

INVESTING FOR MORE IMPACT ON MALARIA:

A risk management approach in country malaria enterprises

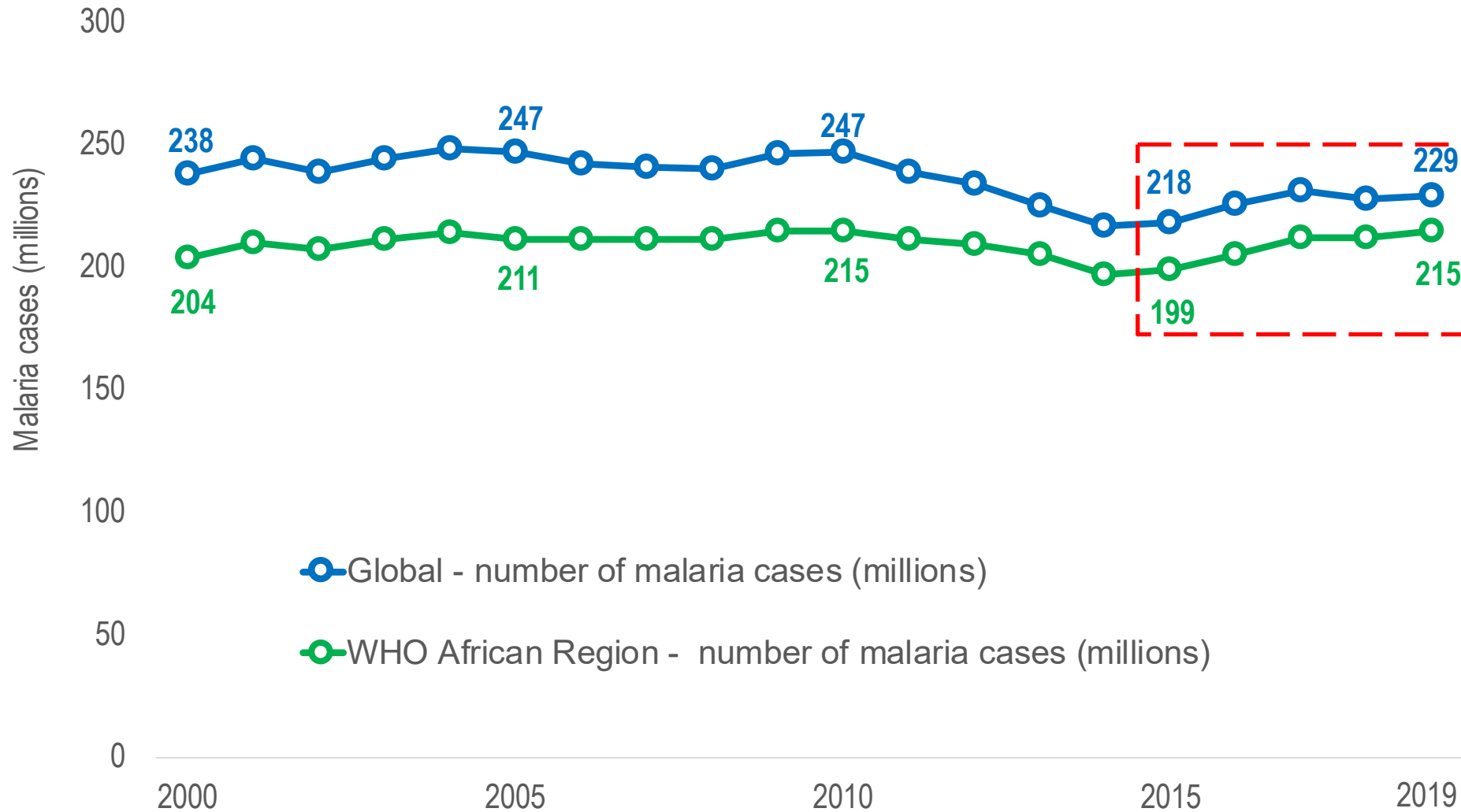


RISKS?

- **Risk is any factor with potential to hinder attainment of set milestones and targets**
 - Stockout of commodities
 - Outbreak of malaria
 - Low coverage with interventions
 - Biological threats – insecticide resistance; artemisinin resistance, etc
 - Underfunding
 - etc

Progress stalling ...Need to work differently

...Need for enhanced risk management approach in country malaria enterprise?



Population in sub-Saharan Africa grew from **665 million** in 2000 to about **1.1 billion** in 2019

94% of global malaria cases in 2019 occurred in the WHO African Region

- **Managing low population coverage of MAL interventions as risk: Annual access and coverage threats/bottlenecks analysis and remediation**
 - Targeting communities with clusters of MAL cases/death – identify priority communities, adopt flexible problem-solving approach to define/implement remedial action
 - Which districts, sub-districts + communities are recording high numbers of malaria cases and why?
 - Are there “left behind” communities or population groups?
 - Are appropriate interventions used? Is effective coverage been achieved?
 - **Investments in delivering appropriate interventions to reduce burden**

- **Managing as risk, recurrent outbreaks and biological threats: Annual quality threats/bottlenecks analysis and remediation 1**
 - **Containing threats of insecticide resistance and new/efficient urban vectors**
 - Have there been changes in effectiveness of insecticides against the vector? Insecticide resistance?
 - Have there been changes in vector species population? An Stepensi invasion?
 - Investments: (1) Insecticide resistance monitoring; (2) Vector species/behaviour monitoring; (3) Integrated vector management
 - **Containing threats of gene deletions and artemisinin resistance**
 - Is the recommended RDT still effective? parasite pfhrp2/3 gene deletions?
 - Is the recommended antimalarial still effective? parasite drug efficacy and resistance?
 - Investments: (1) TET and monitoring genetic mutations + gene deletions; (2) threats containment

- **Managing as risk, recurrent outbreaks and biological threats: Annual quality threats/bottlenecks analysis and remediation 2**
 - **Containing threats of sub-optimal quality delivery of interventions**
 - Is the level of adherence to quality standards in service delivery optimal/sub-optimal and why?
 - *Investments: (1) monitoring adherence to WHO standards in delivery of services and interventions; (2) deploying interventions to optimize adherence to standards*

Enhanced Risk Management in Country Malaria Enterprise 3

■ Managing underfunding as risk 1

- **Leveraging domestic resources from affected/endemic communities** to manage own malaria problem (Mainstreaming management of determinants of health)
 - Evidence-based prioritization of affected/endemic communities
 - **Engagement of prioritized communities:**
 - **Mobilization of community leadership and groups; Advocacy; orientations;**
 - ✓ **Embrace and own the vision of a malaria-free community**
 - ✓ **Mobilize and deploy community-owned resources towards building a healthy and malaria-free community.**



Enhanced Risk Management in Country Malaria Enterprise 3 (continued)

■ Managing underfunding as risk 2

– Leveraging more resources from health sector budget

- Ensure malaria line item in sector budget at national and district levels
- Align malaria planning with national sectoral planning
- Ensure integration of malaria costs into district and national health budget

– Abolishing out of pocket payment for malaria case management

- Engage in the country health insurance process and ensure the system does not in any way hinder access to malaria services
- Ensure free malaria treatment or ensure protection of malaria-affected persons from out of pocket payment for malaria



■ **Managing underfunding as risk 3**

- **Leveraging domestic resources from Non-health sector organizations** – supporting them manage “health determinants impacting malaria” resulting from core businesses
 - Identify country’s priority sectors and respective priority districts/communities: Agriculture; Mining; Environment; Roads, works and Construction
 - **Engage priority non-health sector organizations – orientate them on:**
 - Their contributions to malaria transmission (potentiation of vector breeding or seeding of parasites to communities);
 - Their socio-economic losses to malaria (lost productivity, income + lost lives)
 - Their mitigation roles – what they can contribute towards malaria elimination in the priority districts/communities

Enhanced Risk Management in Country Malaria Enterprise 3 (continued)

- **Managing underfunding as risk 4**
 - **Leveraging domestic resources from Private sector organizations** doing more through innovative schemes – adopt a district and make it malaria-free; adopt a community and make it malaria-free
 - Identify priority organizations – those with operations in malaria-endemic districts/communities
 - **Engagement with priority private sector organizations:**
 - **Develop incentives packages for private sector organizations**
 - **Ensure availability of list of priority districts/communities needing private sector investment to make same malaria-free**
 - **Ensure clear post market support for priority private sector organizations – NMCP guidance, technical and other support to enable private sector organizations make appropriate investments**



Enhancing WHO technical support to countries

- Multi-country assignment teams (MCATs) in 11 locations meant to bring WHO technical support closer to countries:
- Strengthening capacities in the WHO Africa Region for use of analytics to drive stratification mapping, identification and prioritization of left behind communities to target with tailored interventions
- Planned expansion of HBHI to all 39 moderate to high transmission malaria-endemic countries being planned – in collaboration with partners

MCATS SCOPE / WCO COVERAGE		
Locations	Portfolio	Language
Mozambique	Angola, Mozambique, Cap-Vert, Sao Tome & Principe	Portuguese
Burkina Faso	Burkina Faso, Niger, Togo, Benin	French
Ghana	Ghana, Sierra Leone, Liberia, Gambia	English
Cote d'Ivoire	Cote d'Ivre, Guinea, Mali, G-Bissau	French
Senegal	Senegal, Mauritania, Algeria	French
Gabon	Gabon, Chad, Camer, E. Guinea	French
Madagascar	Madagascar, Comoros, Burundi	French
Uganda	Uganda, Tanzania, Eritrea	English
Kenya	Kenya, Seychelles, Mauritius, Rwa	English
Zimbabwe	Zimbabwe, Zambia, Malawi, Nama	English
South Africa	South Africa, Eswatini, Botsw, Leso	English

OTHER CHALLENGES ON THE WAY TO GTS 2030 TARGETS

- We have focused on 3 challenges
 - low population coverage of MAL interventions
 - recurrent outbreaks and biological threats
 - Underfunding
- **Which other core challenges do countries face as they plan and implement actions towards the 2030 targets?**