

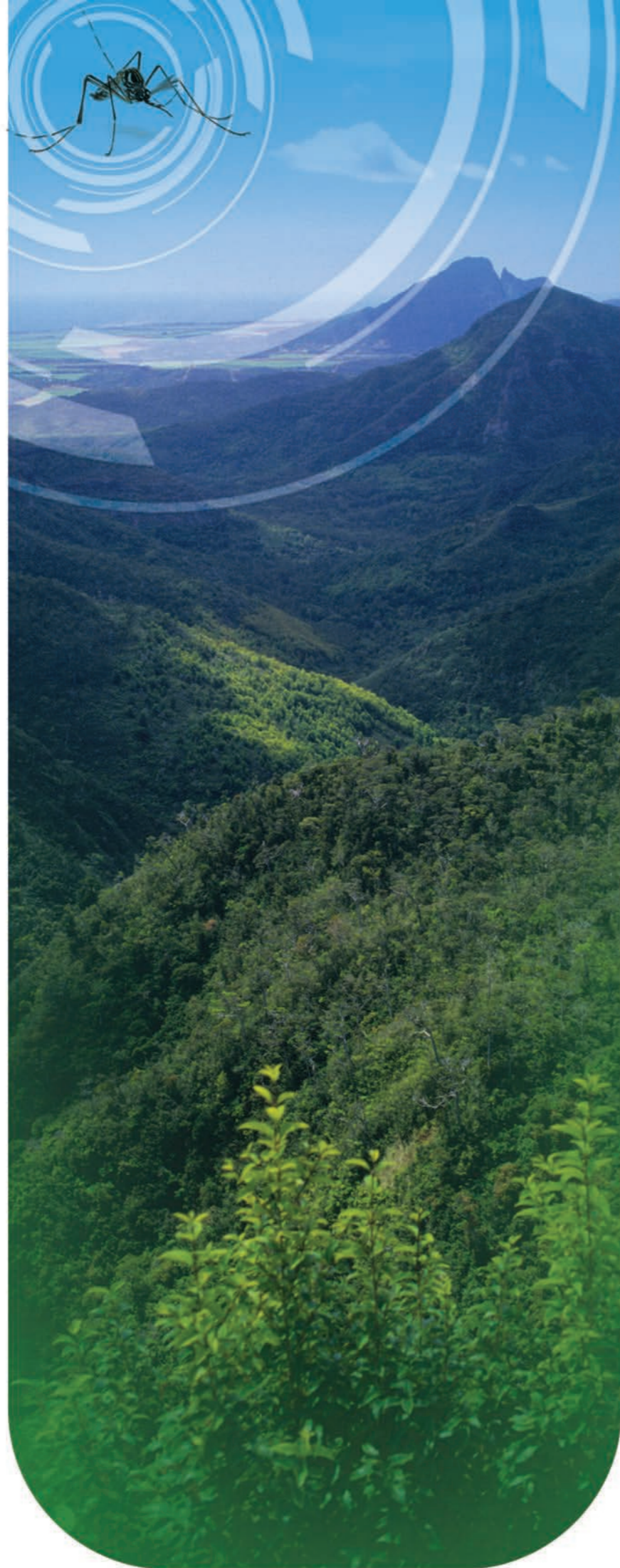
A SITUATIONAL ANALYSIS OF
MALARIA CONTROL IN SADC

KEY THEMES FROM SARN MALARIA
PROGRAMME REVIEW REPORTS



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2 Malaria Programme Reviews

This technical briefing, summaries common themes from the Malaria Programme Reviews' reports which were carried out across the SADC countries. The purpose of the briefing is to identify findings that are common to countries in line with the different malaria epidemiological strata in the region. A malaria programme performance review (MPR) is a periodic WHO recommended joint programme management process for reviewing progress and performance of a malaria programme within the context of the national health and development plans with the aim of improving performance and/or redefining the programme's strategic direction and focus. The purpose of a malaria programme review is to strengthen strategies for national response against malaria at country level through mapping of malaria epidemiology, review of existing strategies and interventions and identification of areas for strengthening and refocusing of interventions.

What are MPRs and why are they important?

Malaria Program Review (MPR) is a country led periodic, collaborative evaluation of national malaria control programmes to assess and improve programme performance in the delivery of anti-malaria interventions, in order to reduce morbidity and mortality. They also form a valuable tool for stakeholder dialogue on malaria control policies, strategies and service delivery.

The main objective of MPRs is to engender stakeholder dialogue around malaria control policies, strategies, and systems, with the aim of enhancing national ownership and leadership, aligning the actions of all stakeholders to jointly defined national and regional priorities, and harmonizing the operations of all stakeholders for results-based, mutually accountable malaria control programmes.

2.1 Specific Objectives

Some of the specific objectives are:

- To review malaria epidemiology.
- To review the policy and programming frameworks, organization and management structures, and capacities for national malaria control, within the context of the health system and the national development agenda.
- To assess progress made towards achievement of national, regional, and global targets, particularly the Roll Back Malaria (RBM) targets and Millennium Development Goal number 6 (MDG-6).
- To review the current programme service delivery systems, performance, achievements, and challenges, by intervention in thematic areas and by service delivery levels.
- To define the steps to redefine the strategic direction and focus, including revision of policies and strategic plan, in order to improve programme performance.

2.2 A Framework for Malaria Program Reviews (MPRs)

Process of Conducting MPRs

MPRs are conducted in accordance with WHO guidance and are split into 4 phases; planning and preparation (Phase 1), thematic desk reviews (Phase 2); field visits to validate thematic reports (Phase 3) and report writing and other follow up actions (Phase 4).

Phase 1 Planning, consultations and preparations

The aim of the preparation and planning phase is to consult and ensure consensus among all partners and stakeholders on the objectives of the review, to prepare a checklist to track activities and to make a costed plan/proposal to secure the required funding.

The 10 steps in phase 1 are:

- Identify the need for a programme review.
- Build consensus to conduct a review.
- Define the objectives and outputs of the review.
- Appoint a review coordinator and establish an internal secretariat and task team.
- Send an official request to WHO for technical support.
- Identify and agree on the terms of reference of the internal and external review teams.
- Select and prepare central, provincial and district sites for field visits.
- Plan administration and logistics.
- Develop a review proposal, with a budget, and identify funding source(s).
- Design a checklist for tracking activities.

Phase 2 Thematic desk reviews

The aim of phase 2 is to conduct a thematic desk review and to select tools for the field review. This internal review consists of a summary of recent progress in achieving set targets for access, coverage, quality, use and impact. It allows the programme to identify best practices, recognize problems, determine the priority of those problems, decide how to investigate those of highest priority and propose appropriate solutions. It also reveals information weaknesses and gaps and focuses the external review.

The five steps of phase 2 are:

- assembling information from reports and documents,
- conducting a technical thematic desk review,
- compiling a thematic desk review and
- score achievement by thematic areas
- Selecting and adapting data collection methods for the field review.

Phase 3 Field reviews and observations, presentation of findings

- Review consistency with WHO guidelines & frameworks
- Review technical soundness
- Review other evidence
- Identify information gaps
- Conduct consultations to validate thematic reports at:
 - National level – MOH Policy makers; Partners
 - Sub-national levels – Provinces, Districts, Health facilities, communities
- Analyze reports from consultations
- Update the thematic reports
- Reach consensus on Strategic directions and approaches and Action points

Phase 4: Final report and follow-up on recommendations

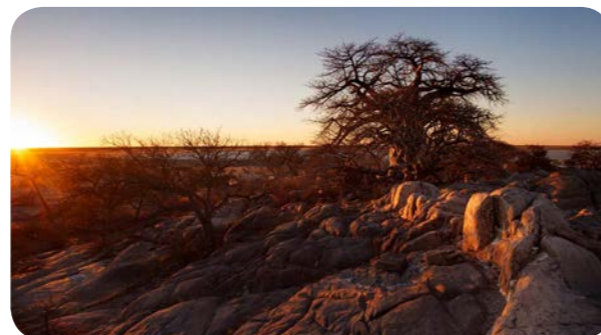
The aim of this phase is ensure finalization and dissemination of the malaria programme review report and follow-up on the recommendations, including updating policies and plans and redesigning the programme if necessary

2.3 Malaria Programme Reviews in the SARN region

In collaboration with technical and developmental partners, all 10 countries in the SARN region undertook malaria programme review focusing on the progress over the last 10 years (Table 1).

Table 1: Countries that carried out MPR

Country	Year MPR conducted	Main Objective
Botswana	2009	Assess the current strategies and activities with the view of moving the national programme from control to elimination
Madagascar	2011	To assess the current strategies and activities with a view of strengthening the malaria control programme and programme re-orientation in line with the 2008 - 2012 Strategic plan
Malawi	2010	The purpose of the review was to identify achievements; progress and performance of current National Malaria Control Programme as well identify major emerging critical issues, priority problems, and investigate the cause of problems and propose solutions with a view of program redesign to achieve better performance
Mozambique	2010	A strategic and performance review of the Mozambique National Malaria Control Programme was conducted to assess progress and performance of the programme
Namibia	2010	define next steps and targets in the context of malaria elimination
South Africa	2009	Redefining the programme's strategic direction
Swaziland	2011	Assess the current strategies and activities in view of strengthening the malaria control programme and health systems in delivery of malaria control and elimination activities
Zambia	2010	To assess the current strategies and activities with a view of strengthening the malaria control program and health systems used in delivery of malaria control services
Zimbabwe	2011	To assess the current strategies and activities with a view of strengthening the malaria control programme for sustaining the gains made and achieving further reductions in the malaria burden
United Republic of Tanzania - Zanzibar	2011	Review current strategies and activities with a view of strengthening of the malaria control programme and health systems in the delivery of malaria control and elimination activities



3 Key Findings

This section highlights the sub-regional summary of major thematic areas around malaria control. Detailed findings from the individual country areas are summarised in Annex 1.

3.1 Epidemiology of Malaria in SADC Region

The SADC region can be classified into 3 major zones in terms of epidemiology of malaria:

1. Countries with high malaria transmission and burden such as Malawi and Mozambique, there is however a subset in this category where with the updated stratification of malaria, gives a non-uniform distribution across the countries, but with an outlook ranging from low to high transmission in different parts of the country. These countries include Madagascar, Zambia and Zimbabwe. All countries in this first category are at the malaria control phase;
2. Countries with low transmission and moving towards a pre-elimination phase where reported malaria case incidence is less than 1 per 1000 people. Countries in this category include South Africa, Botswana, Namibia, Swaziland and Zanzibar; and
3. Malaria-free areas, where there is no local transmission of malaria.

The region is striving to reduce the burden of malaria where it is high and eliminate where transmission is low. SADC is the first region to earmark countries with a target for elimination in sub-Saharan Africa. These countries known as Elimination Eight (E8) include Angola, Botswana, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. Malaria response activities at regional level are coordinated by the Southern African Regional Network (SARN) - Roll Back Malaria Partnership in Southern Africa. In order to strengthen national malaria response SARN in collaboration with World Health Organisation and all SADC Member States facilitated the malaria programme reviews, leading to the development of National Malaria Strategic Plans which are streamlined to the goals of the sub-region.

The table 2 below shows summary and key issues according to groups.

Table 2: Epidemiology

	Epidemiology Outlook
Low Transmission Countries	
Botswana	Malaria incidence declined from 0.57 per 1000 population in 2010 to 0.2 in 2011.
Namibia	62 per 1000 outpatient cases in 2008
South Africa	Stratified with four provinces as malaria zones with local transmission. Average annual malaria incidence ranges from 0.25 to 2.31 per 1000 cases. Experiences increased imported malaria cases from other countries
Swaziland	Only 474 confirmed malaria cases detected in 2010-2011 Experiences imported malaria cases
United Republic of Tanzania - Zanzibar	Malaria infection declined from 10% in 2005 to 2% in 2010. New malaria episodes reduced in under-five from 16 to 2 per 1000 and 4 to 2 per 1000 in above five years age group