



MINISTÉRIO DA SAÚDE
DIRECÇÃO NACIONAL DE SAÚDE PÚBLICA
PROGRAMA NACIONAL DO CONTROLO DA MALÁRIA

**REUNIÃO DE PARCEIROS SUB-REGIONAIS DO PROGRAMA
DE ELIMINAÇÃO/CONTROLO DA MALÁRIA SUB-REGIONAL
DO RBM CRSPC ÁFRICA**

Organizado por: RBM CRSPC
28 Outubro 2021

Estado de implementação dos principais Indicadores – Malária Angola

Nº	Variável/Indicador	Ano 2016	Ano 2017	Ano 2018	Ano 2019	Ano 2020
1	Total de Casos de Malária	4.301.146	4.515.531	5.764.583	7.051.349	7.182.709
2	Total de Óbitos Por Malária	15.997	13.979	11.571	7.923	12.195
3	Taxa de Positividade	53,10%	51,70%	51,30%	50,40%	48,60%
4	Taxa de Letalidade Intra Hospitalar	4,40%	3,50%	3,00%	2,10%	2,70%
5	Taxa de Incidencia por 1.000 hab	156	159	197	234	231
6	% de casos Confirmados	88,20%	86,00%	86,50%	93,30%	98,70%
7	% de Casos Suspeitos Testados	93,40%	92,20%	92,60%	96,50%	96.1%
8	Taxa de Mortalidade por 100.000 hab	58	49	40	26	39,2

IMPACTO DO COVID-19 NAS INTERVENÇÕES DA MALÁRIA EM 2021

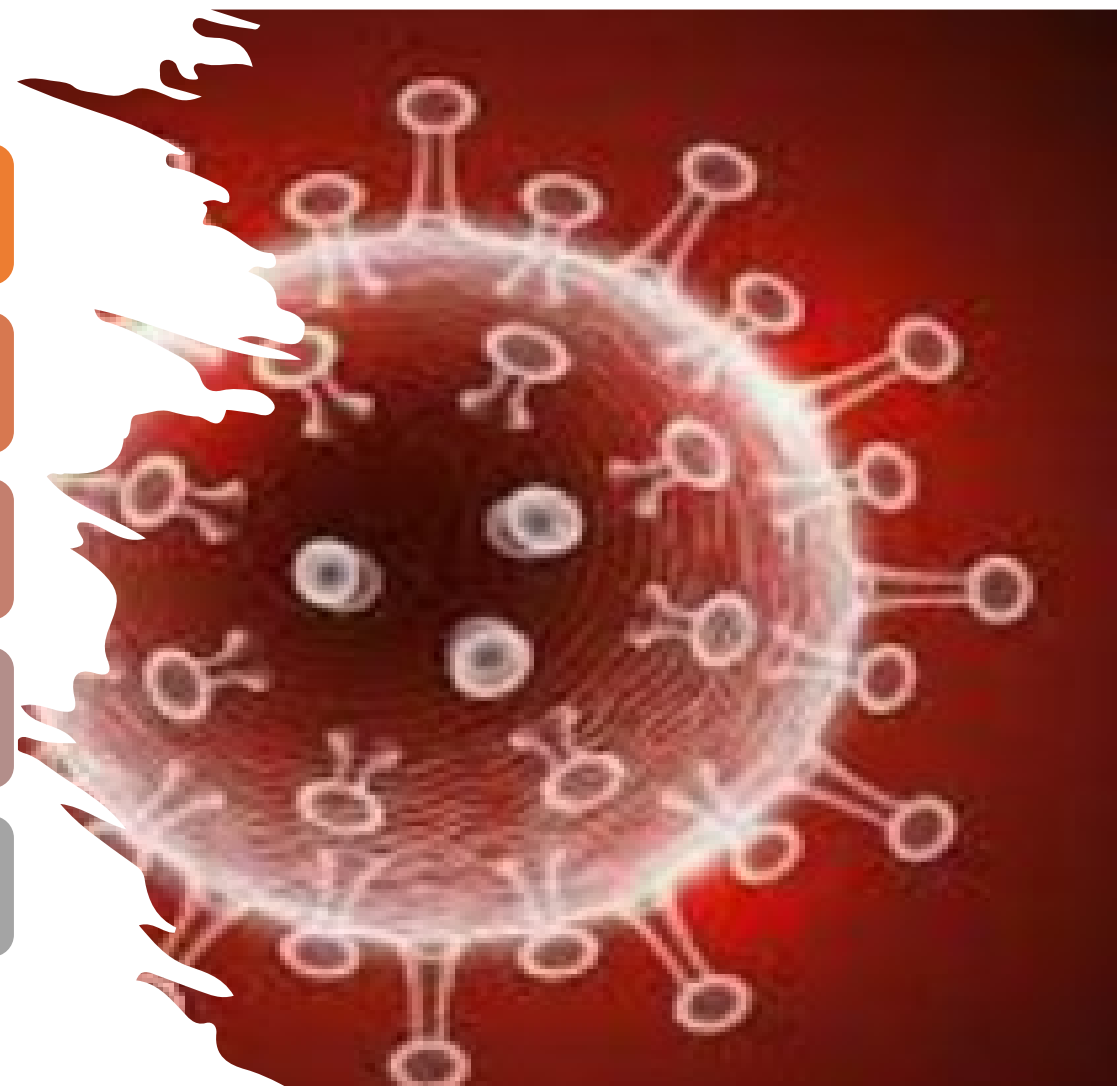
Sistema de saúde

Gestão e planificação

Cadeia de aprovisionamento e logística

Sistema de informação

Comunicação e mobilização comunitária



IMPACTO DO COVID-19 NAS INTERVENÇÕES DA MALÁRIA EM 2021

A Pandemia COVID -19 acrescentou um fardo suplementar ao Sistema de Saúde sobretudo nos países onde o sistema é frágil

Confrontado com um duplo desafio proteger a população dos riscos da malária e de outras doenças endémica e epidémicas assim como dos riscos emergentes de COVID-19

Saturação dos serviços (aumento de internamentos) e posterior criação de novas US

Reorganização dos serviços

Fornecimento irregular de PPE, sobretudo nos serviços nos cuidados primário de saúde



Sistema de Saúde

Restrições no acesso aos serviços de saúde devido a :

- pacientes que não vêm às instalações devido a restrição de movimento ou medo de infecção;
- Restrição de viagens que inibem o movimento dentro do país

Restrições logísticas

- Risco de aumento do consumo de produtos para teste de febre (TDRs) e ACTs (tratamento presuntivo)

Financiamento

- Enormes recursos financeiros afectos a resposta do COVID-19
 - Recursos humanos
 - Novas infraestruturas (hospitais de campanha, laboratórios)
 - Oxigénio, máscaras
 - Equipamentos (ventiladores, equipamento de laboratório, etc.)
- Diminuição de recursos financeiros para outras doenças incluindo a malária da parte de alguns parceiros
- Oportunidades: FG e recursos de outros parceiros

Recursos humanos

Importante n.º de técnicos de saúde (TS) implicados na prevenção, diagnóstico, tratamento e vigilância da COVID-19.

Número técnicos de saúde disponíveis nas US para a prevenção, manejo de casos, monitoria e avaliação da malária diminuiu (situação de calamidade; 50% posteriormente 75% disponíveis, grupos de risco)

Redução de algumas actividades de reforço da capacidade, supervisões,

Protecção dos técnicos de saúde e dos clientes

Parte do staff do PNCM implicado na resposta a pandemia de COVID-19

Cadeia de aprovisionamento e logística

- Perturbações na cadeia de aprovisionamento devido as medidas de confinamento, atraso na chegada dos medicamentos, testes e mosquiteiros para o controlo da malária
- Atraso na chegada dos medicamentos e testes
- Rupturas de stock de medicamentos e testes
- Redefinição das estratégias de distribuição dos insumos de controlo da malária

Cadeia de provisionamento e logística (Cont.)



Atrasos
na
entrega e
entregas
escalona
das



Perturbação
es no
transporte
interno e
logística



Ruptura de
stock que afeta
a qualidade do
atendimento e
pode ocultar os
surto relatados
com alta
mortalidade
(exemplo: RDC)

Sistema de informação Sanitária

- Sistema de informação sanitário reforçado durante a pandemia para dar resposta a resposta de COVID-19.
- Atraso na notificação dos casos e óbitos e cobertura das intervenções de malária
- Diminuição do número de supervisões



Comunicação e mobilização comunitária

- Adaptação da comunicação de prevenção da malária ao contexto de pandemia de COVID-19
- Comunicação para a mudança de comportamento com vista a diminuir um sentimento crescente de medo de contaminação de COVID-19 nos serviços de saúde.
- Implicação da comunidade nas acções de prevenção da malária e COVID-19

BOAS PRATICAS NO CONTROLO DA MALÁRIA EM ANGOLA

Controle Vectorial

- Plano Estratégico de Controlo vectorial integrado e de monitoria da resistência de insecticida elaborado com todas as partes interessadas e que fornece orientações estratégicas **para todos os sectores** que participam no controlo vectorial
- Insectários cuja gestão foi atribuída **as autoridades locais** contribuem para a formação e pesquisa na área de controlo vectorial.
- O **envolvimento das autoridades** do nível central (PNCM) ao nível **provincial** (GPS), passando pelo municipal/comunal, em todas as etapas da campanha de distribuição de MTILD desde a planificação até à sua implementação e comunicação pós-campanha foi importante durante toda a **campanha de distribuição de MTILDs** em massa.
- Foi atribuída ao Instituto nacional de Pesquisa em Saúde (INIS) a responsabilidade de coordenar e gerir os estudos entomológicos.
- Realização periódica de estudos de suscetibilidade dos vectores aos insecticidas



Informação, Educação e Comunicação

- A existência de um **Plano Estratégico de Comunicação** para a Mudança de Comportamento sobre a malária 2017-2020 que define as linhas orientadoras das intervenções do domínio em causa.
- O aumento do número de técnicos no PNCM e a **parceira** permitiram realizar as actividades de comunicação ligadas a campanha de distribuição de MTILD (antes, durante e depois)
- A utilização de **plataformas digitais** permitiu que as mensagens abrangessem um maior número de número de pessoas
- A elaboração, reprodução e distribuição as US de dois **manuals de comunicação** para mudança de comportamento para líderes comunitários e técnicos de saúde
- **ADECOS** realizam **sensibilização** para prevenção da **malária** da comunidade , formados e equipados com PEP para a sensibilização de **COVID-19**



Logística

- A existência de documento de **análise de lacunas** a nível nacional e provincial de medicamentos, TDR e outros produtos de combate à malária análise permitiu ao governo e parceiros conhecerem a lacuna dos insumos e mobilizar recursos sobretudo os domésticos.
- A realização de relatórios **periódicos sobre o consumo e stock** disponíveis a nível nacional e a sua discussão e partilha com parceiros
- O sistema de **compras agrupadas** de medicamentos, TDR e outros insumos para o controlo da malária está numa fase embrionária permitiu diminuir os custos destes insumos
- Implementação faseada da plataforma SIGLOFA para melhorar a gestão da cadeia de abastecimento



Manejo de casos

- Formadores de formadores nacionais treinados sobre **competências pedagógicas em educação** com numa instituição especializada a CENFFOR;
- Gestão de uma **base de dados** com informação dos técnicos de saúde formados para analisar o desempenho do pessoal treinado.
- Envolvimento dos **profissionais** dos serviços de **CPN** como população alvo nas formações sobre TIP e **coordenação** com formadores nacionais do **Departamento de Saúde Sexual e Reproductiva**;
- Desenvolvimento de uma **plataforma virtual** (Plataforma Kassai) de **formação** inicial e refrescamento de profissionais de saúde no manejo de casos a distância, com capacidade de certificar dos mesmos



Vigilância, monitoria, avaliação e pesquisa operacional

- Afectação de um gestor de dados contribuiu para a melhoria da compilação de dados para a sua análise .
- Utilização de **DHIS2** a todos os níveis da pirâmide sanitária permitiu banir a utilização da base de Excel **deixando** assim de **haver** duas **bases de dados paralelas** e permitiu ter dados em tempo real.
- Em fase de desenvolvimento de uma plataforma digital (PIAE) para coletar informações do Kobocollect (ou qualquer outra fonte / formato) e vinculá-la ao DHIS2. Isso permitirá que o Ministério da Saúde receba automaticamente os dados de malária na comunidade, gerada pelos ADECOS, no DHIS2.
- Implementação de **supervisão digital em MCM** através de **HNQIS** e vinculação de **informações ao DHIS2** para acesso em nível central, juntamente com o desenvolvimento de um **boletim eletrônico** para divulgação mais ampla .Isso permite ter acesso aos dados de supervisão recolhidos no campo de forma ágil. As análises podem ser vistas em qualquer nível: unidade de saúde, municipal, provincial.

Gestão e Coordenação do Programa

- Coordenação da parceria através do Fórum de Parceiros de controlo da malária , organismo que reúne organizações de vários horizontes , permitiu coordenar as actividades de controlo da malária
- Assistência técnica da OMS, PSI e de outros parceiros permite o Programa melhorar a sua performance
- Encontros mensais de coordenação com os parceiros permitem realizar planificar e coordenar as actividades e sobretudo evitar duplicações
- Coordenação da parceria através do Forum de parceiros de controlo da malária , organismo que reúne organizações de vários horizontes , permitiu coordenar as actividades de controlo da malária
- Assistência técnica da OMS, PSI e de outros parceiros permite o Programa melhorar a sua performance
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DESAFIOS E COMO FORAM ABORDADOS

Todas as intervenções de controlo da malária em tempo da pandemia de COVID-19 devem proteger:



Pessoal de
saúde



Utilizadores
das US e os
pacientes

Lições aprendidas e melhores práticas

- **Plano de contingência** da malária durante a pandemia elaborado
- Actividades de **manejo de casos** mantêm-se no principio da epidemia com um ritmo diminuído, mas com a reorganização dos serviços voltaram a normalidade
- **ADECOS** treinados e dotados de PPE para fazerem **sensibilização** a população sobre o controle da malária e COVID-19
- Plano de **quantificação** dos insumos de malária revistos tendo em conta os **novos desafios** da cadeia de abastecimento



Lições aprendidas e melhores práticas

- **Treino** do técnicos de saúde no diagnóstico e tratamento dos casos de malária com vista a **melhorar** a qualidade do manejo de casos
- Utilização de **TIC** para a formação (**Plataforma Kassai**)
- **Supervisão, supervisão formativa** nos diferentes domínios de controlo da malária
- **Actualização dos documentos** estratégicos de controlo da malária



LACUNAS 2021

	NECESSIDADES	FINANCIADAS	LACUNAS
LLINs(# número de productos)	1,984,277	1,423,021	
PID US\$	553 487.00	553 487.00	
ACTs (número de productos)	8,490,696	4,089,776	
TDRs (número de productos)	10,818,126	4,202,225	
Total de US\$ precisa de serviços essenciais	419 723.38		
		1 890 766:	

LACUNAS 2022

	NECESSIDADES	FINANCIADAS	LACUNAS
LLINs(# número de productos)	19 300 329	4,291,930	
PID US\$	332 202.00	332 202.00	
ACTs (número de productos)	9 371 573	3,334,093	
TDRs (número de productos)	12 259 816	3,461,912	
Total de US\$ precisa de serviços essenciais	53 322		
Outros-AS; ASR, SP	N/A	1 400 000; 9 921; 712 843	
PEN Malária total US\$	66 165 605.97	19,000,000	

LACUNAS 2023

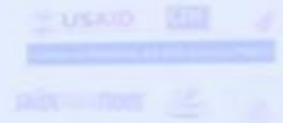
	NECESSIDADES	FINANCIADAS	LACUNAS
LLINs(# número de productos)	2 321 342	682 217	PMI - 0
PID US\$	N/A	N/A	PMI - n/a
ACTs (número de productos)	9 921 915	3 632 180	PMI - 0
TDRs (número de productos)	13 531 456	4 416 097	PMI - 0
Total de US\$ precisa de serviços essenciais	478 211.50		
Outros-AS; ASR, SP	N/A	1 616 977; 6 085; 780 036	
PEN Malária total US\$	66 165 605.97	18 000 000	

Assistência Técnica (TA) para 2022

Actividade	Tipo Assistência Técnica (TA)	Período
Desenvolvimento da Estratégia de Mobilização de Recursos	Consultoria	2021/22
Elaborar a estrutura orgânica e estatuto do PNCM com TdR incluído.	Consultoria	2021/22
Desenvolvimento de um Plano Operacional Actualizado para a Malária no Sul de Angola para o período 2021-2025.	Consultoria	2022
Desenvolvimento da Estratégia de Mudança Social e Comportamental da Malária e Engajamento Comunitário	Consultoria	2022

OBRIGADO

Dia Mundial da Malária
zero malária começa comigo



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

28 October 2021

Organised by: RBM/CRSPC

Updates: Botswana

MSP 2018-2023 goal is to achieve zero local malaria transmission in Botswana by 2023

5 MSP Strategic objectives

To achieve universal coverage of appropriate preventive interventions in all transmission foci

To strengthen social behaviour communication and community engagement to achieve at least 85% utilization of malaria interventions

Establish a fully functional Malaria Elimination surveillance, Monitoring and Evaluation system to enable effective detection and response to 100% of Malaria infections

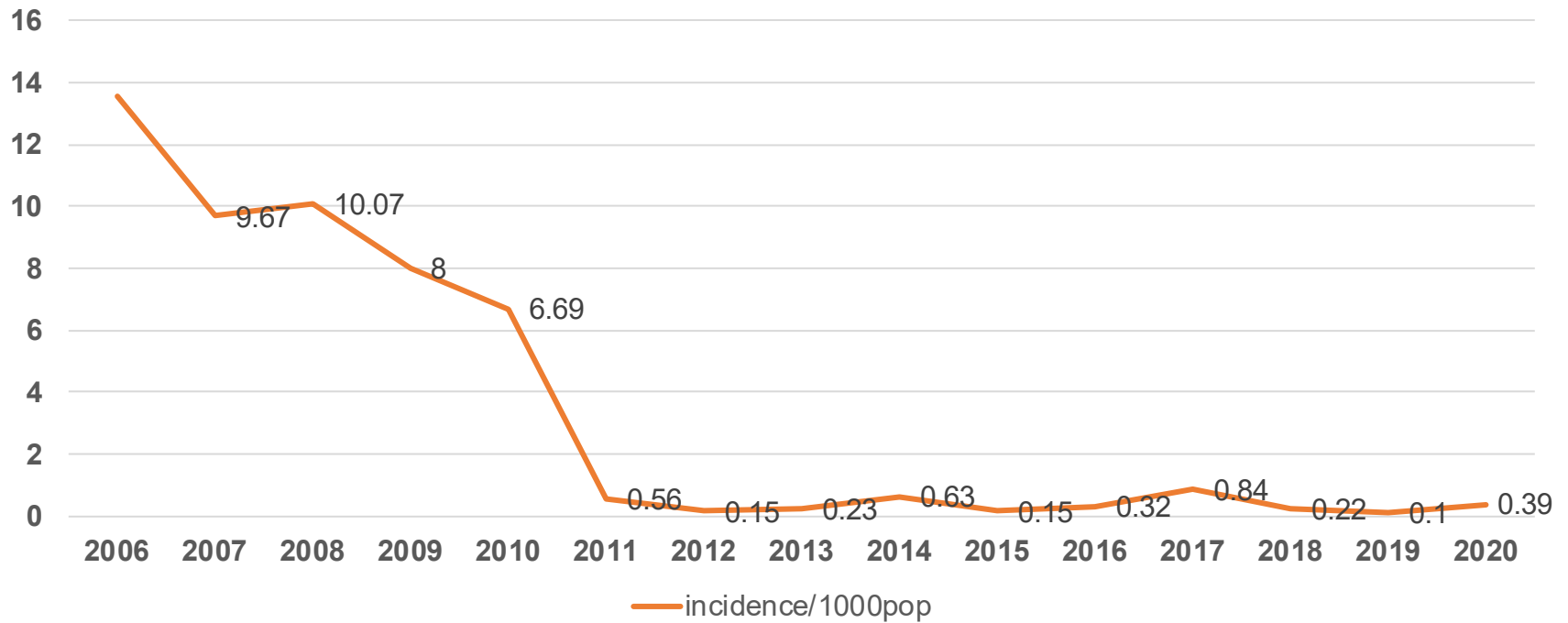
To strengthen capacity for effective leadership and coordination of malaria elimination

To identify and provide treatment to all persons with Malaria infections according to national guidelines

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

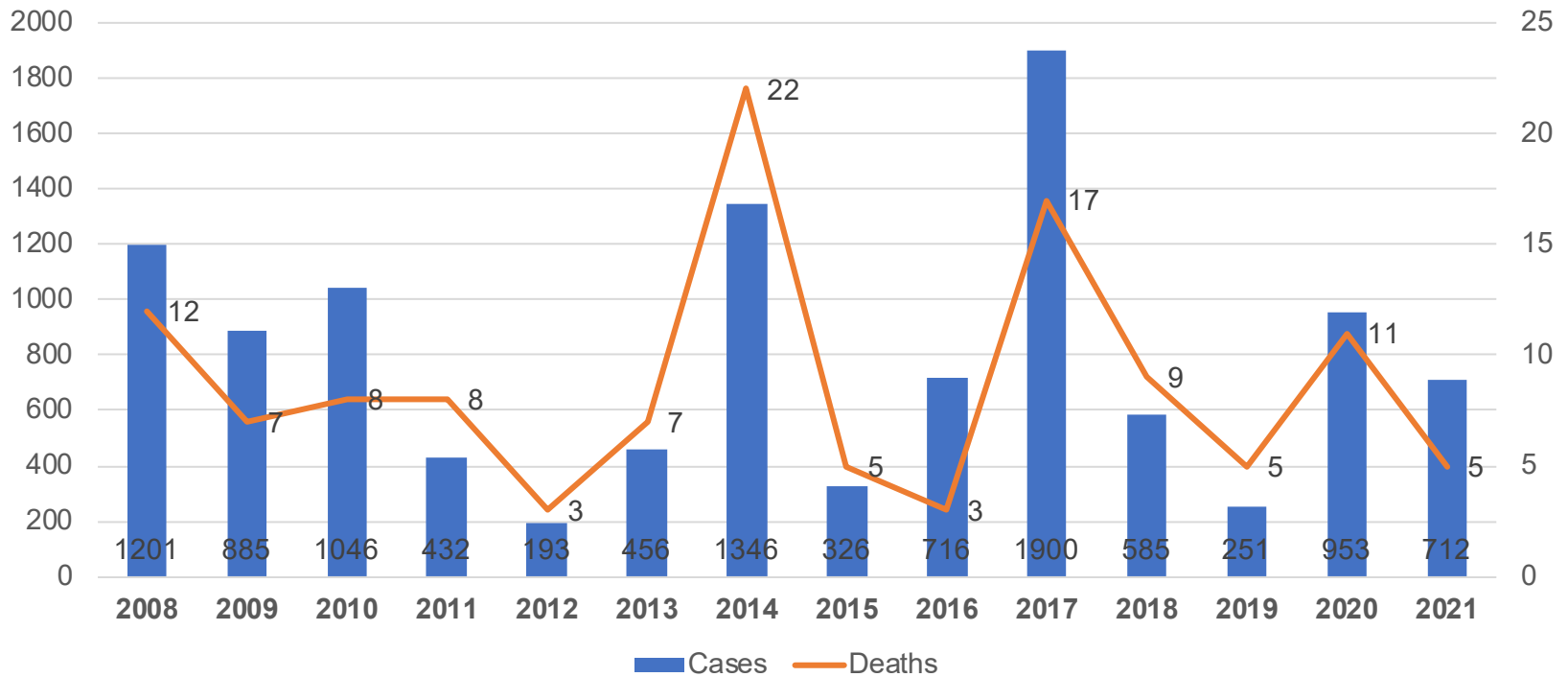
- Botswana remains ahead of the 10 countries earmarked for malaria elimination under the Global Technical Strategy 2016-2030 and continues to accelerate efforts towards the goal of malaria elimination by 2025.
- The government of Botswana has made significant advancement, achieving over 95% reduction in malaria incidence from 8,056 cases (43 per 1,000) in 2000 to 272 cases (0.12 per 1,000) in 2019.
- This achievement is a result of continued intensified efforts to ensure access to evidenced based, targeted interventions aimed at interrupting malaria transmission and eliminating the malaria parasite from the population.
- Vector control remains the backbone of malaria elimination in Botswana with implementation of routine IRS and mass and routine distribution of LLINs as the key strategies
- Malaria is a notifiable disease with case based surveillance implemented in all the districts. Immediate case notification, household case investigations and foci investigations are conducted and data transmitted through a the Geo Referenced Real Time Reporting System.
- The National Malaria Programme has adopted radical treatment for effective treatment of malaria.
- ACSM/SBC is key for all thematic areas and most of activities are community based e.g the CATTEM model

Malaria Incidence per 1000 population,2006-2020



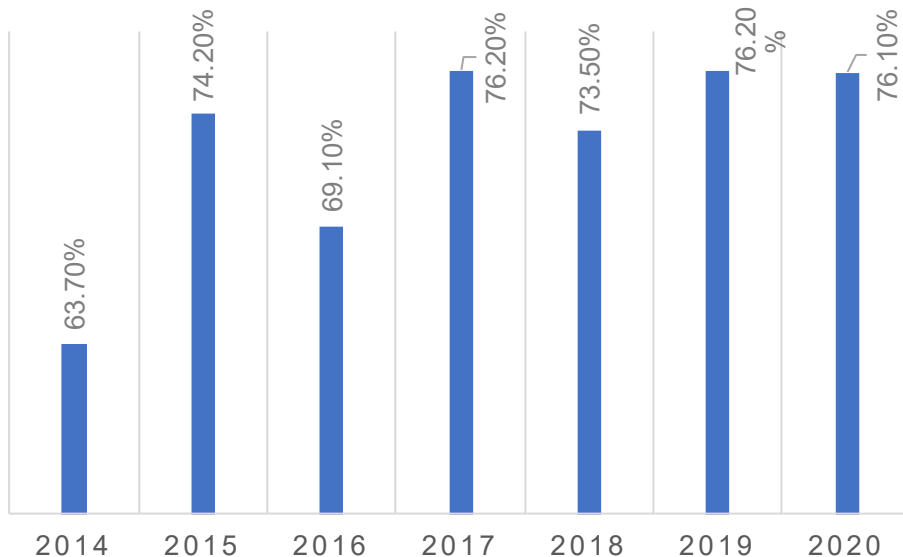
-Decrease in Malaria incidence was observed since roll out of Malaria Elimination program in 2008

Malaria Morbidity and Mortality, 2008-2021



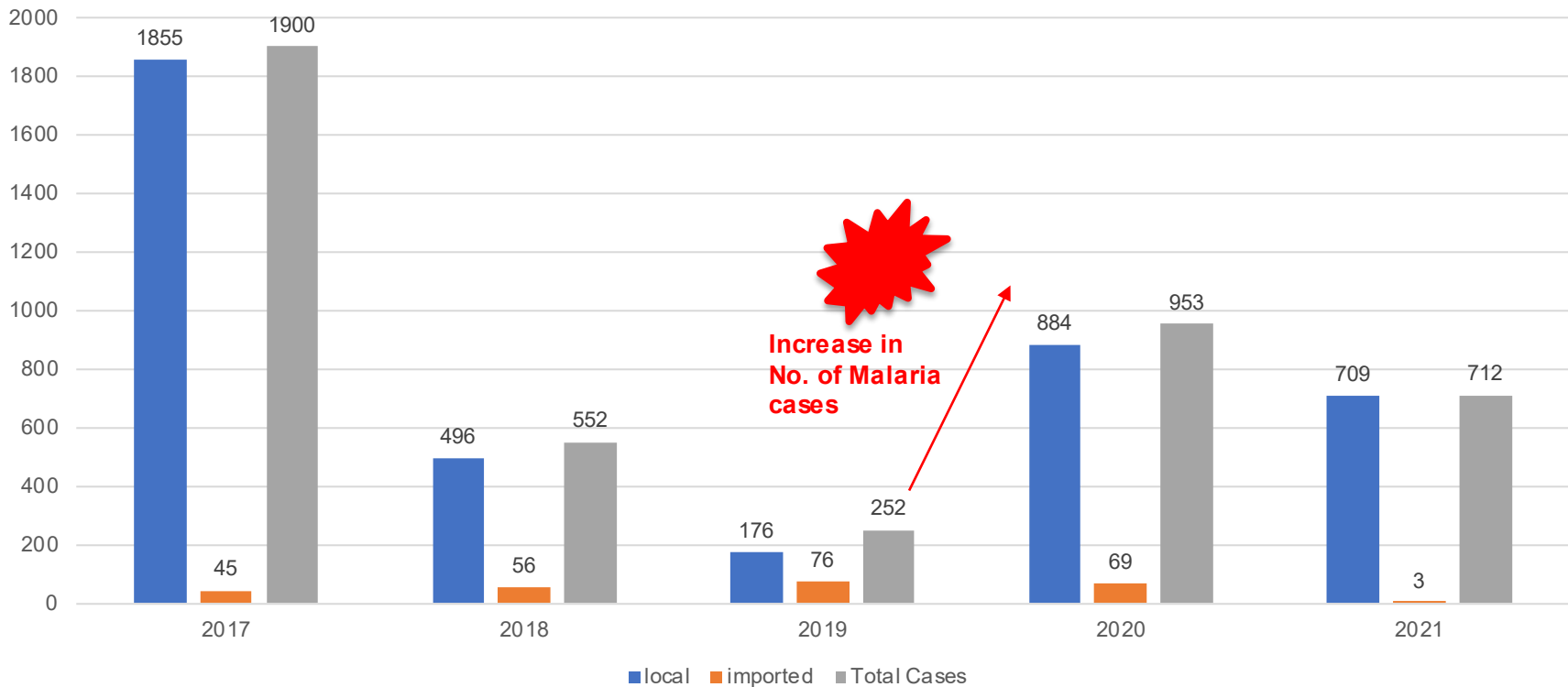
- Botswana made a significant stride in reduction of Malaria. For the past 11 years, Malaria cases have been reduced by 40%
- This milestone are attributed to improved Malaria Case surveillance, Community engagement and Vector control activities
- Indoor Residual Spraying, IRS is the major intervention for vector control intervention in Botswana.

Main vector control interventions are Indoor Residual Spraying and Long Lasting Insecticidal Nets (LLINs), complemented by Larval Source Management (LSM)



- Vector control interventions targeted to villages in the seven endemic districts with local transmission over three years or have high receptivity
- IRS Coverage has remained below the set target over the years with slight improvements in the 2015 and 2016-2019 seasons.
- With intensified efforts, and efficient allocation of resources, it is possible to reach 85% coverage rate.
- Efforts are ongoing to strengthen community engagement through the existing structures for increased ownership, participation and acceptance of the intervention.

Impact of COVID-19 on Planned Malaria Interventions in 2020-2021 and Actions Taken



- Increase in local cases during lockdowns and SOE movement restrictions, especially in Okavango and Bobirwa .Information from vector control reports show that most housing structures in the lands and cattle posts are less protective. Students moved to these unprotected structures during SOEs and lockdowns
- Although some of the affected communities received LLINs during the mass distribution, the keep up campaigns to facilitate increased awareness and continuous/ sustained usage were not implemented during to the lockdowns.
- Malaria advertisements on the national television and radio were cancelled to increase demand for the COVID 19 broadcasts and sensitization.
- Attention and resources were diverted to the COVID response and therefore reducing the overall implementation capacity for other programs

ACTION TAKEN TO MITIGATE THE IMPACT OF COVID 19 ON MALARIA

Active case detection, case and focus investigations

- Border surveillance activities were not ceased due to Covid19
- Entomological surveillance by the entomology team were conducted in a few districts as a response to outbreaks

Diagnosis and treatment

- All health care facilities continued to operate at normal hours, while others commenced extended hours services.
- The malaria surveillance teams at the border areas also continued to provide their services of testing and treating malaria; and referring as needed.
- Close monitoring of stock levels of anti-malarial drugs through-out the country.
- Measures were taken to redistribute drugs from facilities in low-disease burdened areas to facilities that were experiencing low stocks, yet high disease burden.

Vector control

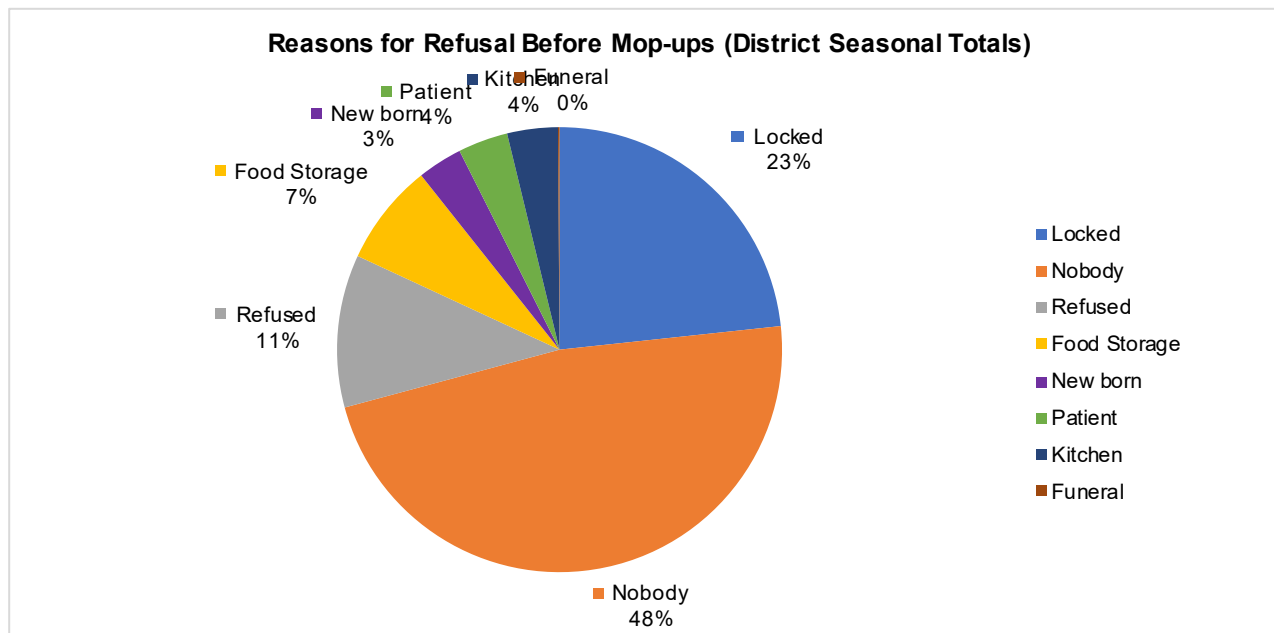
- The programme and District Health Management Teams managed to distribute 71,576 in 2020 and 80525 in 2021 Long Lasting Insecticidal Nets in 7 malaria districts
- Measures were taken during this time of no-movement to deploy reactive IRS in certain areas and intensify entomological surveillance according to the needs.

Social and behavior change communication

- Integration of activities/services especially for community mobilisation. Where possible districts leveraged on additional resources such as vehicles to conduct surveillance activities
- Continued advocacy for protection of Malaria resources especially at national level

Key Bottlenecks/Challenges encountered and how they were addressed

- Late Health care seeking behaviour
- Too nobodies during IRS spraying



How challenges were addressed

- Various district health management teams utilized the resources and platforms available for COVID19, to reach community on issues of Malaria prevention. Vehicles and public address system equipment sourced to reach communities that are further from health facilities.
- Health facilities carried out health talks to sensitize the communities at health facilities, and community leaders on malaria.

Best Practices

- **Using Locals for IRS exercise**

The model yields positive results as it reduces too many refusals. The model worked well for Bobirwa and Palapye in 2020 IRS exercise. In 2021 IRS campaign almost all districts are using it and IRS is rolling out smoothly

- **Community Led Interventions:** Introduction of the CATTEM model is reducing the costs of implementation as community members are volunteering their services for free, even during IRS campaign
- Most of Community members takes part larval source management after strengthening of community engagement
- Procurement of Vector Control Commodities through UNICEF

Implementation Support (TA) Requirements for 2022 (max 2 slides)

Activity	Support type (TA or financial)	Period
Refurbishment and Maintenance of Entomological Lab	TA support Guidance on the structure of Ento Lab	Once-off Jan- March 2022
KAPB study	Technical support	January- June 2022
Calibration of LAB equipments	Budget for calibration	Annually
Building of Malaria Commodities Warehouse	Financial support	2022

Gap analysis 2021

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	50 000	Financed by GF	Procured the required quantity
IRS US\$	2000000	132777.92	Limited Budget from Ministry
ACTs (# number of commodities)	2500	Bought by CMS	Smooth supply chain
RDTs (# number of commodities)	3000	Bought by CMS	Smooth supply chain
Total US\$ need essential services	12,770,689	Funds are release as per need	Government vote not reliable
Total US\$ need malaria strategic plan	14,770,689		

Gap analysis 2022

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	Not procuring in 2022	N/A	-
IRS US\$	300000		
ACTs (# number of commodities)	2500		
RDTs (# number of commodities)	3000		
Total US\$ need essential services	100000		
Other			
Other			
Total US\$ need malaria strategic plan	14,691,495		

Gap analysis 2023

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	90,000		
IRS US\$	300000		
ACTs (# number of commodities)	2500		
RDTs (# number of commodities)	3000		
Total US\$ need essential services	100000		
Total US\$ need malaria strategic plan	15,739,858		

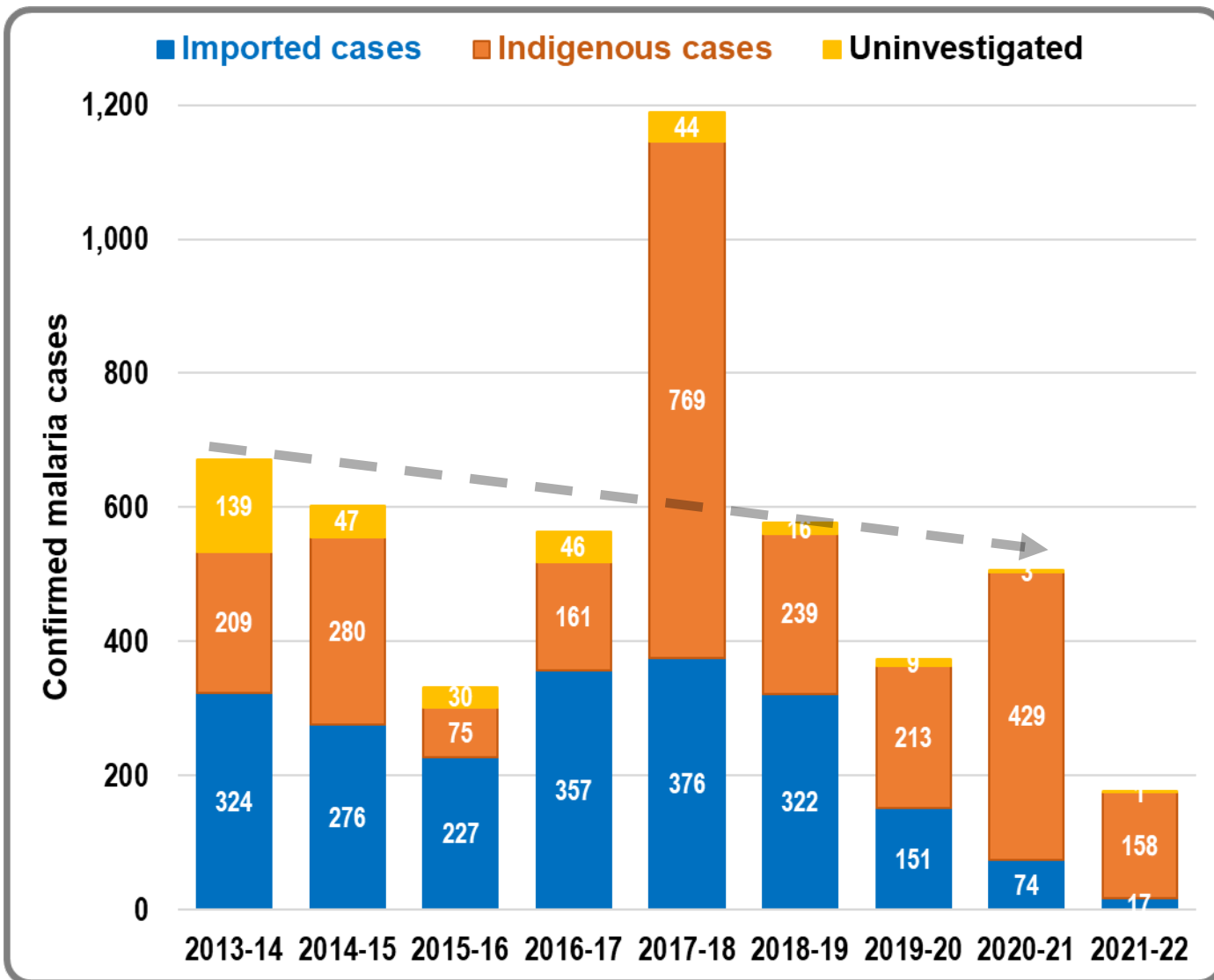
Sub-Regional National Malaria Elimination/Control Programs and Partners Annual Meeting

28 October 2021

Organised by: RBM/CRSPC

Updates: Eswatini

Case classification: Confirmed malaria cases per season



Season	Confirmed malaria cases (Total)
2013-14	672
2014-15	603
2015-16	332
2016-17	564
2017-18	1,189
2018-19	577
2019-20	373
2020-21	506
2021-22	176

Total malaria cases (indigenous + imported) per Tinkhundla per season : 2018/19 –2021/22

2018/19

2019/20

2020/21

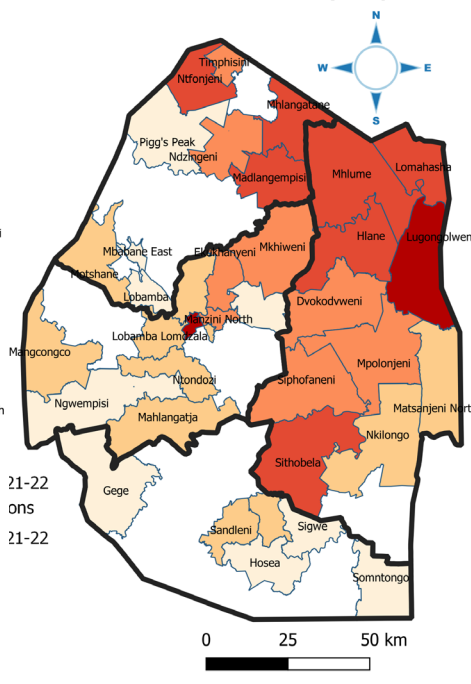
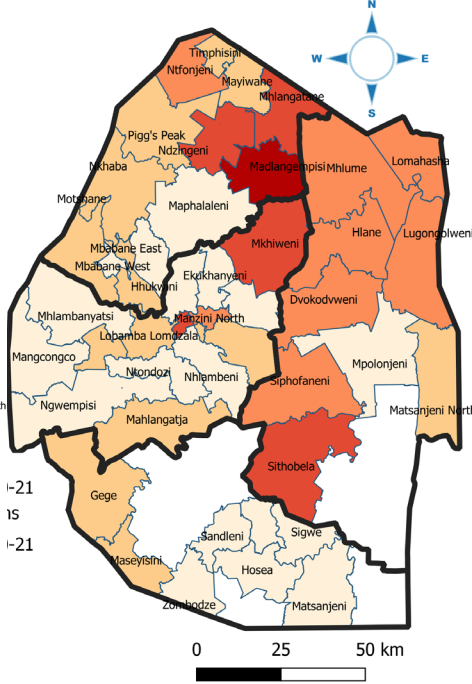
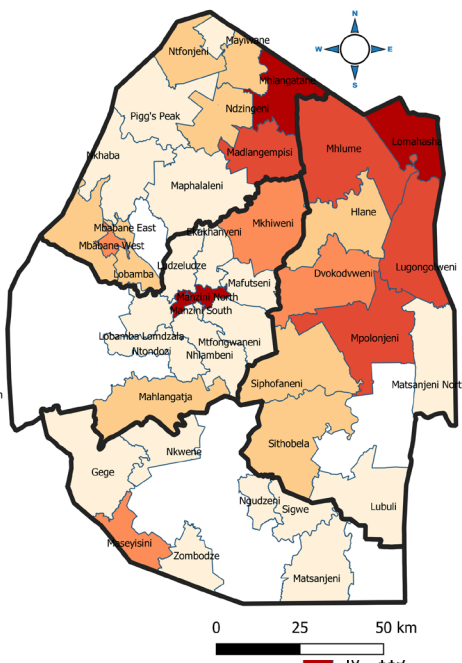
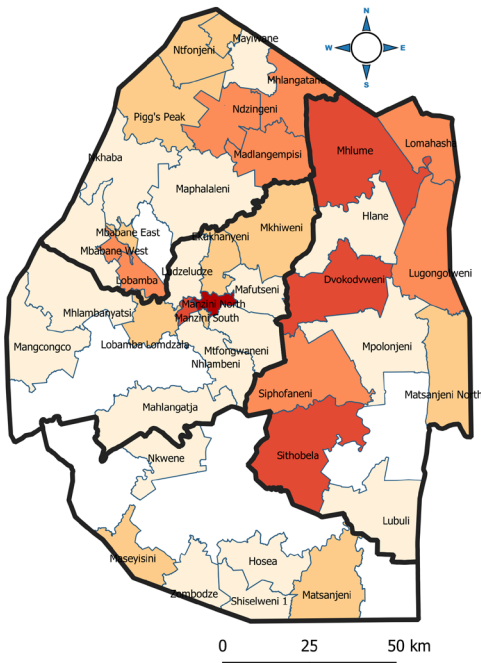
2021/22

total confirmed malaria cases: July 2018 - June 2019

total confirmed malaria cases: July 2019 - June 2020

Total Number of confirmed malaria cases: July 2020 -June 2021

number of confirmed malaria cases: July - Sept. 2021



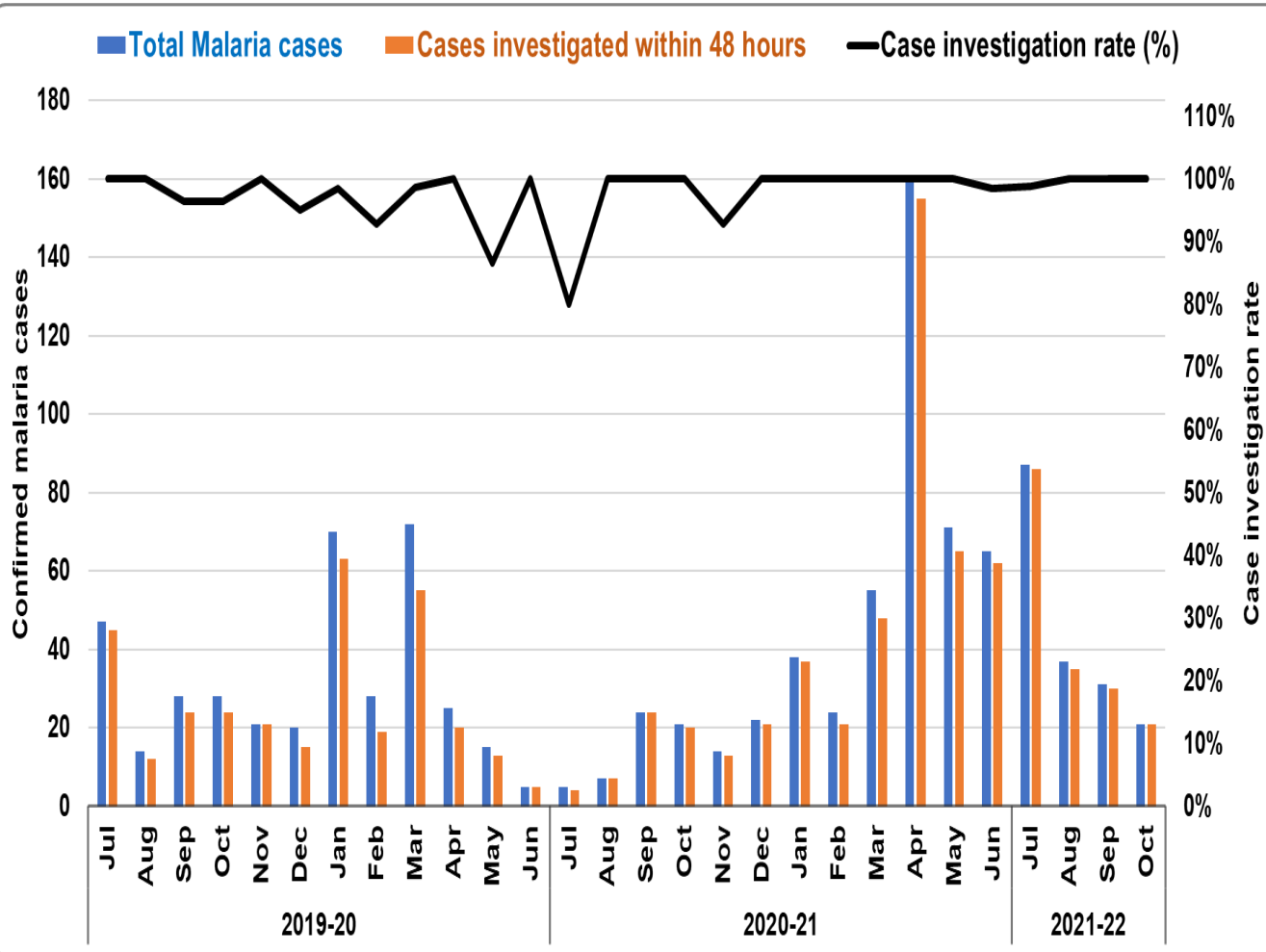
577 cases

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506 cases

176 cases

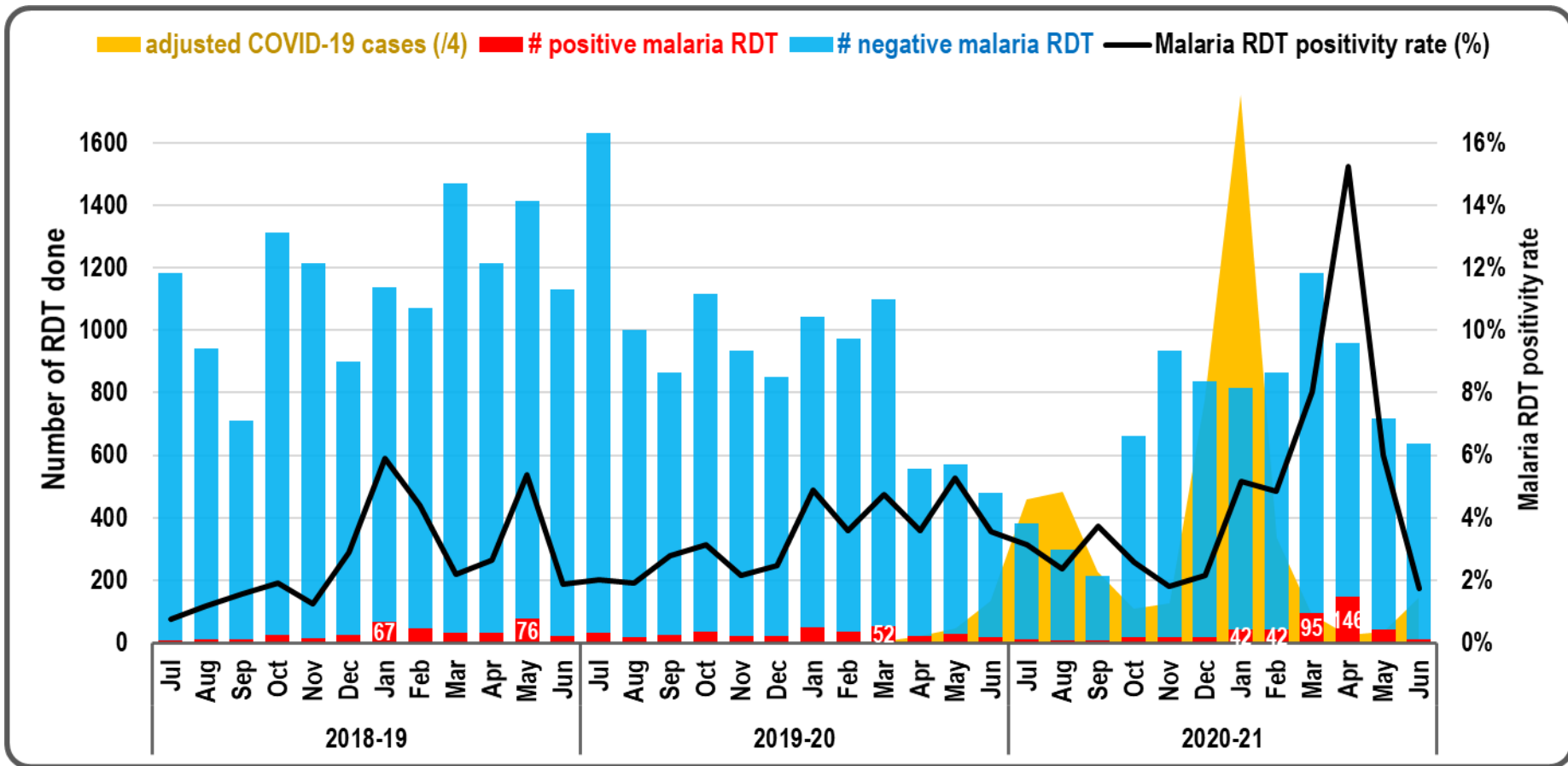
Case Investigation Rate



Season	# confirmed cases	Cases Investigated	
		#	%
2017-18	1,189	1,145	96%
2018-19	577	561	97%
2019-20	373	364	98%
2020-21	506	503	99%
2021-22	176	175	99%

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

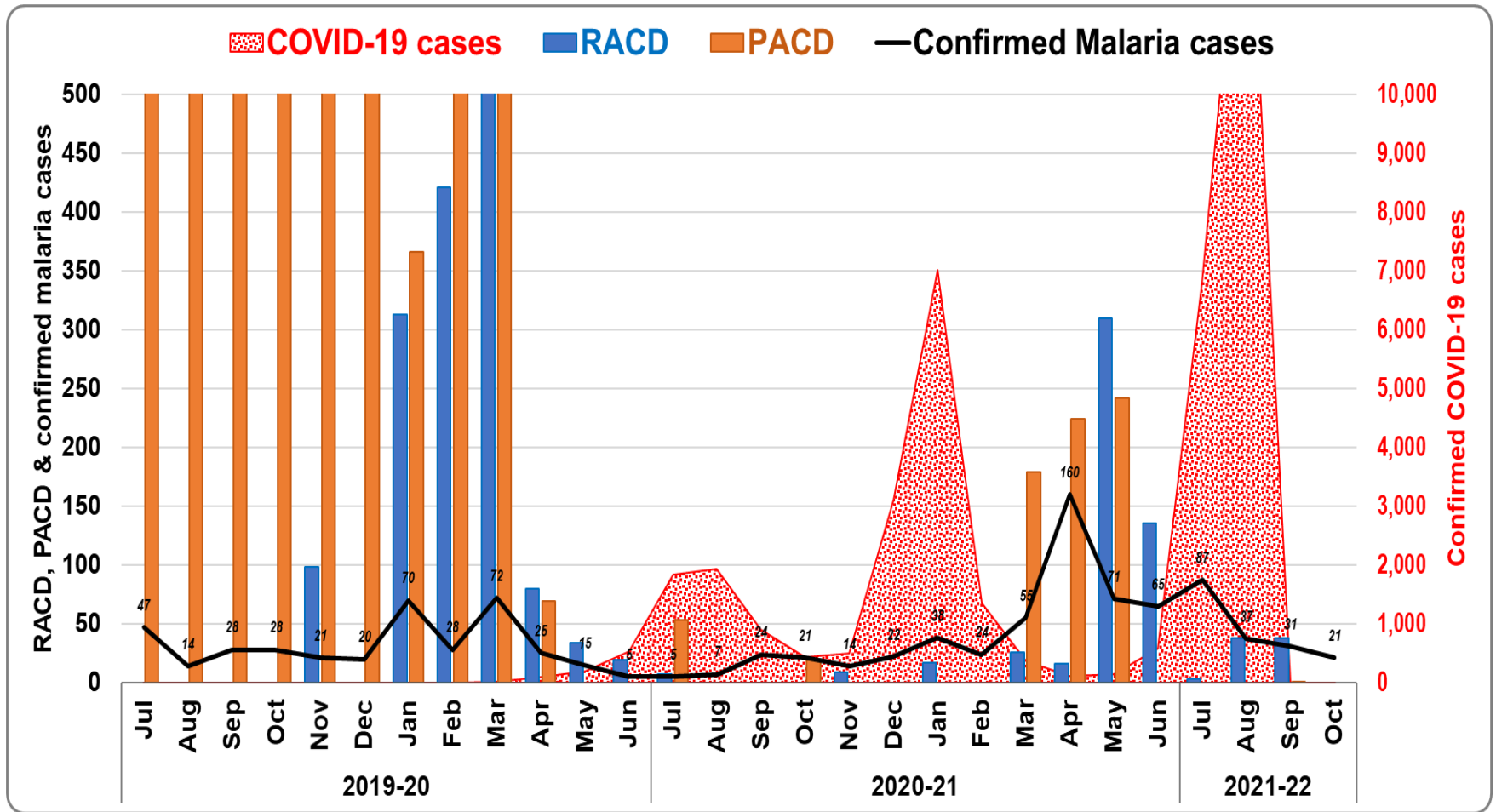
Passive case detection: monthly testing with RDT vs COVID-19 cases



Passive case detection (in health facilities) was not interrupted during the COVID-19 waves. Decreased testing for malaria during the 1st COVID-19 wave suggestive of decreased health seeking during 1st wave

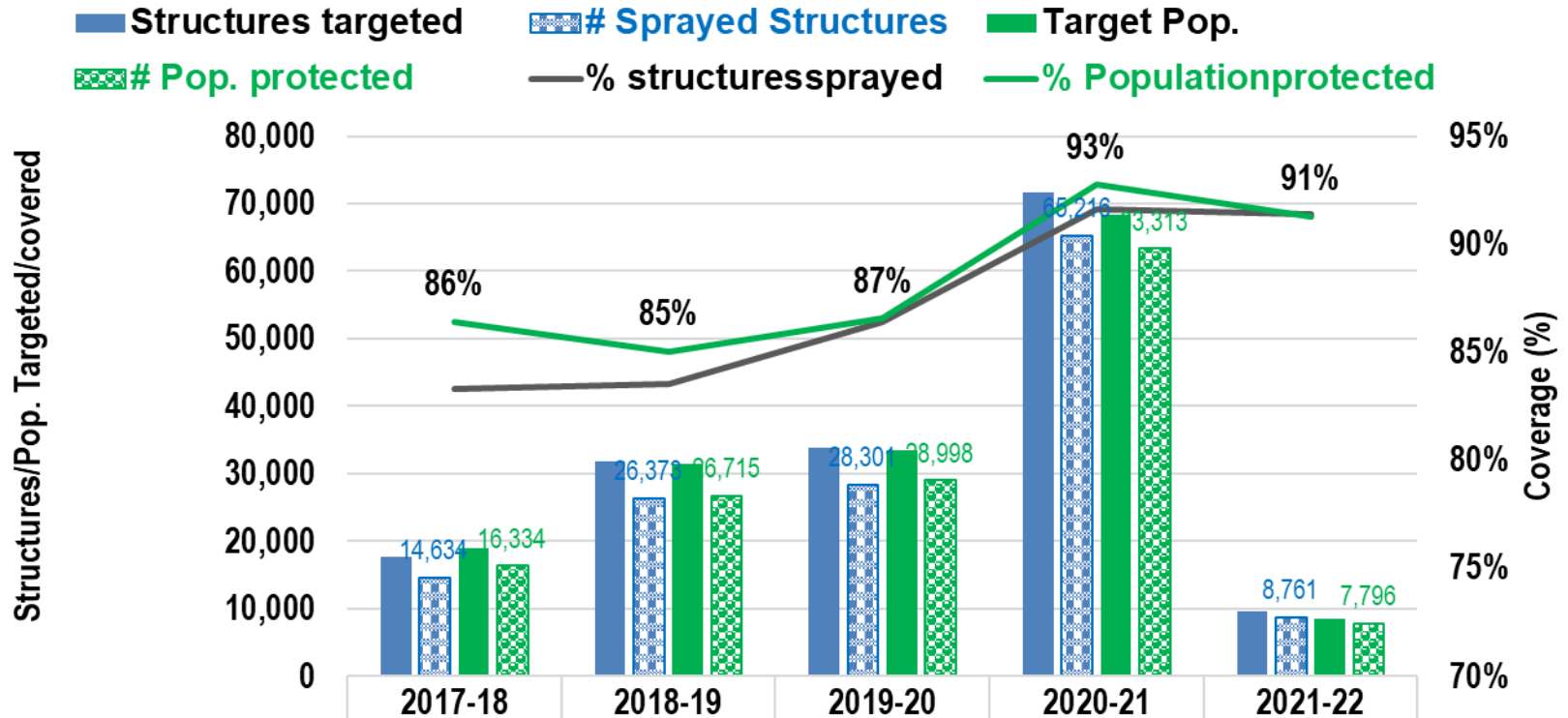
Malaria outbreak came just after the 2nd COVID-19 wave. Malaria outbreak associated with increased test positivity rate of malaria RDT

Monthly Active case detection vs malaria & COVID-19 cases



RACD = Reactive case detection; PACD = Proactive case-detection.

IRS coverage per season 2017-18 to 2021-22



	2017-18	2018-19	2019-20	2020-21	2021-22
Structures targeted	17,637	31,717	33,869	71,612	9,613
# Sprayed Structures	14,634	26,373	28,301	65,216	8,761
Target Pop.	18,905	31,420	33,502	68,271	8,541
# Pop. protected	16,334	26,715	28,998	63,313	7,796
% structures sprayed	83%	84%	86%	92%	91%
% Population protected	86%	85%	87%	93%	91%

- 2021-22 season is ongoing;
- During 2020-21 season: there was a higher IRS coverage (both % structures sprayed & % pop. protected)

Key Bottlenecks/Challenges encountered and how they were addressed

- COVID-19 pandemic
 - Diverting of national resources towards Covid-19 (eg fuel challenges, partner support)
 - Passive case detection (in health facilities) was not interrupted during the COVID-19 waves. Decreased testing for malaria during the 1st COVID-19 wave suggestive of decreased health seeking during 1st wave
 - Active case-detection (reactive & proactive) in the community was interrupted because of
 - COVID restrictions
 - occasional periods of the unrest
 - deviation of resources (to the response to COVID-19)
 - Health promotion/Communication activities were interrupted during COVID-19 restrictions
 - Entomologic surveillance activities were interrupted during COVID-19 restrictions
 - IRS was not affected, or rather improved in performance because people were at home

Best Practices

- Lockdowns because of COVID-19 restrictions serve as an opportunity to improve upon IRS coverage
- Partnering with other organization for community activities helps to improve performance
- Community engagement activities were useful in managing the malaria outbreak – as this led to improvement in health seeking and a rapid decline in the % of severe cases in facilities
- Investigation of confirmed cases by telephone during COVID-19 restrictions enabled a good case-investigation rate

Gap analysis 2021 - 2023

- Insecticides , following increase in cases more ground has to be covered (more insecticides and HR support)
- Primaquine , difficulties in procuring commodity
- RDTs
- Operational cost (dwindling economy, unrest) might result in other challenges continuing i.e fuel shortages thus affecting implementation of activities

Implementation Support (TA) Requirements for 2022

Activity	Support type (TA or financial)	Period
Finalization of if IVM guidelines	Financial (review and printing)	June 2022
Set-up molecular lab (drug efficacy and resistance monitoring)	TA and financial support	March 2022
Case management audit	TA	Jan 2022
Overhaul of Database System(migrate to DHIS 2)	TA	Jan 2022
Assessment on the programmes readiness for malaria elimination	TA and Financial	July 2022

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

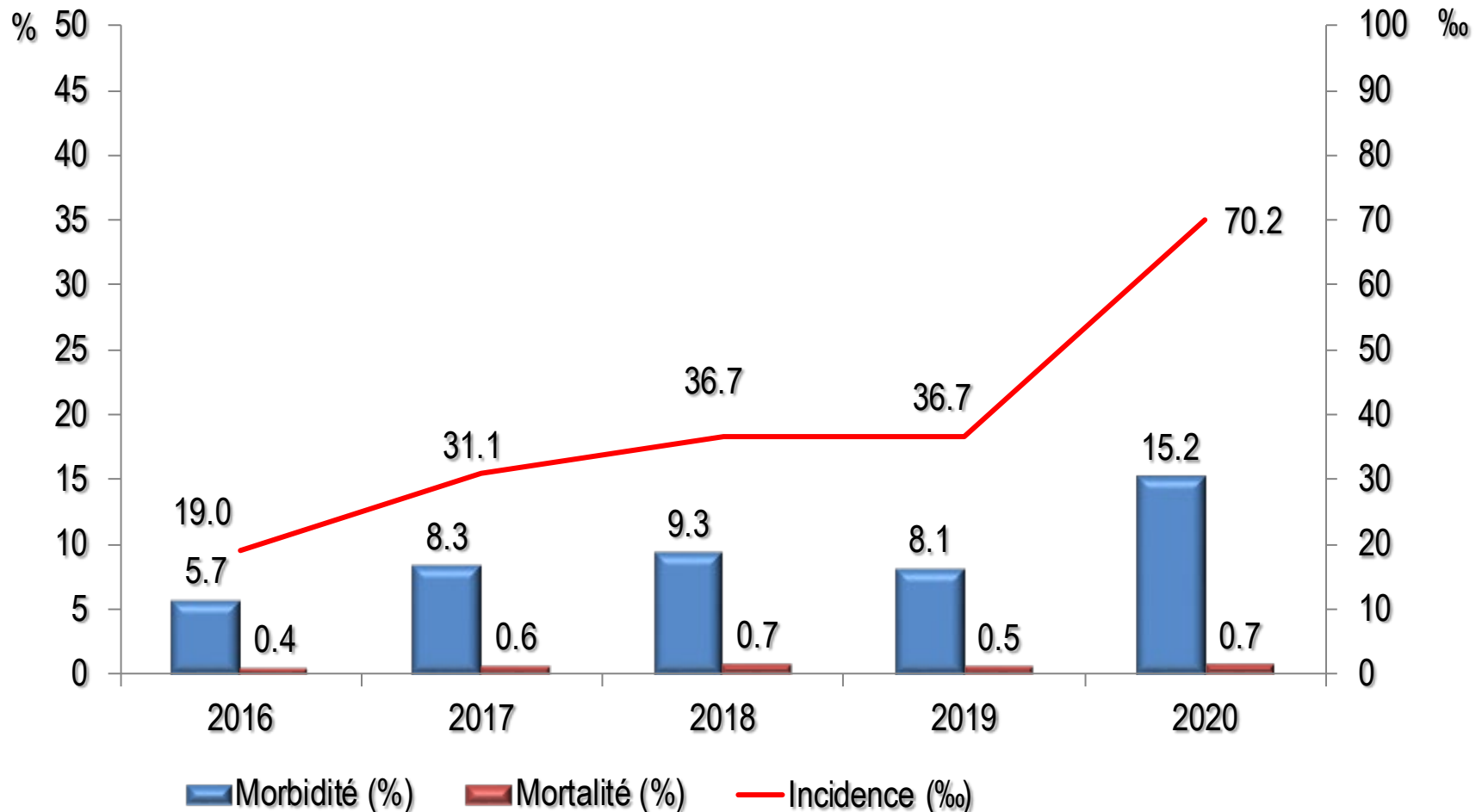
28 octobre 2021

Madagascar

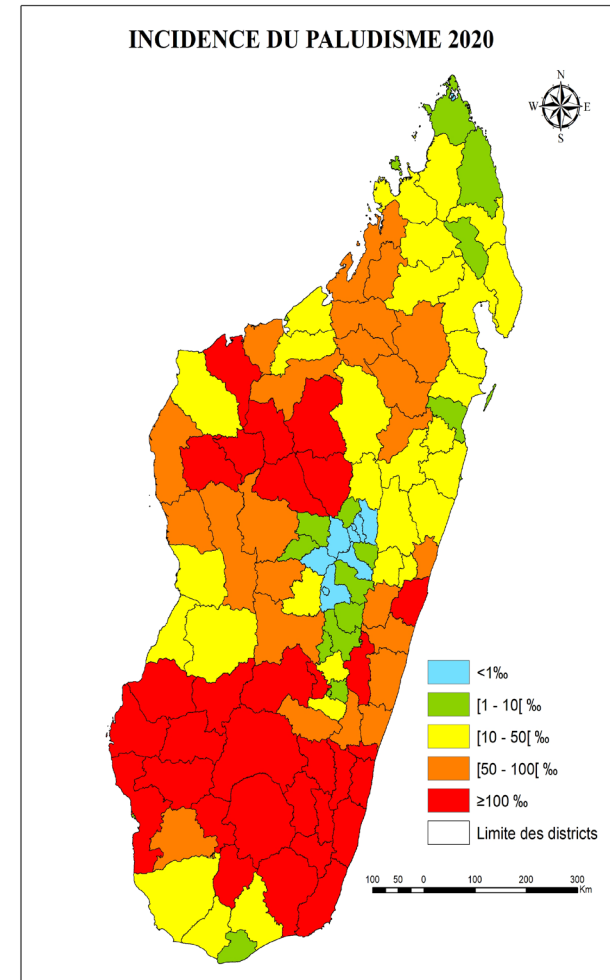
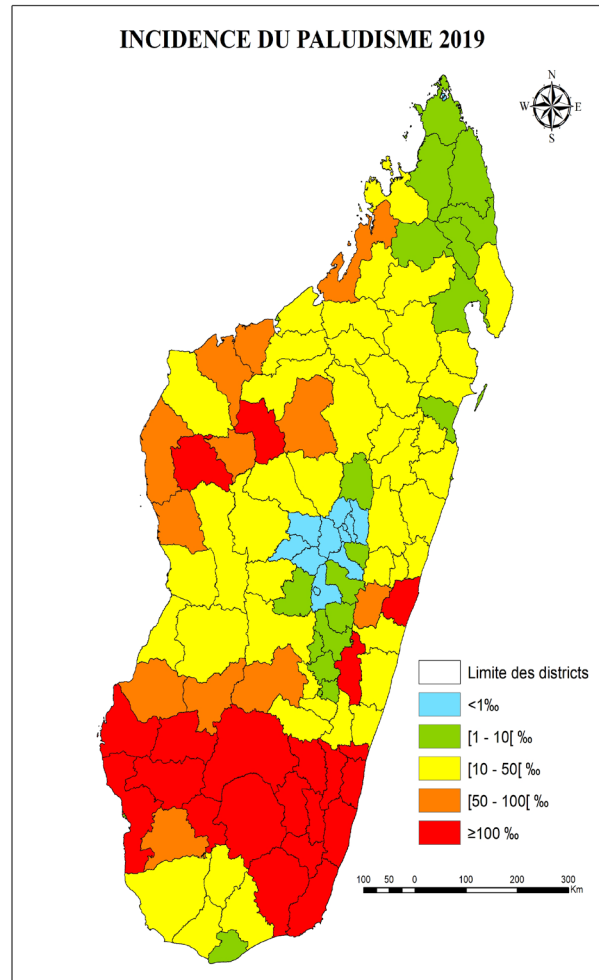
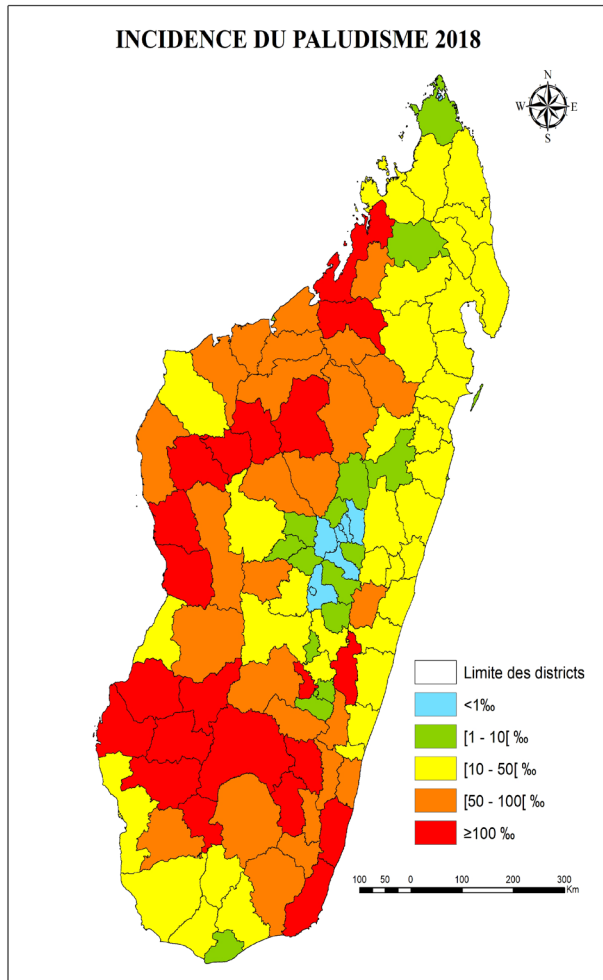


État de la mise en œuvre: le pays est-il sur la bonne voie pour atteindre les objectifs du PSN

Evolution of malaria 2016- 2020



Evolution of malaria 2018 – 2020



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

1-Impact:

- sur les fièvres: Consommation de RDT augmentée
- sur les consultations : augmentation fréquentation CSB
- sur le Programme: protection du staff, limitation de mouvement, limitation de réunion présentielle, limitation d'intervention
- Insuffisance en intrants anti paludiques au niveau du pays
- Retard de démarrage des activités (par exemple : distribution MID routine, urgence, continue et campagne...)

2-Solution:

- Visio conférence avec l'équipe locale pour soulever les problèmes
- Réajustement des quantités des intrants

Meilleures Pratiques

- Mise en œuvre des activités décentralisées accompagnées de directives
- Conduite d'une réunion par visioconférence avec l'équipe régionale et districts (finances, intrants,...);
- Utilisation des 3 insecticides (Actellic 300CS, Fludora fusion et Shumishield) pour éviter la résistance des vecteurs aux insecticides
- Décentralisation des activités de laboratoire parasitologique contribue sur la réalisation des activités au niveau périphérique.

Meilleures Pratiques

- Existence du groupe Technique de Travail surveillance et Suivi-Evaluation du paludisme
- Harmonisation des interventions avec tous les partenaires
- Existence de cadre de concertation pour l'harmonisation des outils et procédures de gestion des données
- Organisation de réunion annuelle des responsables des CSB_R avec les responsables centraux permettant une revue du système de surveillance biologique et partage des nouvelles recommandations de MINSANP;

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

- Restriction liée à la pandémie du Covid_19 (retard de démarrage des activités à cause du COVID)
- Augmentation de besoin en intrants
- Insuffisance/manque de mesures incitatives des ACs;
- Pas d'harmonisation de motivation des ACs;
- Insuffisance des suivis formatifs et des supervisions des AS;

Analyse des écarts 2021

	Besoins	Financés	Gaps
MILDA (# nombre)	1,928,354	1,928,354	0
PID US\$	88,750	88,750	0
CTAs (# nombre)	3,122,060	3,122,060	0
TDRs (# nombre)	7,359,592	3,051,568	4,308,025
Total US\$ services essentiels			
IPTp	746,134	664,059	82,075
SMC	21,120	21,120	0
Total US\$ du plan stratégique	75,872,288		

Analyse des écarts 2022

	Besoins	Financés	Gaps
MILDA (# nombre)	2,167,161	2,167,161	0
PID US\$	88,099	88,099	0
CTAs (# nombre)	3,525,359	3,525,359	0
TDRs (# nombre)	8,077,740	7,979,571	98,169
Total US\$ services essentiels			
IPTp	790,548	703,587	86,960
SMC	21,775	21,775	0
Total US\$ du plan stratégique	71,306,380		

Analyse des écarts 2023

	Besoins	Financés	Écarts
MILDA (# nombre)	20,645,537	20,645,537	0
PID US\$	83,137	83,137	0
CTAs (# nombre)	3,950,717	3,950,717	0
TDRs (# nombre)	8,806,148	8,710,766	95,382
Total US\$ services essentiels			
IPTp	1,130,799	972,487	158,312
SMC	22,450	22,450	22,450
Total US\$ du plan stratégique	49,454,904		

Exigences de l'Assistance Technique pour l'année 2022

Activité	Type d'assistance	Période
Étude d'anthropologie	Consultant international pour mener une étude anthropologique sur les sites afin d'identifier le comportement dans la stratégie de lutte contre le paludisme au niveau communautaire, rapport final (30 jours)	oct-22
Mise à jour des supports de communication (flyers, affiches...)	Atelier et consultant international	nov-22
Elaboration du Plan National de Gestion de la Résistance des Vecteurs du Paludisme aux Insecticides	Consultant international : Formation sur l'étude des mécanismes moléculaires de résistance des vecteurs du paludisme aux insecticides	juil-22
Mise à jour un protocole d'assurance qualité et de contrôle qualité au Laboratoire PNLP	Atelier et consultant international	juil-22

Exigences de l'Assistance Technique pour l'année 2022

Activité	Type d'assistance	Période
Développement d'un document pour la gestion et la quantification des produits de laboratoire du PNL (depuis central et périphérique)	Assistant technique international pour aider le PNL à l'élaboration du document	juin-22
Configuration de l'outil Matchbox	Assistant technique pour mener l'étude et collecter les données de terrain dans la zone sélectionnée. Cette étude contribue à améliorer les services aux populations clés.	Juin 22
Elaboration du plan national de lutte antivectorielle	Consultant	Juin 22
Elaboration PSN 2023-2027	Atelier et consultant international	Aout 22



MERCI DE VOTRE AIMABLE ATTENTION !!!

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

28 October 2021

Organised by: RBM/CRSPC

Updates: Malawi



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

❑ **Yes, we are on Track**

- Mortality rate is currently at 13/100,000 population against an MSP target of 12/100 000 population by 2022

❑ **No, we aren't on Track**

- The incidence of malaria currently at 385/1,000 population against an MSP target of 193/1,000 population by 2022.

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

Impact	Actions Taken
Delayed shipping of malaria commodities	Commodity relocation/inter-facility sharing until adequate commodities arrived
Lack of physical interface with facilities due to limited movements	Used to call facility pharmacy managers
Malaria Cases increase	Community engagement
High consumption of malaria commodities (LA & mRDTs)	Extra malaria commodity procurement
Retarded the planning processes for major interventions such as Mass LLIN distribution campaign and IRS implementation	Mass campaign starting time rescheduled
Limited partnership technical support	Virtual meetings

Key Bottlenecks/Challenges encountered and how they were addressed

- ❑ Malaria cases per 1,000 pop increase
- ❑ Effects of LLIN Mass Campaign after one year
- ❑ Discrepancy between malaria cases and LA treatment issued
- ❑ Implementation of Zero Malaria Starts with me
- ❑ Funding for MIP, SBCC

Best Practices

- ❑ Good and well coordinated procurement and supply chain management
 - Monthly commodity stock status reviews and quarterly quantification reviews
 - ❖ 23.3 MOS of all LA treatments – ordered + stock (16,987,762) by October, 2021
 - ❖ 15.1 MOS of mRDTs – ordered + stock (17,372,613)
- ❑ District quarterly data review meetings and Integrated Malaria Supportive Supervision have improved the following malaria data quality:
 - Malaria data report completeness from 55% in 2012 to 99% in the last quarter (April-June 2021)
 - Malaria data report timeliness from 0.4% in 2012 to 89% in the last quarter (April-June 2021)
 - Malaria data accuracy verification has significantly improved – 96% (MoH DQA 2020)
- ❑ Proper Malaria Case Management has reduced malaria deaths per 100,000 pop from 21 deaths/100,000pop in 2016/17 to 14 deaths/100,000pop in 2020/21 FY
- ❑ Coordination between different IRS implementing partners providing technical support to each other in 4 districts – 92% of the total population protected

Gap analysis 2021

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	11,300,000	11,300,000	0
IRS US\$	\$17,666,666	US\$16,000,000.00	0
ACTs (# number of commodities)	7,702,849	15,749,668	0
RDTs (# number of commodities)	11,223,175	17,263,254	0
Total US\$ need essential services			
Other			
Other			
Total US\$ need malaria strategic plan	117,590,204	41,274,177	76,316,027

Gap analysis 2022

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	1,260,256	990,000	270,258
IRS US\$	US\$16,000,000.00	US\$16,000,000.00	0
ACTs (# number of commodities)	7,929,530	9,452,400	0
RDTs (# number of commodities)	14,823,385	13,800.000	0
Total US\$ need essential services			
Other			
Other			
Total US\$ need malaria strategic plan	87,067,638	40,292,431	46,775,207

Gap analysis 2023

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	1,296,803	1,200,000	96,803
IRS US\$	US\$16,000,000.00	US\$16,000,000.00	0
ACTs (# number of commodities)	9692002	7,142,002	2,550,000
RDTs (# number of commodities)	12,202,611	1,702,611	10,500.000
Total US\$ need essential services			
Other			
Other			
Total US\$ need malaria strategic plan	107,146,525	\$24,660,229	82,486,296

Implementation Support (TA) Requirements for 2022 (max 2 slides)

Activity	Support type (TA or financial)	Period
Cost benefit analysis of key malaria interventions	TA & financial	2022
Economic benefits of malaria elimination in Malawi	TA & financial	2022
Malaria burden stratifications and prioritization of interventions	TA & financial	2022

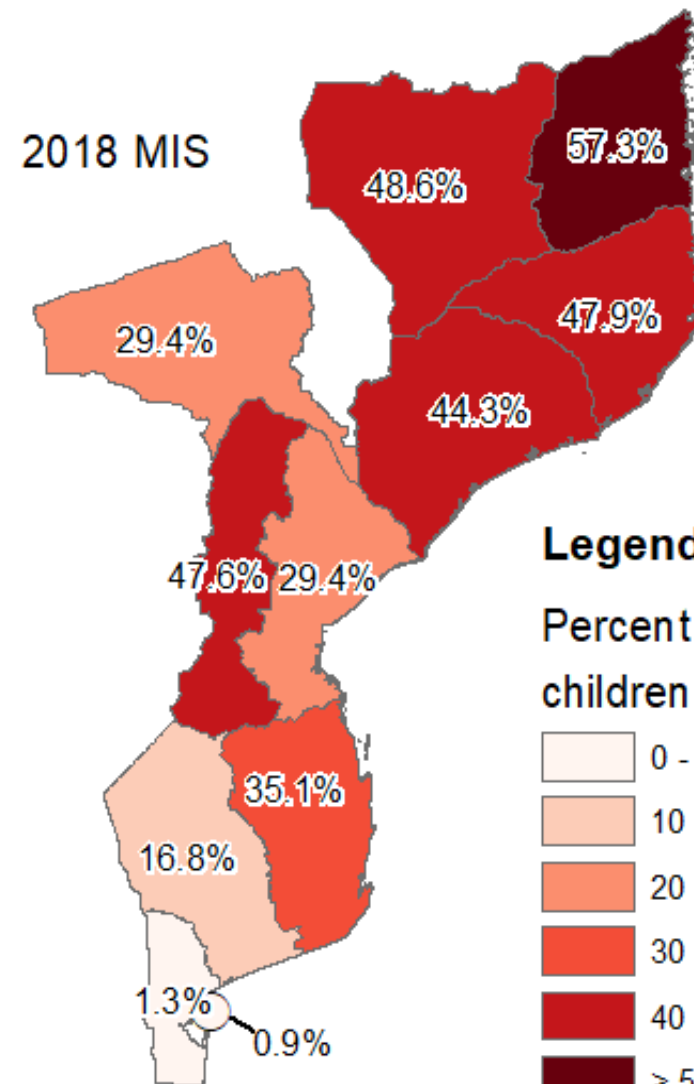
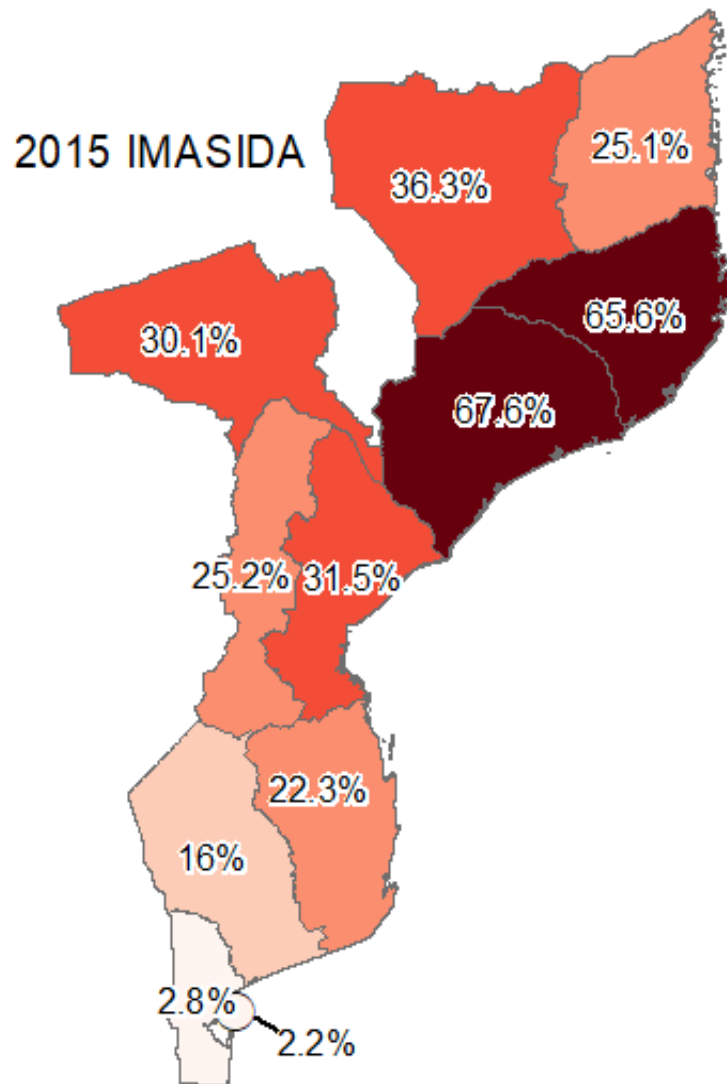


REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE
DIRECÇÃO NACIONAL DE SAÚDE PÚBLICA
PROGRAMA NACIONAL DE CONTROLO DA MALÁRIA

**REUNIÃO DE PARCEIROS SUB-REGIONAIS DO PROGRAMA
DE ELIMINAÇÃO/CONTROLO DA MALÁRIA SUB-REGIONAL
DO RBM CRSPC ÁFRICA**

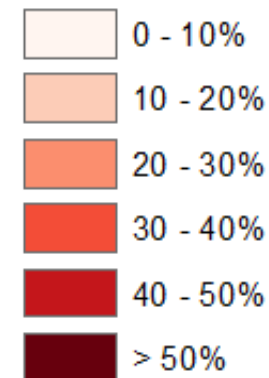
28 Outubro 2021

Prevalência da Malaria



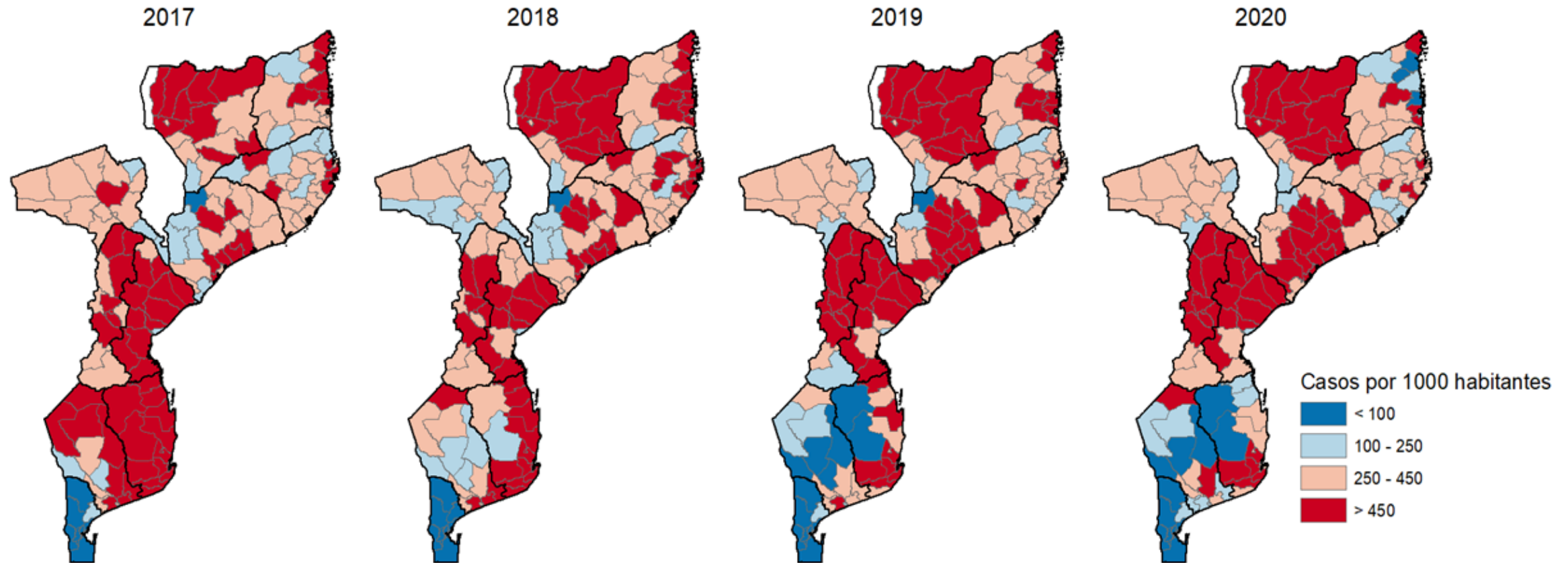
Legend

Percent Prevalence,
children under 5






2015= 39,6
2018= 39.4

Incidência da malária

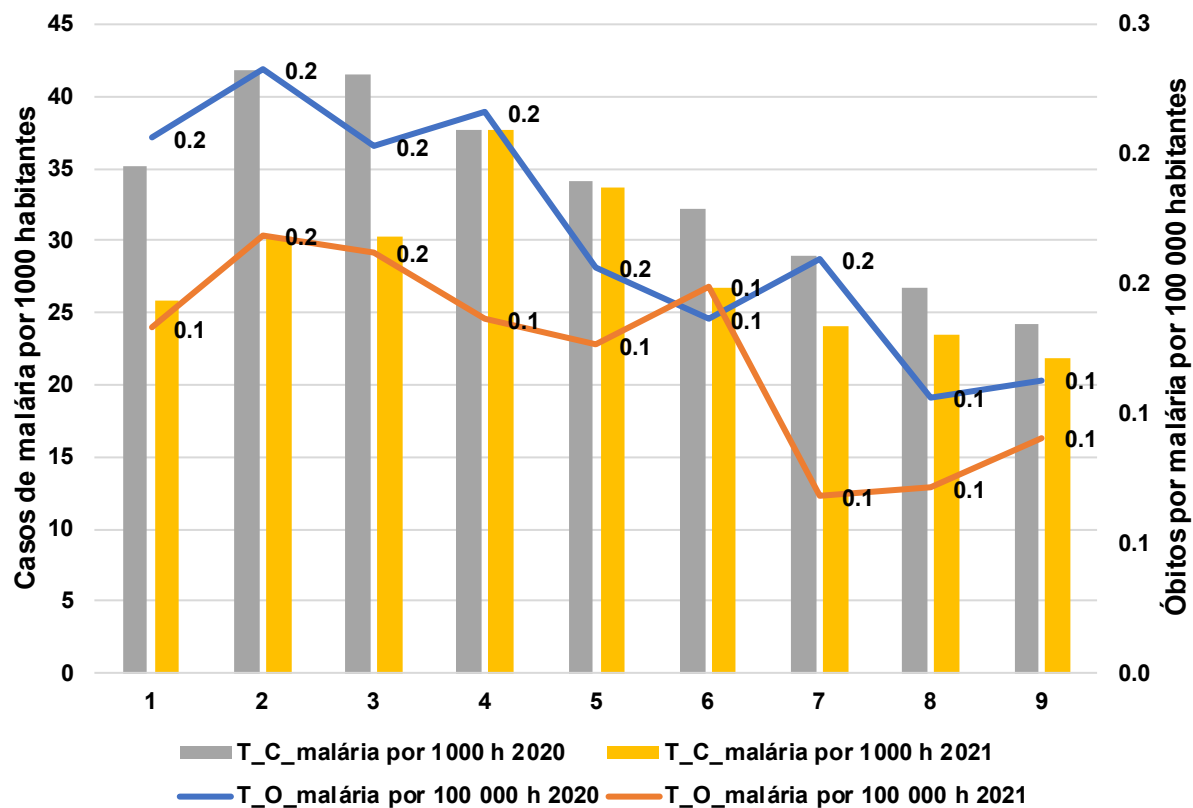


Ponto de Situação dos principais indicadores da Malária-MSP

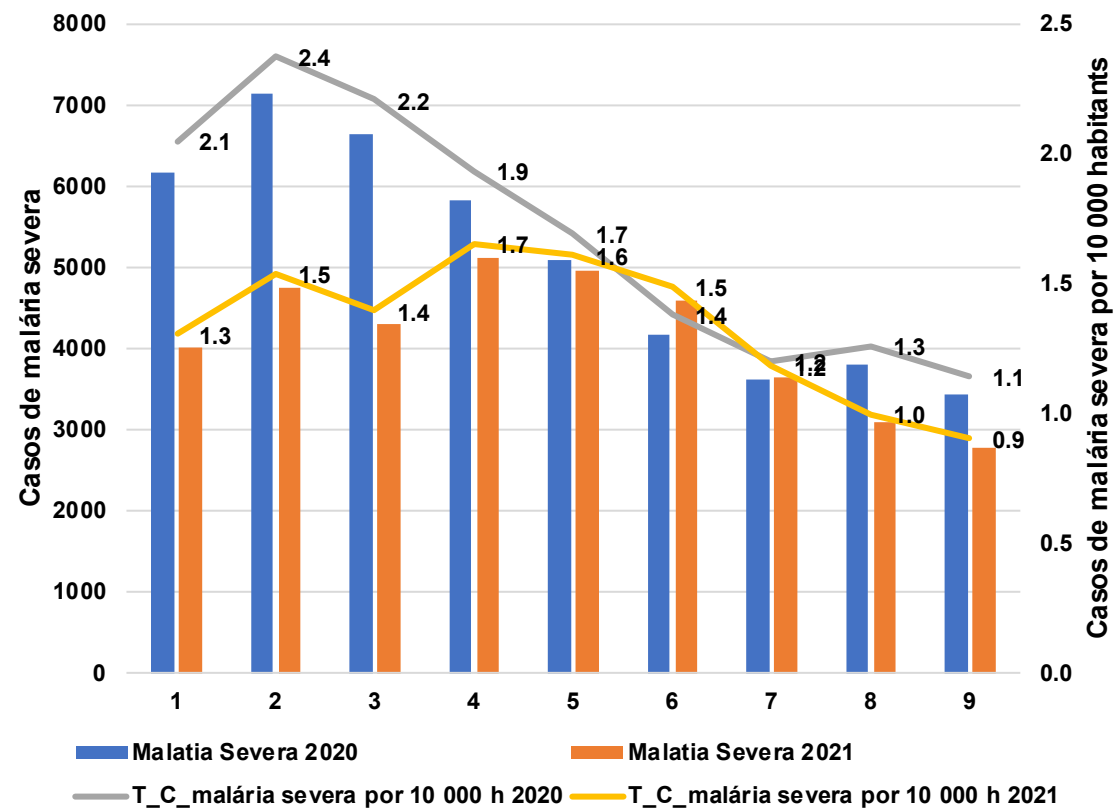
Indicador	Tipo de indicador	Fonte	Referência (2015)	Dados 2020 (SIS e MIS)	Meta (2022)	Evolução em relação 2015	Onde estamos em relação a 2022
Óbitos nos internamentos por malária (por 100 000 h)	Impacto	SIS	10	1.9	2.98	-81%	
Percentagem de óbitos nos internamentos devido à malária	Impacto	SIS	10	0.1	1.99	-99%	
Casos de internamento por malária (por 10 000 h)	Impacto	SIS	33	19.2	19.93	-42%	
Percentagem de casos de internamento com um diagnóstico de alta de malária	Impacto	SIS	23	10.5	9.29	-54%	12%
Prevalência da malária em crianças menores de cinco anos	Impacto	Inquérito comunitário	39.6	38.9	24.12	-2%	38%
Proporção de casos ambulatoriais de malária	Resultado	SIS	17	26	9.94	53%	62%
Incidência da malária (casos confirmados e clínicos por 1000)	Resultado	SIS	249	377	149.98	51%	60%

Morbilidade e mortalidade por malária Jan a Set de 2020 e 2021

Incidência da malária por 1000 habitantes e mortalidade por malária por 100 000 habitantea



Casos de malária severa e malária severa por 10 000 habitantea(J-S 2020 e 2021)



Redução dos casos em 14%, Malaria severa em 19% e óbitos por malária em 26%

Impacto do COVID-19 nas Intervenções Planeadas da Malária em 2021

- Redução de bioensaio em relação ao planificado.
- Reduzida disponibilidade financeira pra realizar as actividades;
- Supervisão não realizada a larga escala

Boas Práticas(1/2)

- 2021-Realizado o HFS;
- 2022-Inquéritos dos indicadores da malária e estudo de eficácia terapêutica;
- Formação e realização de AQD como rotina ;
- Expansão da PIDOM nos distritos de (Inhambane, Gaza, Zambezia, Nampula e Cabo Delgado;
- Aquisição e uso de redes da nova geração(PBO, G2 e Royal Guard, CDelgado, Niassa, Tete, Manica);
- Revitalizados os GTTs (PNCM+Departamentos afins+ Parceiros);
- Criada a Associação do Fundo da Malária em Agosto de 2020 e foi anunciada a contribuição durante a comemoração do dia da Malaria do corrente ano;
- Uso do cartão de pontuação

Boas Práticas(2/2)

- Inaugurados armazéns intermediários em Manica e Zambézia irão garantir a gestão dos insumos para a malária;
 - Quimioprofilaxia Sazonal da Malária (SMC) na Província de Nampula;
 - Administração de Medicamentos em massa (AMM) na província de Cabo Delgado
 - Em carteira o Tratamento Preventivo Intermitente de crianças (IPTi), na província de Niassa, Inhambane e Sofala
- Distribuição de RTIs casa a casa teve maior abrangência e receptividade 2022-Inquéritos dos indicadores da malária, estudo de eficácia terapêutica;
- Implementação do sistema integrado de armazenamento de informação de malária – IMISS

Chaves estrangulamentos/desafios encontrados e como foram abordados

- Insuficiência de fundos (domésticos) para implementar o PEM;
- Procedimentos administrativos e de aquisições morosos;
- Logística de insumos de modo a evitar rupturas ao nível das USs e comunidades (período de distribuição, transporte, armazenamento);
- Problemas com a qualidade de dados (USs e comunidade);
- Expansão do controlo de qualidade dos TDR nos armazéns Provinciais, Intermediários e nas US;
- Expansão da Re-observação cega para todas províncias até 2023.
- Impacto das mudanças climáticas (ciclones);
- Conflito militar na Província de Cabo Delgado;
- Rotatividade do pessoal ao nível das Uss
- Disrupção dos serviços em Cabo Delgado

Análise de lacunas 2021

	NECESSIDADES	FINANCIADAS	LACUNAS
LLINs(# número de mercadorias))	1,643,600	1,643,600	0
IRS US\$	27,393,107	21,810,756	5,582,351
ACTs (número de mercadorias)	18,773,105	18,773,105	0
TDRs (número de mercadorias)	29,609,494	29,609,494	0
IPTp	1,643,600	1,643,600	0
SMC	266,382	0	266,382
Total de US\$ precisa de serviços essenciais			
Plano estratégico total de US\$ para a malária	135,721,617	106,429,763	29,291,855

Análise de lacunas 2022

	NECESSIDADES	FINANCIADAS	LACUNAS
LLINs(<i># número de mercadorias</i>)	7,072,435	7,072,435	0
PID US\$	24,808,494	19,699,122	5,109,372
ACTs (número de mercadorias)	17,923,513	17,923,513	0
TDRs (número de mercadorias)	30,870,217	30,870,217	0
IPTp	1,688,872	1,688,872	0
SMC	283,431	0	283,431
Total de US\$ precisa de serviços essenciais			
Plano estratégico total de US\$ para a malária	150,617,803	126,964,384	23,653,419

Análise de lacunas 2023

	NECESSIDADES	FINANCIADAS	LACUNAS
LLINs(<i># número de mercadorias</i>)	13,088,030	13,088,030	0
PID US\$	26,510,032	13,836,500	12,673,532
ACTs (número de mercadorias)	18,184,351	18,184,351	0
TDRs (número de mercadorias)	35,270,921	35,270,921	0
IPTp	1,735,392	1,735,392	0
SMC	288,431	0	288,431
Total de US\$ precisa de serviços essenciais			
Plano estratégico total de US\$ para a malária	119,340,359	86,793,246	32,547,114

Assistenci Tecnica(TA) para 2022

Atividade	Tipo TA	Período
MPR	Finaceiro e Tecnico	
Impacto Evaluation	Finaceiro e Tecnico	
New Strategic Plan	Finaceiro e Tecnico	
Vigilancia Activa e detencaao de surtos	Finaceiro e Tecnico	

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

28 October 2021



Organised by: RBM/CRSPC

MoHSS

NAMIBIA MALARIA PROGRAMME UPDATES

Outline

01.

Implementation
Status

04.

Best
Practices

02.

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

05.

Gap
Analysis

03.

Key
Bottlenecks/Challenges

06.

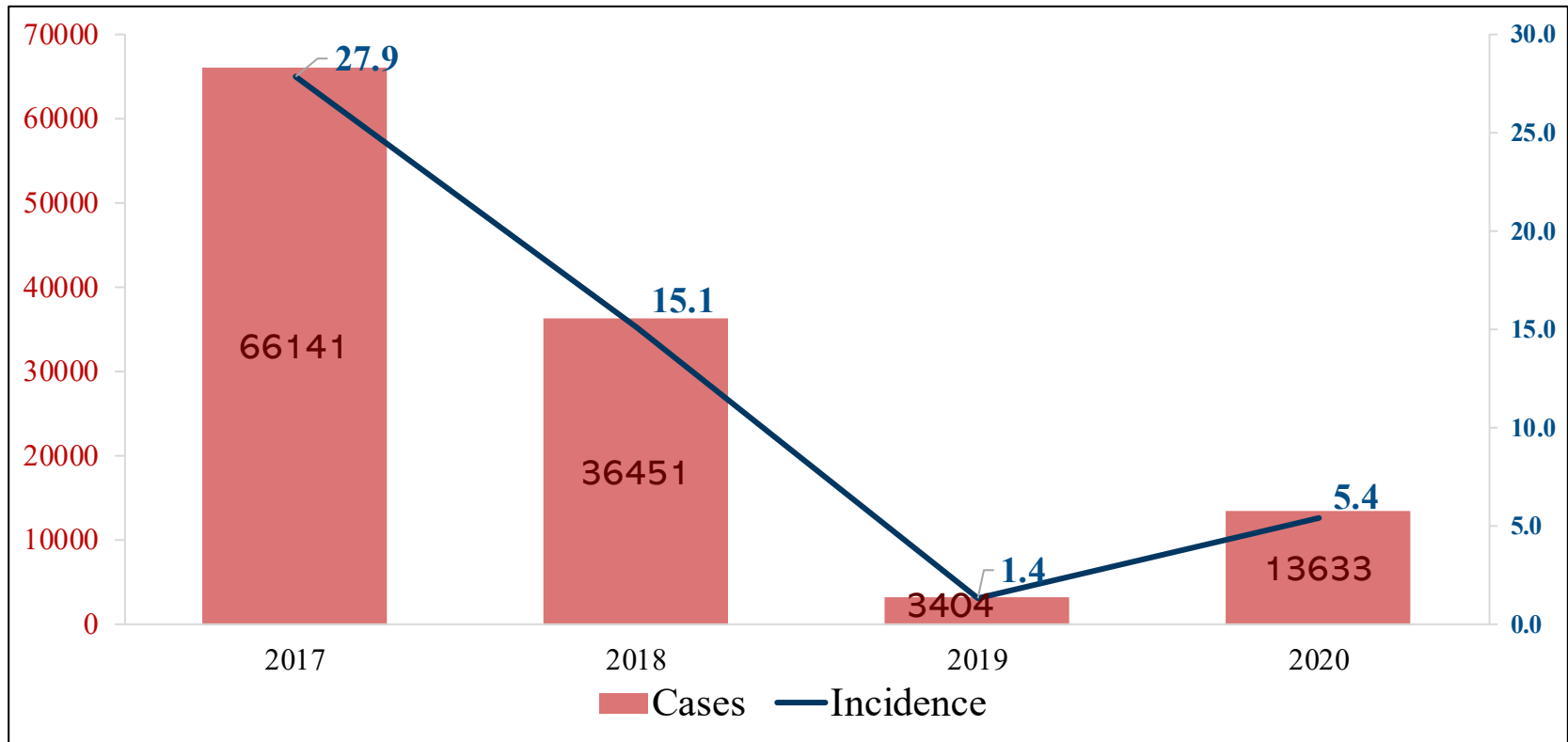
Implementation
Support Required

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

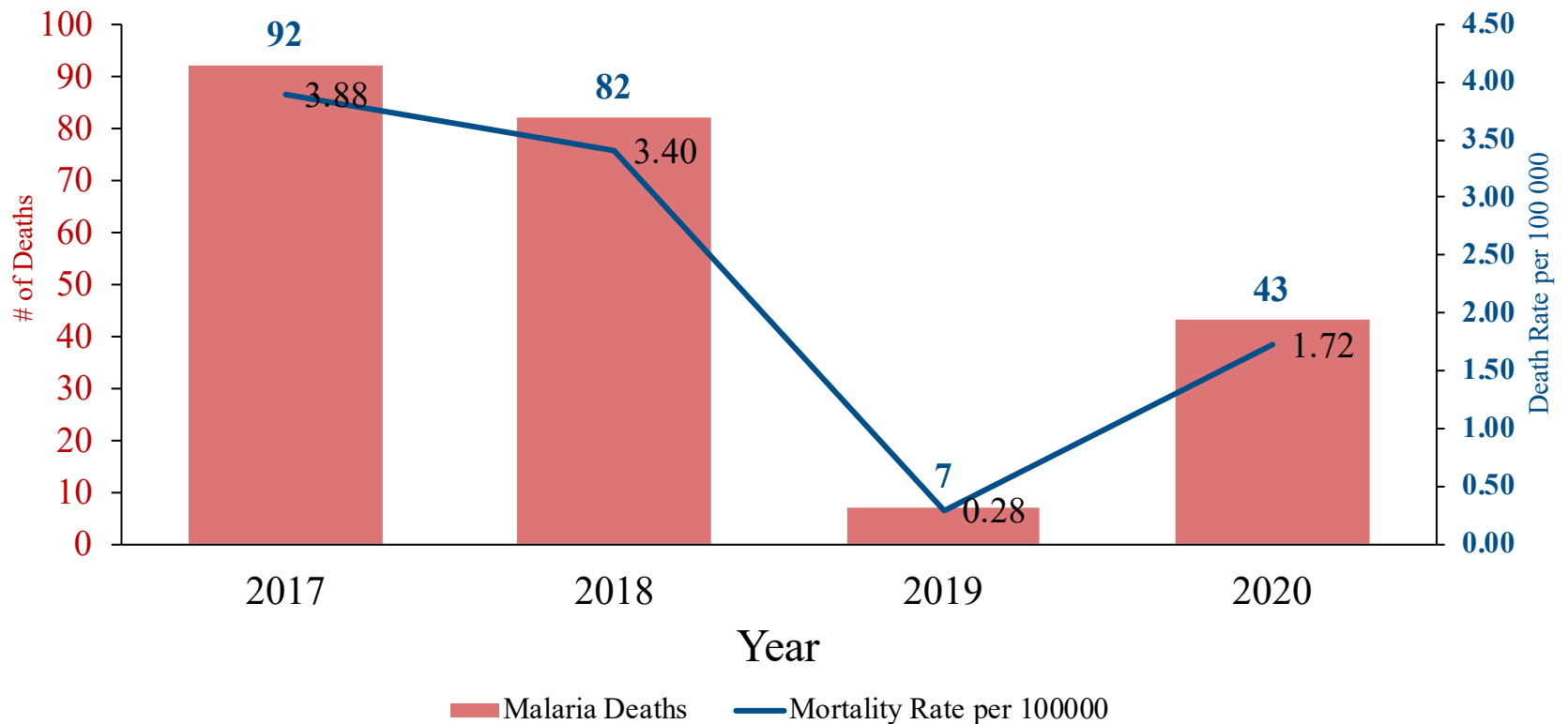
Indicator Name	2020	
	Target	Achieved
Total Number of Malaria cases	6500	13633
Total Number of Local Malaria cases	500	11537
Total Number of Malaria Deaths	15	43
Total Number of Malaria Admissions	100	1127
Malaria incidence (confirmed malaria cases (microscopy or RDT)) per 1000 persons per year	3	5
Number of malaria deaths per 100,000 persons per year	1	2
Number of districts that have zero local cases	31	9

Implementation Status

Malaria Cases and Incidence 2017-2020



Malaria deaths and mortality rate



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

IMPACT/EFFECTS OF COVID-19



Capacity Building

Capacity building of health workers halted due to C19 restrictions



Effect on ABER

ABER dropped by almost 50% compared to 2018.



Effect on IRS

Adaptations to C19 in IRS campaign strained the inadequate campaign logistics



Delayed procurement

Low IRS coverage due to delayed procurement, implementation and reduction of personnel

ACTION/MITIGATION



Going virtual

Attempted virtual trainings and face-to-face smaller group trainings



Health promotion

Community based health promotion and education



Resource mobilisation

Resource mobilization with partners



Extending

IRS campaign extended to January

Key Bottlenecks/Challenges encountered and how they were addressed

Delayed/cancelled implementation of planned activities



Conducted activities in small groups/virtual/reprogramming

Inadequate funding for programme operations



Program still mobilizing for additional resources

Reallocation of resources at regional/districts level to support C19 activities



Regions/districts are slowly integrating malaria routine activities with other programs

Delays in procurement and delivery of Entomological equipment, consumables and IRS insecticides (GRN);



Challenge still persisting /not addressed

Best Practices

- ❑ Data review meetings successfully decentralized in 24 districts out of the 35, to encourage data analysis and use at lower level.
- ❑ Timely quantification of malaria commodities to improve commodity buffer stock.
- ❑ Annual Entomology surveillance Trainings decentralized at regional level
- ❑ IRS micro-planning, surveillance data review meeting and IRS TOTs were conducted in small groups amidst COVID19 restrictions

Financial Dashboard - 2021

Total US\$
need malaria
strategic plan
= 34635765

Total Financed
= 22513247

Total Gap =
12122518

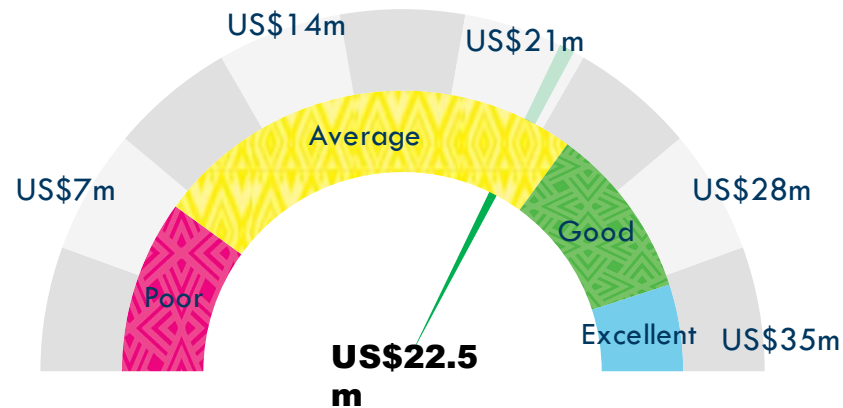
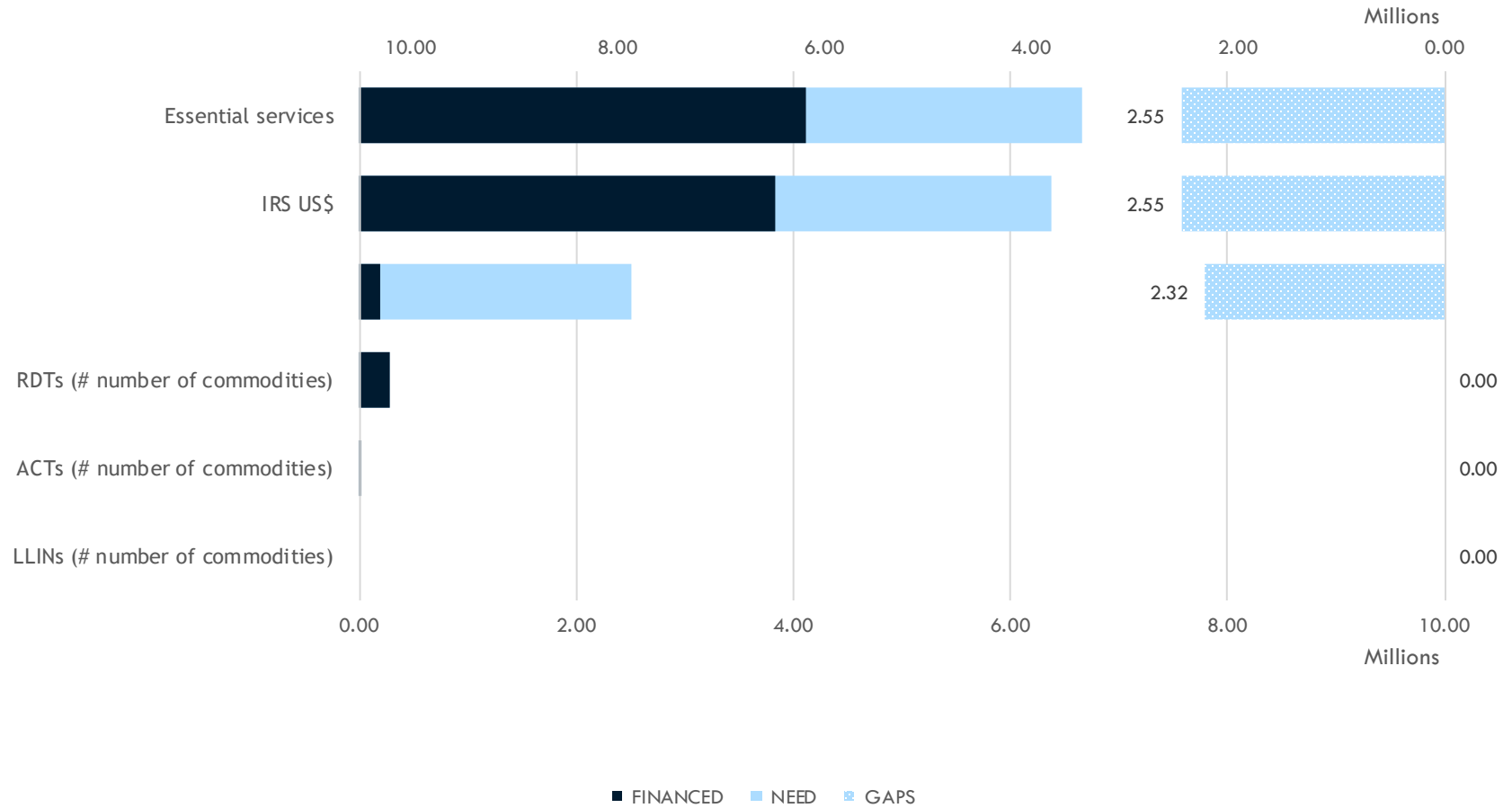


Table - Gap analysis 2021

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	0	0	0
IRS US\$	\$6,376,769	\$3,826,062	\$2,550,707
ACTs (# number of commodities)	\$6,541 (6500)	\$6,541	0
RDTs (# number of commodities)	\$277,063 (248,647}	\$277,063	0
Total US\$ need essential services	\$6,660,373	\$5,741,951	\$2,550,707
Other	\$2,507,738	\$185,317	\$2,322,421
Total US\$ need malaria strategic plan	\$9,168,111	\$5,927,268	\$3,240,843

Gap analysis contd... 2021

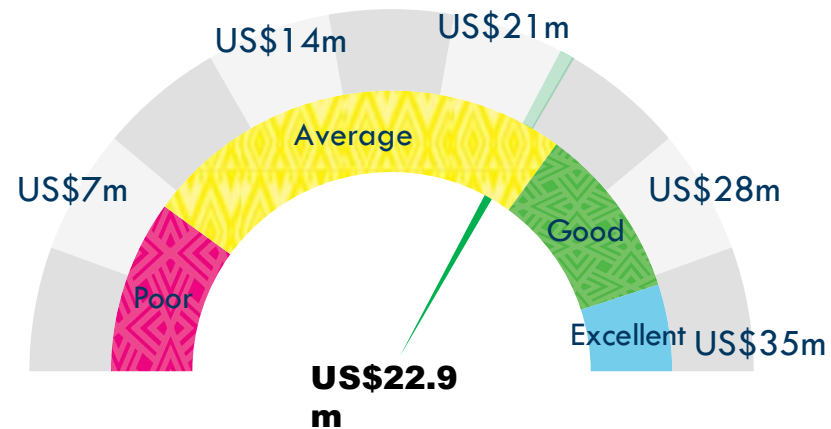


Financial Dashboard - 2022

Total US\$
need malaria
strategic plan
= 35321285

Total Financed
= 22958835

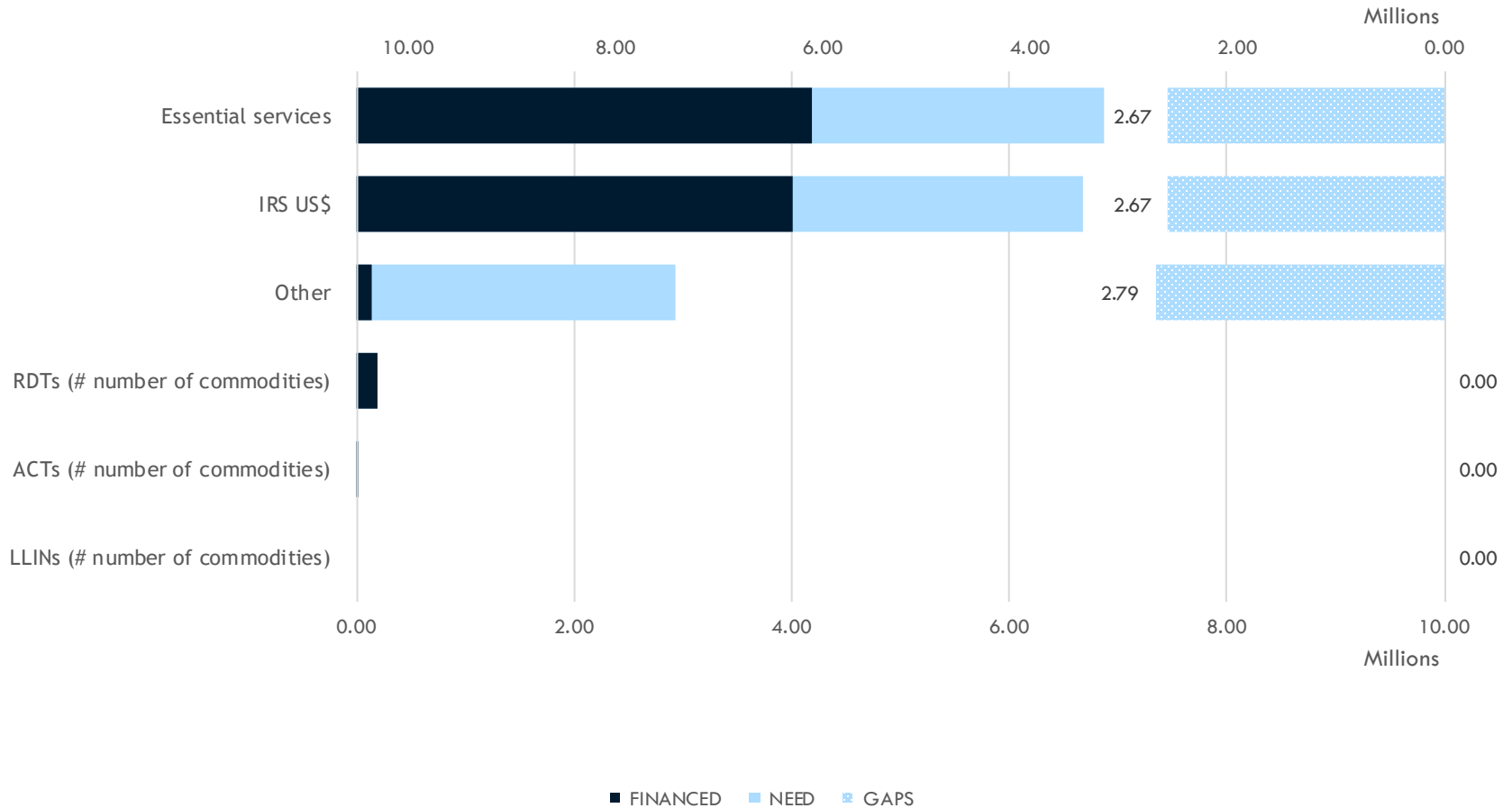
Total Gap =
12362449



Gap analysis 2022

	NEED	FINANCED	GAPS
LLINs (<i># number of commodities</i>)	0	0	0
IRS US\$	\$6,669,975	\$4,001,985	\$2,667,990
ACTs (<i># number of commodities</i>)	\$3,020,00	\$3,020.00	0
RDTs (<i># number of commodities</i>)	\$188,027	\$188,027	0
Total US\$ need essential services	\$6,861,022	\$4,190,012	\$2,667,990
Other	\$2,921,352	\$129,690	\$2,791,662
Total US\$ need malaria strategic plan	\$9,779,354.00	\$4,319,702	\$5,459,652

Table - Gap analysis 2022



Financial Dashboard - 2023

Total US\$
need malaria
strategic plan
= 34635765

Total Financed
= 22513247

Total Gap =
12122518

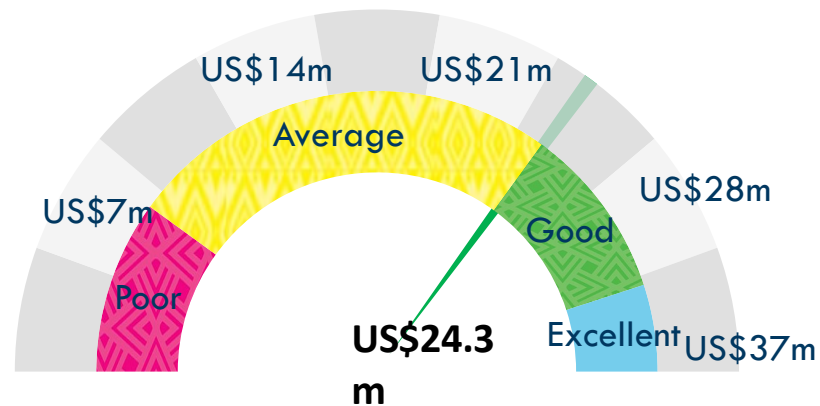
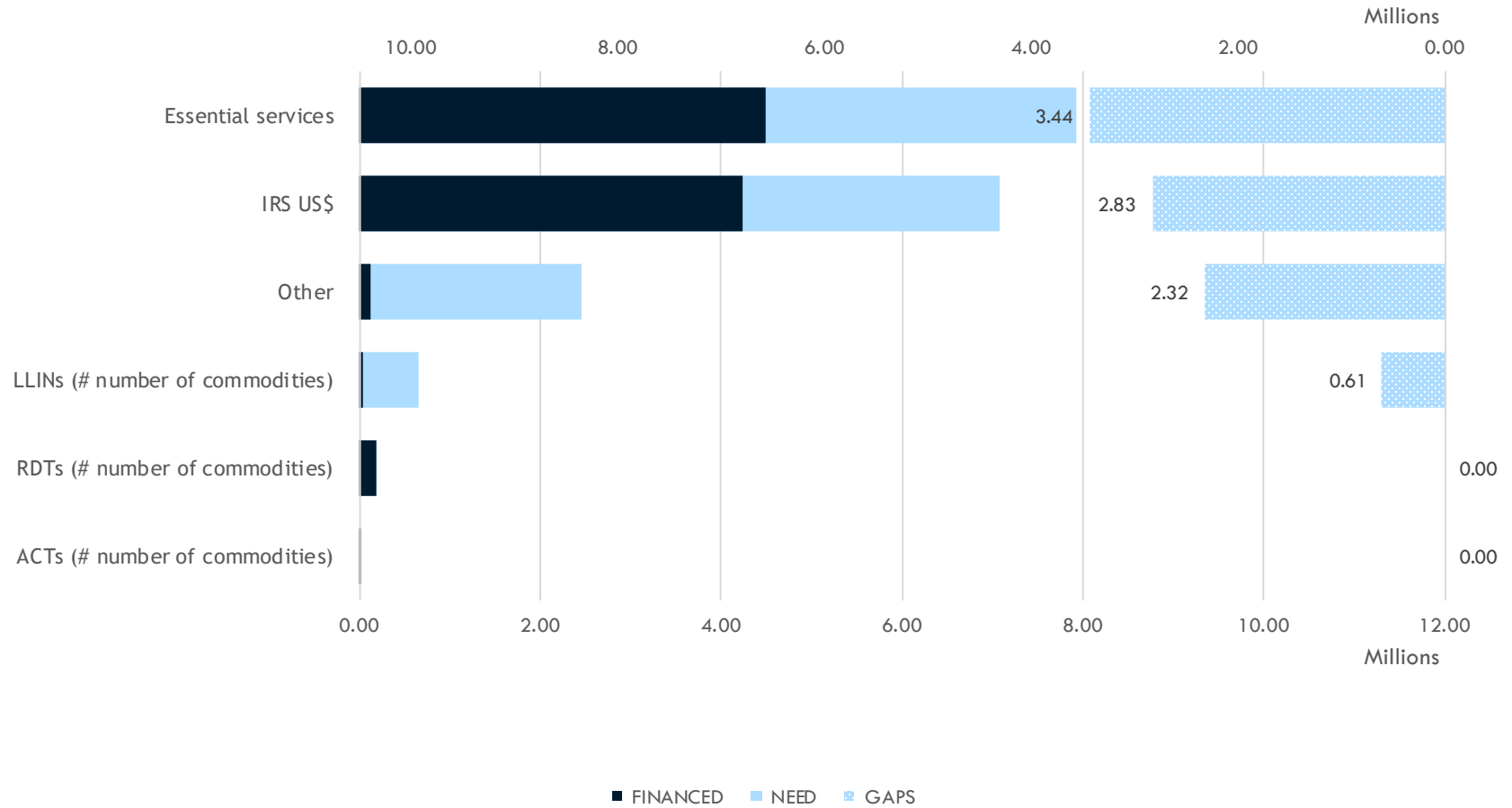


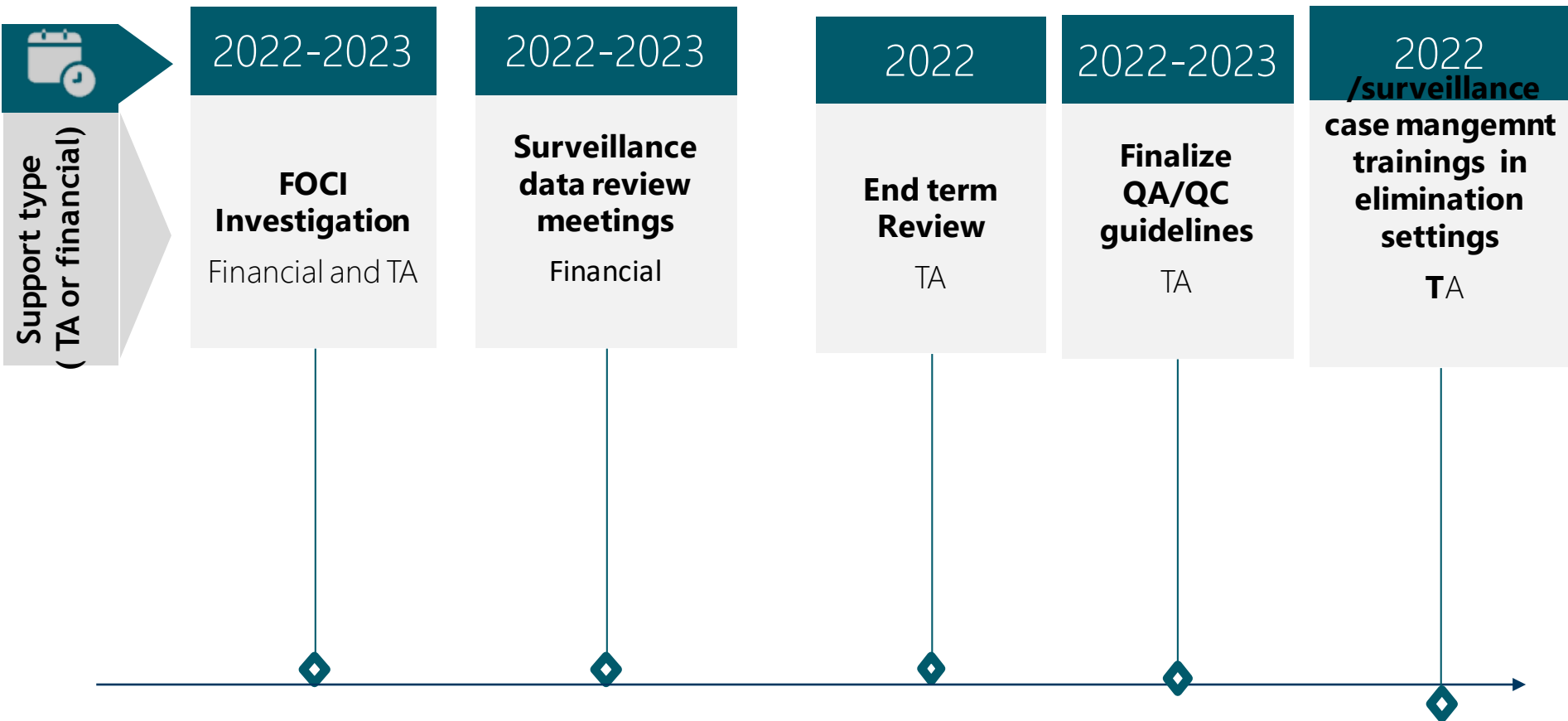
Table - Gap analysis 2023

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	\$653,122 (201,724)	\$46,186	\$606,936
IRS US\$	\$7,070,174	\$4,242,104	\$2,828,070
ACTs (# number of commodities)	\$3019	\$3,019	0
RDTs (# number of commodities)	\$191,346	\$191,346)	0
Total US\$ need essential services	\$7,917,661	\$4,482,655	\$3,435,006
Other	\$2,451,656	\$131,763	\$2,319,893
Total US\$ need malaria strategic plan	\$10,369,317	\$4,614,418	\$5,754,899

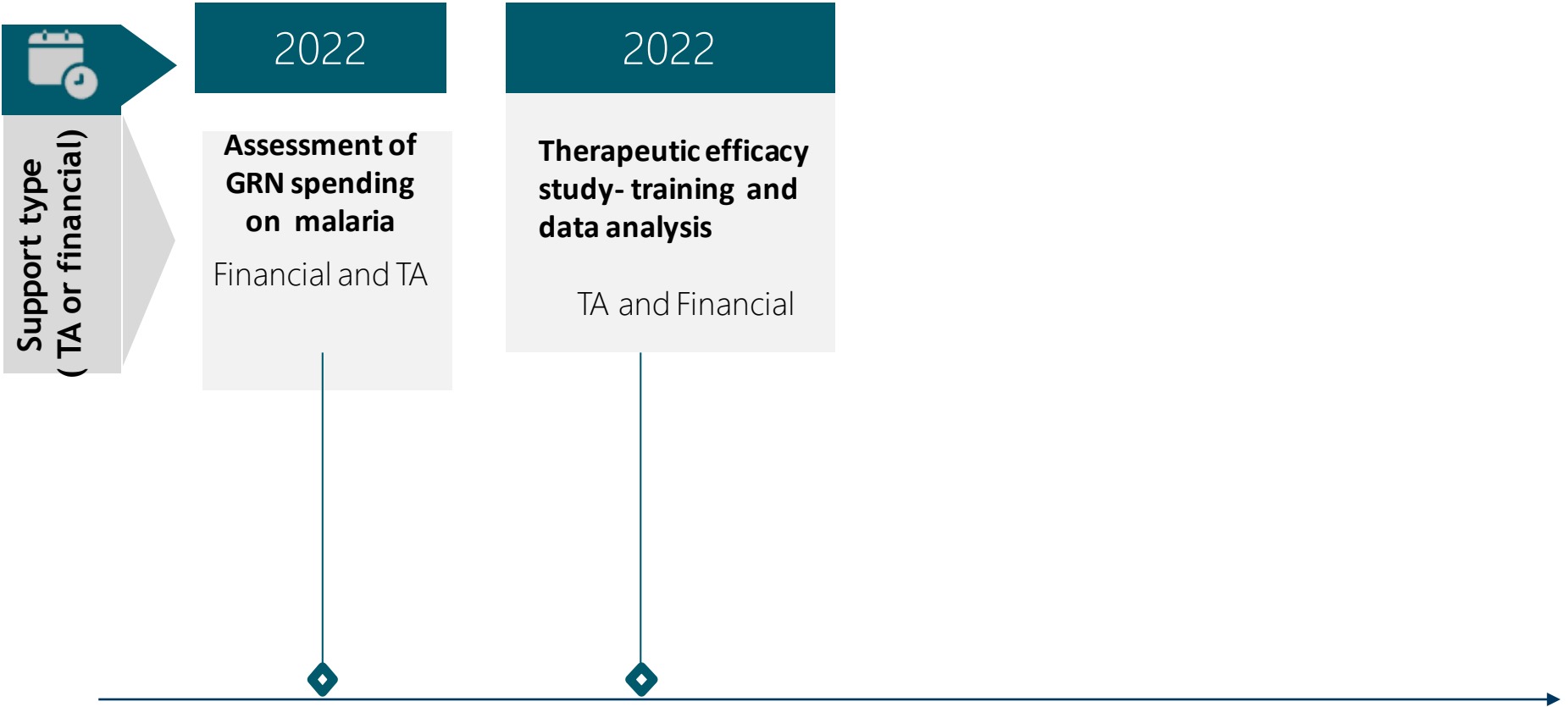
Gap analysis 2023



Implementation support required



Implementation support required





THANK YOU!!!





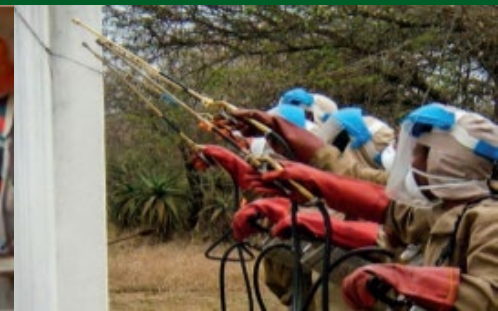
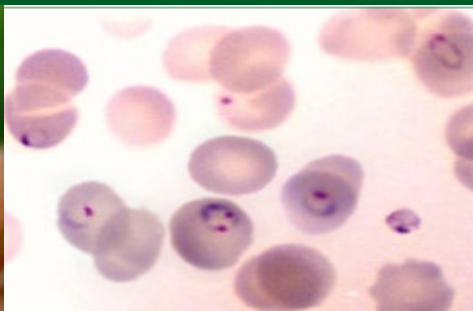
health

Department:
Health
REPUBLIC OF SOUTH AFRICA

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

28 October 2021

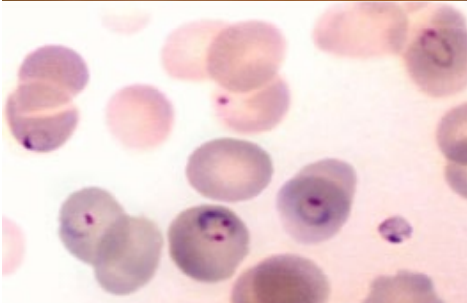
Organized by: RBM/CRSPC



Objectives and presentation outline

- Summary of the South African National Strategic malaria elimination Plan Key Points
- Comparison for the past three season on impact NSP indicators
- Epidemiology of malaria in South Africa and by Province- 2018-2021
- SA COVID-19 Response actions and its impact on delivery services in malaria
- Consolidated budgeted NSP and Gaps

National Strategic Plan Key Points



- Malaria Elimination is possible during the 5 year term 2019-2023
- Focus will be on elimination at the sub-district level
- New, innovative elimination strategies will be pursued in each intervention area
- Funding for the elimination strategy has been secured for MTEF (2019) through the conditional grant
- Political support received for elimination by key stakeholders

Implementation Status: Impact NSP indicators for the past three malaria seasons

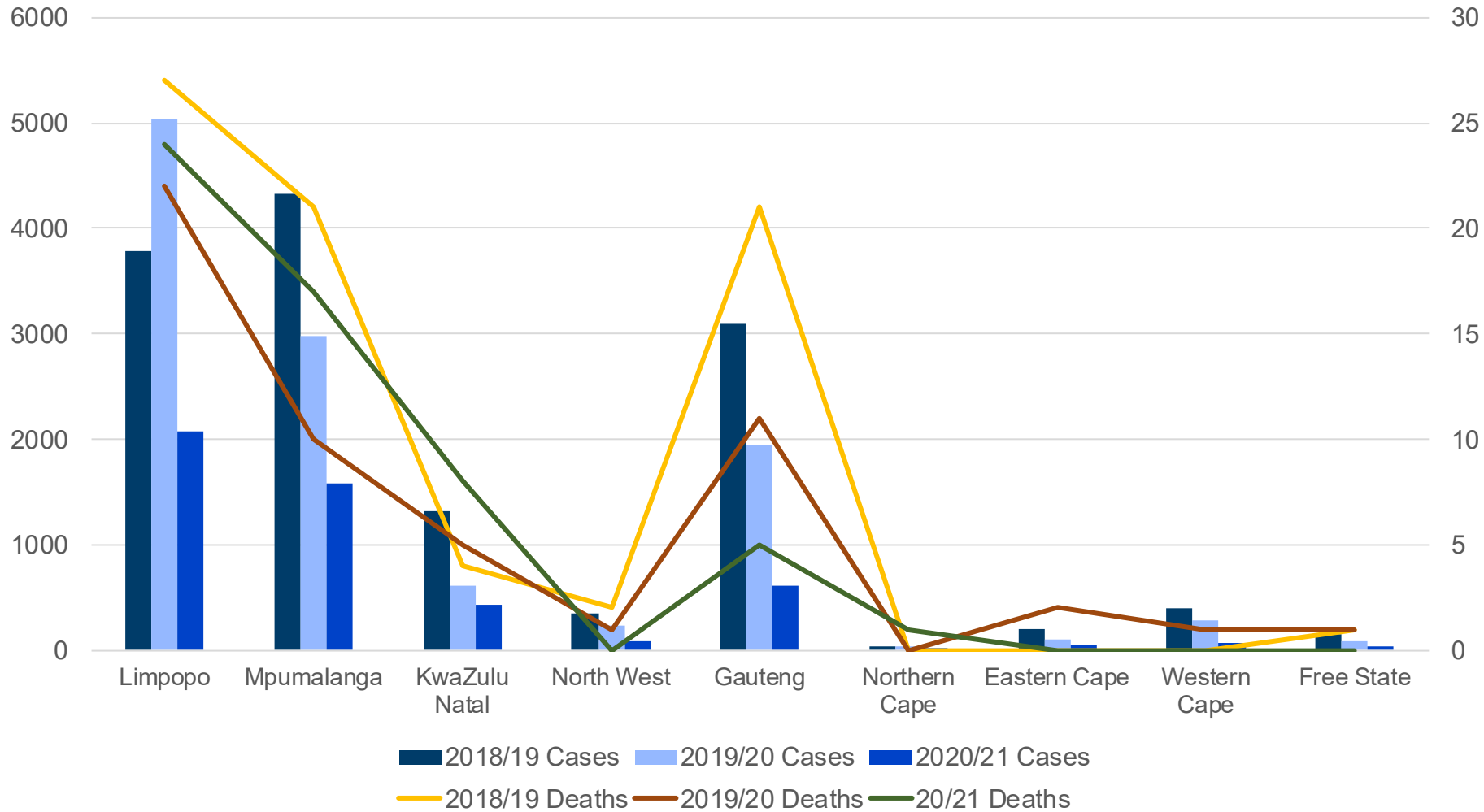
Organisation unit	za South Africa (National Government)		
	Jul 2018 to Jun 2019 ↕	Jul 2019 to Jun 2020 ↕	Jul 2020 to Jun 2021 ↕
Malaria cases total	9,585	8,740	4,196
Malaria deaths total	58	38	50
Malaria cases classified local	3,929	3,928	1,132
Malaria cases classified imported	4,858	3,134	1,648
Malaria incidence rate	0.17	0.15	0.07

- Declining of total number of cases from 9585 to 4196 and local cases from 3929 to 1132 between 2018/19 and 20/21 seasons.
- Similar trend observed for all key impact indicators however there was reduced regional and local mobility of persons due covid-19 restrictions

Incidence analysis across all districts show reduction to less than 1.0 per 1000 at risk population

	Malaria incidence rate		
	Jul 2018 to Jun 2019 ↕	Jul 2019 to Jun 2020 ↕	Jul 2020 to Jun 2021 ↕
kz Amajuba District Municipality	0.012	0.014	
kz eThekweni Metropolitan Municipality	0.029	0.014	0.005
kz Harry Gwala District Municipality	0.002	0.002	
kz iLembe District Municipality	0.025	0.024	0.008
kz King Cetshwayo District Municipality	0.126	0.064	0.044
kz Ugu District Municipality	0.005	0.009	0.002
kz uMgungundlovu District Municipality	0.014	0.014	0.002
kz Umkhanyakude District Municipality	1.455	0.6	0.436
kz Umzinyathi District Municipality	0.002	0.005	
kz Uthukela District Municipality	0.011	0.008	
kz Zululand District Municipality	0.015	0.022	0.054
lp Capricorn District Municipality	0.107	0.131	0.039
lp Mopani District Municipality	1.169	1.097	0.613
lp Sekhukhune District Municipality	0.098	0.104	0.024
lp Vhembe District Municipality	1.37	2.191	0.814
lp Waterberg District Municipality	0.252	0.266	0.093
mp Ehlanzeni District Municipality	2.463	1.645	0.896
mp Gert Sibande District Municipality	0.042	0.025	0.003
mp Nkangala District Municipality	0.033	0.06	0.021

Epidemiology of malaria in country by Province- 2018-2021



SA COVID-19 Response actions

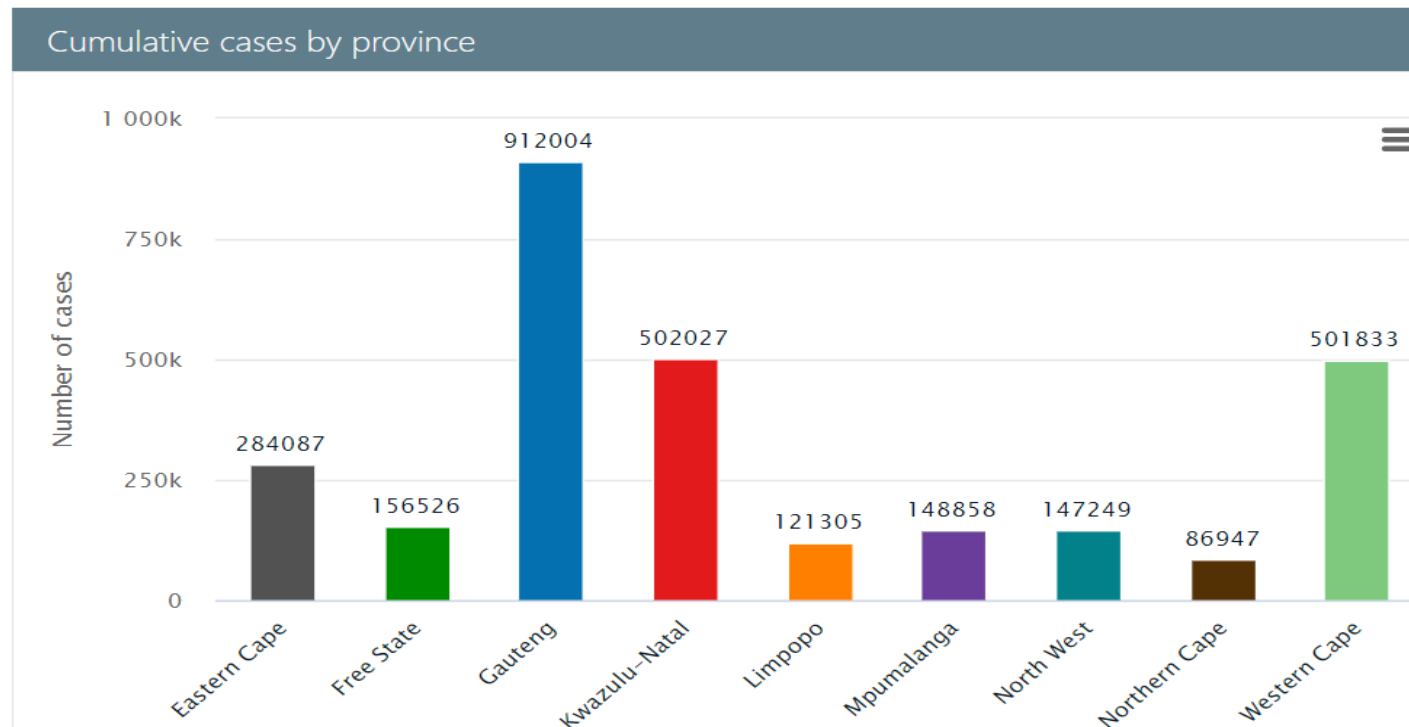
Nature of the lockdowns in terms of restrictions on movements of people and goods in south Africa involved

- Border posts closed
- Restaurants closed
- Restricting times to move around
- Inter-Provincial travel restrictions

Overall Lockdown and Restrictions impact on malaria cases

- Decline in importation resulting in a low number of malaria cases reported in the past season
- Implementation of EPR plans for cyclone and possible outbreaks was done to keep the surveillance system on alert.

Trends in COVID-19 in endemic regions affected by the pandemic



- COVID-19 is also affecting malaria-endemic provinces
- Kwa-Zulu Natal is second in line with the highest numbers of reported Covid cases behind behind Gauteng and Western Cape
- Limpopo and Mpumalanga are among the provinces with fewer number of covid-19 cases reported
- Refer to www.nicd.ac.za for further covid information

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

Intervention area	Covid impact	Remarks and Mitigation Strategy
Programme Management	<ul style="list-style-type: none"> • Delays in convening annual planning meetings • Work in field down scaled to working in smaller groups to reduce risk of employee contracting covid and permits were required at level 5 restrictions • Expenditure rates were affected due to delays in procurement processes and constraints • All face-to-face training schedules were delayed during lockdown • Focus on covid matters and not sufficient time for malaria activities 	<ul style="list-style-type: none"> • Conducted reviews virtually through zoom/Teams platformy and physically in line with covid regulations and meetings • Adjusted operational plans to account for COVID impact
Surveillance	<ul style="list-style-type: none"> • Access to farms were difficult result into late or no investigations • Late reporting of cases (not all cases were reported within 24 hours) • Sickness of people within the programme, isolation of staff who was in contact with covid cases. • Rotation of workers affecting operations • Community not feeling comfortable to allow malaria staff to visit them 	<ul style="list-style-type: none"> • Developed an EPR plan and determined the essential minimum set of surveillance activities to be done; e.g., all local cases had to be investigated fully, while imported cases investigations were done telephonically in some cases

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

Strategic area	Covid impact	Remarks & Mitigation strategy
Vector Control/ IRS/Entomology	<ul style="list-style-type: none">• Delays in recruitment process/appointment.• Challenges to conduct spray trainings as smaller groups could be trained at a time i.e., lengthy training sessions• Effectiveness of IRS in field compromised as a result of refusal and the period of spraying was longer• Covid positive cases within spray teams• Most entomology work in the field were restricted to response to a local case	<ul style="list-style-type: none">• Extension of temporary spray operators' contracts• Work according to new lock down plans and adjusted plans and only responding to urgent needs

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

Strategic area	Covid impact	Remarks & Mitigation strategy
Case management	<ul style="list-style-type: none">• Increase in malaria deaths attributed to late presentation• Poor attendance of Case management trainings through zoom platforms• Could not reached targeted numbers as planned• Inability to train large groups of staff	<ul style="list-style-type: none">• Continued training virtually with more reach all health professionals.
Malaria awareness	<ul style="list-style-type: none">• No mass campaigns were conducted	<ul style="list-style-type: none">• Smaller door to door campaigns, radio slots, radio talk-shows, keep malaria awareness going and encourage early seeking behaviors by communities

Lessons learnt and best practices

- Vector control and surveillance plans have been adhered to even during COVID-19; with Case and Focal investigations sustained
- Strengthen intersectoral collaborations with partners
- Integrated approach with covid
- Establishment of an EPR programme to respond timely to future pandemics
- Improve SCM processes by ordering key commodities within adequate lead times
- Continue with malaria activities where possible to prevent neglect
- Community sensitization/health promotion for Covid and Malaria in endemic districts as symptoms are similar

Budgeted NSP and Gaps

Financial year	19/20	20/21	21/22	22/23	23/24	total
Amount required for elimination by 2023	397,898,505	467,105,101	434,294,450	445,486,732	472,709,426	2,217,494,214
Actual Government funding	348,127,000	372,431,000	268,100,673	281,505,570	295,531,128	1,565,695,370
Actual Non-Government funding	0	18,652,601	12,468,962	12,468,962	0	43,590,526
Shortfall - ZAR	49,771,505	76,021,500	153,724,815	151,512,200	177,178,298	608,208,317
% of NSP funded	87%	84%	65%	66%	63%	73%

Implementation Support (TA) Requirements for 2022

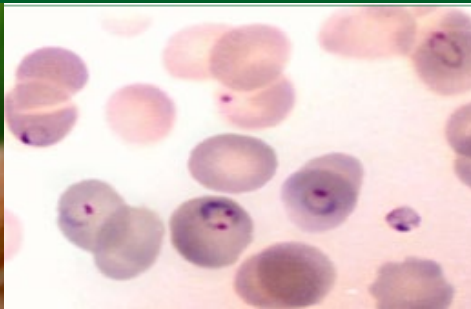
Activity	Support type (TA or financial)	Period
Midterm review strategic plan	Technical Assistance	April-June 2022
Sub –National elimination audit for KZN	Technical Assistance	April-June 2022
Operationalisation of cross-border committees	Technical and financial assistance	April-June 2022



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Thank You





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

28 October 2021

Organized by: RBM/CRSPC

Updates: Tanzania

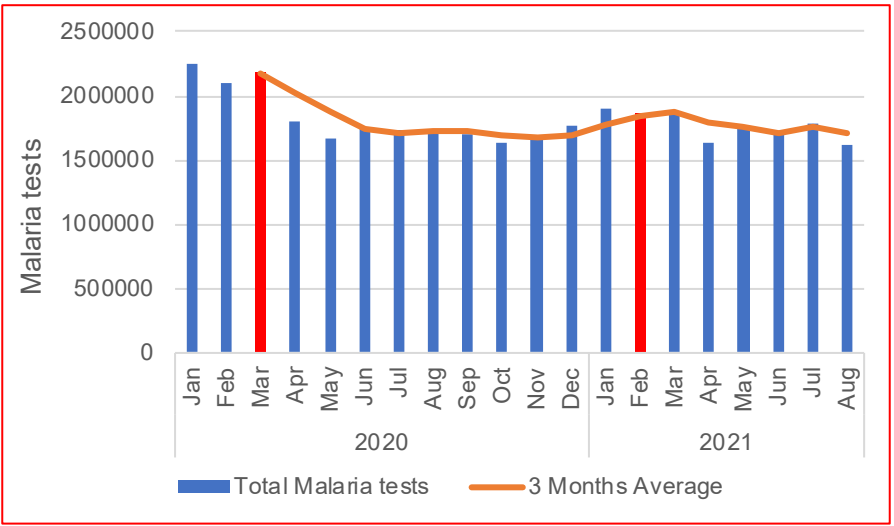
Implementation Status: Is the country on track with addressing the MSP targets

Malaria remains a public challenge in mainland Tanzania

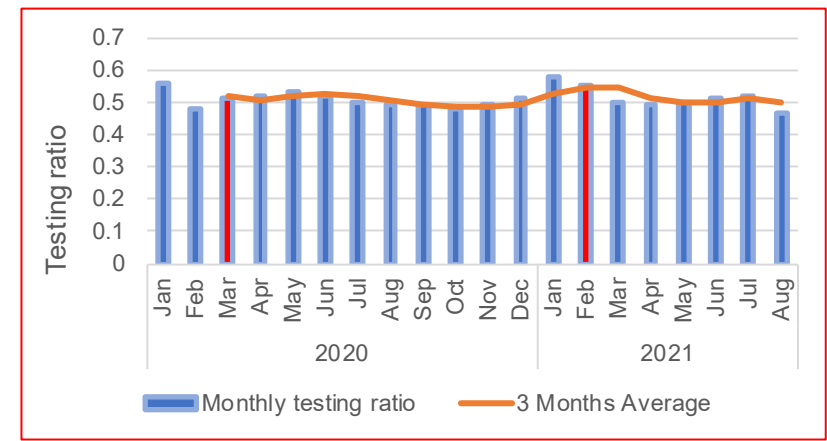
- Mainland Tanzania is among the top 15 high burden countries globally;
- Despite high Malaria burden a lot has been achieved in the past decade;
 - ✓ Malaria prevalence halved to 7.5% (MIS 2017) compared with 14.8% in 2015. Leading regions are: Kigoma (24%), Geita (17%), Kagera & Mtwara (15%), Lindi, 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**

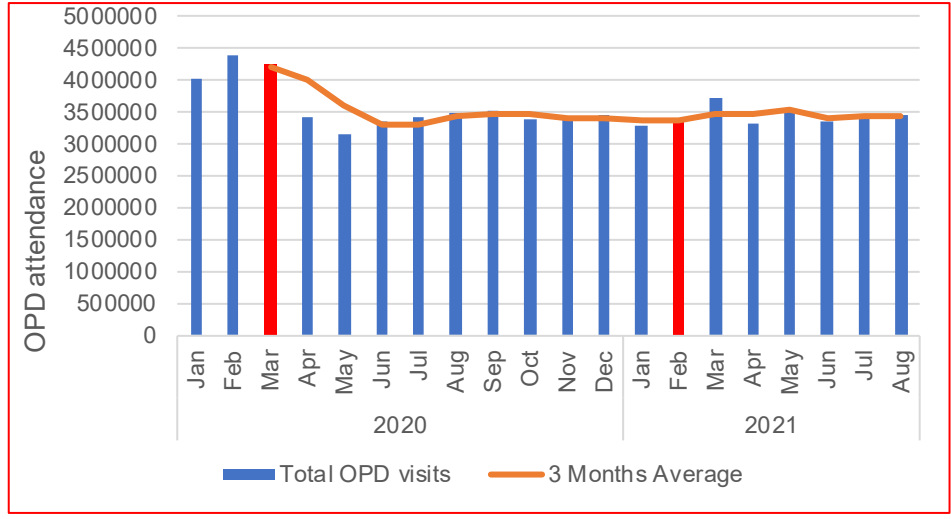
Malaria Testing



Monthly Malaria tests Jan 2020 - Aug 2021



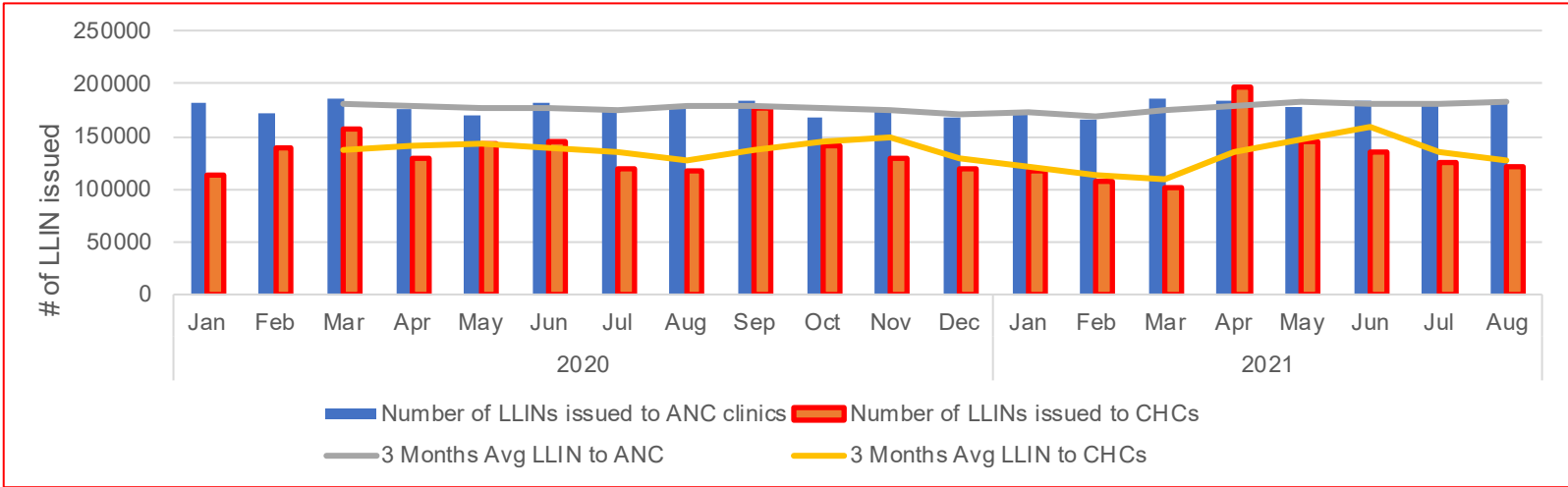
Monthly Test ratio Jan 2020 - Aug 2021



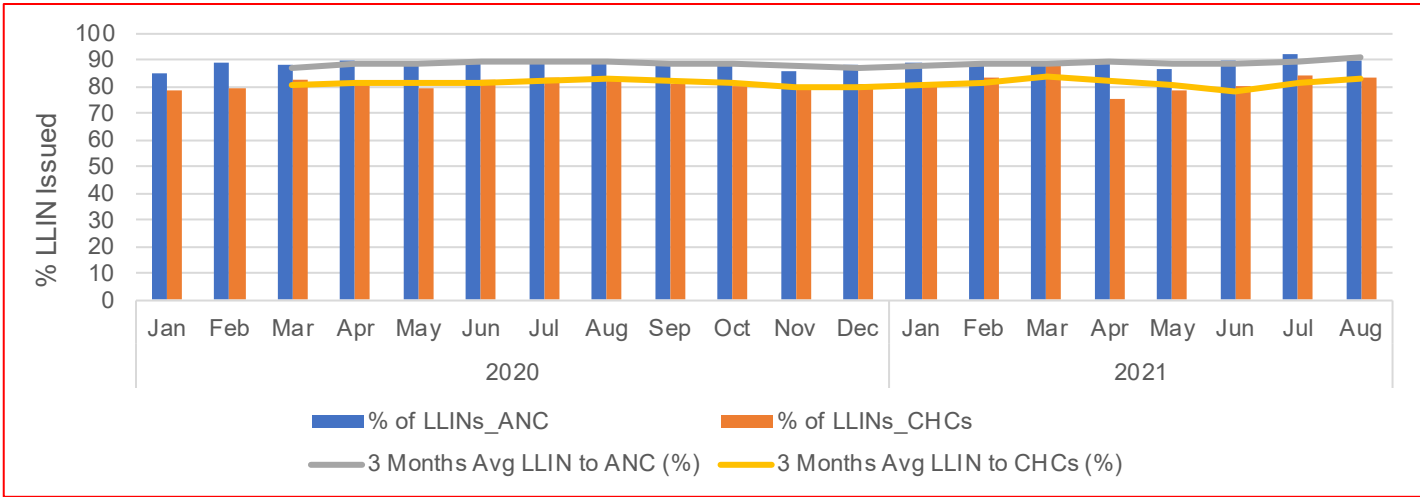
Monthly OPD attendances Jan 2020 - Aug 2021

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

LLIN distribution



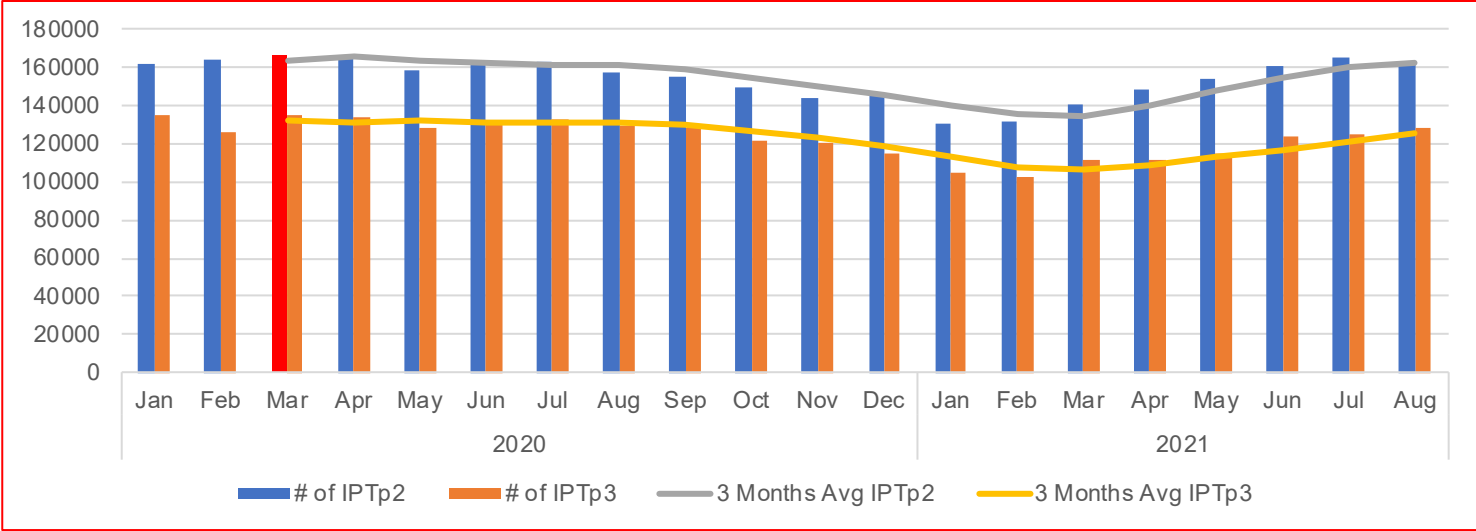
Monthly LLIN issued in RCH clinics Jan 2020 - Aug 2021



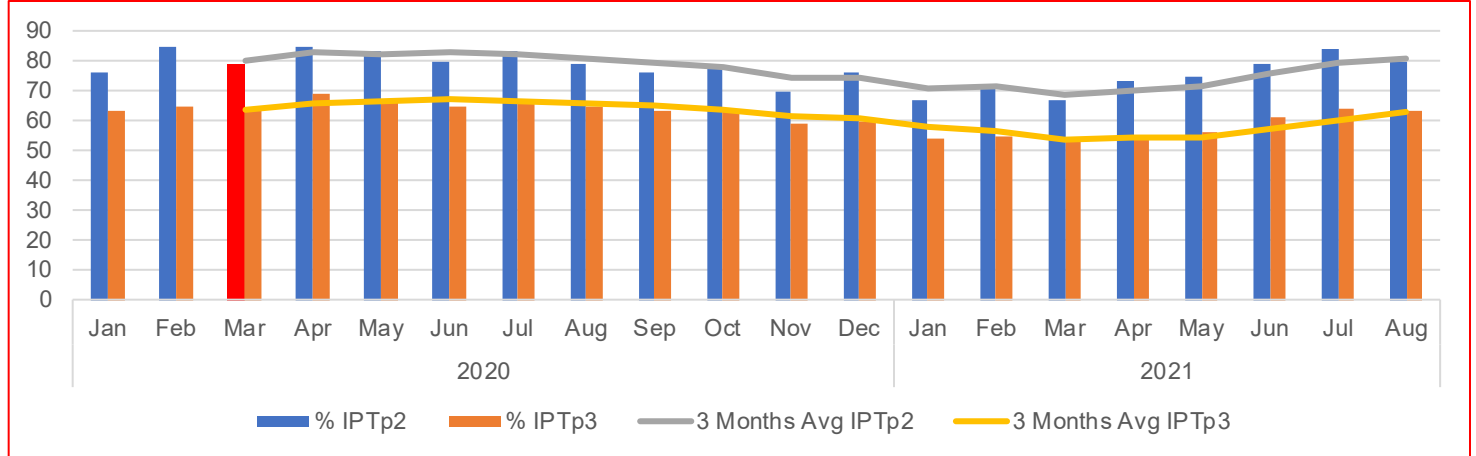
Monthly % of LLIN in RCH Jan 2020 - Aug 2021

- No Covid 19 impact on LLIN distribution in RCH clinics

IPTp services



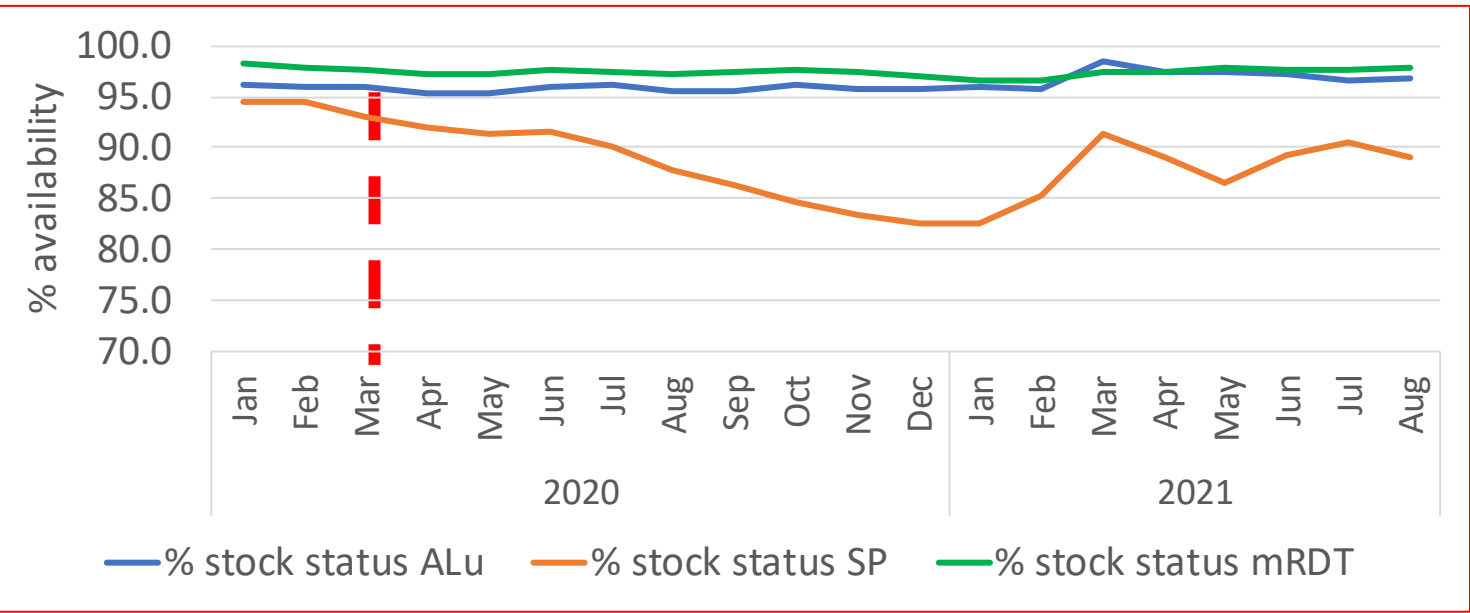
Monthly IPT administered Jan 2020 - Aug 2021



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

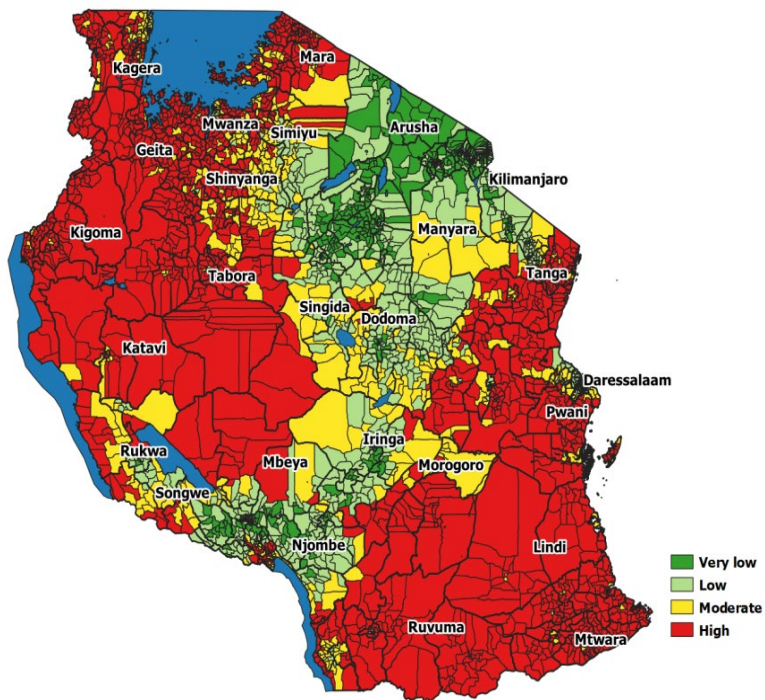
- No Covid 19 effect in Commodities availability at health facilities
- Decreasing trend in SP stock status in health facilities, not centrally purchased (not vertically supported) as it was before

Key Bottlenecks/Challenges encountered and how they were addressed

- ❑ Co-payment mechanism:
 - 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

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LLINs (# number of commodities)	53,196,964	52,858,848	338,116
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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

Thank you for listening

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

28 October 2021

Organised by: RBM/CRSPC

Updates: Zambia

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

1. The Program is NOT on track to meet targets as per NMESP 2017-2021. Zambia experienced an upsurge in cases and deaths in 2020.
2. The program is in the process of conducting its Malaria Program Review to guide development of the next strategic plan
3. The 2021 IRS campaign has been concluded with a target of 3.4 million structures
4. The program has had challenges with supplies of ACTs and RDTs due to challenges with the supply pipeline , however this has stabilized to some extent and the program continues to monitor the pipeline closely
5. The Surveillance system continues to be scaled up in all the provinces, targeting health facilities and communities through community health workers

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

KPI	PROGRESS						
	Baseline (2015)	2016	2017	2018	2019	2020	2021 (Jan-June)
Malaria incidence (clinical & confirmed) per 1000 population	336	382	Target 325 (15%) Achieved 374	Target 191 (50%) Achieved 311	Target 115 (70%) Achieved 306	Target 57 (85%) Achieved 427.5	Target 0 (100%) Achieved 228
Inpatient malaria deaths per 100,000 persons	15.2	11	10 (5%)	Target 9 (56%) Achieved 7	Target 8 (68%) Achieved 7.7	Target 4.7 (70%) Achieved 11	Target Near 0 (100%) Achieved 3.2

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

• Impact of Covid 19 pandemic

- Delays in receipt of commodities
 - RDTs
 - ACTs
 - LLINs
 - Insecticides
- Increased cost of program implementation
 - All field activities require face masks , hand sanitizers , hand washing facilities
 - Social/physical distancing –increased the number of trainings as participants need to be fewer per sitting
- Virtual word – challenges with onsite mentorship and supervision with all levels of service delivery
- Anecdotal reports
 - fear to access malaria services due to fear of being diagnosed with covid 19 and then quarantined
 - Increased fevers at community level requiring additional malaria RDTs

• Actions taken

- Taking pipeline for malaria commodities closely and promptly instituting mitigations measures
- In-country discussions ongoing about the possibility of increasing buffer stock for essential commodities to 6 months or up to a year .
- Adjusted budgets to follow C19 guidelines . In some cases this has lead to reductions in targets for training participants e.g. rollout of iCCM .
- Solicited for support from partners to provide infection prevention commodities such as sanitizers , masks etc for program implementation
- Continue to conduct SBC activities following C19 guidelines
- Communication package being developed to combine messaging on C19 with that of Malaria

Key Bottlenecks/Challenges encountered and how they were addressed

Bottlenecks/Challenges

- Increase in cases and deaths in 2020 compared to the same period in 2019
 - 43% increase in malaria cases.
 - 47% increase in cumulative malaria deaths
- Inadequate resources for full implementation of the NMESP
- Erratic supply of commodities (ACTs and RDTs) to the service delivery points
- Data quality
 - Accurate case data at health facility level
 - Stratification will require accurate population estimates at health facility catchment level

Actions Taken

- Started IRS campaign on time
- Finalised the LLINs mass campaign that begun in 2020
- Continue to engage with various stakeholders directly or through the EMC for additional support to programming
- Closely monitoring pipeline for ACTs and RDTs to ensure availability at service delivery points
- Conduct regular data audits/ reviews , while encouraging a “data-use” culture at all through the malaria scorecard

Best Practices

- Annual workplan harmonization across the partnership/stakeholders of malaria programming from the central level up to the district level
- Monthly Directorate meeting for the NMEP(NMEC and partners) using an electronic harmonized workplan management tool to track implementation and assess progress
- Quarterly thematic TWG meetings(CM,VC and SMEOR)
- Regular tracking of commodity pipeline to institute mitigating measures in a timely manner
- Timely commencement of IRS campaigns coupled with strong supervision
- iCCM continues to be rolled out throughout the country with currently more than 12,000 trained CHWs from the target of 36000. These provide services to the hard to reach populations

Gap analysis 2021

	NEED	FINANCED*	GAPS
LLINs (# number of commodities)	1,608,857	1,608,857	0
IRS US\$	24,839,860	24,839,860	0
ACTs (# number of commodities)	10,033,508	10,033,508	0
RDTs (# number of commodities)	8,987,207	8,987,207	0
IPTp	1,274,203	1,274,203	0
Total US\$ need essential services	46,743,635	46,743,635	0
Other**	62,840,395	5,761,889	57,078,506
Total US\$ need malaria strategic plan	109,584,030	52,505,524	57,078,506

* GRZ, GF, PMI, PATH, EMC, Isdell Flowers and Others

**Includes : SMEOR, SBC, PM and Parasite clearance (MDA)

Gap analysis 2022

	NEED	FINANCED*	GAPS
LLINs (# number of commodities)	3,355,041	1,524,692	1,830,349
IRS US\$	24,647,126	19,464,254	5,182,871
ACTs (# number of commodities)	8,039,866	8,039,866	0
RDTs (# number of commodities)	8,221,097	8,221,097	0
IPTP	1,311,282	1,311,282	0
Total US\$ need essential services	45,574,412	38,561,191	7,013,220
Other**	69,124,434	5,141,281	63,983,153
Total US\$ need malaria strategic plan	114,698,846	43,702,472	70,996,374

* GRZ, GF, PMI, PATH, EMC, Isdell Flowers and Others

**Includes : SMEOR, SBC, PM and Parasite clearance (MDA)

Gap analysis 2023

	NEED	FINANCED*	GAPS
LLINs (# number of commodities)	9,728,578	2,420,403	7,308,175
IRS US\$	3,650,510	3,650,510	0
ACTs (# number of commodities)	5,637,048	5,637,048	0
RDTs (# number of commodities)	7,402,790	7,402,790	0
IPTp	1,349,440	1,349,440	0
Total US\$ need essential services	27,768,366	20,460,191	7,308,175
Other**	76,036,878	5,641,112	70,395,766
Total US\$ need malaria strategic plan	103,805,244	26,101,303	77,703,941

* GRZ, GF, PMI, PATH, EMC, Isdell Flowers and Others

**Includes : SMEOR, SBC, PM and Parasite clearance (MDA)

Implementation Support (TA) Requirements for 2022

Activity	Support type (TA or financial)	Period
Development of communication strategy 2022-2026	Both TA and Financial support	Jan - Mar 2022
Strengthen Community – Based IRS Delivery Model	Both TA and Financial support	Feb – April 2022

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

28 October 2021

Organised by: RBM/CRSPC

Updates: Zanzibar

Implementation Status: Is the country on track with addressing the MSP targets (2020/21)

Indicators	Target	Result
Reported malaria cases (confirmed)	2909	7887
Inpatient malaria death per year: Rate per person per year	0.141	0.00038
Number of active malaria foci	1452	303
Annual parasite incidence: confirmed malaria cases	1.8	5.3
Malaria test positivity rate	0.9	1.5
Proportion of cases investigated and classified	96	92
Proportion of patient with suspect malaria who received malaria test	100	100

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

- Between March – May 2020. Implementation of various malaria elimination interventions slowed down especially at community level due to COVID-19 pandemic
 - A decline of OPD visits for several reasons was reported
 - Delayed arrival of MRDT Consignment
 - Delayed take off of LLINs mini mass campaign
- For 2021, No major operational gaps were observed several adaptations were made
- Decreased government allocation to the program particularly on the procurement of antimalarial due to financial constrains resulted from COVID 19 pandemic
 - To avoid stockout of the antimalarial program have requested reprogramming through the GF support

Best Practices

- LLINs mass distribution campaign with high consideration of COVID 19 prevention
 - Zoom Microplanning meeting
 - A small group training of supervisors, data collectors and Net distributors
 - Household registration
 - Social and Behavior Change activities (PA)
 - Door to door distribution / few selected distribution points



Gap analysis 2021

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	766,624 (2,169,545.92 USD)	766,624 (2,169,545.92 USD)	0
IRS US\$	24,560 (404,748.8 USD)	24,560 (404,748.8 USD)	0
ACTs (# number of commodities)	5,601 (3,786.28 USD)	5,601 (3,786.28 USD)	0
RDTs (# number of commodities)	359,880 (107,964 USD)	359,870 (107,964 USD)	0
Total US\$ need essential services	2,686,045	2,686,045	0
Other	1,344,302	604,935.9	739,366.1
Other			
Total US\$ need malaria strategic plan	4,030,347	3,290,980.9	739,366.1

Gap analysis 2022

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	141,040 (399,143 USD)	141,040 (399,143 USD)	0
IRS US\$	8,642 (142,420.16 USD)	8,642 (142,420.16 USD)	0
ACTs (# number of commodities)	4,807 (3,249.53 USD)	4,807 (3,249.53 USD)	0
RDTs (# number of commodities)-TESTS	364,277 (109,283.1 USD)	364,277 (109,283.1 USD)	0
Total US\$ need essential services	654,095.79	654,095.79	
Other	3,207,062.62	1,924,237.5	1,282,825.12
Other			
Total US\$ need malaria strategic plan	3,861,158.4	2,578,333.29	1,282,825.12

Gap analysis 2023

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	486,071 (1,375,580.93)	292,266 (827,112.78)	193,805 (548,468.15)
IRS US\$	5,907 (97,347.36 USD)	5,907 (97,347.36 USD)	0
ACTs (# number of commodities)	4,128 (2,790.53 USD)	4,128 (2,790.53 USD)	0
RDTs (# number of commodities)	371,292 (111,387.6USD)	371,300 (111,390 USD)	8 (2.4 USD)
Total US\$ need essential services	1,587,106.42	1,038,638.27	548,468.15
Other	1,096,086.98	569,965.2	526,121.78
Other			
Total US\$ need malaria strategic plan	2,683,193.4	1,608,603.47	1,074,589.93

Implementation Support (TA) Requirements for 2022 (max 2 slides)

Activity	Support type (TA or financial)	Period
Assessment of primaquine use and its impact in reducing malaria transmission	TA	April 2022
Assessment of District Malaria Surveillance officers performance on case investigation and classification	TA	July 2022

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

28 October 2021

Organised by: RBM/CRSPC

Updates: Zimbabwe

2016-2020 National Malaria Strategy

Goal: To reduce malaria incidence to 5/1000 and malaria deaths by at least 90% of the 2015 baseline.

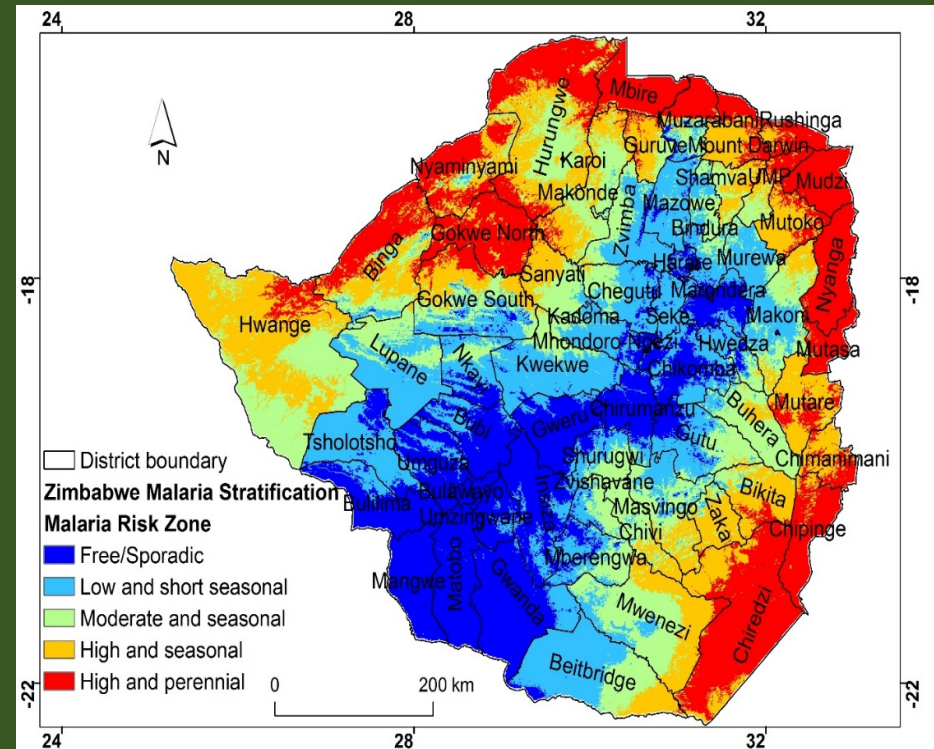
Objectives:

1. To protect at least 85% of the population at risk of malaria with an appropriate malaria prevention interventions for the period 2016-2020.
2. To provide prompt and appropriate treatment to all confirmed malaria cases by 2018 and maintain up to 2020
3. To strengthen surveillance, monitoring and evaluation for all malaria interventions for the period 2016-2020
4. To eliminate local malaria transmission in at least 9 districts by 2020
5. To increase utilization of all malaria interventions to at least 85% by 2020
6. To provide effective leadership and an enabling environment for optimal program management and coordination at all levels by 2020

Zimbabwe stratification

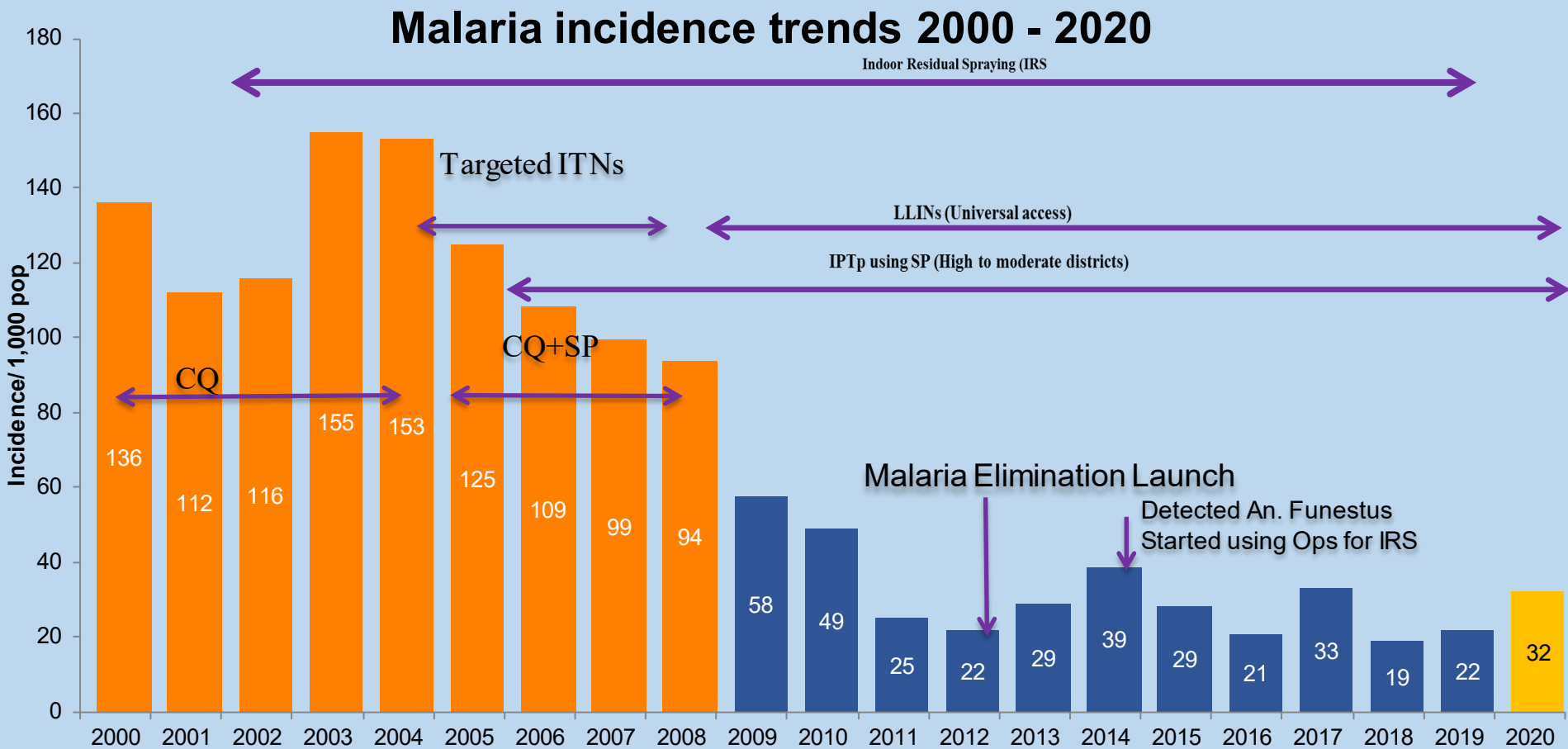
Control Strategies used:

- **Vector Control :**
 - Indoor residual house spraying,
 - Insecticide treated nets (LLINs)
 - larvicides, personal protection
- **Malaria In Pregnancy- IPTp**
- **Case Management- diagnostics, medicines, supportive care**
- **Surveillance, Monitoring & Evaluation, Operational Research**
- **Epidemic Preparedness & Response**
- **Health Promotion and advocacy**
- **Partnerships coordination & integration**



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

Notable Policy Changes 2000-2020



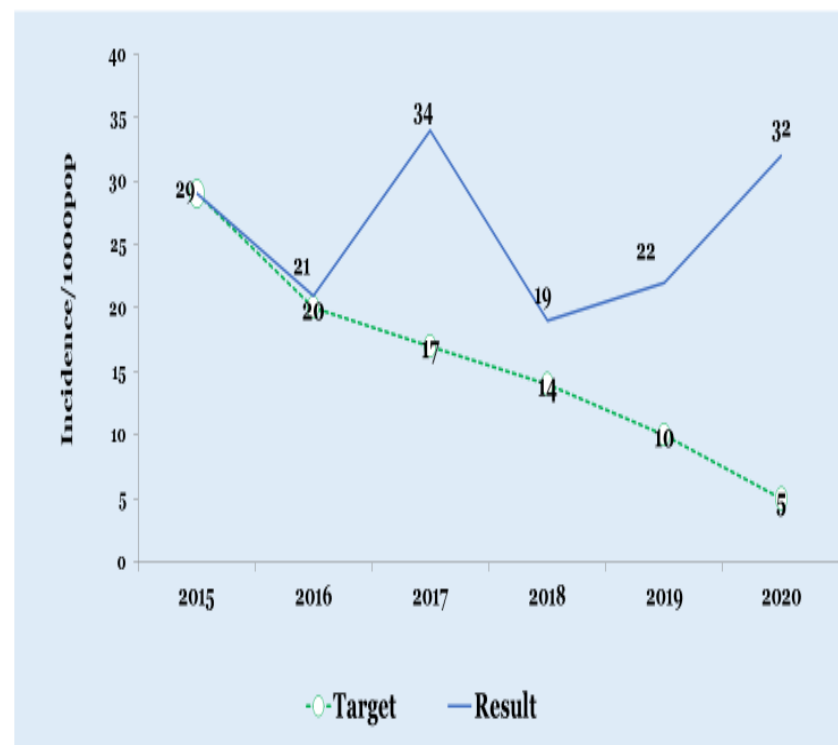
Review Strategic Goal and Targets 2016-2020

1. Impact Indicators

2.

Impact Indicator	Target	Result	Rating
Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year (Elimination settings)	0.15	1.28	
Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year	5	32	
Malaria deaths per year: rate per 100,000 persons per year	1	2.88	

Strategic Goal :Target 2016-2020



Strategic Goal :Target 2016-2020



Malaria Cases & deaths 2018 – 2020 (T5 based)

Year	Malaria Cases	Incidence / 1,000 pop	Malaria Deaths	Mortality / 100k
2018	264,752	19	192	1.39
2019	308,173	22	266	1.9
2020	445,555	32	400	2.88

- The country realized an increase in incidence of malaria by 45.5% (from 22/1000 in 2019 to 32/1000 in 2020.) from the previous year
- Malaria mortality increased by 51% (from 1.9/100,000 to 2.87/100,000) for the same period
- COVID-19 and related activities could have also contributed to the increase in malaria cases among other reasons

2021 Snapshot

Comparison table for RDNS Cases & deaths 2021 (Wk 1- 41)

Year	Incidence	Cumulative Malaria Deaths	Case fatality rate
2019	16.9	254	0.1
2020	26.6	381	0.1
2021	6.9	113	0.1

- A reduction of 73.8% of malaria cases was noted in 2021 as compared to 2020 during the same period under review.
- Malaria deaths over the same period went down from 381 in 2020 to 113 in 2021, showing a 70.3% reduction.

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

- Increased morbidity and mortality (incidence of malaria rose by 45.5% in 2020).
- Disruptions in access to core malaria control tools during the Covid 19 pandemic (esp to hard to reach areas)
- Confusion due to similarities of symptoms of malaria and Covid 19 .
Health workers gripped with fear to treat and manage malaria cases
- Delays in implementation of planned activities
e.g KAPB study which has been on the drawing board since beginning of the year was carried in Aug and Sept
- Virtual meetings attendance affected by poor network coverage and high cost of mobile data

Action taken

- Malaria services approved as essential services for continued implementation during lockdown restrictions (96% IRS coverage attained in 2020)
- **COVID-19-related risk mitigation measures to fight malaria**
 - Sourced and supplied accessories to support COVID-19 compliance prioritizing VHWs (PPE, masks, sanitizers)
 - Integrated Malaria messaging in National COVID19 awareness programmes
 - Tailoring intervention to WHO COVID19 prevention guidelines
 - Developed IRS guidelines in context of COVID19
 - Developed case management guidelines in line with WHO Covid 19 guidelines
 - Implemented cluster training for malaria case management
 - Mass Long Lasting Insecticidal nets (LLINs) distribution using Door to Door approach
 - Strengthened partnership engagements and collaboration
 - Resource mobilisation through GF Covid 19 grants and other partners support

Best Practices

- Expanded community-led response systems through empowering communities to plan their programmes through Community Action Cycle (CAC) training
- Use of door to door approach in mass distribution of LLINs
- Adoption of cluster training for case management at sub national levels
- Use of district team approaches for Indoor Residual spraying

Implementation Support (TA) Requirements for 2022

Activity	Support type (TA or financial)	Period
Finalisation of the MSP2021-2025	TA and financial	Q4, 2021
Development of Malaria Communication strategy	TA and financial	Q4, 2021
Development of the Entomology Strategy	TA	Q1, 2022

Gap analysis 2021

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	1,874,574	1,874,574	0
IRS US\$	3,032,140	3,032,140	0
ACTs (# number of commodities)	214,405	214,405	0
RDTs (# number of commodities)	1,242,120	1,242,120	0
IPTp	203,581	203,581	0
Total US\$ need essential services			
Other			
Total US\$ need malaria strategic plan	36,703,164	28,319,503	8,383,661

Gap analysis 2022

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	2,586,904	2,586,904	0
IRS US\$	2,818,373	2,818,373	0
ACTs (# number of commodities)	173,410	173,410	0
RDTs (# number of commodities)	2,838,323	2,838,323	0
IPTp	206,024	206,024	0
Total US\$ need essential services			
Other			
Total US\$ need malaria strategic plan	38,384,111	35,841,008	2,543,103

Gap analysis 2023

	NEED	FINANCED	GAPS
LLINs (<i># number of commodities</i>)	1,146,204	1,146,204	0
IRS US\$	2,706,573	2,706,573	0
ACTs (<i># number of commodities</i>)	131,448	131,448	0
RDTs (<i># number of commodities</i>)	2,536,234	2,536,234	0
IPTp	208,416	208,416	0
Total US\$ need essential services			
Other			
Total US\$ need malaria strategic plan	31,392,911	20,676,073	10,716,838