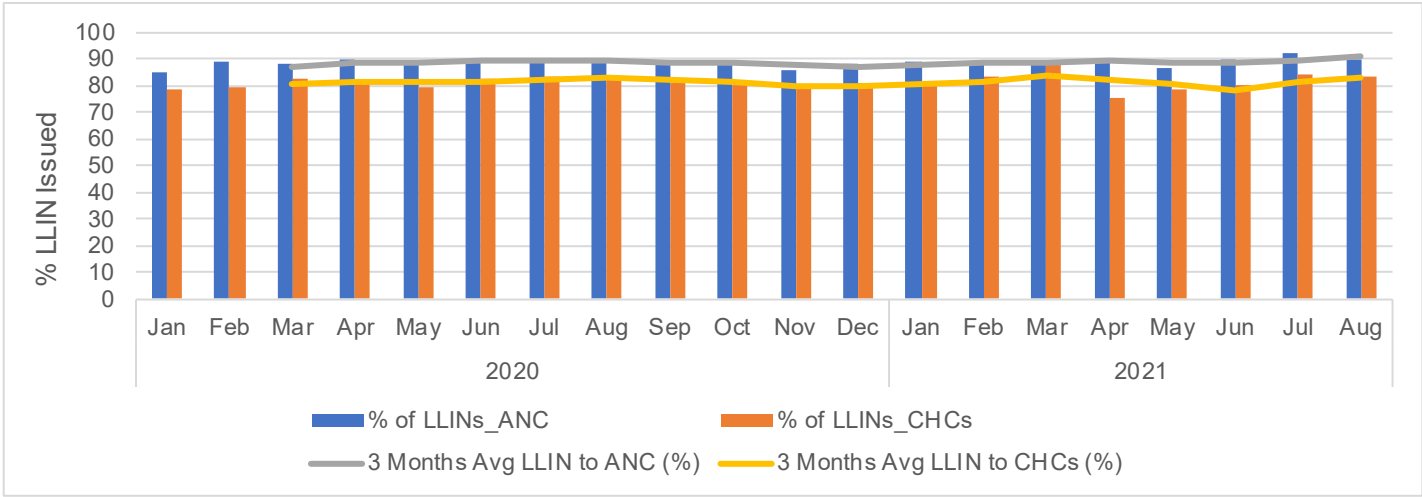
Monthly OPD attendances Jan 2020 - Aug 2021

- Normal trend in malaria testing
- OPD attendances slightly decreased
- No changes in test ratio

LLIN distribution



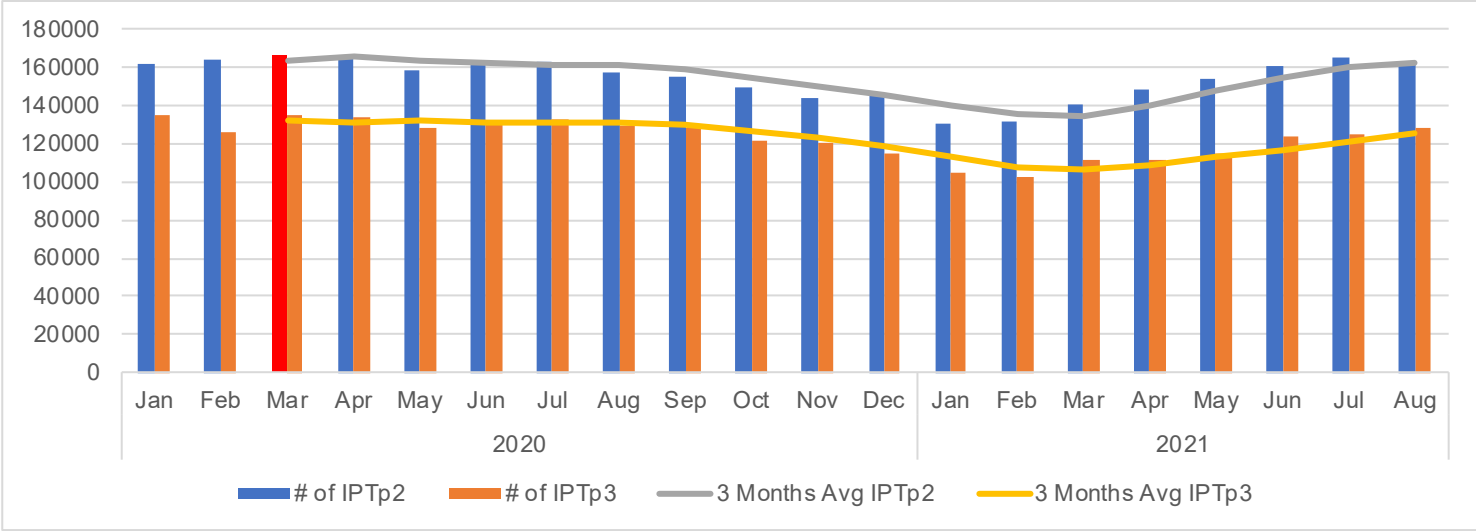
Monthly LLIN issued in RCH clinics Jan 2020 - Aug 2021



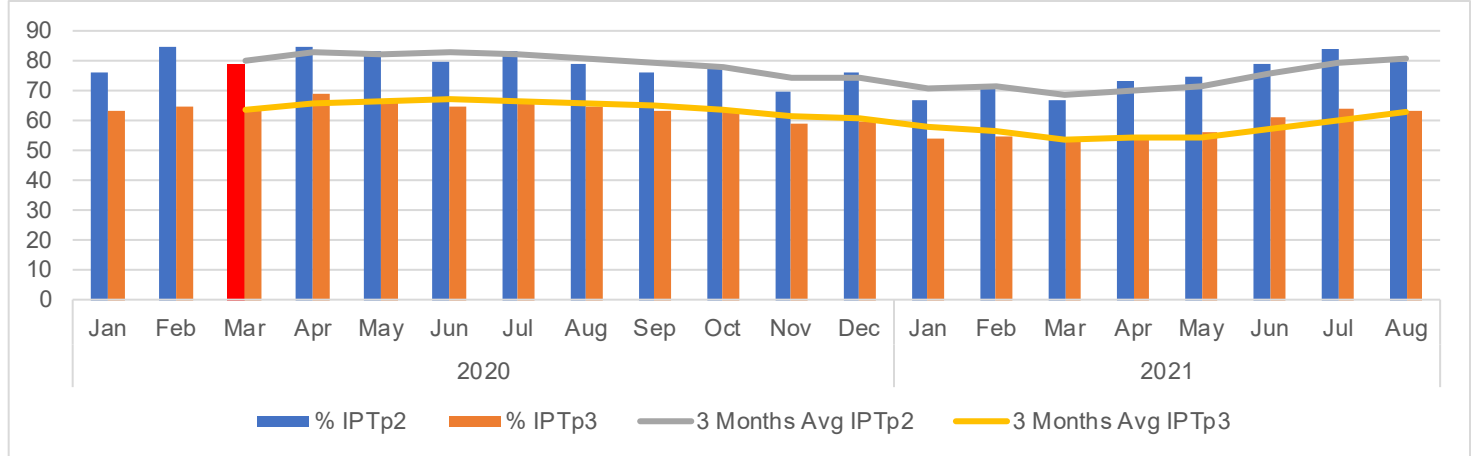
Monthly % of LLIN in RCH Jan 2020 - Aug 2021

- No Covid 19 impact on LLIN distribution in RCH clinics

IPTp services



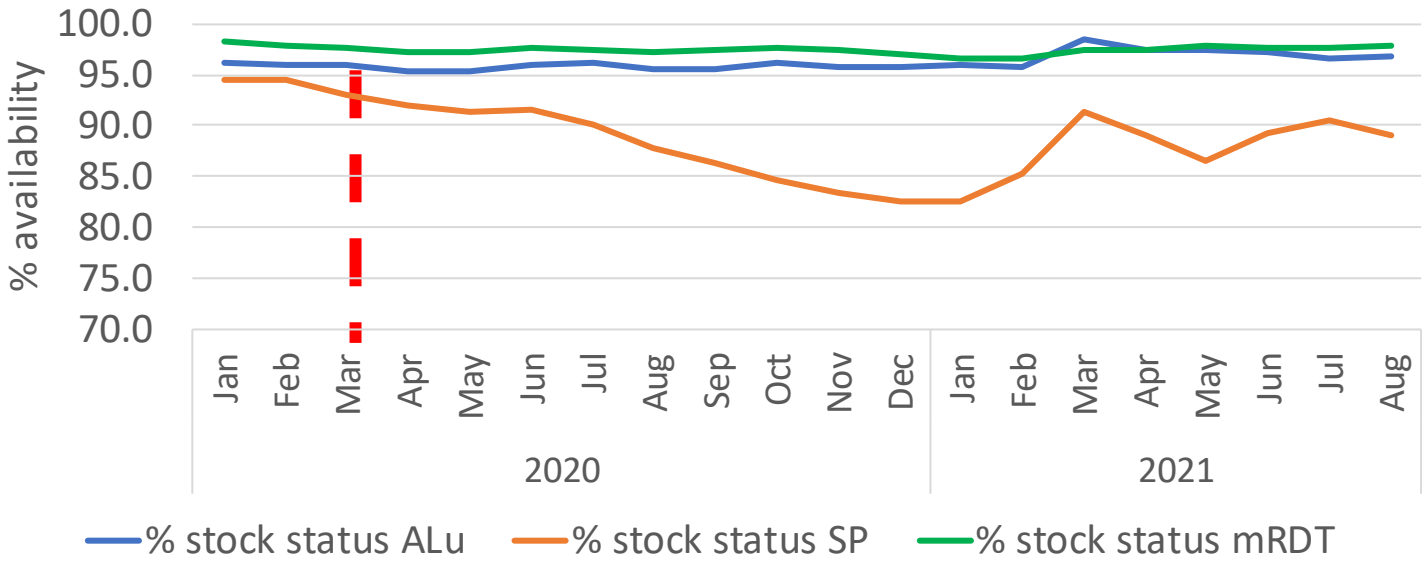
Monthly IPT administered Jan 2020 - Aug 2021



Monthly Proportion of IPT administered Jan 2020 - Aug 2021

- No Covid 19 effect in IPTp services in RCH clinics
- Shortage of SP in some facilities compromise the service

Commodities



Month of Stock for malaria commodities, Jan 2020 - Aug 2021

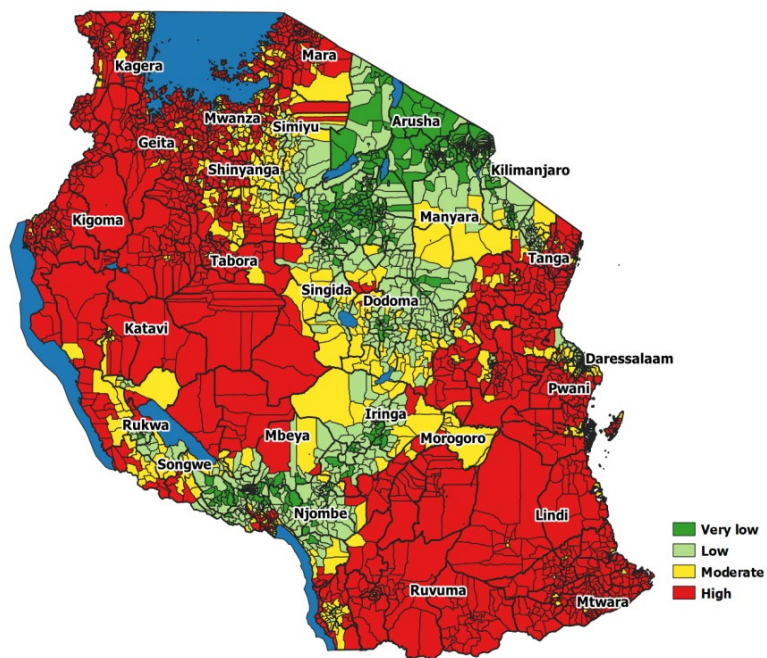
- No Covid 19 effect in Commodities availability at health facilities
- Decreasing trend in SP stock status in health facilities, not centrally purchased (not vertically supported) as it was before

Key Bottlenecks/Challenges encountered and how they were addressed

- Co-payment mechanism: There were delays on the shipments for the subsidized ALu which resulted to low availability of the commodity in private sector.
- Deceleration on implementing activities due to the ongoing countrywide accelerated Covid 19 campaign
- Backlog of activities due to delayed implementation of YR1 Global Funding

Best Practices:

Country led Stratification of Malaria risks transmission to ward level (2020)



Stratum	Number of Regions (% Population)	Number of Councils (% Population)	Number of Wards (% Population)
Very Low	5 (14%)	36 (17%)	405 (11%)
Low	4 (23%)	32 (27%)	794 (31%)
Moderate	10 (40%)	52 (23%)	640 (18%)
High	7 (23%)	64 (33%)	1,472 (40%)
Total	26 (100%)	184 (100%)	3311 (100%)

Best Practices:



- a. NMCP works in collaboration with ALMA to advocate for political support for malaria in the country. E.g. Early this year NMCP in collaboration with PO-RALG and ALMA conducted a sensitization session on Malaria Scorecard to Members of Parliament
- a. Again decentralized Malaria Scorecard to political leaders & decisions makers to five Malaria high burden regions

Gap analysis 2021

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	53,196,964	52,858,848	338,116
IRS US\$	28,918,060	7,450,000	21,468,060
ACTs (# number of commodities)	9,437,235	6,716,953	2,720,282
RDTs (# number of commodities)	12,110,136	11,378,881	731,255
Total US\$ need essential services	0	0	0
IPTp	1,218,247	450,000	768,247
SMC	145,354	0	145,354
Total US\$ need malaria strategic plan	179,968,409	103,580,601	76,387,809

Gap analysis 2022

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	53,196,964	52,858,848	338,116
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Gap analysis 2023

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Total US\$ need malaria strategic plan	179,968,409	103,580,601	76,387,809

Implementation Support (TA) Requirements for 2022

Activity	Support type (TA or financial)	Period
Development of multisectoral collaboration framework	Technical Assistance	December, 2021
Launch of High Burden High Impact	Technical Assistance	April, 2022
Development of Resources Mobilization plan	Technical Assistance	December, 2021
Development of cross border collaboration guidelines for border districts of Mainland Tanzania	Technical Assistance	December, 2021
Addressing potential gender-related barriers for uptake of Malaria interventions	Technical Assistance	September, 2022
Develop Insecticide Resistance Management (IRM) Plan	Technical + Financial Assistance	December, 2021
Conduct Malaria Vector entomological surveillance to 30 out of 62 sentinel sites	Financial Assistance	December, 2021



NATIONAL MALARIA CONTROL DIVISION



Sub-Regional National Malaria Elimination/Control Programs and Partners Annual Meeting

27th October 2021

Organised by: RBM/CRSP/PC

Updates: Uganda



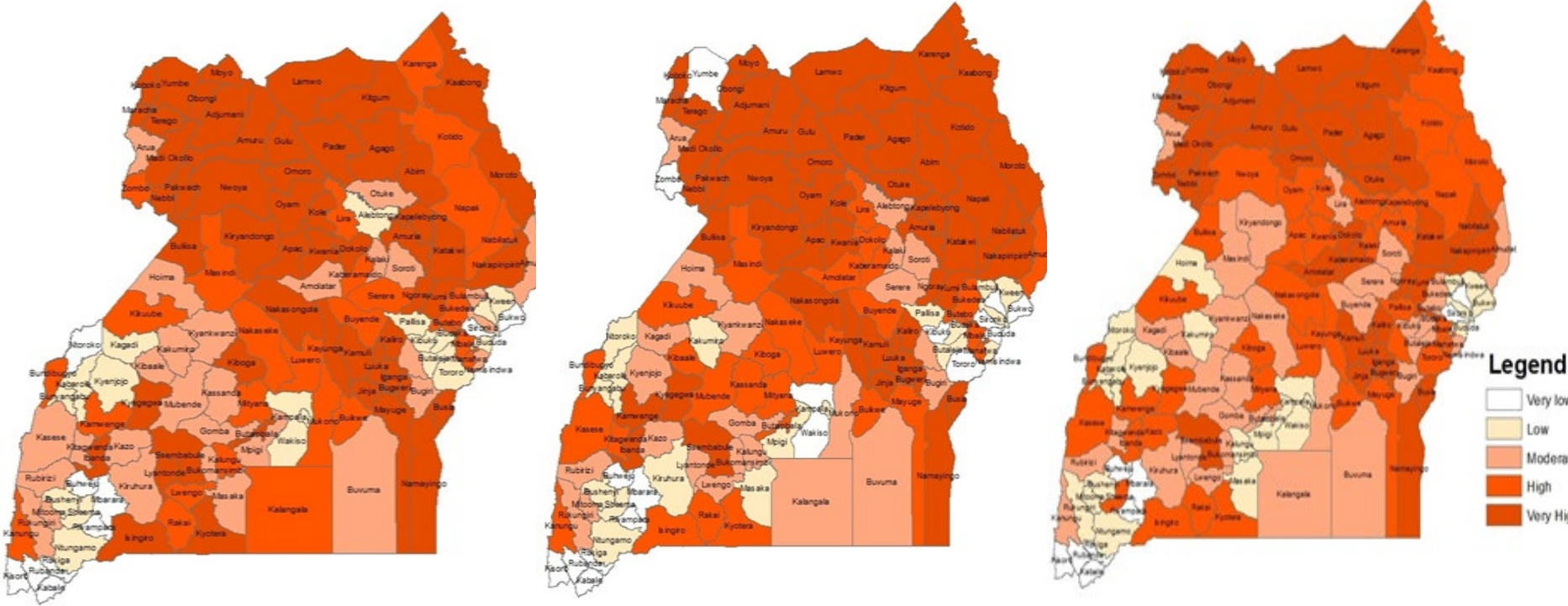


Malaria Incidence per 1,000

Jan-June 2020

July-December 2020

Jan-June 2021

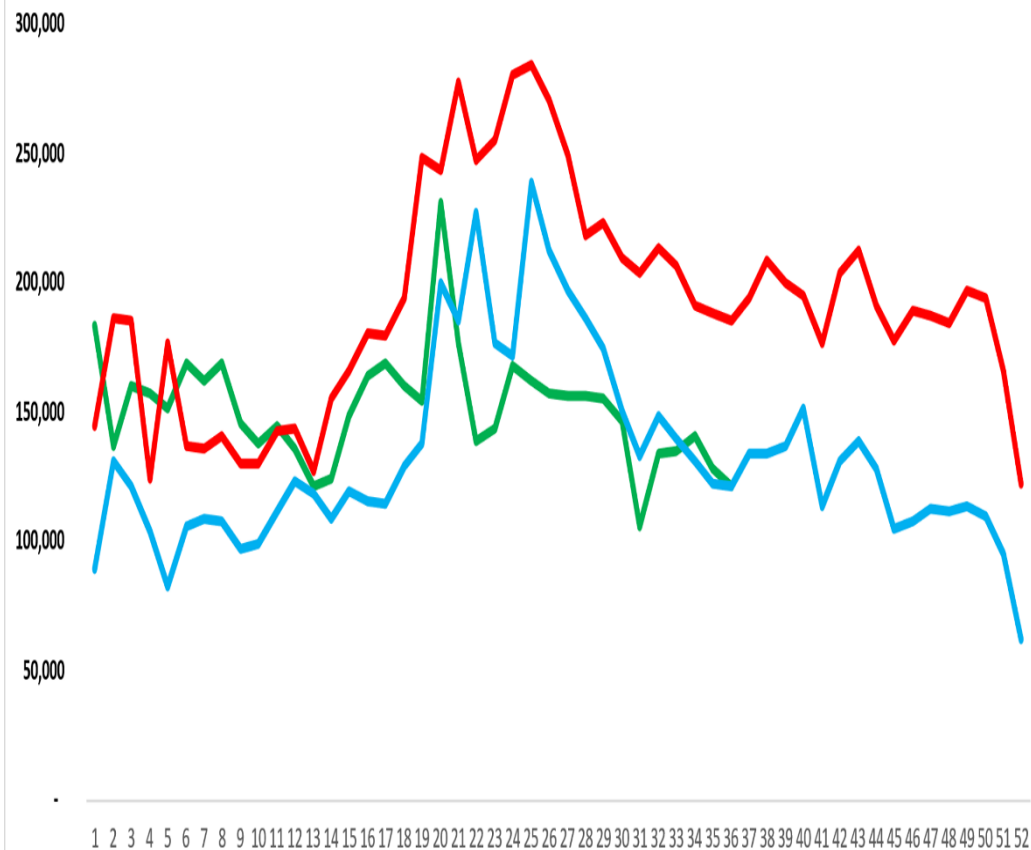




Trend of Malaria Cases

Malaria Channel graph as of week 36 2021

Yr 2021 Lower Quartile Upper Quartile

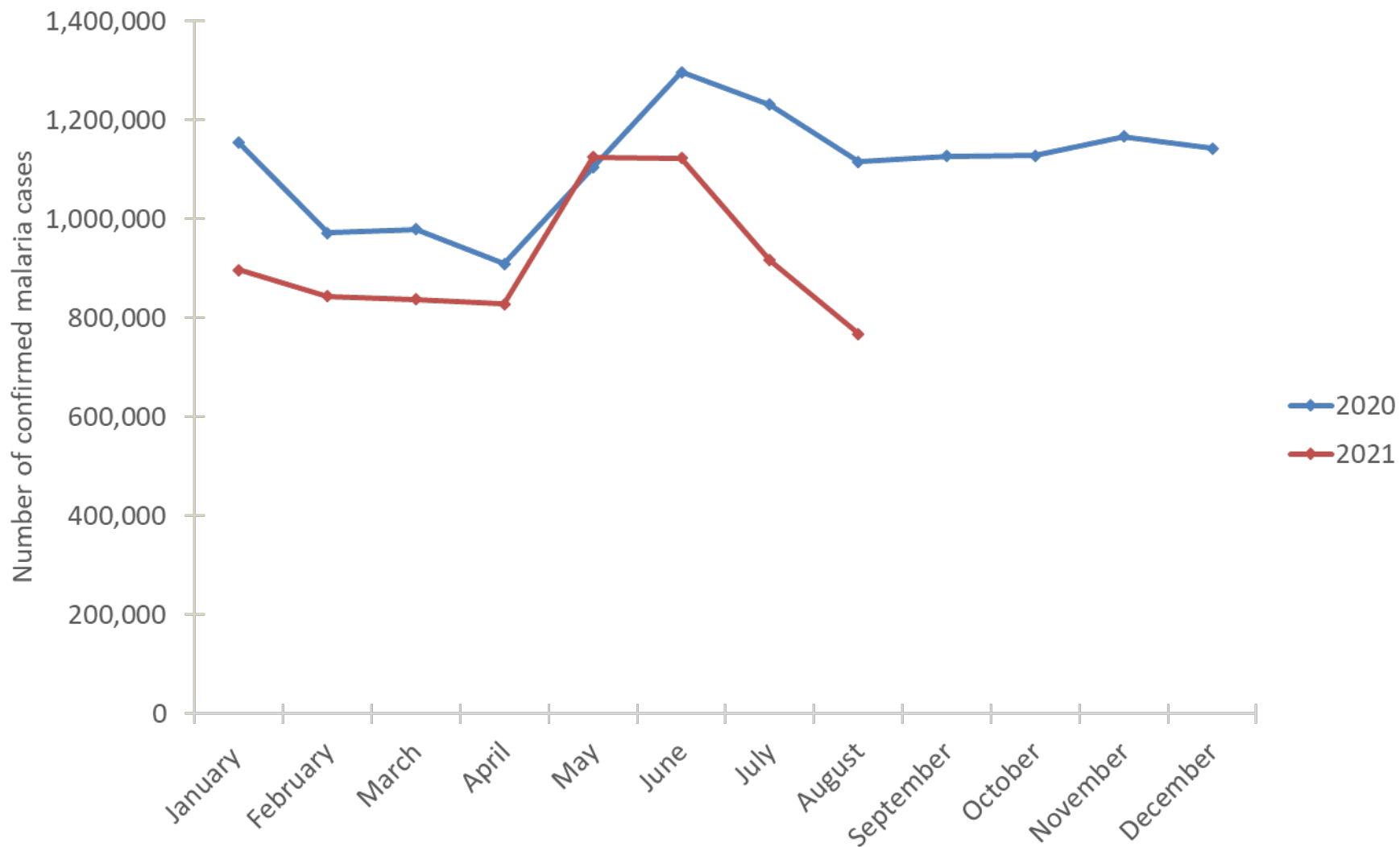


- ❑ Overall, the burden of Malaria is reducing
- ❑ In the Q1 of 2021, the number of cases exceeded the expected cases
 - This was mainly due to flooding in the Kyoga Basin followed by malaria upsurge in a number of Districts
- ❑ In Q II, the number of cases were within the expected limits
- ❑ In Q III, the country has been below the lower limits





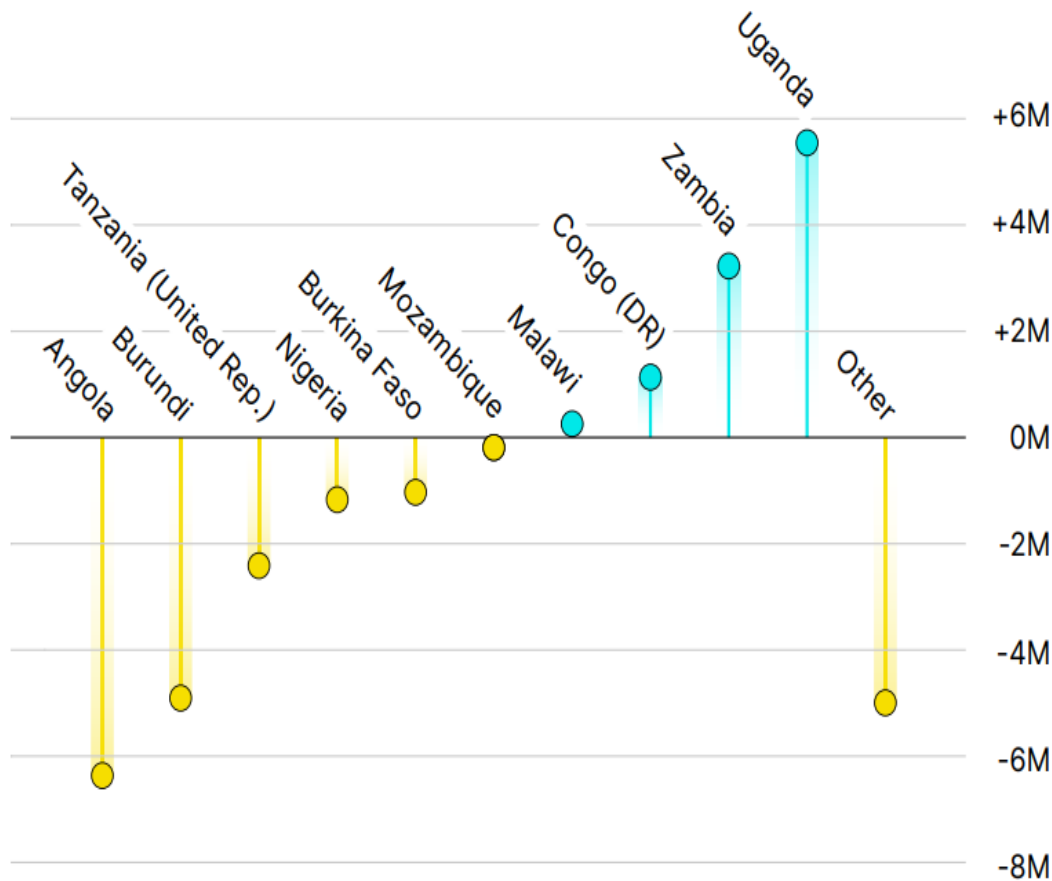
Trends of confirmed malaria cases in 2020 and 2021





Suspected Malaria Cases that Received a Parasitological Test – Uganda Compared to Other Countries

By **country** (10 countries with largest share of results in 2019)



- Change between 2019 & 2020
- Despite C-19, number that receive a test increased
- Implying that C-19 did not significantly undermine malaria testing in Uganda

estimates are based on grant targets adjusted by grant performance prior to COVID-19. The country graphs include





Key Bottlenecks/Challenges encountered and how they were addressed

⑩ ADD HERE

⑩ This slide and the one on impact of Covid are both on bottlenecks - how do these separate them: can we discuss on this





Challenges and opportunities

	Challenges	opportunities
Political Will	<ul style="list-style-type: none"> • Domestic financing is increasing but not yet optimal. • Accountability at sub-national level requires capacity building. • Operationalization of initiatives are often delayed and slow paced. 	<ul style="list-style-type: none"> • HE the President`s commitment to fight malaria as his legacy • Establishment of Presidential Agenda for a Malaria Free Uganda (PAMFU) Task Force • Presidential Directives on Malaria • Resource mobilization from alternate sources-MFU • Proposal for a tax allowed deductions for donations made to MFU for 2022/2023 FY • Clear operational guidance to districts and support supervision
Strategic Information	<ul style="list-style-type: none"> • Internal bureaucracies e.g. security and access to data by partner institution • Limited follow up by partners 	<ul style="list-style-type: none"> • Stratification of country and targeted interventions • Upload data and conduct the training and monitor performance at all levels.
Guidance, Policies and strategies	<ul style="list-style-type: none"> • Delayed and slow approval process. • Tracking tool and process for policy uptake need strengthening 	<ul style="list-style-type: none"> • Early planning and execution • Resources for regular support supervisions in the field and feedback at all levels
Coordination	<ul style="list-style-type: none"> • Support in operationalization of private sector strategy 	<ul style="list-style-type: none"> • Malaria Free workplace and surrounding communities • Malaria free oil pipeline • Presidential Agenda for a malaria Free Uganda(PAMFU) Task force and Command center at the President`s office





NATIONAL MALARIA CONTROL DIVISION



Best Practices: High Political Engagement



NATIONAL NEWS
Friday, September 3, 2021

BY Betty Amamukirori

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 the 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 come 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 E. the director-general, Center for Disease Control and Prevention and vice-pres Chinese National Natural Science Foundation, noted China was able to eliminate malaria due to the leadership right from the local level to the central government. He said China relied on local surveillance reports and acted based on evidence in its fight.

In Sri Lanka, that eliminates malaria in 2012, Prof. Esmiris 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 institutes 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.

President Museveni speaking during webinar on rethinking malaria in Africa in the context of COVID-19

PPU PHOTO



Ministry allows international schools to reopen for finalists





Best practices

❑ Political Will

- Engagement of HE the President to champion a Malaria Free Uganda as his responsibility
- Presidential Directives on Malaria
- Engagement with UPFM
- Engagement with Mayors and Town clerks
- Several initiatives identified and supported by the authority e.g. MAAM, MDD, MFU, Rotarians, etc.

❑ Strategic Information

- Early start of HBHI Strategic Information and data-based decision making

❑ Guidance, Policies and strategies

- Prompt adaptation of global policy guidance and strategies.

❑ Coordination

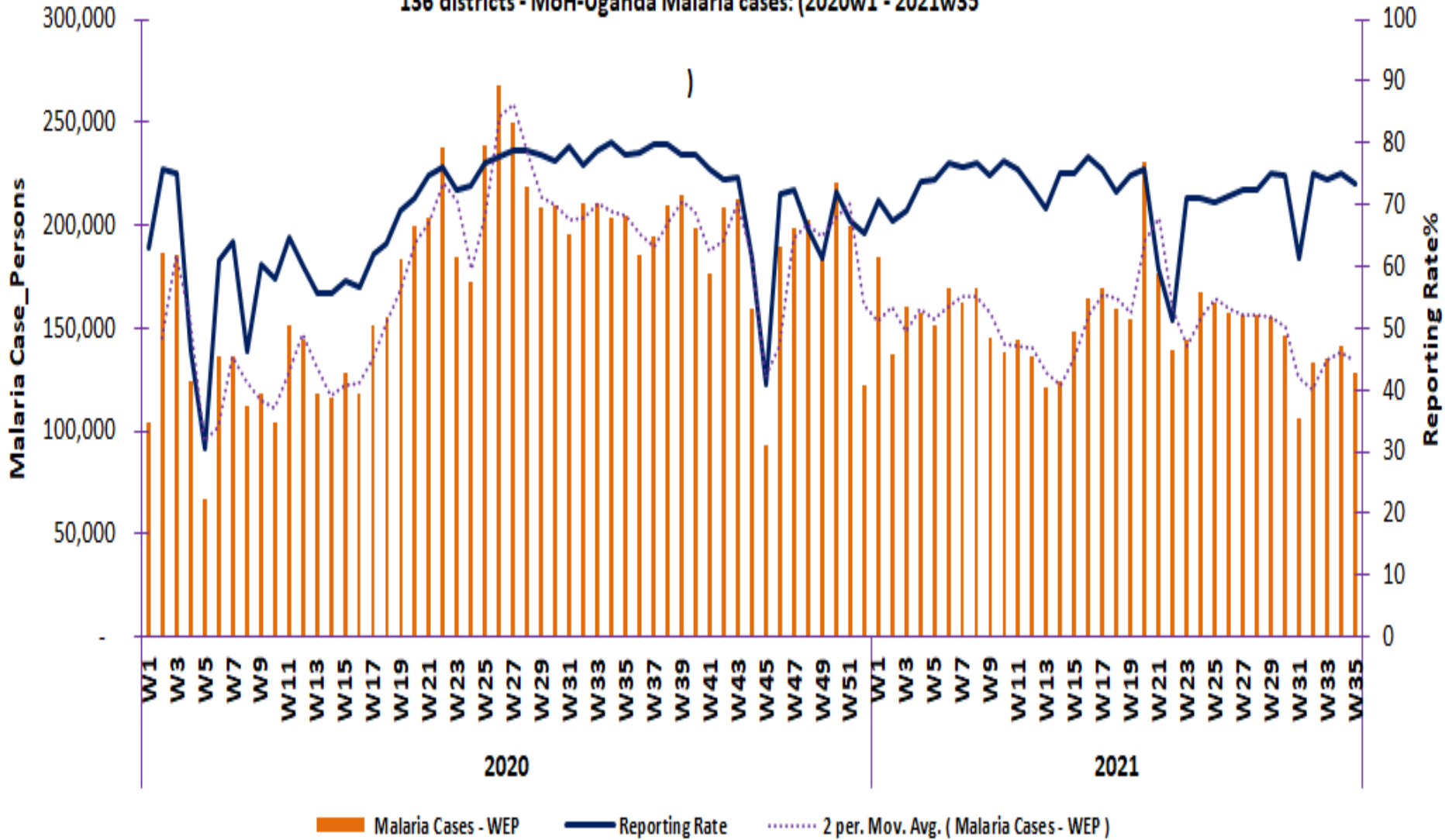
- Available evidence from reviews on decentralization and harmonization issues.
- Establishment of Presidential Agenda for a Malaria Free Uganda (PAMFU) Task Force





Weekly Malaria Cases

136 districts - MoH-Uganda Malaria cases: (2020w1 - 2021w35)





Lessons Learned- IRS

- ❑ Creation of new administrative units requires commensurate operational adjustments to maintain a robust IRS implementation plan.
- ❑ Social Behaviour Change Communication should be a core component due to anticipated resistance from the community to intervention e.g IRS in areas with organic farmers.
- ❑ The COVID-19 infection surges & resultant closure affected operation sites, lengthens the IRS spraying season causing unexpected operational costs.
- ❑ Farming activities keep home owners away & busy in gardens even during spraying days, requiring more mop-up days.
- ❑ Robust supervision & district ownership are crucial to prevent/minimize insecticide pilferage.





Lessons learned- SMC Phase 1

- ❑ Appropriate engagement of leadership up to lower levels (Manyatta leaders) leads to ownership and eases implementation:
 - **Were able to implement in areas of insecurity and floods**
 - **Increased acceptability due to high trust of leaders**
- ❑ Effective realization of malaria burden reduction depends on using SMC platform to address other interventions such as BCC, data use supply chain
- ❑ Lowest cadre can implement SMC (VHT)
- ❑ People are comfortable with drug due to use of familiar drug (Fansidar/Camaquine)
- ❑ Population on constant migration, have to have flexibility





Lessons learned- Mass LLIN Distribution

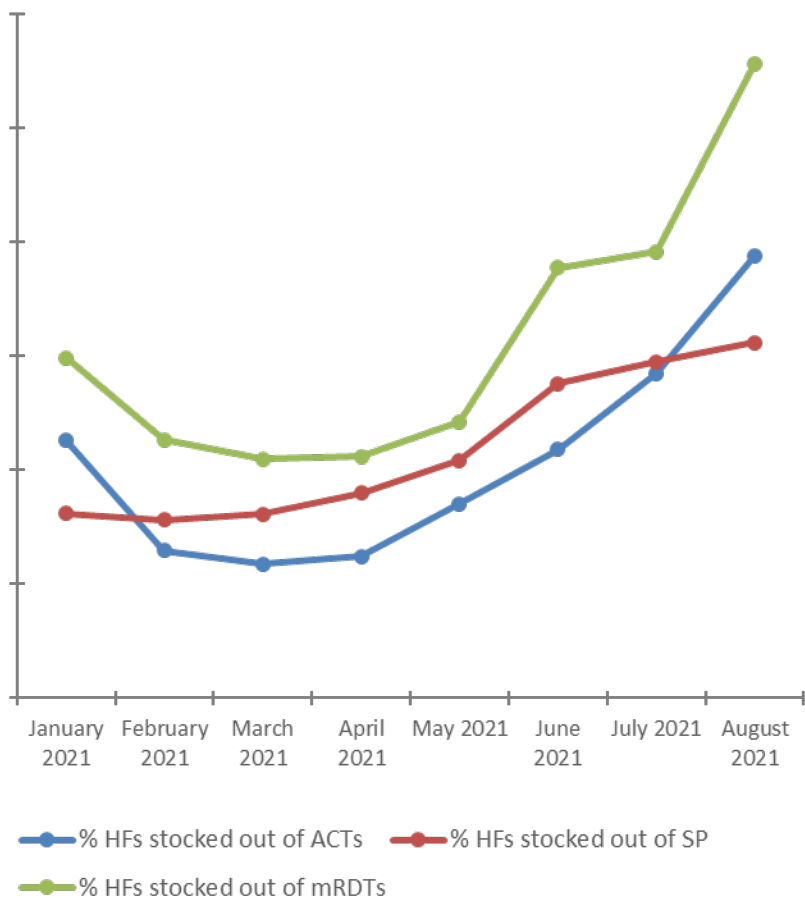
- ❑ NMS demonstrated capacity to handle LLIN logistics to the sub-county level
- ❑ Recruitment of secretariat and agencies NMS, FAA & PFMA should be done atleast 6 months before start of campaign
- ❑ Electronic payments and e-training were COVID-19 smart and reduced fraud
- ❑ Decentralize management of district operations and its funds to districts is possible this was demonstrated by the functionality of the DTF and STF
- ❑ Conduct microplanning early and get district validation/buy in before campaign start
- ❑ Simultaneous registration and distribution shortened the campaign





Stock status for malaria commodities at health facilities

Stock status for malaria commodities at health facilities



Region	% HF's stocked out of ACTs			% HF's stocked out of SP			% HF's stocked out of mRDTs		
	June 2021	July 2021	August 2021	June 2021	July 2021	August 2021	June 2021	July 2021	August 2021
Acholi	6.4%	6.7%	13.1%	6.4%	7.0%	6.4%	20.6%	9.6%	23.8%
Ankole	0.7%	2.8%	4.5%	8.4%	8.4%	12.1%	3.2%	6.0%	8.8%
Bugisu	9.7%	16.9%	20.5%	6.5%	8.3%	5.8%	8.6%	15.5%	17.6%
Bukedi	12.0%	21.1%	24.3%	4.9%	9.5%	10.9%	11.7%	23.6%	26.8%
Bunyoro	4.6%	3.5%	9.6%	3.9%	5.3%	3.9%	9.9%	5.3%	11.7%
Busoga	15.8%	24.4%	27.6%	14.6%	15.2%	12.7%	12.6%	20.5%	25.1%
Kampala	0.2%	0.2%	0.3%	0.4%	0.5%	0.6%	0.8%	0.5%	0.6%
Karamoja	2.7%	8.8%	16.2%	9.5%	13.5%	12.2%	4.1%	16.9%	20.3%
Kigezi	2.6%	2.3%	2.6%	5.5%	9.5%	6.9%	4.3%	7.5%	6.6%
Lango	5.8%	2.7%	6.6%	4.1%	5.2%	6.0%	20.4%	9.3%	12.9%
North Central	7.4%	6.6%	10.4%	7.0%	5.9%	6.4%	8.9%	7.4%	10.0%
South Central	2.6%	2.5%	3.8%	6.5%	5.0%	6.8%	7.1%	6.8%	8.2%
Teso	4.4%	2.8%	5.6%	5.2%	3.2%	9.7%	4.8%	7.7%	18.5%
Tooro	2.4%	5.0%	4.8%	2.9%	4.3%	2.9%	6.7%	6.7%	9.8%
West Nile	2.3%	4.1%	3.9%	8.5%	9.0%	9.3%	13.1%	9.3%	20.1%





Gap analysis 2021

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	4,252,3729	2,846,144	1,406,228
IRS US\$	12,862,618	12,862,618	0
ACTs (# number of commodities)	30,370,397	30,370,397	0
RDTs (# number of commodities)	49,650,577	49,650,577	0
Total US\$ need essential services			
IPTp	1,408,969	1,408,969	0
SMC	0	0	0
Total US\$ need malaria strategic plan			





Gap analysis 2022

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	4,252,372	2,206,856	2,259,659
IRS US\$	23,244,536	23,244,536	0
ACTs (# number of commodities)	26,425,841	26,425,841	0
RDTs (# number of commodities)	47,905,644	47,905,644	0
Total US\$ need essential services			
IPTp	1,449,194	1,449,194	0
Other	292,444	292,444	0
Total US\$ need malaria strategic plan			





Gap analysis 2023

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	25,868,045	24,693,106	1,174,939
IRS US\$	22,460,573	22,460,573	0
ACTs (# number of commodities)	25,699,943	20,477,006	5,222,937
RDTs (# number of commodities)	50,493,928	50,493,928	0
Total US\$ need essential services			
IPTp	1,505,301	1,505,301	0
SMC	451,826	451,826	0
Total US\$ need malaria strategic plan			





Implementation Support (TA) Requirements for 2022

Activity	TA needed (technical- financial)	Timeline
UMRESP Costing	UMRESP Costing	October - Nov 2021
IRS March - April 2022 (Hands on technical support for operations,)	Provide technical support to provide the districts with real time assistance for: operations (training, IRS spraying, and Supervision); support procurements; and oversee environmental compliance for IRS. The TA will work in close collaboration with the NMCD IRS Coordinator	January –April 2022
IRS March - April 2022 (Need to comprehensively and continuously engage the leaders and stakeholders in the region to secure commitment, ownership, and ensure uptake by the beneficiary communities	Provide technical support to coordinate efforts including Regional engagement, District engagement and microplanning, Social Behavior Change activities. The TA will work in close collaboration with the Advocacy, Social Behaviour focal point at NMCD	January –April 2022
Economic Cost and Investment case of Malaria to Uganda	Study on Economic cost& Investment case for malaria	October 2021 –March 2022
Malaria Death Audit	Malaria Death Audit	October – Feb 2022
MAAM data system	MAAM data system	October – March 2022
Uganda Parliamentary Forum On Malaria(UPFM) strategic plan & Annual plan	Uganda Parliamentary Forum On Malaria(UPFM) strategic plan & Annual plan (Align UPFM strategic plan with UMRESP 2021/2025)	October - Jan 2022
Malaria Free Uganda(MFU) Strategic plan & Annual plan	Malaria Free Uganda(MFU) Strategic plan & Annual plan (Align MFU strategic plan with UMRESP 2021/2025)	October - Jan 2022





TA need

Activity	TA needed (technical-financial)	Timeline
Uganda Parliamentary Forum On Malaria(UPFM) Web site	UPFM website	October - Nov 2021
MFU Resource Mobilisation	MFU resource Mobilisation	November 2021 to March 2022
Investment case in Malaria for Private sector	Investment Case in Malaria for Private sector	January 2022 to March 2022





Thank You



Sub-Regional National Malaria Elimination/Control Programs and Partners Annual Meeting

27 October 2021

Organized by: RBM/CRSPC

Updates: Yemen

Dr. Methaq Assada, NMCP director

Impact of COVID-19 on Planned Malaria Interventions in 2021 and Actions Taken

- COVID-19 influence on malaria case management by reducing the production, procurement and delivery of RDTs and ACTs as well as the VC materials (insecticide and LLINs) suspension of training activities during the peak of the pandemic March-September 2020.
- During the 2021 the influence of COVID-19 was mitigated in somehow through securing the PPE for prevention for the staff during the activities implementation, however, the delay in fund release by PR is occurred from time to time due working from home.
- However, in Yemen, COVID-19 is not the main matter, but the worst humanitarian crises worldwide.

A GLANCE AT THE HUMANITARIAN CRISIS IN YEMEN

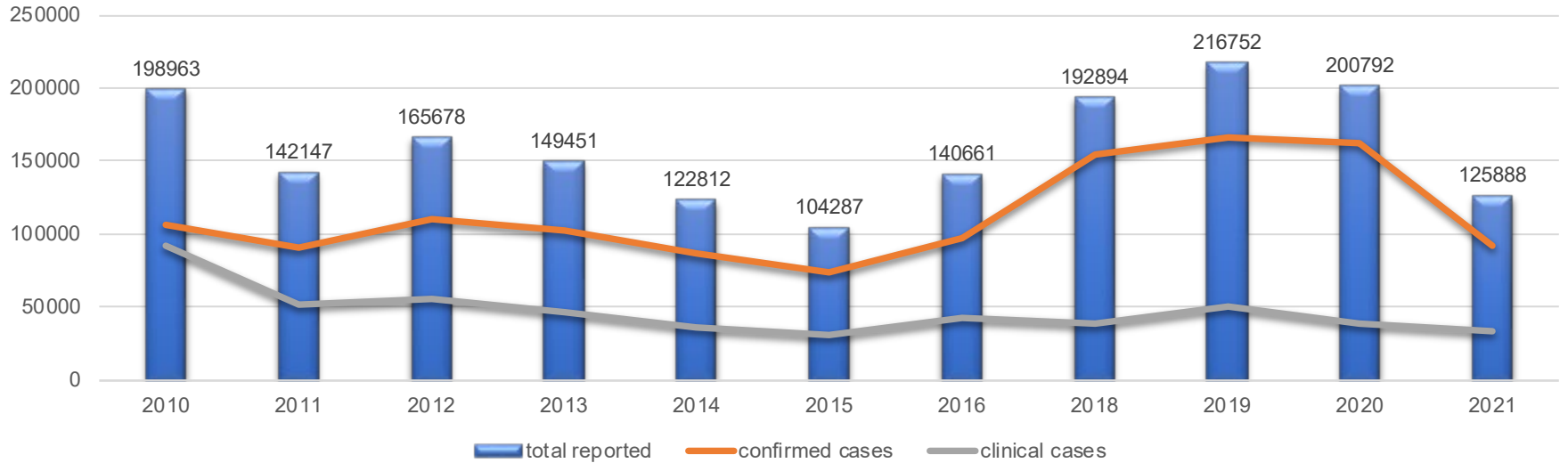
- Yemen is one of the poorest and least developed countries in the world, being ranked 179 out of 189 countries and territories according to the latest Human Development Index (HDI) issued in 2020, where the country's HDI declined from the rank of 158 in 2012 due to the escalation of the armed conflict.
- The country has been experiencing one of the worst humanitarian crises in the world since March 2015 (year of armed conflict).
- The economy has deteriorated sharply, with about 40.0% output contraction in 2019 compared to the pre-conflict output.
- Besides the armed conflict, the blockade imposed on the country has contributed to the collapse of the economy.
- Poverty is rising, where projections suggest that over three-quarters of the entire population are living below the poverty line.

A GLANCE AT THE HUMANITARIAN CRISIS IN YEMEN cont.

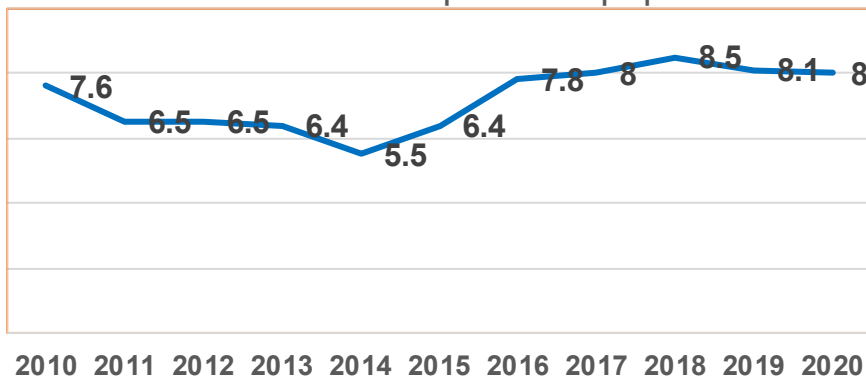
- According to UNOCHA, 80.0% (24.1/30 million) require humanitarian or protection assistance, including 14.3 million who are in acute need. Pre-famine prevails in two-thirds of the country's districts, while the remaining districts face multiple acute vulnerabilities. Estimates of people who require services to prevent or treat malnutrition is 7.4 million, lack access to safe water and sanitation is 17.8 million and lack access to adequate healthcare is 19.7 million.
- Cessation of salary payments for the majority of employees since 2016 aggravated the economic crisis, expanded the poverty gap and undermined subsistence in the country.
- Much of the country's infrastructure has been destroyed by airstrikes and internal fighting. Consequently, many health and non-health sectors have been compromised. A significant deterioration in the health system, where, only 50% of HFs are fully functioning, 35% are partially functioning and 15% are non-functioning.
- The deteriorated health system, poor water, sanitation and hygiene (WASH) services and internal displacement contribute to the outbreaks of cholera, diphtheria, VBDs and other infectious diseases, complicating the already complex emergency and humanitarian crisis.
- With the intensification of the armed conflict in 2020, 172,000 people were displaced bringing the total IDPs to more than 3.5 million.
- In 2019, 138,213 migrant arrivals were recorded by IOM-DTM; the majority of whom intended to pass to Saudi Arabia.

Epidemiology of Malaria, Yemen

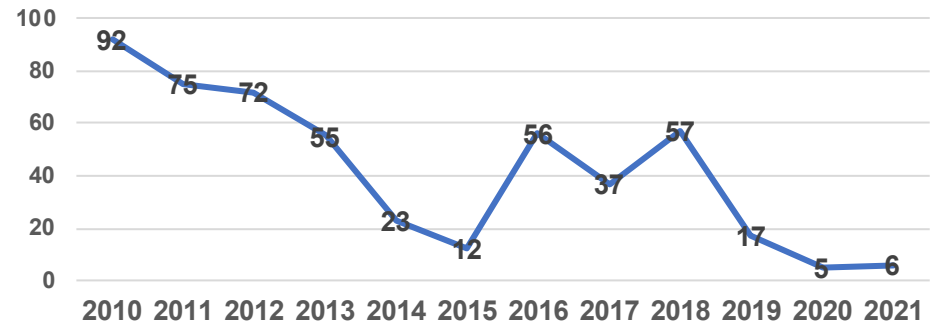
Malaria cases (total reported , confirmed and clinical cases 2010-2021)



Malaria incidence per 1000 pop.



Malaria related deaths (2010-2020)

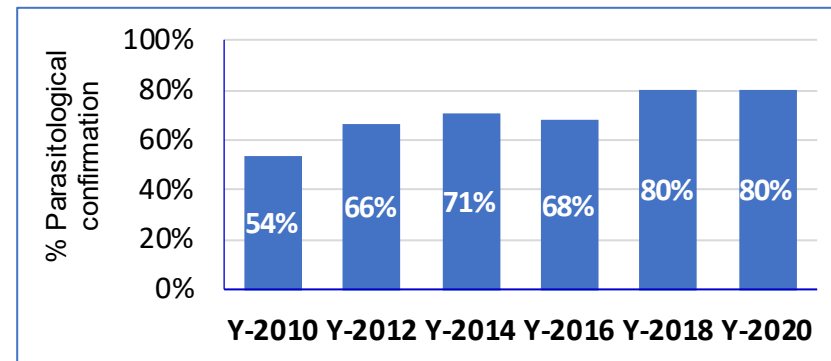


Progress in malaria control in Yemen.

HF based case management progress :

- In 2020 NMCP distributed a total of 1,228 k, 353k, 56 k and 66k of RDTs, AMDs, Artesunate injectable and primaquine respectively.
- AMDs stock out has been reported twice due to the delay in delivery in August-September and in November-February due to insufficient quantity delivered and against the NMCP request.
- An increase in parasitological confirmation of reported malaria cases over the past ten years.
- Training of 302 health providers including doctors on the NMDP and 58 lab technicians on microscopy malaria diagnoses through on-site training.
- Update, print and distribution of NMDP posters and brochures.

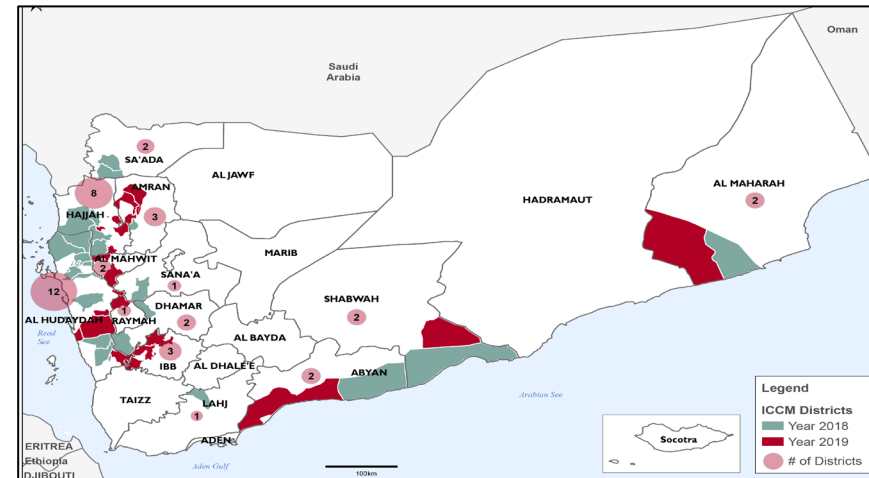
Indicator	Y-2018	Y-2019	Y-2020
RDTs (cassettes)	148,935	906,425	1,228,325
ACTs (treatment courses)	138,231	458,103	353,520
Artesunate injections (vials)	21,500	42,698	56,715



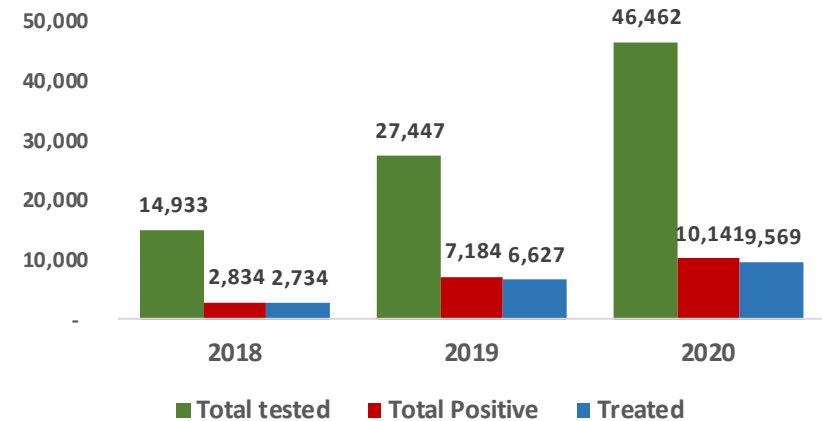
Progress on malaria control in Yemen.

Community based case management (ICCM) progress.

- A total of 934 CHVs have been trained in 36 districts during 2018 and 2020 years.
- Remarkable increase in CHVs work despite of the long stock out period.
- As a result the NMCP deserved to receive an additional fund from the GF to expand the ICCM activities in 2020 by adding 27 districts.
- An additional expansion in 10 districts though the GCC WHO support.
- The expansion will be taken place in current 2021 year.
- Selection the priority CHVs areas for the new expansion has been finalized using GIS and risk mapping data.

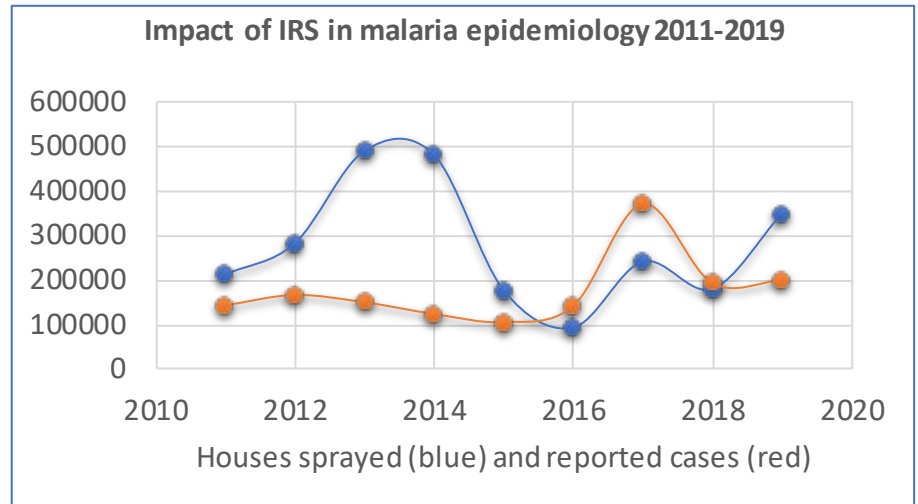
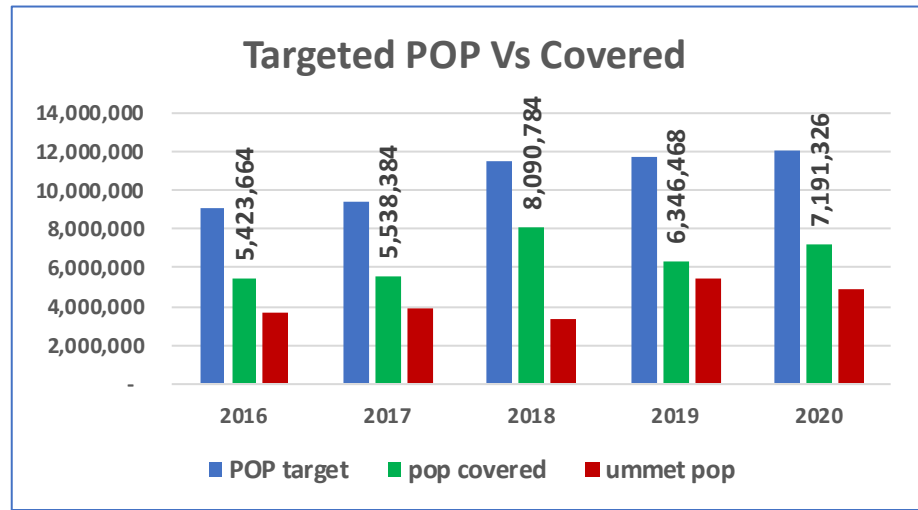


ICCM reported data 2018-2020



Malaria vector control

- **IRS and LLINs** are the two **core vector control interventions** implemented in Yemen.
 - Clothianidin is the insecticide of use for IRS since 2019.
 - IRS current target is 295,000 HHs, however, the target should be scaled up to 495k HHs in accordance to the risk map.
- The LLINs distribution strategy aims to reach the **universal coverage to all population** lives at malaria risk at altitudes **below 1500 M** above sea-level, particularly the **highest burden governorates** in Tehama region (Hodeida and Hajjah).
- The targeted population for the universal coverage is **12 millions**.
- The distribution method is through free of charge distribution **mass campaigns by house-to-house** and receiving through **coupons**.
- **Data collection** by household's forms during the campaigns, followed by data aggregating, **entered to mobile reporting application** and sending **electronically** in daily bases to the **NMCP server**.
- public education for the use is through brochures and face to face education by the enrolled NMCP distribution staff.

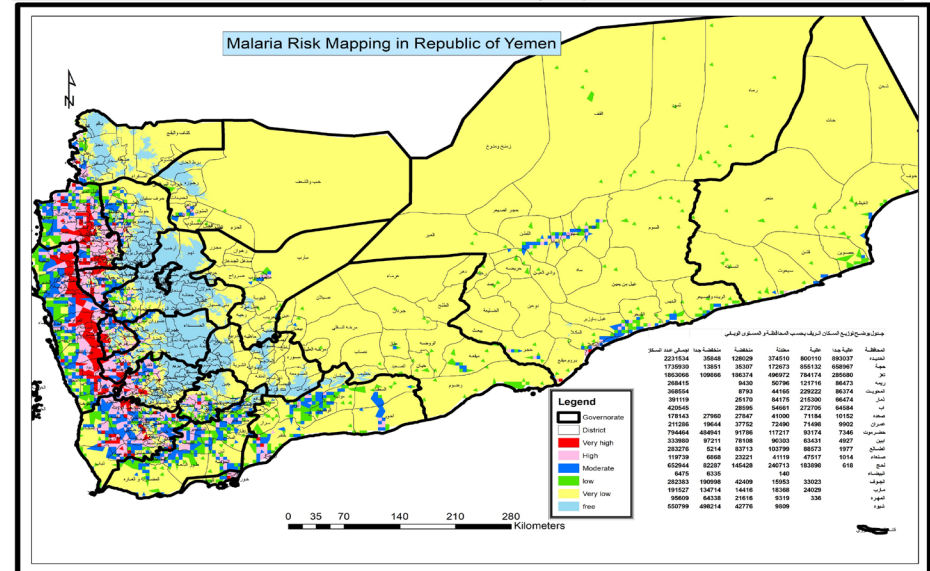
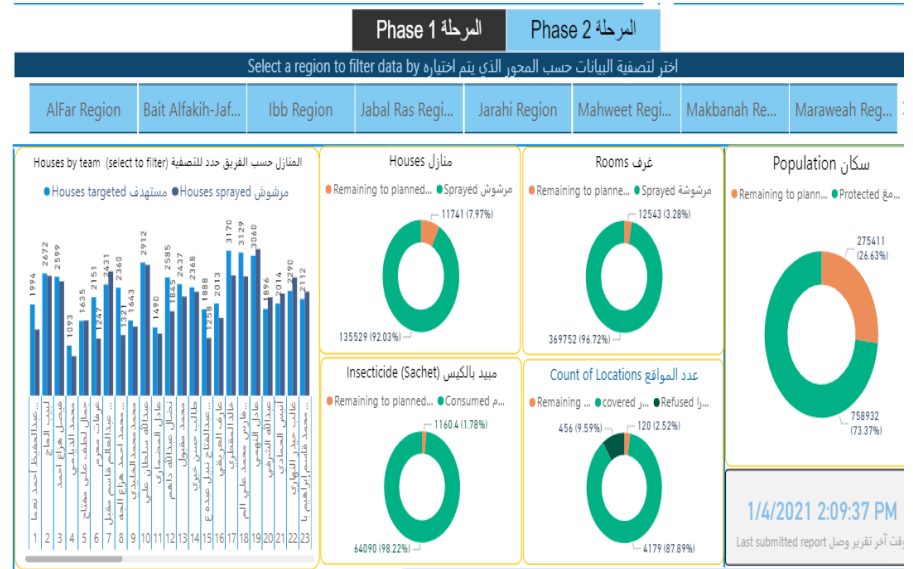


Key Bottlenecks/Challenges

- AMDs long duration stock out due to insufficient procured quantity and against the NMCP submitted request in 2020.
- Financial constraints and long time for fund release for the activities by the PRs in addition to the long procedures of approval in the ministry led to delay in implementation overload due to the activities accumulation and overlapping.
- Cessation of staff governmental salaries since 2016 as well as the running cost for NMCP and its branches, regional offices and MUs since 2013.
- Insufficient fund from the GF and GCC to cover the whole NMCP needs.
- IDPs continue to be major health problem especially from endemic to low and malaria free areas.
- Potential presence of the PfHRP2,3 gene deletion.
- The delay in the insecticide's delivery to use in the 2021 IRS campaign, and thus in the implementation, which minimize the expected benefit.
- No secured fund yet for procurement of IRS insecticide for the next season of 2022 year.
- LLINs universal coverage challenges (never reached), and long time for replacement (more than 3-4 years).
- Difficulty for reaching many areas with hot clashes by vector control activities.
- Insecticide resistant increase, especially to the parathyroid.
- No budget for mentoring and evaluation of the both VC approaches.
- No regular studies for monitoring the insecticide resistance.
- Insufficient available resources for NMCP to combat other vector-borne diseases e.g. arboviruses, particularly if outbreaks occur during the planned malaria vector control interventions.
- Risk of An. Stephensi potential presence as the main malaria vector in urban settings.

Best Practices

- Enhancing **the use of digital reporting and mentoring** for all NMCP activities.
- **Data collection** by household's forms during the campaigns, followed by data aggregating, **entered to mobile reporting application** and sending **electronically** in daily bases to the NMCP server.
- A **Malaria risk map developed by NMCP** based on the main factors, and it's being reviewed and updated with WHO GMP.
- **Decentralization of malaria control activities** through **activating MUs** by provision the necessary equipment and running cost. The NMCP started with three MUs in Hodeidah, equipping with vehicles and running cost by the support of local health office.
- Initiating community mobilization through NGOs for **breeding source reduction** through about 5500 volunteers in 32 endemic districts in Tehama region.



Gap analyses

Component	Description	2022		2023		2024		Tot. avialable	Tot. gap
		Avialable	Gap	Avialable	Gap	Avialable	Gap		
Case management	Prompt diagnoses and treatment	814,374	0	1,288,237	0	682,882	551,826	2,785,493	551,826
	Strengthening diagnoses and treatment activities through HF's	186,705	109,195	154,365	141,535	0	295,900	434,190	546,630
	ICCM	517,545	187,230	581,745	191,130	0	829,425	1,099,290	1,207,785
VC	IRS	0	4,835,000	0	4,835,000	0	4,835,000	0	14,505,000
	LLINs mass campaign	6,571,037	0	520,000	2,101,593	0	8,323,487	7,091,037	10,425,080
	LLINs continuous	0	1,281,615	0	1,316,218	0	1,351,755	0	3,949,588
	entomological surveillance	174,600	157,680	174,600	157,680	0	332,280	349,200	647,640
M&E	M&E and preparedness	29,392	753,792	19,392	23,792	0	65,684	48,784	843,268
Education	Education and mobilization	110,000	80,000	60,000	80,000	0	190,000	170,000	350,000
Program management	Supply chain	68,000	0	56,000	0	32,000	24,000	156,000	24,000
	Infrastructure	0	252,500	0	0	0	0	0	252,500
	Program management	634,800	122,000	634,800	72,000	634,800	72,000	1,904,400	266,000
Total		9,106,453	7,779,012	3,489,139	8,918,948	1,349,682	16,871,357	14,038,394	33,569,316

Implementation Support (TA) Requirements

Activity	Support type (TA or financial)	Period
IRS, insecticide procurement either the whole required QY or the gap in case any fund secured through the upcoming 3 years.	Financial	2022-2024
LLINs durability and KAP studies for the use of bed nets in malaria control.	Financial and technical	2022
MIS	Financial	2023-2024
Short term advance training for the main staff (GIS, DHIS2).	Financial	2023-2024
Country experience sharing visits	Financial and technical	2023-2024