

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

**REUNION VIRTUELLE ANNUELLE DES
RESPONSABLES DES PROGRAMMES DE LUTTE
CONTRE LE PALUDISME ET DES PARTENAIRES**

Djibouti

10 Novembre 2020



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

Sur 7 indicateurs d'impact seulement 2 sont renseignés par le programme.

- Les deux indicateurs d'impact sont renseignés dans le cadre des activités financés par le FM et sont les suivants:

- Cas de paludisme confirmés par microscopie ou TDR pour 1000/habitants par an.

Pour l'année 2019, 49402 personnes ont été testés positifs pour le paludisme dans le pays.

- Nombres des décès des patients hospitalisés due au paludisme pour 100 000/habitants par an.

Le programme a commencé à renseigner cet indicateur au début de cette année à partir des services des hospitalisations. Néanmoins le programme n'a toujours pas validés les données concernant cet indicateur.

Impact du COVID-19 sur l'implémentation des interventions de lutte contre le paludisme en 2020 (1)

- Les ressources réalloués dans la lutte contre la Covid19
- l'accès aux services de gestion des cas a été perturbés
- Une diminution des consultations et des retards dans les recours aux soins (Artesunate injectable).
- Une diminution de la demande des services par la population
- Le sentiment de méfiance à l'égard des services de santé (peur de contracter la COVID-19)

Meilleures Pratiques

- Utilisation de l'application Zoom pour interagir avec les consultants et le FM pour continuer sur la demande de financement qui a coïncidé avec l'apparition de la pandémie Covid-19
- Un plan de riposte comprenant une stratégie visant à assurer la continuité des services a été élaborée à travers le CCMI pour atténuer les risques de la pandémie de covid19
- Des commandes d'urgences ont été placés pour prévenir des éventuelles ruptures de stock.

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

- Manque de financement pour la réalisation des activités du PSN;
- Augmentation des nombres des cas chaque année depuis 2013;
- Quantité insuffisante des stock en intrants (stock tendus);
- Apparition de l'anophele stephensi;
- Suspicion des délétions du gène HRP2 qui peuvent être à l'origine des résultats faux négatifs des TDR;
- Suspicion des résistances au traitement de première ligne.

Analyse des écarts 2021

	Besoins	Financés	Gaps
Duplication des registres (laboratoire)	432	0	432
PID US\$	20556	14022	6534
CTAs (# nombre)	51 872	51 872	0
TDRs (# nombre)	225 233	225 233	0
Total US\$ services essentiels	ND	ND	ND
Réactifs microcopie (Giemsa)	54 562	0	54 562
Achat microscope	20	0	20
Total US\$ du Plan Stratégique National (PSN) 2021	2 745 572 US\$	1 349 614 US\$	1 395 958

Analyse des écarts 2022

	Besoins	Financés	Gaps
MILDA (# nombre)	446056	212517	233539
PID US\$	20556	6000	14556
CTAs (# nombre)	50 316	50 316	0
TDRs (# nombre)	218 476	218 476	0
Total US\$ services essentiels			
Réactifs microcopie (Giemsa)	61 068	0	61 068
Autres			
Total US\$ du Plan Stratégique National (PSN) 2021	4 856 528 US\$	1 349 614 US\$	3 506 914 US\$

Analyse des écarts 2023

	Besoins	Financés	Écarts
MILDA (# nombre)			
PID US\$	20556	6000	14556
CTAs (# nombre)	47 800	47 800	0
TDRs (# nombre)	207 991	207 991	0
Total US\$ services essentiels			
Réactifs microcopie (Giemsa)	58 014	0	58 014
Autres			
Total US\$ du Plan Stratégique National (PSN) 2021	2 523 572	1 349 614	1 173 958

Exigences de l'assistance Technique pour l'année 2021

Activité et le type d'assistance	Période
Evaluation du besoin pour le laboratoire national de l'entomologie et parasitologie pour le paludisme (Entomologiste)	1 ans
Etude de durabilité de MILDATS (Entomologiste)	
Suivi des activités entomologiques (étude sur la résistance, étude sur l'efficacité des insecticides pour la PID) (Entomologiste)	
Élaborer un document de mobilisation des ressources nécessaires pour la lutte contre le Paludisme (Business plan) Expert en santé communautaire/communication, plaidoyer et mobilisation des fonds	6 mois
Organiser une étude qualitative, quantitative et opérationnelle au niveau communautaire sur les obstacles d'accès aux services de prévention et de prise en charge, liés aux droits humains et genre. Expert en épidémiologie interventionnels et en santé communautaire.	6 mois

Merci de votre attention



Kenya Presentation

RBM CRSPC East Africa Sub-Regional National Malaria Control Program Managers and Partners Meeting Virtual

10 November 2020



Division of National Malaria Programme – Komesha Malaria, Okoa Maisha



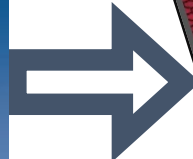
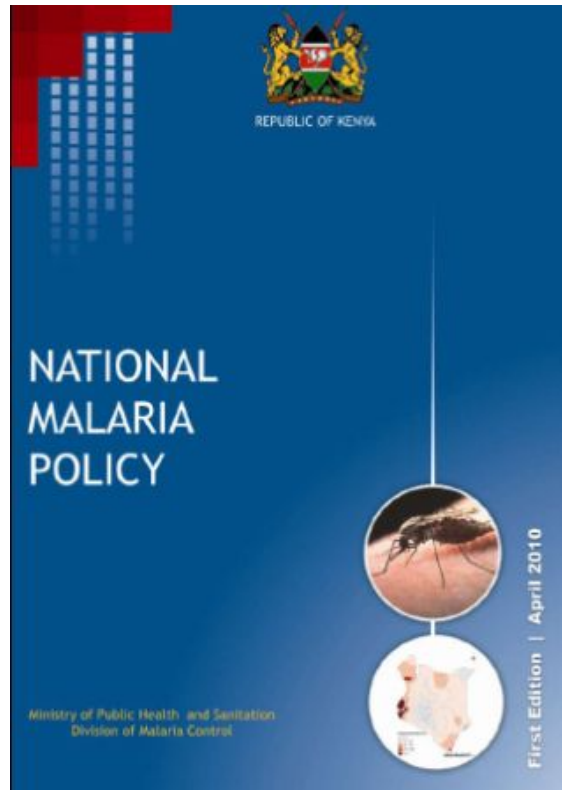
Presentation Outline

1. Kenya Malaria Strategy 2019-2023
2. Implementation Status
3. Impact of COVID-19 on Planned Malaria Interventions in 2020
4. Best practices/ achievements
5. Key Bottlenecks /challenges
6. Gap analysis (2020,2021, 2022)
7. TA Requirements





Kenya Malaria Strategy (KMS) 2019 - 2023





Kenya Malaria Strategy (KMS) Objectives

Goal:

To reduce malaria incidence and deaths by at least 75% of the 2016 level by 2023

Objective 1: To protect 100% of people living in malaria risk areas through access to appropriate malaria preventive interventions by 2023

Objective 2: To manage 100% of suspected malaria cases according to the Kenya malaria treatment guidelines by 2023

Objective 3: To establish systems for malaria elimination in targeted counties by 2023

Objective 4: To increase utilization of appropriate malaria interventions in Kenya to at least 80% by 2023

Objective 5: To strengthen malaria surveillance and use of the information to improve decision-making for programme performance

Objective 6: To provide leadership and management for optimal implementation of malaria interventions at all levels for the achievement of all objectives by 2023





Implementation Status: Is the country on track with addressing the Kenya Malaria Strategy targets ?

- The country is on track in reducing malaria incidence and monitoring malaria admission and deaths
- Key malaria systemic data quality issues are being addressed, these include:
 - Data completeness and accuracy
 - Discordance in malaria data from different tools/sources
 - Missing information (differentiation of blanks & zero value)
 - Inpatient data not being captured
- Reporting tools have been revised to enhance uniformity in data collection





Revision of Reporting tools to enhance data collection Cont'-

- **MOH 705 A/B**

- DHIS data elements for malaria have been harmonized in the context of malaria case definition
- Suspected malaria cases (as per international definition)
 - Suspected cases > =Tested Cases > positive cases
- Test Results column in the OPD register
 - RDT Positive / RDT Negative
 - BS Positive / BS Negative

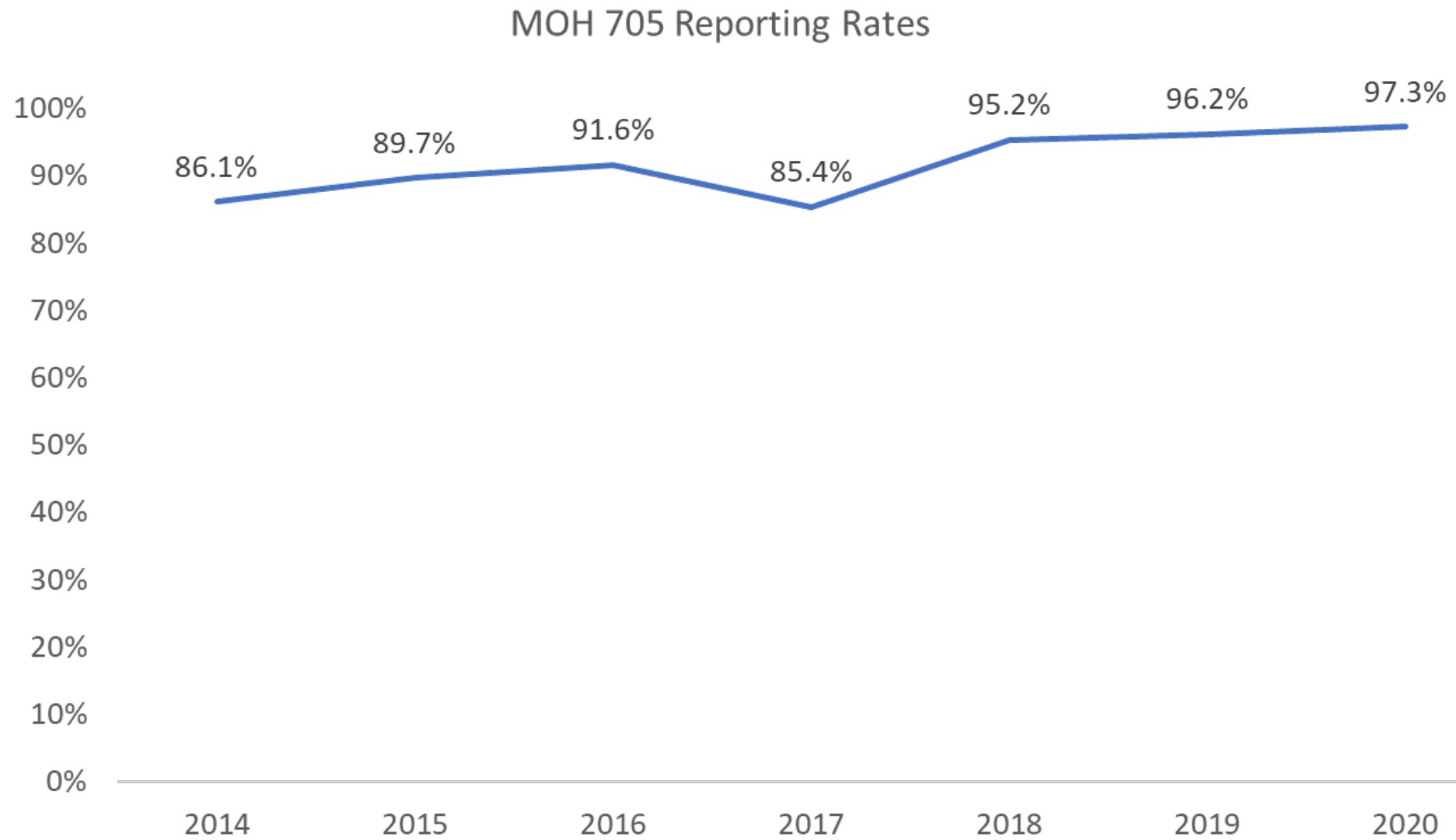
- **MOH 505**

- All fields have been made mandatory for malaria data elements/form
- The revised tools reflect disaggregation by type of malaria test done
 - malaria microscopy and RDT tests done
 - positive cases
- Threshold setting dashboard for all the sentinel sites for malaria EPR



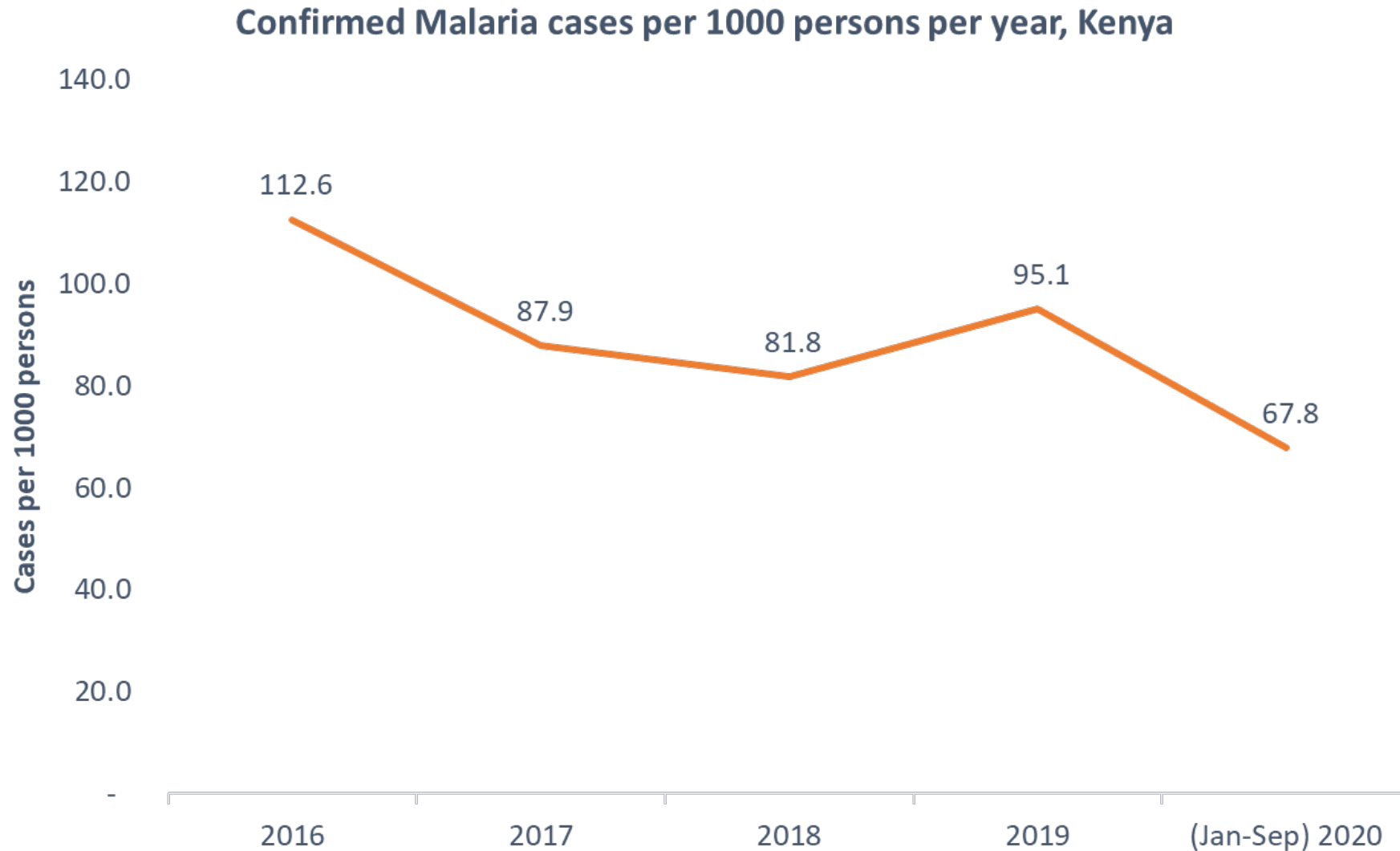


Improved Reporting



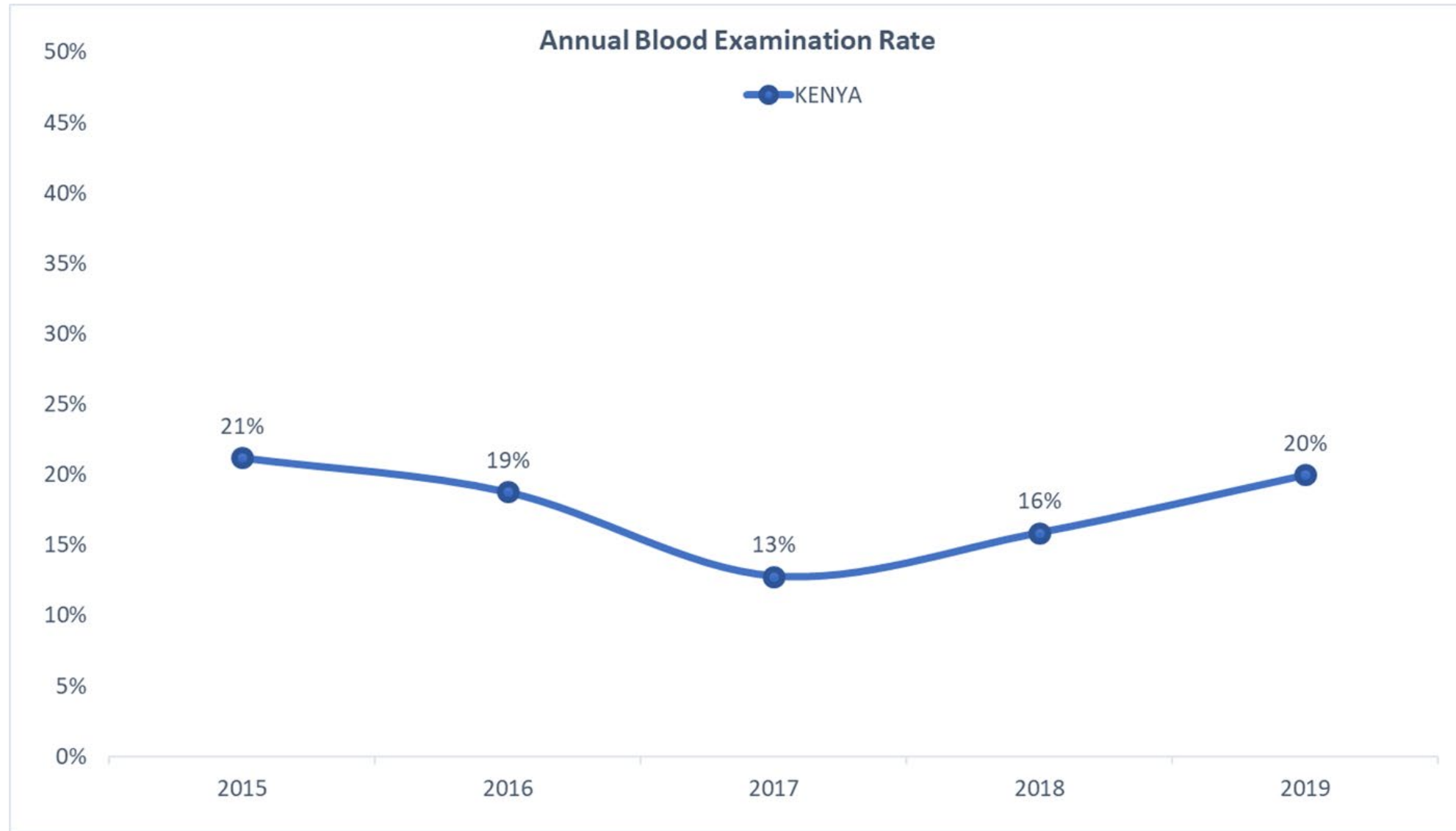


Reduction in Malaria Incidence



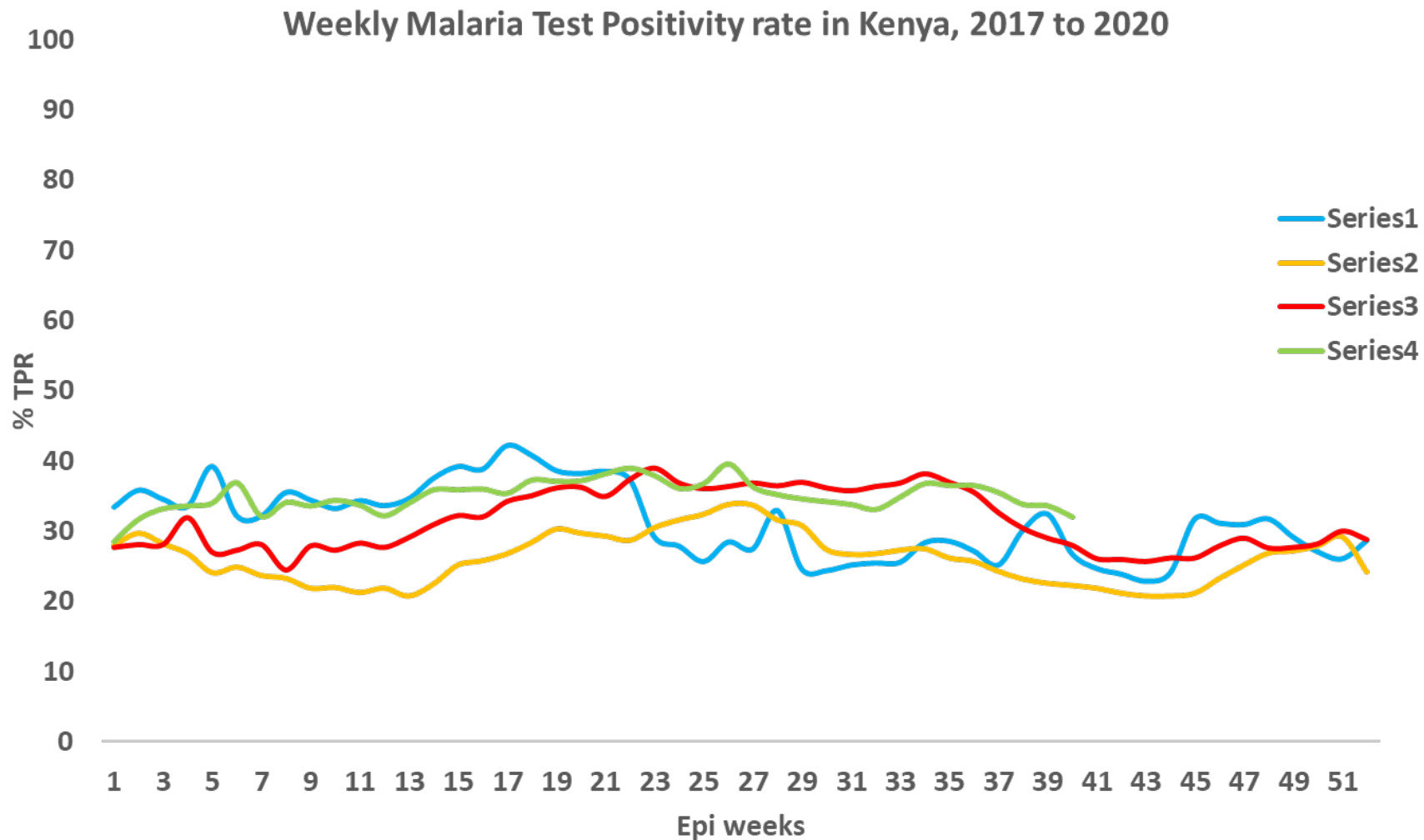


Increased Diagnostic Services and Reporting of Cases Tested





Malaria Test Positivity Rate

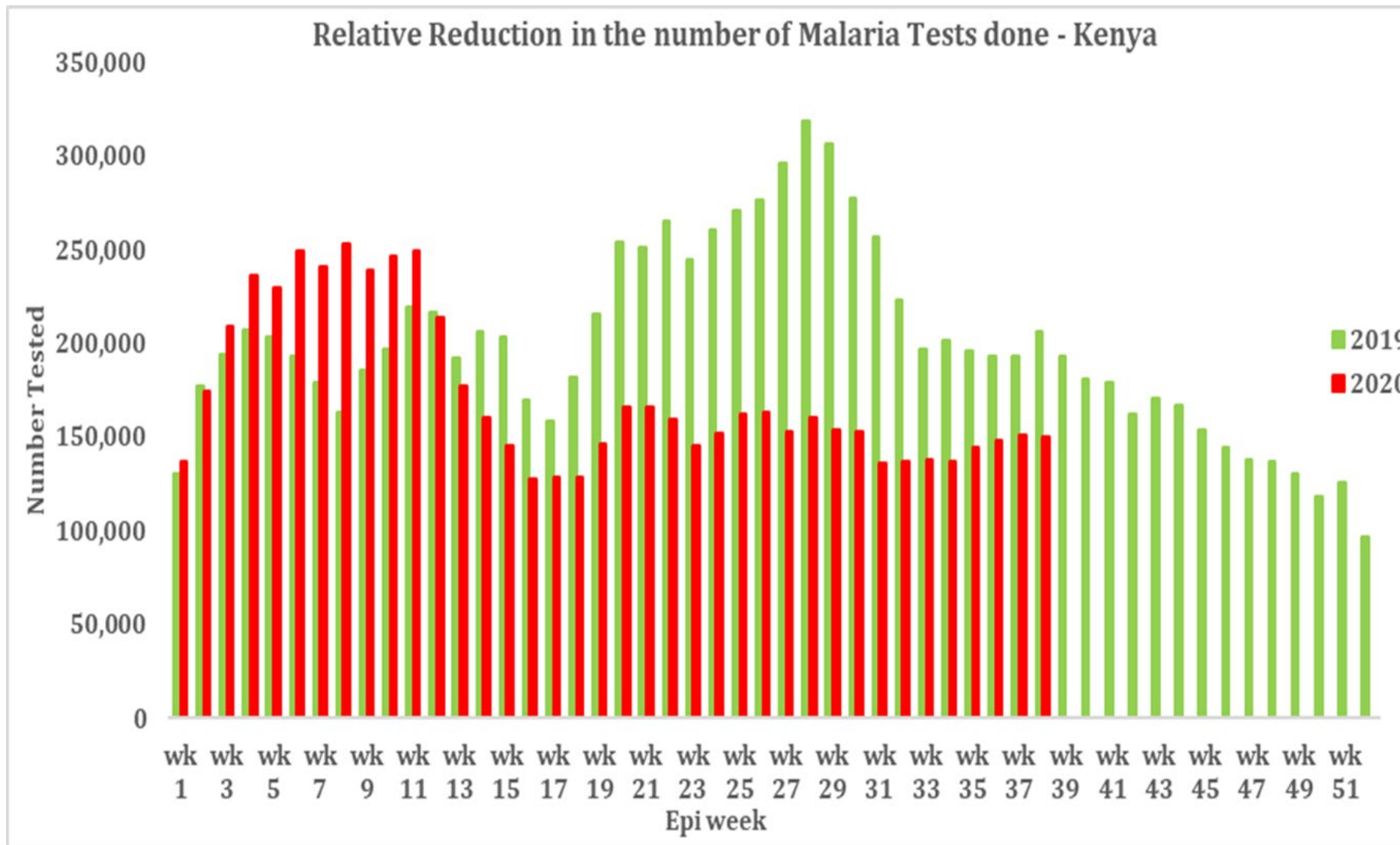


Blue = 2017, Orange = 2018, Red = 2019, Green = 2020



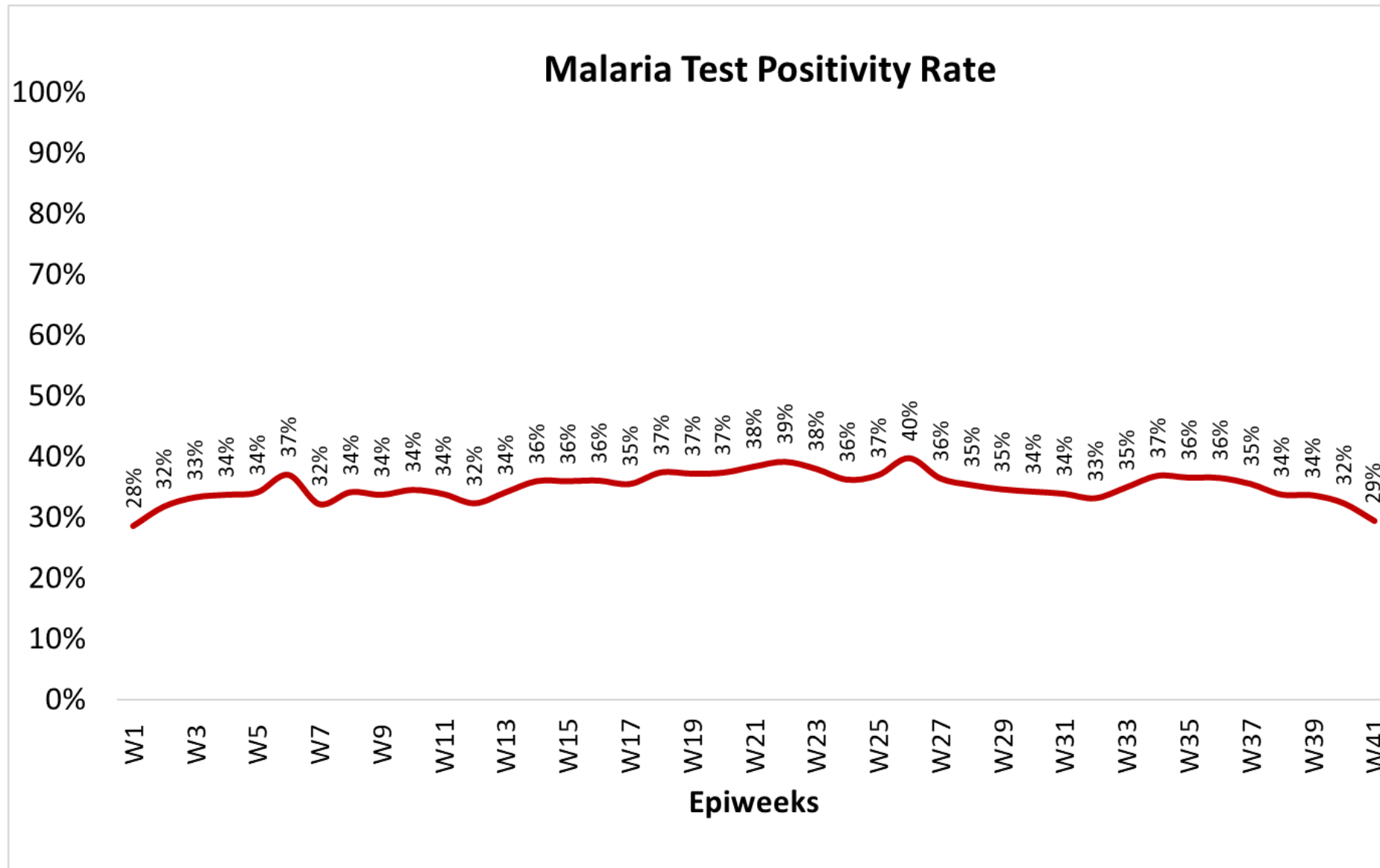


Relative reduction in the number of weekly Malaria Tests done, 2019 and 2020



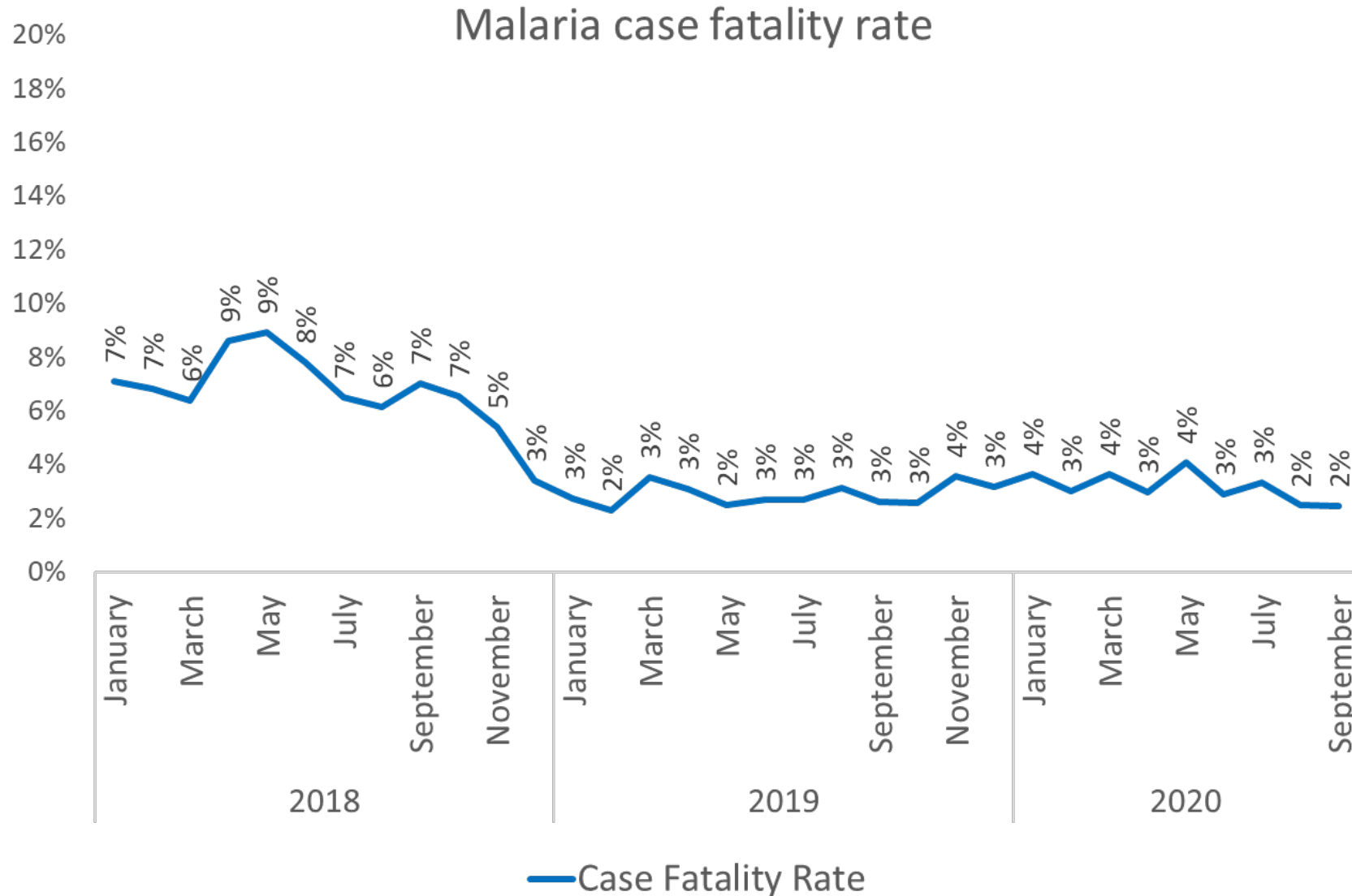


Malaria Test Positivity Rate - 2020



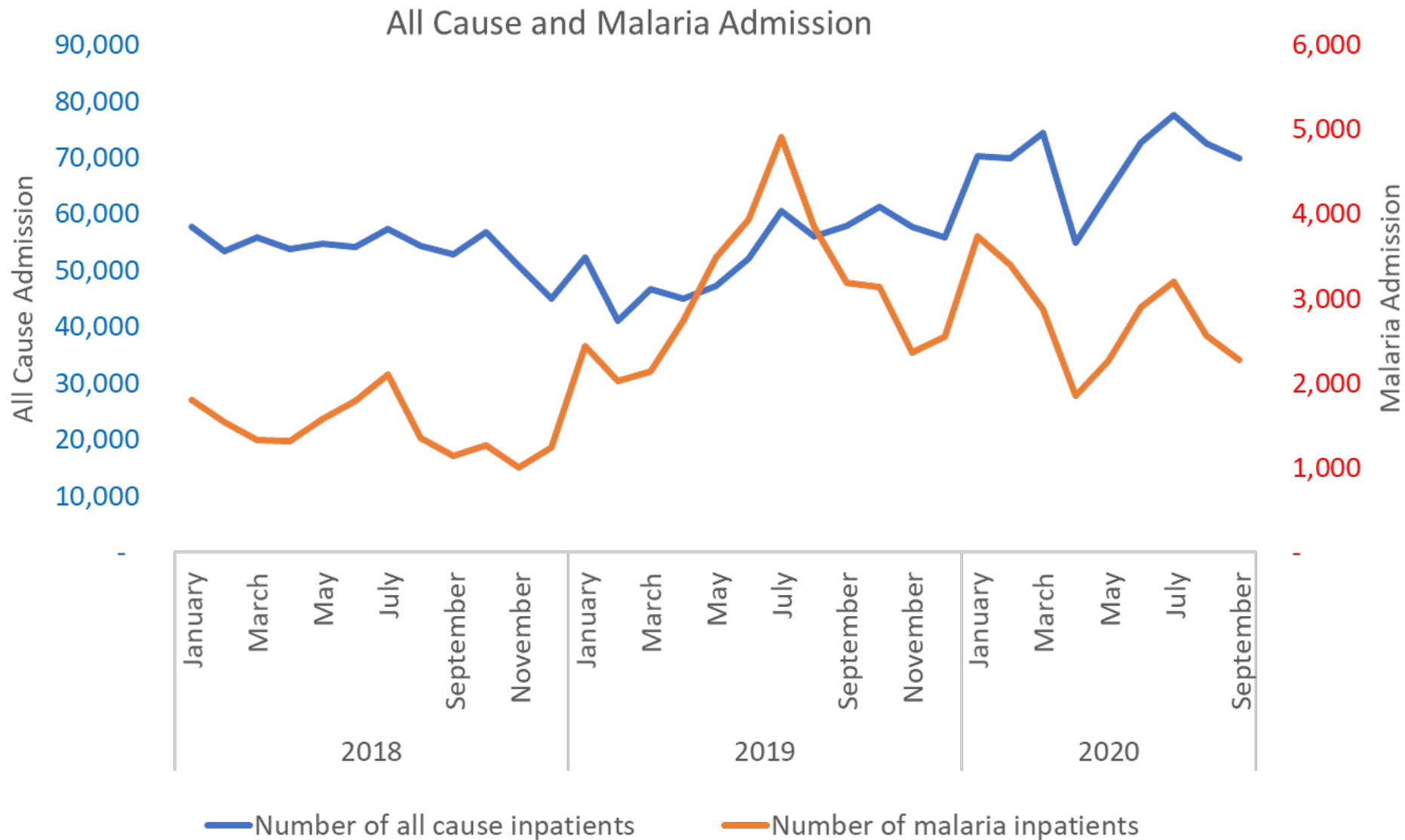


Reduction in Malaria Case Fatality Rate



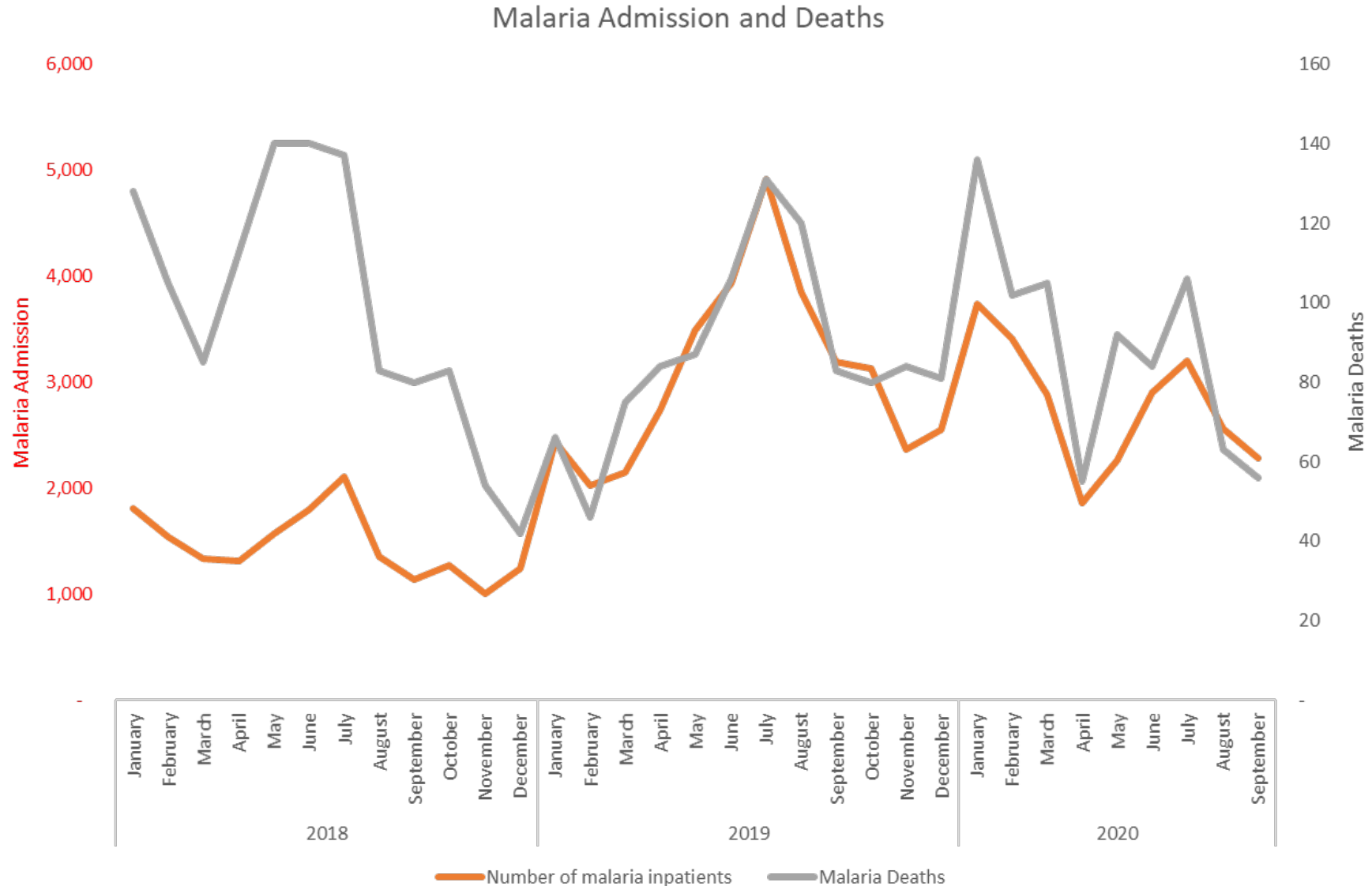


Malaria Admission and Malaria Deaths





Malaria Admission and Malaria Deaths





Impact of COVID-19 on Planned Malaria Interventions in 2020

- Delay in implementation of Mass LLIN campaign
- Reduction in hospital attendance resulting in reduced relative number of patients tested for malaria
- Increased need for enhanced capacity of malaria diagnostic services in higher level facilities due to increased number of referrals
- Changes in guidance on community level diagnosis and treatment for malaria due to Covid19
- Additional costs and delay in airing of SBC messaging due to the need to update the existing messages to align with Covid19 messages
- Deferred activities i.e. surveys, DQA; Support Supervision;
- Lost value of physical meetings





Best Practices

- Closer engagement of the administrative structures in mass LLIN campaign to enhance adherence to Covid 19 guidelines i.e. the county commissioner office, ward administrators, chiefs, Ass-chiefs and village elders
- Vector surveillance
 - Capacity building at county level
 - Provision of equipment and supplies
 - Collection of samples (twice a year) in all the epidemiological zones
 - This has ensured that vector surveillance is conducted routinely
- County level epidemiological maps updated every 2 years
- Quality of care surveys (OPD, IPD & Private sector)
- Quarterly surveillance bulletin at national and county levels (endemic & Epidemic prone regions) monitoring key trends and indicators
- Use of integrated national systems such as for Pharmacovigilance(PCPB), Procurement, warehousing and distribution system(KEMSA) and Data(KHIS)
 - Enabled efficiencies without heavy parallel investment.
- Adoption of Malaria commodity dashboard for use by the counties for commodity management
- Adoption of a dashboard for weekly monitoring of Epidemic Preparedness & Response thresholds





Key Bottlenecks/Challenges encountered and how they were addressed

- COVID pandemic resulting in reduction of patients seeking health services in the health facilities.
 - Provision of PPEs for health workers
 - Advocacy for prompt health seeking behavior among the community members
- Inadequate malaria commodities
 - Engaged stakeholders to fast track delivery of procured RDTs and LLINs
- Court ruling on community testing of malaria by non-Lab
 - Some counties stopped testing at community level
 - Consultative engagement in progress
- Inadequate resources to finance the strategy
 - Domestic resource mobilization –MTEF and launch of Zero Malaria Starts with Me Campaign
- Lack of clarity in private sector engagement
 - Private sector mapping is underway





Gap Analysis 2021

	NEED	FINANCED	GAPS
LLINs (# number of routine nets)	2,332,331	1,999,800	432,531
IRS US\$	\$14,978,994	\$10,042,924	\$4,936,069.39
ACTs (# number of treatments)	5,574,078	11,258,832	0
RDTs (# number of tests)	8,273,841	12,795,425	0
Artesunate Inj (# of treatments)	1,028,408	750,000	278,408
IPTp (# of treatments)	3,109,336	3,109,336	0
Total US\$ need essential services	\$27,809,081	\$25,343,050	\$ 6,270,847.79
Other interventions	\$66,371,376	\$ 34,761,991	\$ 31,609,384.89
Total US\$ need malaria strategic plan	\$94,180,457	\$60,105,041	\$34,075,416





Gap Analysis 2022

	NEED	FINANCED	GAPS
LLINs (# number of routine nets)	2,442,354	2,000,000	442,354
IRS US\$	\$ 15,320,617	\$ 10,042,924	\$ 5,277,692.63
ACTs (# number of treatments)	6,093,439	7,570,000	0
RDTs (# number of tests)	8,481,515	8,900,000	0
Artesunate Inj (# of treatments)	1,123,693	1,000,000	123,693
IPTp (# of treatments)	3,231,457	3,300,000	0
Total US\$ need essential services	\$ 28,900,404	\$ 22,936,324	\$ 5,975,046
Other interventions	\$ 66,905,699	\$ 35,209,658	\$ 30,964,482
Total US\$ need malaria strategic plan	\$ 95,806,103	\$ 58,145,982	\$ 37,660,121





Gap Analysis 2023

	NEED	FINANCED	GAPS
LLINs (# number of routine nets)	2,569,756	2,400,000	169,576
LLINs (# number of mass net campaign)	15,054,136	12,979,466	3,084,707
IRS US\$	\$ 15,670,073	\$ 10,042,924	\$ 5,627,149
ACTs (# number of commodities)	6,663,810	7,680,000	0
RDTs (# number of commodities)	8,694,401	8,900,000	0
Artesunate Inj (# of treatments)	1,223,783	520,000	703,783
IPTp (# of treatments)	3,462,878	3,600,000	0
Total US\$ need essential services	\$ 94,210,012	\$ 78,747,049	\$ 20,263,299
Other	\$ 69,625,826	\$ 16,700,377	\$ 48,125,112
Total US\$ need malaria strategic plan	\$ 163,835,838	\$ 95,447,426	\$ 68,388,411





Implementation Support (TA) Requirements for 2021

Intervention	Activity and the TA Type	Period
Case Management	Review of Quality Assurance and TOT curriculum for parasitological diagnosis of malaria	July-Dec 2021 (20 Days)
Malaria Elimination	Capacity development for national and county on Malaria Elimination	February 2021 (15 days)
	Development of tools and analysis platform for assessments	April 2021 (20 days)
Social Behaviour Change Communication	Review of SBC Communication Strategy – Consultant	Jan-March 2021 (20 Days)
Programme Management	Grant making for GF Funding request development for 2021_2023 funding cycle	Jan – Feb 2021 (30 days)
	Development of a Resource mobilization strategy	March April 2021 (20 days)
	Mid-term review of the Kenya Malaria Strategy – 6 Consultants	July-Dec 2021 (25 Days)







Zero Malaria Starts with Me Pledge





Malaria Free KENYA



Case Mgmt

Vector Control

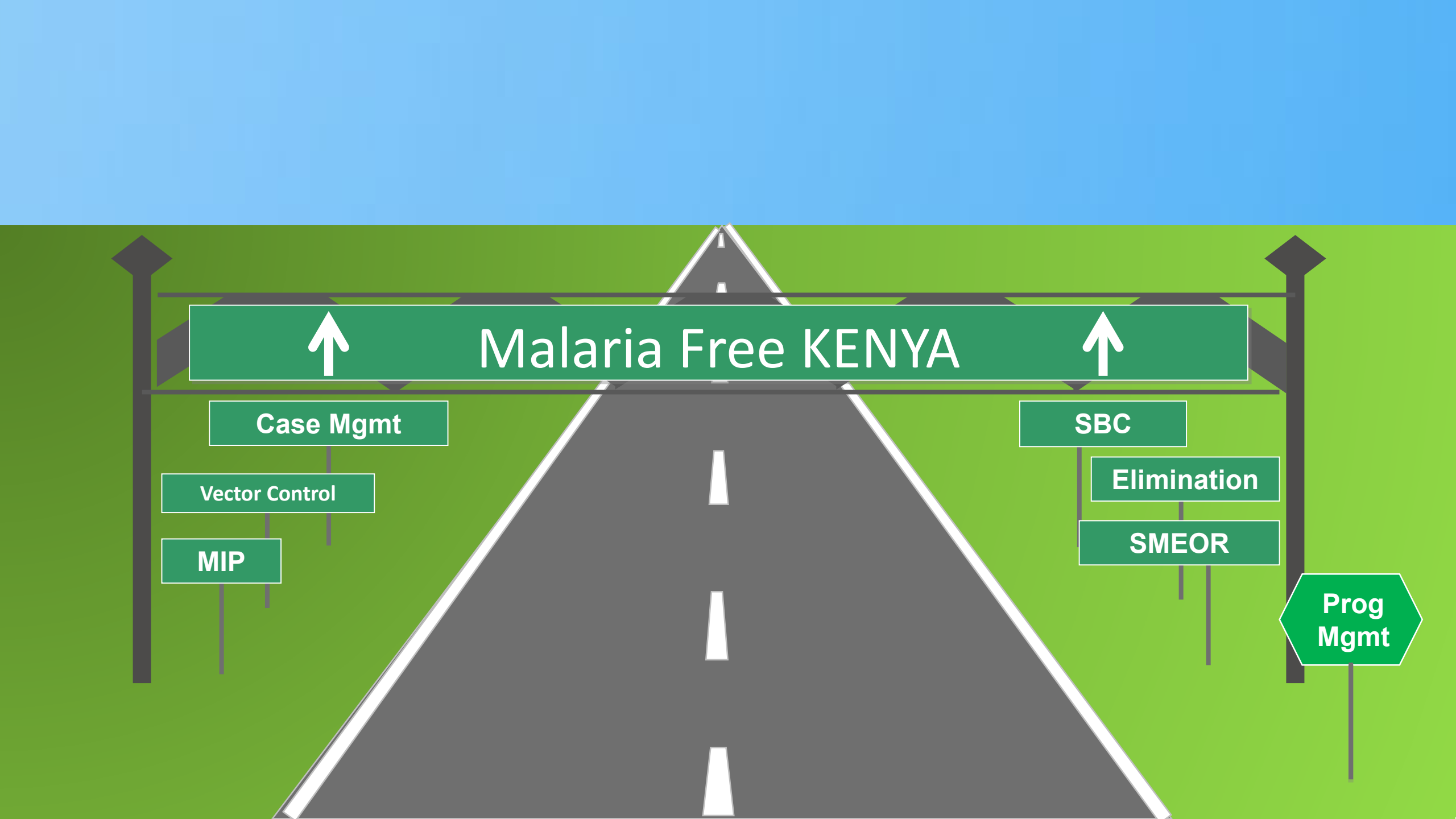
MIP

SBC

Elimination

SMEOR

Prog
Mgmt





Division of National Malaria Programme (DNMP)

P.O. Box 19982 – 00202

Nairobi, KENYA

Website: www.nmcp.or.ke

Facebook: www.facebook.com/nmcpkenya

Twitter: @nmcpkenya



RBM- COMITÉ DES PARTENAIRES POUR L'APPUI AUX PAYS ET REGIONAL (RBM-CRSPC)

**RÉUNION ANNUELLE DES RESPONSABLES DES PROGRAMMES DE
LUTTE CONTRE LE PALUDISME ET DES PARTENAIRES
VIRTUELLE**

10 NOVEMBRE 2020

BURUNDI

DR. SINARINZI PIERRE

DIRECTOR/NMCP

PLAN

- État de la mise en œuvre: le pays est-il sur la bonne voie pour atteindre les objectifs du PSN;
- Impact du COVID-19 sur l'implémentation des interventions de lutte contre le paludisme en 2020;
- Meilleures Pratiques;
- Goulots d'étranglement/ Obstacles rencontrés et comment ils ont été résolus;
- Analyse des écarts 2021;
- Analyse des écarts 2022;
- Analyse des écarts 2023;
- Exigences de l'Assistance Technique pour l'année 2021.

Etat de mise en oeuvre du PSN 2018-2023(1/2)

Indicateur	Périodicité de rapportage	Base line 2017	Niveau d'atteinte 2018	Niveau d'atteinte 2019	Niveau d'atteinte 2020(janvier à septembre)	Cible pour l'année 2020	Commentaires: Défis/contraintes
Cas de paludisme enregistrés, présumés et confirmés pour 1000 habitants	Annuel	733,6	503	808	497.7	570.5	Pour 2020,projection de l'incidence à partir des cas confirmés de 9mois
Nombre de décès de patients hospitalisés dus au paludisme : taux pour 100 000 habitants par an	Annuel	35,275	24.2	33	28.4	20.825	
Taux de mortalité palustre en milieu hospitalier pour 100000 habitants	Annuel	38,20%		24.7	16	22.5	
Létalité liée au paludisme	Trimestriel	1,20%	1.03%	0.9%	1.1%	0.7%	
Taux de positivité des tests du paludisme (GE/TDR)	Trimestriel	58,10%	62.1%	60%	49%	45.2%	

Etat de mise en oeuvre du PSN 2018-2023(2/2)

Indicateur	Niveau atteint 2017	Niveau atteint 2018	Niveau atteint 2019
Taux de couverture des ménages, distribution des MIILDA à raison d'une MIILDA pour deux personne	96.2%		93,5%
Proportion de ménages ayant bénéficié de l'aspersion intra domiciliaires dans les zones ciblées	95,00%	93.7%	95.1%
Proportion de la population des zone d'intervention protégée par l'aspersion intra domiciliaires dans les zones ciblées	80,00%	92%	92.9%

Impact du COVID-19 sur l'implémentation des interventions de lutte contre le paludisme en 2020

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

- **Perturbation du circuit d'approvisionnement** des intrants avec retard des livraisons des commandes internationales avec comme conséquence les Stockouts;
- **Impact budgétaire supplémentaire** suite au respect des normes Covid-19: distanciation, achat EPI, etc.
- Perturbation de certaines activités de terrain:
 - Enquêtes entomologiques qui sont mensuelles qui ont connu **deux mois de non réalisation (Mars-avril 2020)** suite au Covid-19;
 - **Recours au télétravail** pour certaines activités requérant la présence physique des acteurs impliqués: Assistance technique à distance des fois avec faible connexion locale lors des formations, établissement/négociation de la subvention du FM.
- **Cependant** la continuité des services de lutte contre le paludisme sur tout le pays a été préservée.

Meilleures Pratiques(1/5)

Riposte aux flambées des cas de paludisme 2019:

- ✓ CDM en Decembre 2019 avec 96% de couverture ménages en MIILDAs;
- ✓ PID dans les DS les plus pourvoyeurs: 11 DS avec 93 % couverture en 2018 et 5DS avec couverture de 95% en 2019;
- ✓ Cliniques mobiles dans 28 DS;
- ✓ Réalisation de l'étude d'efficacité thérapeutique de l'ASAQ suivi du changement du protocole de PEC avec AL comme traitement de 1ère ligne;
- ✓ Etc.

Meilleures Pratiques(2/5)

Surveillance épidémiologique:

- Outils de monitoring hebdomadaire de la situation du paludisme jusqu'au niveau des CDS: courbes de surveillance épidémiologique;
- Rapportage journalier des données du paludisme au niveau des CDS a travers le DHIS2;
- Evaluation de la performance des interventions a l'aide le Carte de score/ALIMA;
- Mise en place du Groupe technique de travail sur le surveillance, le suivi-évaluation.

Meilleures Pratiques(3/4)

Surveillance entomologique et suivi de la résistance des vecteurs aux insecticides

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

Meilleures Pratiques(3/5)

Résultats de la sensibilité aux insecticides

Site	Pirimiphos-methyl		Chlorfenapyr		Bendiocarb		Deltamethrin		Permethrin		Alpha-cypermethrin	
	%	#	%	#	%	#	%	#	%	#	%	#
	mort.	tested	mort.	tested	mort.	tested	mort.	tested	mort.	tested	mort.	tested
Cankuzo	100% S	100	100% S	100	100% S	100	88%	100	81%	100	94%	100
Gihofi	100% S	100	100% S	100	100% S	100	100% S	100	-	-	-	-
Kiremba (IRS)	100% S	100	100% S	100	100% S	100	100% S	100	84%	100	97%	100
Mabayi	99% S	100	99% S	100	100% S	100	94% PR	100	91%	100	92%	100
Mpanda	100% S	100	100% S	100	100% S	100	100% S	100	100%	100	100%	100
Nyanza-Lac	100% S	100	100% S	100	100% S	100	100% S	100	73%	100	97%	100
Vumbi	100% S	100	100% S	100	98% S	100	100% S	100	79%	100	98%	100
Mutaho	100% S	100	100% S	100	100% S	100	100% S	100	85%	100	85%	100

- Sensibilité des vecteurs au pirimiphos-méthyl, au chlorfénapyr et au bendiocarbe dans tous les sites sentinelles.
- Sensibilité des vecteurs à la deltaméthrine dans tous les sites sauf à Mabayi, où une résistance possible a été observé et à Cankuzo où *An. gambiae* s.l. était résistant à la deltaméthrine(Voir tableau).
- Possible résistance à la perméthrine et à l'alpha-cyperméthrine observées dans les sites sentinelles.
- Mpanda, les vecteurs étaient sensibles à la perméthrine et à l'alpha-cyperméthrine.
- Le vecteur était également sensible à l'alpha-cyperméthrine au site sentinelle de Vumbi.

Meilleures Pratiques(5/5)

Gestion des Achats et stocks

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

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

Goulots d'étranglement/ Obstacles rencontrés	comment ils ont été résolus
Absence d'évidences sur la durabilité des MIILDA distribuées lors des campagnes de masse	Démarrage de l'étude sur durabilité des MIILDA distribuées en decembre 2020 débuté en Aout 2020
Suspension momentanée de la PEC-communautaire avec le demarrage du nouveau protocole de traitement avec AL: retards de livraison à cause de la pandémie Covid-19	Formation en cours parallèlement à la mobilisation de financement
Resistance émergente aux dérivés d'Artemisinine dans la sous région	Démarrage de l'étude sur l'efficacité thérapeutique de l'AL
Flambée périodique des cas de paludisme normalement tous les 2 ans après la CDM	Planification de nouvelles stratégies pour la période 2021-2023: <ul style="list-style-type: none">• Distribution continue des MIILDAs;• PECADOM étendue aux plus de 5ans.

Analyse des écarts 2021

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

Analyse des écarts 2022

Domaine	Besoins	Financés	Gaps Demandé dans PAAR	Gaps résiduel
MIILDA(FOB+GAS+MEO)	\$ 36 064 235	\$ 30,555,669	\$ 5,508,567	\$ 0
PID	\$ 16 796 162	\$ 3,929,540	\$ 6,876,694	\$ 5 894 309
CTA(CTAI et CTA2)	\$ 4 142 755	\$ 4142 755	\$ -	\$ -
Artesunate suppositoire	\$ 3 809	\$ 3 809	\$ -	\$ -
RDT	\$ 2 415 830	\$ 2 415 830	\$ -	\$ -
Microscopie	\$ 1 760 123	\$ 1,231,511	\$ -	\$ 528 612
Paludisme Grave	\$ 2 882 565	\$ 2 882 565	\$ -	\$ -
PEC	\$ 1 399 788	\$ 1,184,983	\$ -	\$ -
TPIg	\$ 387 139	\$ 387 139	\$ -	\$ -
Suivi Evaluation	\$ 2 748 745	\$ 1,327,238	\$ -	\$ 1 445 711
Gestion de Programme	\$ 2 536 949	\$ 2,199,460	\$ 382 726	\$ -
IEC/CCC	\$ 2 745 274	\$ 1,965,598	\$ 389,282	\$ 390 394

Analyse des écarts 2023

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

Demande PAAR 2021-2023

	Activités	Budget Demandé
1	PID dans 8 DS (Bubanza, Gitega, Buhiga, Nyabikere, Gahombo, Musema, Giteranyi et Gihofi)	21,444,658
2	MIILDA – Campagne de masse : 6 DS (DS PID et 2 DS DC	6,387,667
3	Trait. en milieu hospitalier: 4 % des besoins en Art. inj (174 000 Amp	323,567
4	Rapportage des données de routine (Analyse des données)	123,870
5	Enquêtes stratification des parasites	19,725
6	Achevement construction/ salle de réunion CARITAS : CNAM	101,946
7	IEC/CCC	1,282,308
8	Coordination et gestion des programmes nationaux de lutte contre les maladies: (i) Paludologie Internat. et Locale (ii) Formation en gestion, administration, finances, audit et gestion des achats et (iii) formation intern. en S&E	530,680
	Total	30,214,421

Exigences de l'assistance Technique pour l'année 2021

Activité	Type d'assistance	Période
Elaboration du document de mise en œuvre de la distribution continue	Consultant externe et un consultant national;	T1 2021,30jours
Atelier d'évaluation et d'actualisation de la stratégie nationale de distribution des MIILDA de routine	Consultant externe	T1 2021,30jours
Mettre en place des procédures standards de mise en œuvre de la PID (Vectolink)	Consultant national	T1 2021,30jours
Revue à mi-parcours et mise à jour du PSN (RBM)	Consultant externe et un consultant national	T1 2021,30jours
Mise à jour du plan de riposte aux épidémies (OMS)	Consultant externe et un consultant national	30 jours T2-2021
Surveillance de l'efficacité de l'artémether lumefantrine (OMS)	Consultant externe et un consultant national	10 jours/10jrs/10 jrs Déc. 2020/mars 2021/mai 2021
Réaliser de la stratification du paludisme (OMS)	Consultant externe	Décembre 2020,30jours

MERCI POUR VOTRE AIMABLE ECOUTE

RBM CRSPC East Africa Sub-Regional
National Malaria Control Program
Managers and Partners Meeting

Virtual

10 November 2020

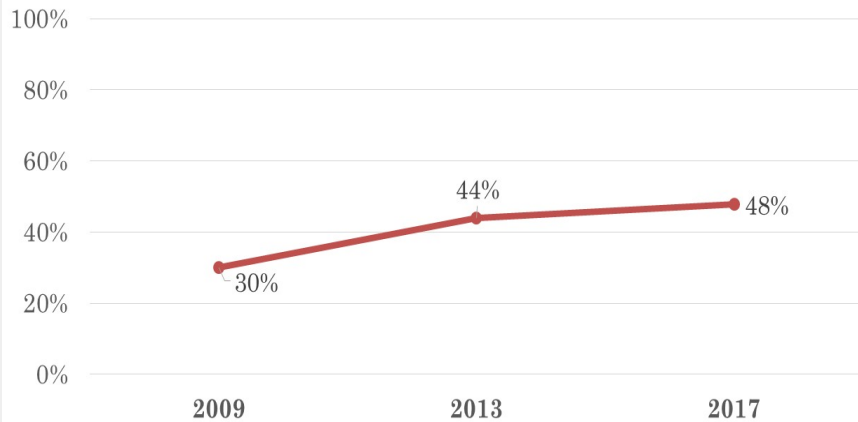
South Sudan

Implementation Status : Impact indicators achievement based on the MSP

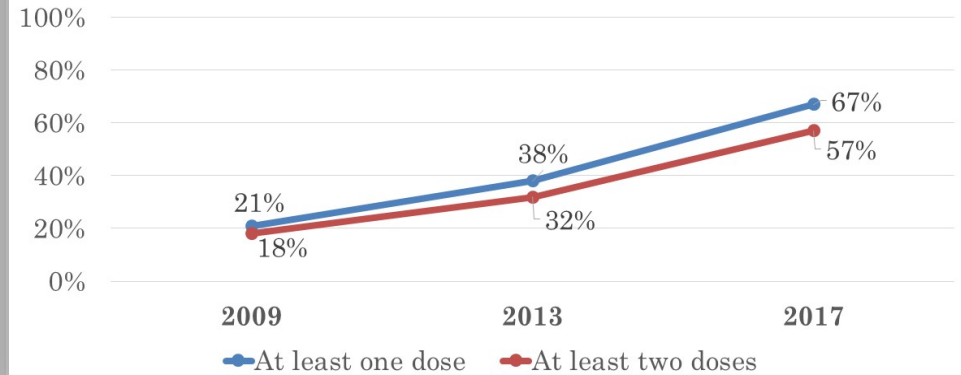
Impact Indicators	Baseline			Target and achievement	
	Value	Year	Source	Target (2019)	Attained (2019)
Incidence of confirmed malaria cases per 1000 population per year	171	2013	IDSR	81	251
Number of malaria attributed deaths	1,321	2013	HMIS	475	4873
All-cause under-5 mortality ratio	105	2015	SSHHS	38	No data
Malaria prevalence in children under 5 years	30%	2013	MIS	15 (2020)	32 (2017)

Achievements-Prevention

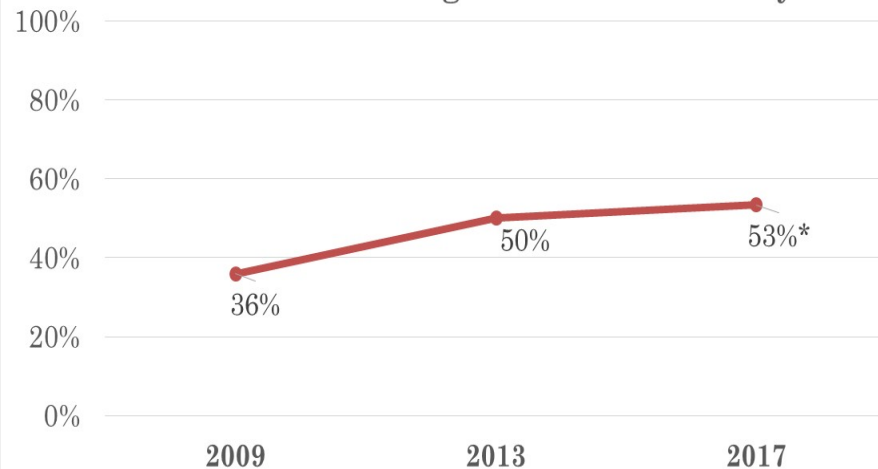
The percentage of the household population who slept under an ITN the previous night



Coverage of IPTp: percentage of women with a live birth in the previous 2 years who received SP/Fansidar

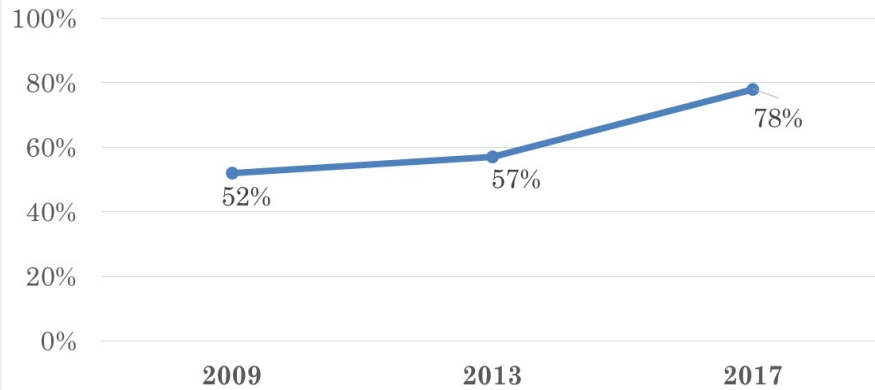


Percentage of pregnant women who slept under an ITN the night before the survey

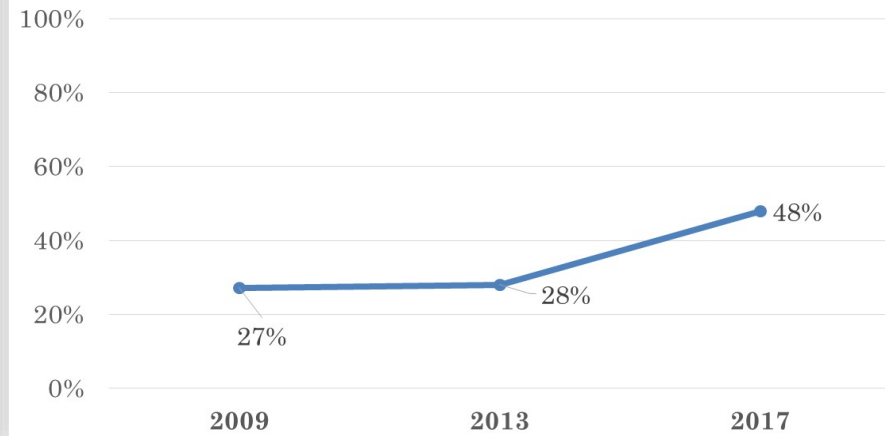


Achievements-case management

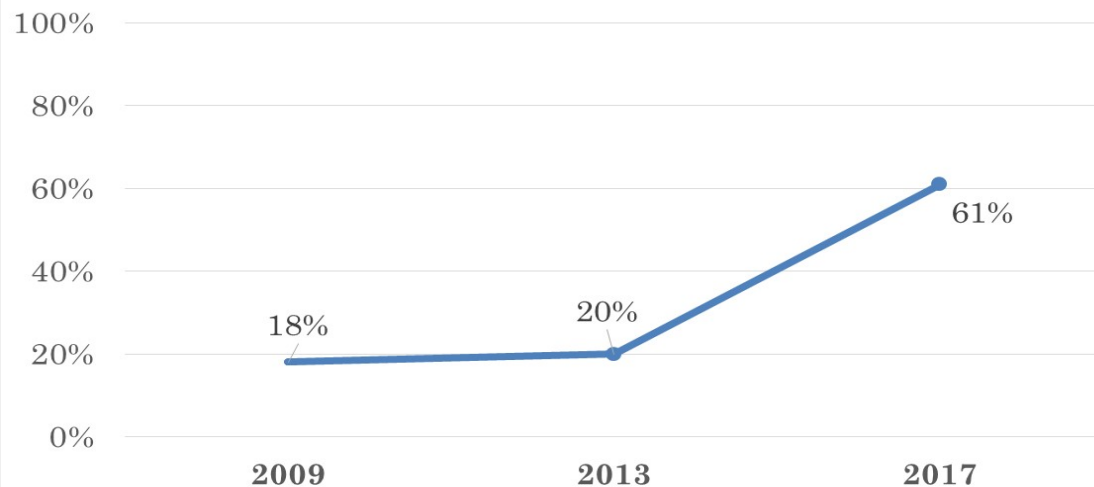
Percentage of children with fever in the two weeks preceding the survey for whom advice or treatment was sought



Percentage of children who had blood taken from a finger or heel for testing



Percentage of children receiving any ACT



Impact of COVID-19 on Planned Malaria Interventions in 2020

- Delayed implementation of program interventions due to prolonged procurement of malaria commodities
- Increased cost of implementation due to the urgent need to change our policy by integrating COVID-19 prevention intervention in malaria control interventions
- Failure to implement some key program activities such as TET and a number of case management trainings
- Limited access health facilities due to stigma of COVID-19 at the beginning of the pandemic

Best Practice: Adaptations of COVID-19 preventive measures in operationalizing ITN mass campaign

LLIN strategy adaption:

1. Implementing LLIN **capping and house to house** distribution and **mixed fixed** point distribution and capping
2. Weekly LLIN taskforce virtual coordination meeting
3. All trainings took place with smaller groups and for a period of time (1 day). Some trainings took place outside in the open to allow for physical distancing, including also **chalk markings** on the ground to enforce physical distancing measures.
4. **Handwashing stations and sanitizers** **availed** at all fixed distribution points during NBEG campaign,



Key Bottlenecks/Challenges encountered and how they were addressed

- Insecurity and flooding during implementation of mass distribution campaign was managed through adopting of the LLIN methodology to conduct emergency distribution where the internally displaced people were located
- Disruption of life-saving disease control programmes during the COVID-19 pandemic was minimized through innovation and flexibility through delivering activities whilst adhering to COVID-19 regulations and maintaining strong relationships with implementing partners on the ground

Gap analysis 2021

	NEED	FINANCED	GAPS
LLINs (<i># number of commodities</i>)	1,024,983	525,000	499,983
IRS US\$	600,564	0	600,564
ACTs (<i># number of commodities</i>)	10,312,668	10,312,668	0
RDTs (<i># number of commodities</i>)	9,292,022	9,292,022	0
Total US\$ need essential services			
IPTp	392,878	0	392,878
Other			
Total US\$ malaria strategic plan	35,518,200	23,146,227	12,371,973

Gap analysis 2022

	NEED	FINANCED	GAPS
LLINs (<i># number of commodities</i>)	1,181,171	750,000	431,171
IRS US\$	478,682	0	478,682
ACTs (<i># number of commodities</i>)	11,188,165	11,188,165	0
RDTs (<i># number of commodities</i>)	10,101,399	10,101,399	0
Total US\$ need essential services			
IPTp	407,690	0	407,690
Other			
Total US\$ malaria strategic plan	38,122,724	33,766,706	4,356,018

Gap analysis 2023

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	10,377,141	7,122,221	3,254,920
IRS US\$	496,840	0	496,840
ACTs (# number of commodities)	10,404,294	7,039,186	3,365,108
RDTs (# number of commodities)	9,112,467	8,749,535	362,932
Total US\$ need essential services			
IPTp	423,060	0	423,060
Other			
Total US\$ malaria strategic plan	82,778,405	12,783,569	69,994,836

Implementation Support (TA) Requirements for 2021

Activity	Technical Assistance	Due Date
support development of malaria annual and business plan(investment case)	Financial support for a workshop and support for a consultant to lead the process	November 2020
Support malaria matchbox toolkit assessment and development of an action plan to address human rights, gender, and equity barrier	consultant	2021 February
Review of malaria communication Strategy to align the strategy with the findings from the matchbox toolkit assessment	consultant	2021 May
support to conduct Malaria Indicator Survey Planning, and protocol development	consultant	2021 February
Support to lead the implementation of MIS	consultant	2021 September
support for MIS data analysis and report writing	consultant	2021 October
support for conducting TET	consultant	2021 April
support in developing a training manual for malaria Training of Trainers(TOT) on comprehensive package of malariology	consultant	2021 March
support to develop and conduct a clinical audit protocol	consultant	2012 June
support to launch a zero malaria starts with me campaign	consultant	2021 March



Thank
you



Photo credit: PSI, receiving ITNs for their households while maintaining physical distancing in Aweil South County

RBM CRSPC Southern Africa Sub-Regional National Malaria Control Program Managers and Partners Virtual Meeting

Dr Aimable MBITUYUMUREMYI,
Rwanda Malaria and NTDs Program Manager
RBC/MOPD Division

10/11/2020

Key National Malaria Control Interventions

1



Malaria Prevention with LLINs

2



Indoor Residual Spraying (IRS)

3



Malaria Case Management (CHWs and HFs)

4



SBCC

5



Other Tools



Implementation Status

Country Achievements towards MSP Targets

RBF-Malaria Program Indicators, 2019-2020

ITEMS	INDICATORS	Baseline	Year of Baseline	2019-2020 Targets	2019-2020 Results	%
Goal	Impact Indicators					
To reduce malaria incidence from 308/1,000 in 2016 to 198/1,000 by 2020; to reduce malaria deaths by at least 30% of 2016 levels by 2020 and to reduce malaria prevalence by 2020	Annual Parasite Incidence per 1,000 persons	308	2015-16	354	198	100*
	Inpatient malaria deaths per 100,000 persons per year	6.2	2015-16	4	1.3	100*
	Number of confirmed malaria deaths	698	2015-16	490	167	100*

*We achieved the target more than 100%

RBF-Malaria Program Indicators, 2019-2020

ITEMS	INDICATORS	Baseline	Year of Baseline	2019-2020 Target	2019-2020 Results	%
Objective 1:	Outcome Indicators					
By 2020, 90 % of population at risk will be effectively protected with locally appropriate preventive and vector control interventions based on evidence	Proportion of structures in targeted areas that received indoor residual spraying (IRS) during the reporting period	98%	2015-16	98	99.3	101
	Proportion of population protected by indoor residual spraying within the last 12 months in targeted districts	98.90%	2015-16	98	99.3	100
Objective 2:	Outcome Indicators					
By 2020, all malaria cases will be tested with a quality assured diagnostic method and promptly treated in line with the national guidelines	Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	99%	2015-16	99	100	100%
	Proportion of suspected malaria cases that receive a parasitological test at the community level	99%	2015-16	99	100	100%
	Proportion of confirmed malaria cases that received first-line antimalarial treatment according to national guidelines at public sector health facilities	98.4%	2015-16	98.5	99	100%
	Proportion of confirmed malaria cases that received first-line antimalarial treatment according to national guidelines at the community	79%	2015-16	85	100	100%

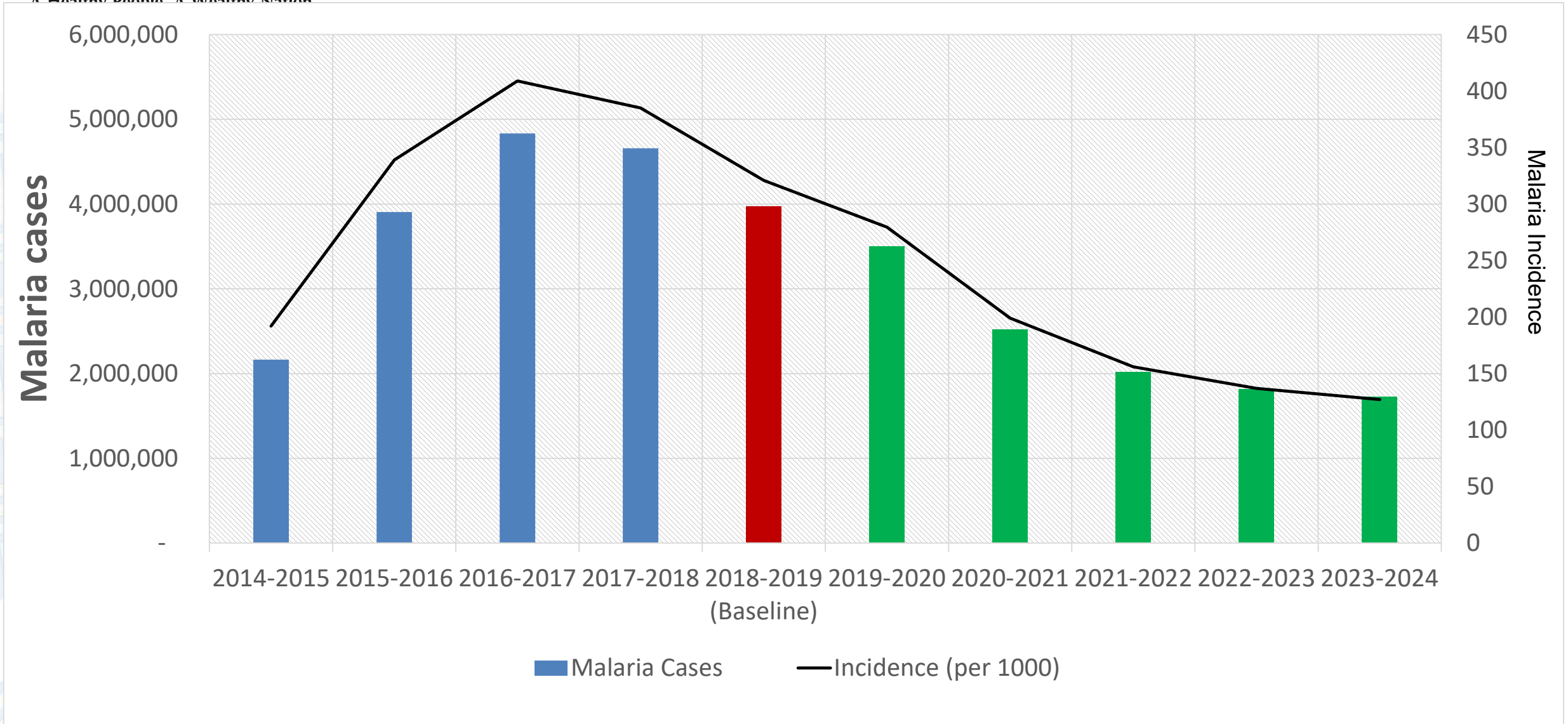
Where We Want to Go

New NSP 2020-2024

NSP 2020-2024 Projected Malaria Cases and Incidence

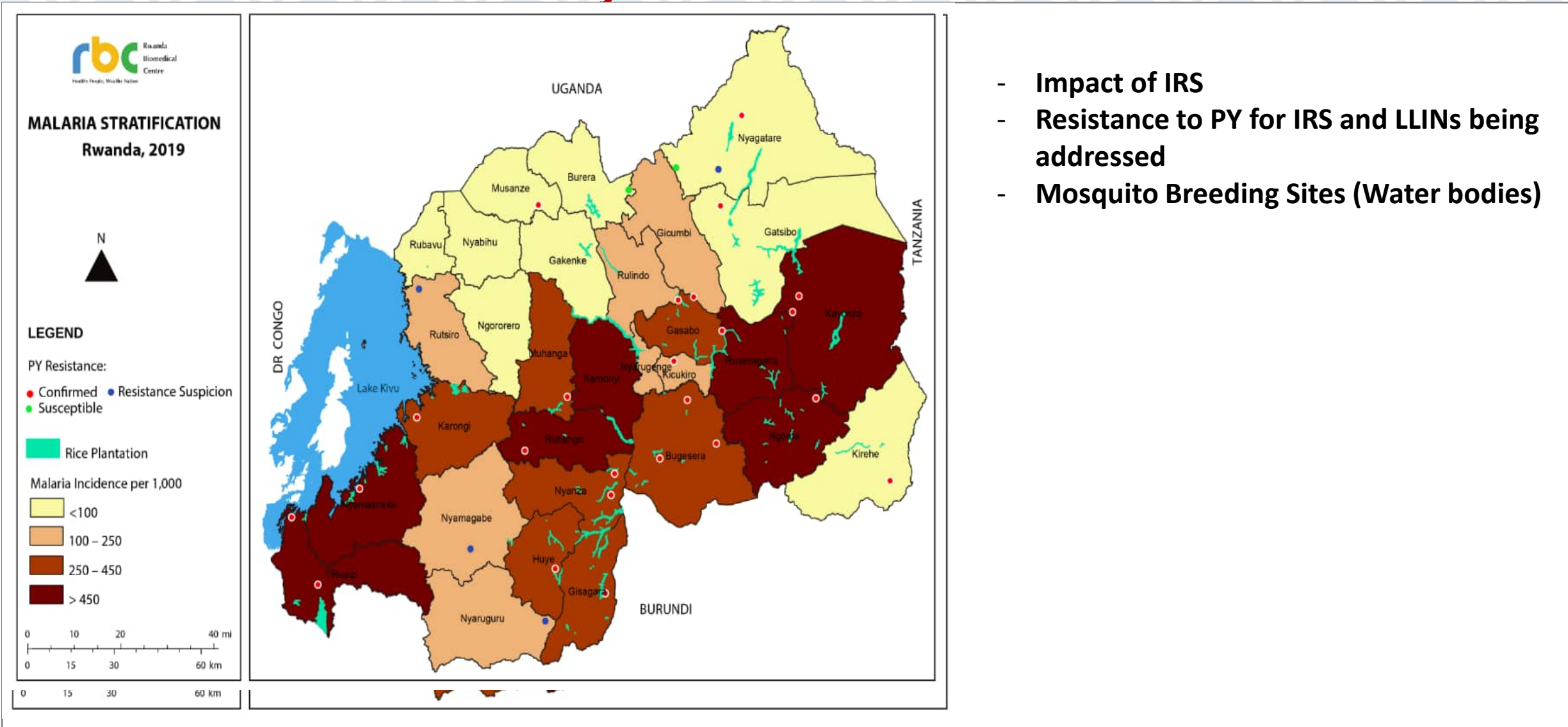
RWANDA
BIOMEDICAL
CENTER

A Healthy People. A Wealthy Nation



Best Practices: Data Use to Guide National Strategies

Stratification



- Impact of IRS
- Resistance to PY for IRS and LLINs being addressed
- Mosquito Breeding Sites (Water bodies)

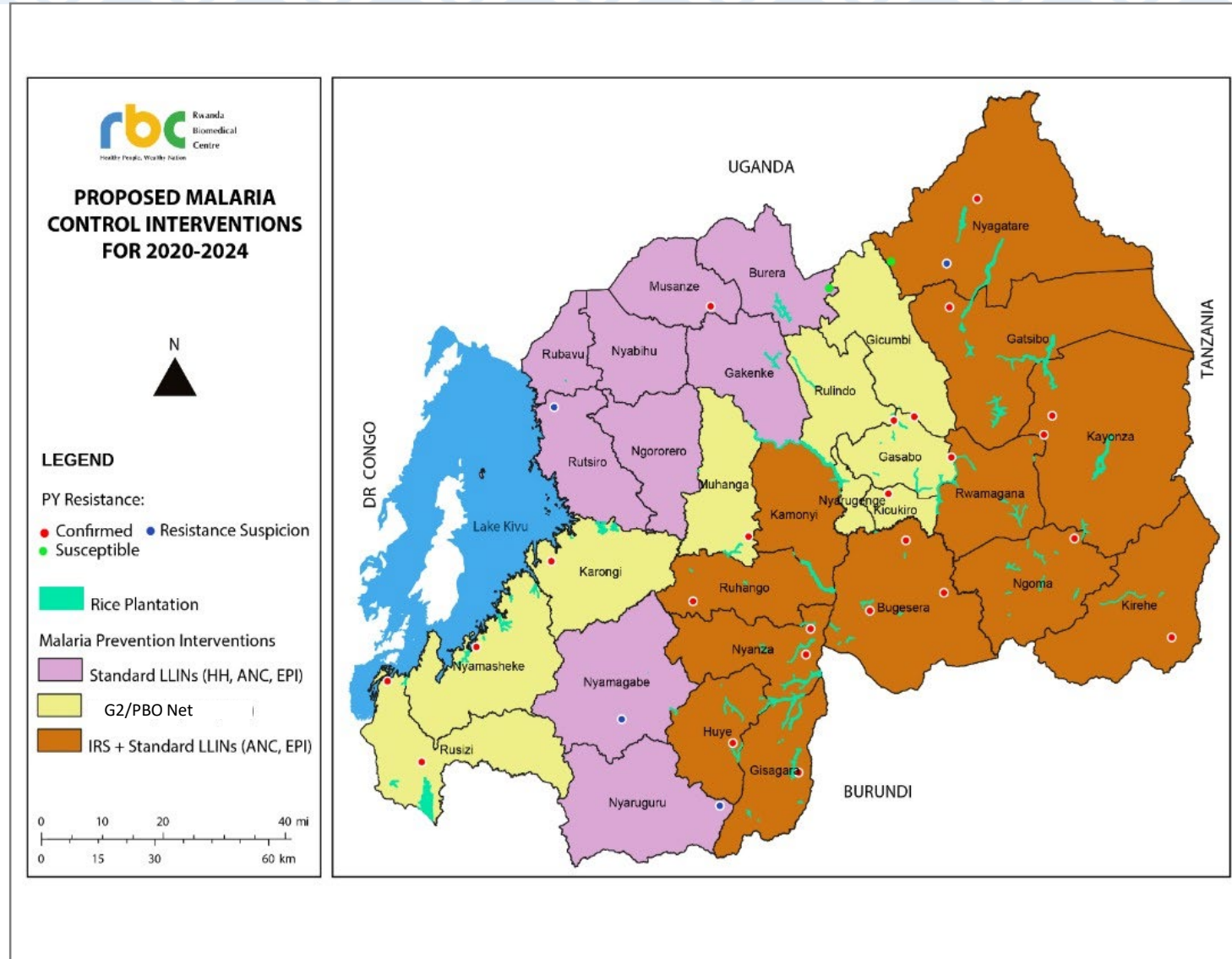
How to Reach There: NSP 2020-2024 Key Strategies

1. Guided by Malaria Program Data

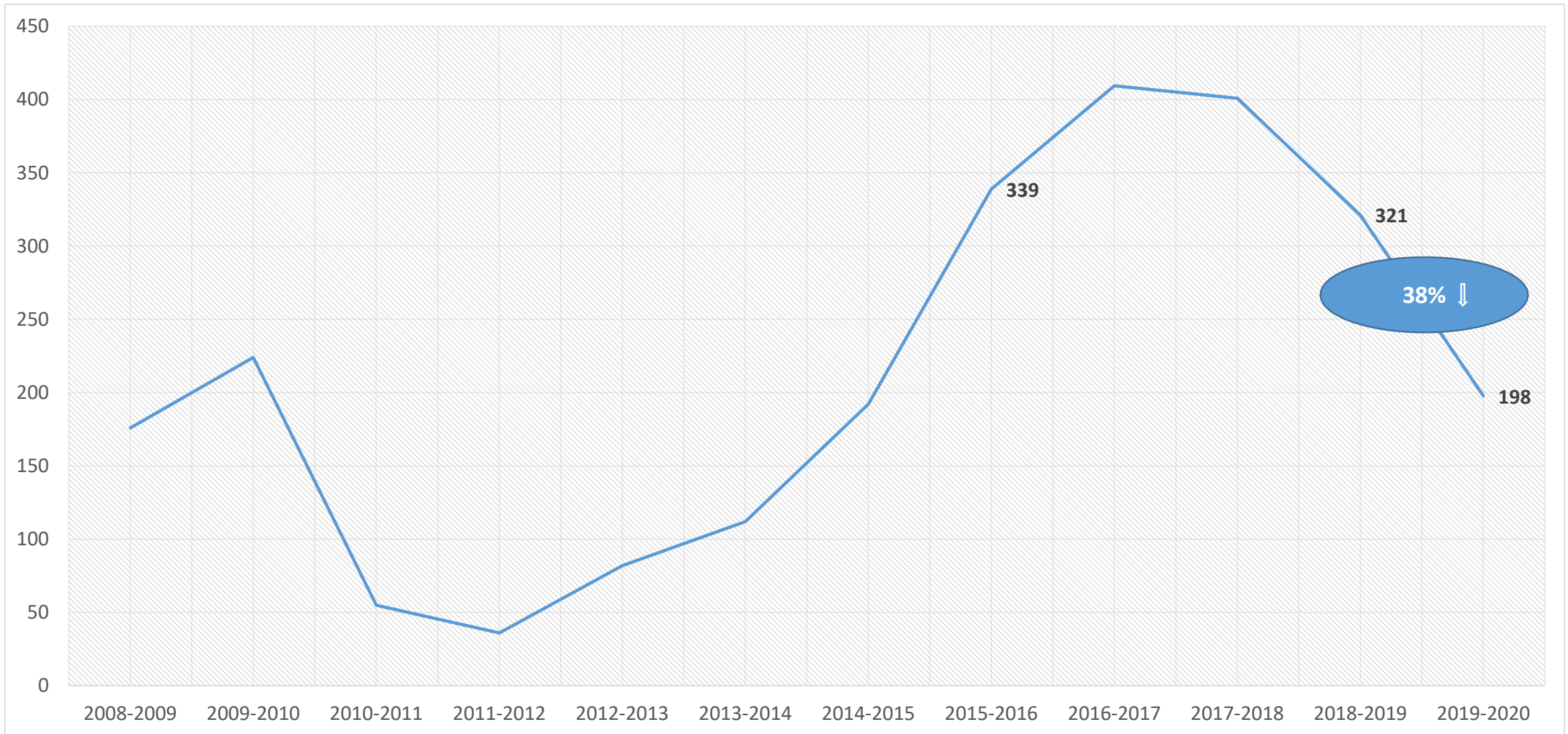
- Resistance, Incidence, Water Bodies
- HF and Community Case Management
- Impact of IRS, etc.

2. Key Strategies:

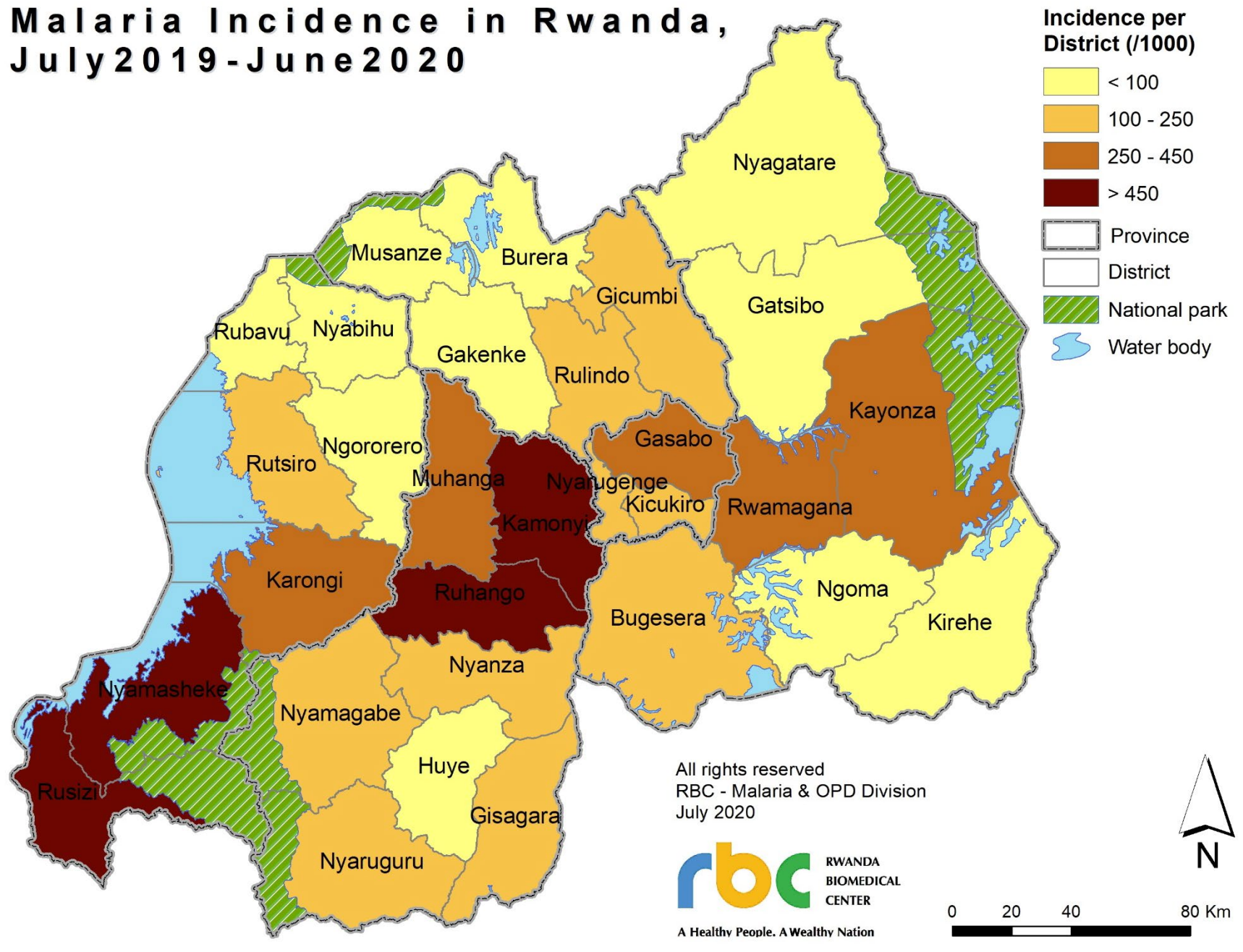
- Sustain IRS in 12 Districts **(from 10-12)**
- **Targeted IRS for outbreak control**
- IG2 Nets or PBO Nets in 9 High Endemic and Moderate Endemic Districts with PY Resistance and No IRS
- Standard Nets in 9 Low and Very Low Endemic Districts
- **No LLINs in IRS Districts**
- HF-CM and C-CM (Drugs and Tests)
- **SBCC (New) with support of CSOs, FBOs, Local NGOs, RBC-RBA**
- **Innovative tools (LSM, Mosquito Repellents, Wall Paints, Community Engagement in LSM)**



Malaria Incidence per 1000, (2008-2020)



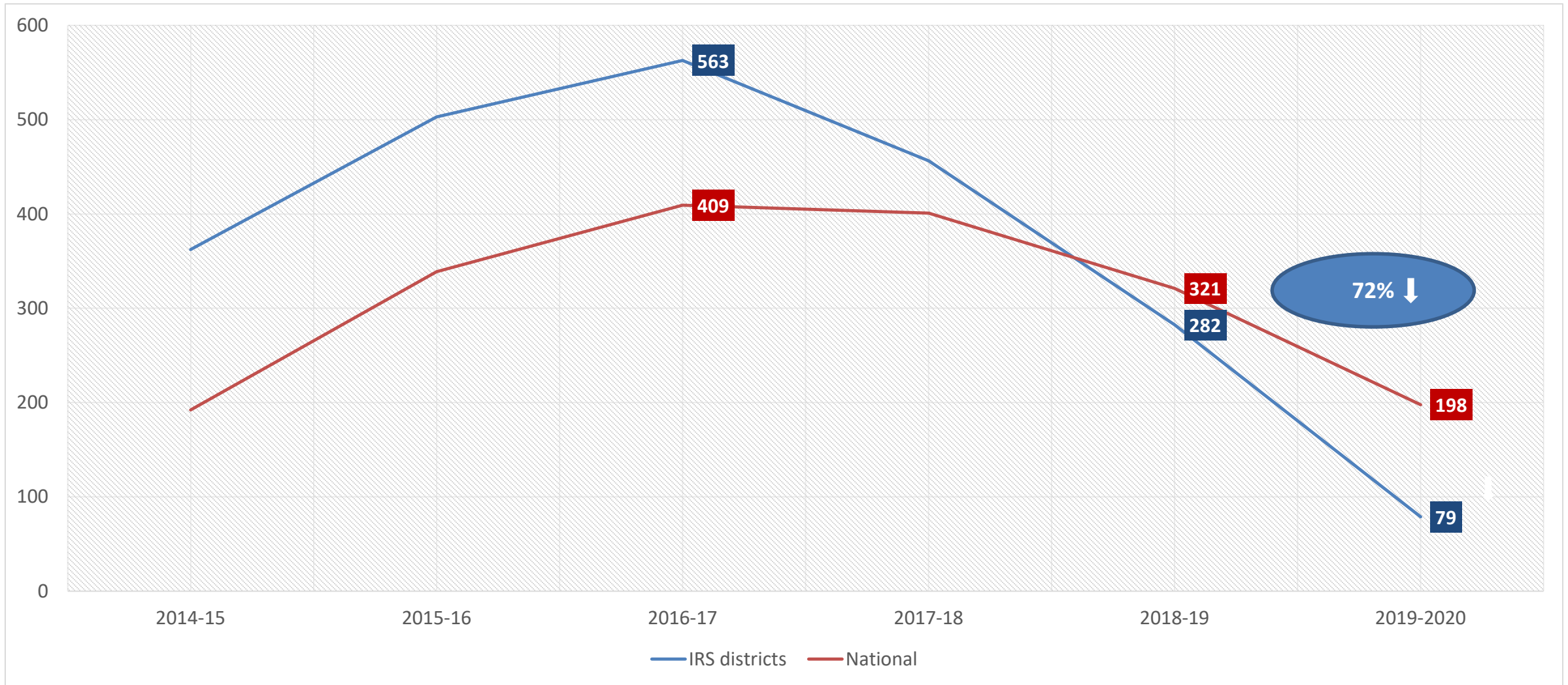
Malaria Incidence in Rwanda, July 2019 - June 2020



Incidence

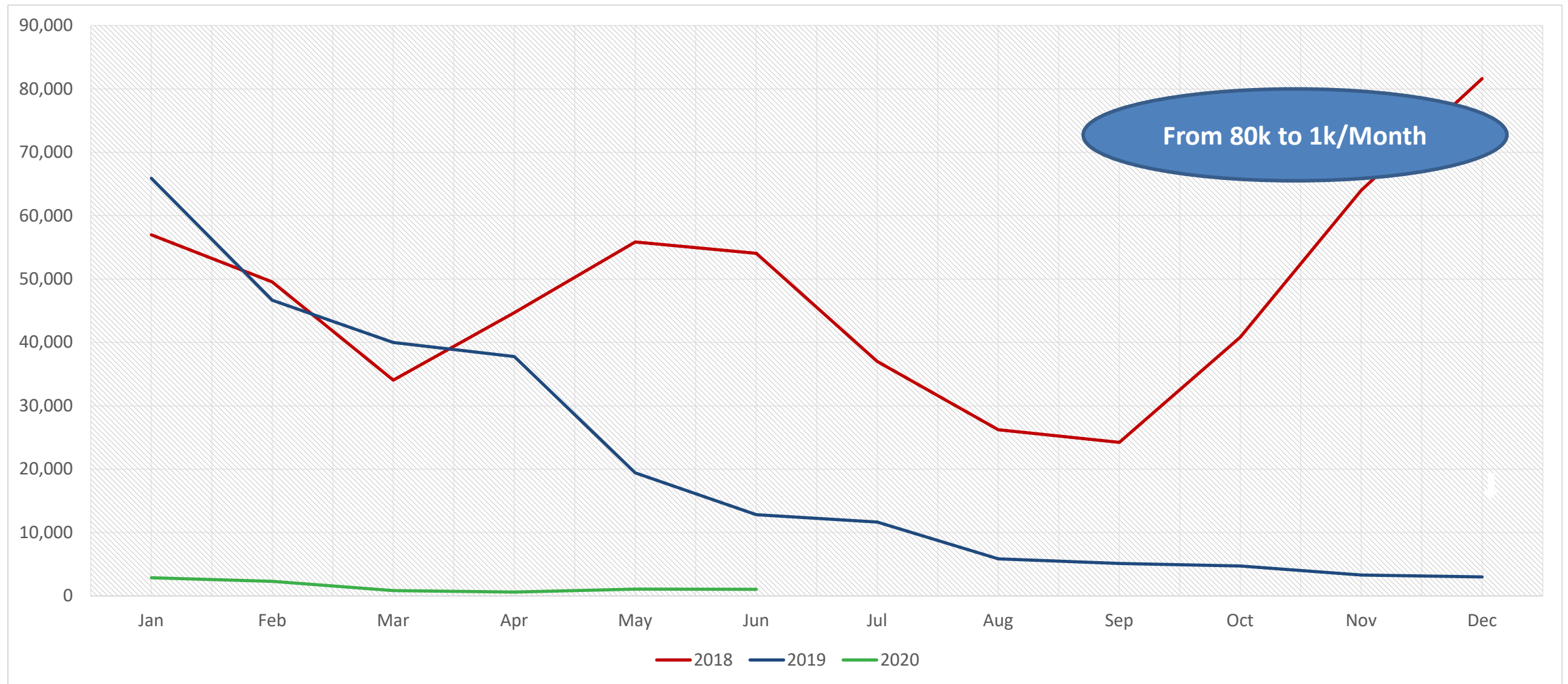
**Malaria Incidence
per 1,000 Person
Year
per District
2018-2020**

Impact of Sustained IRS in 7 Districts, 2016-2020



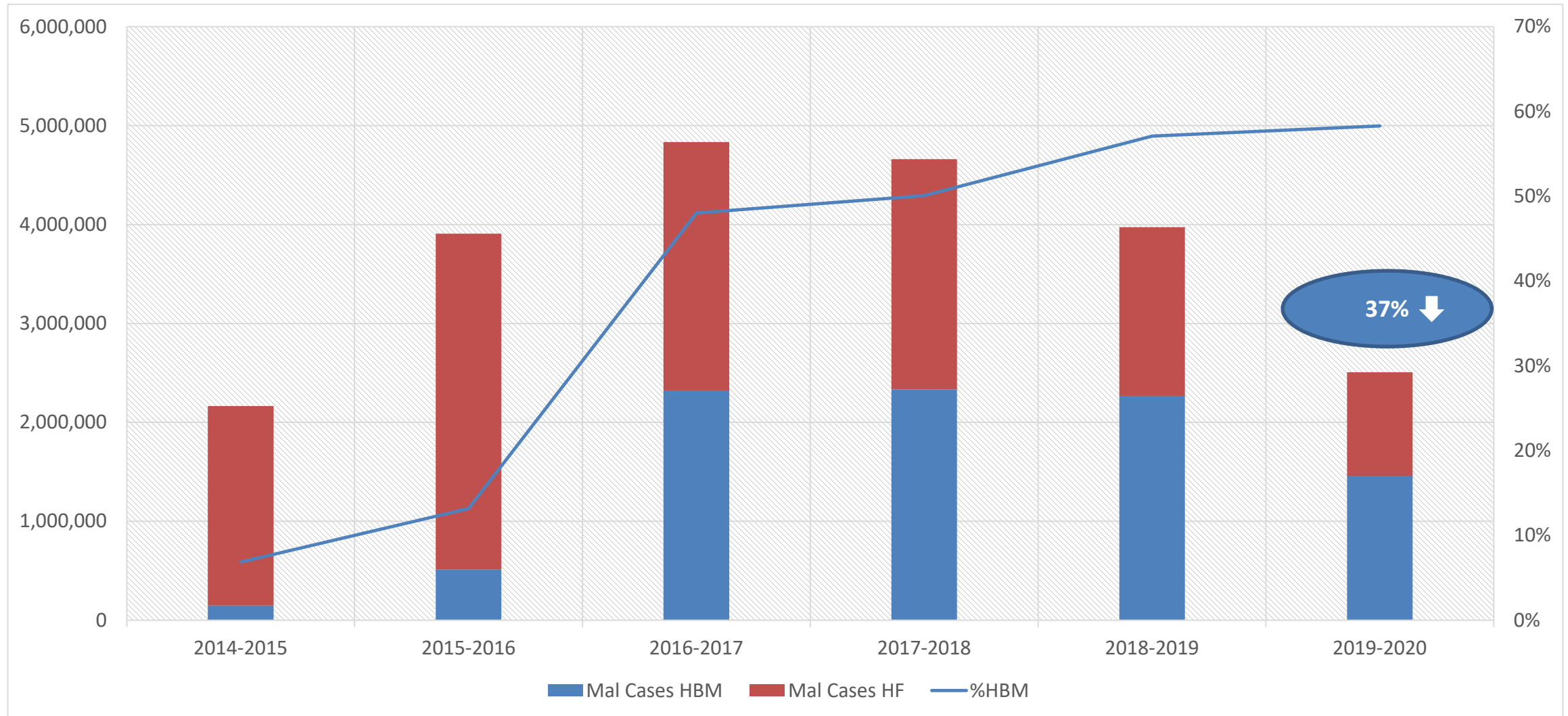
A Drop in Malaria Incidence from 282 in FY2016/17 to 79 per 1,000 in FY2019/2020

Special Impact of 1 Year-IRS in Ngoma District, 2019-2020



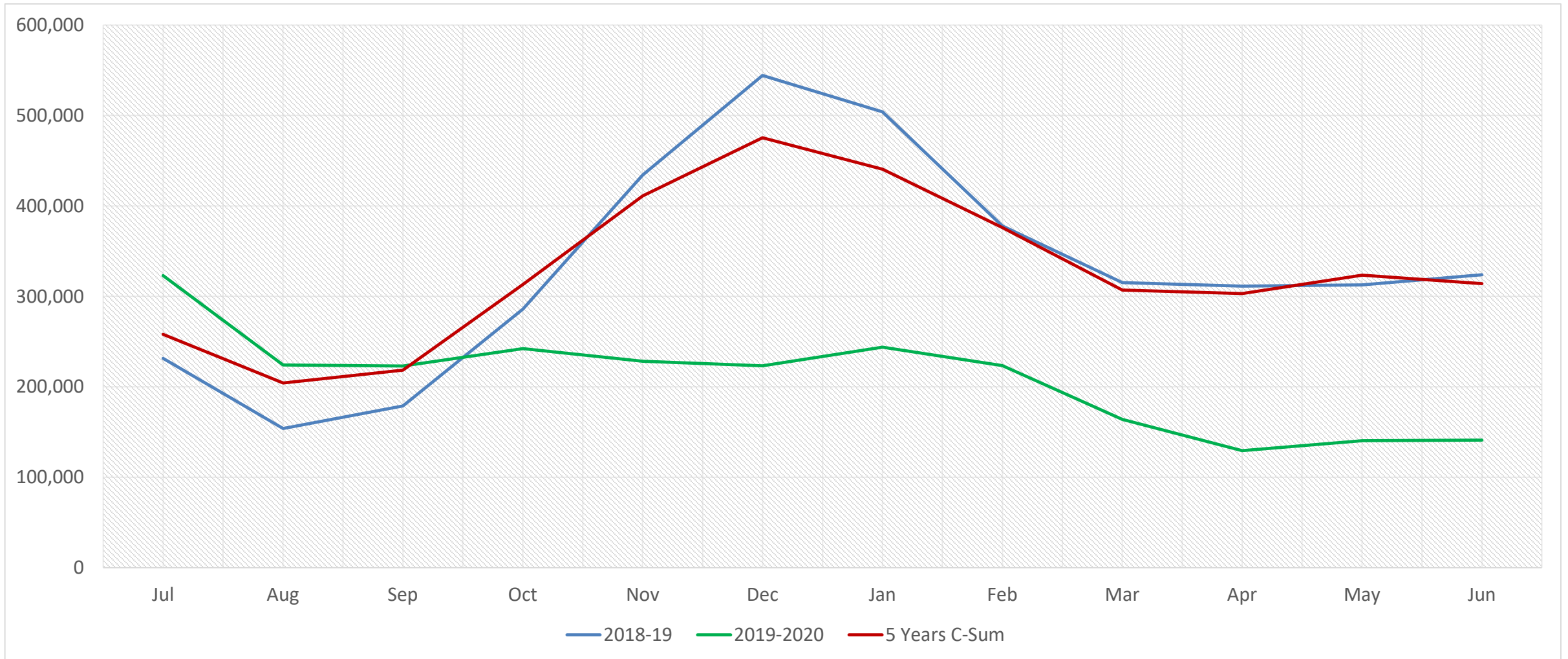
A Drop in Malaria Cases from 80k to 1k per month

Malaria Cases per Level of Services Provision, 2014-2020



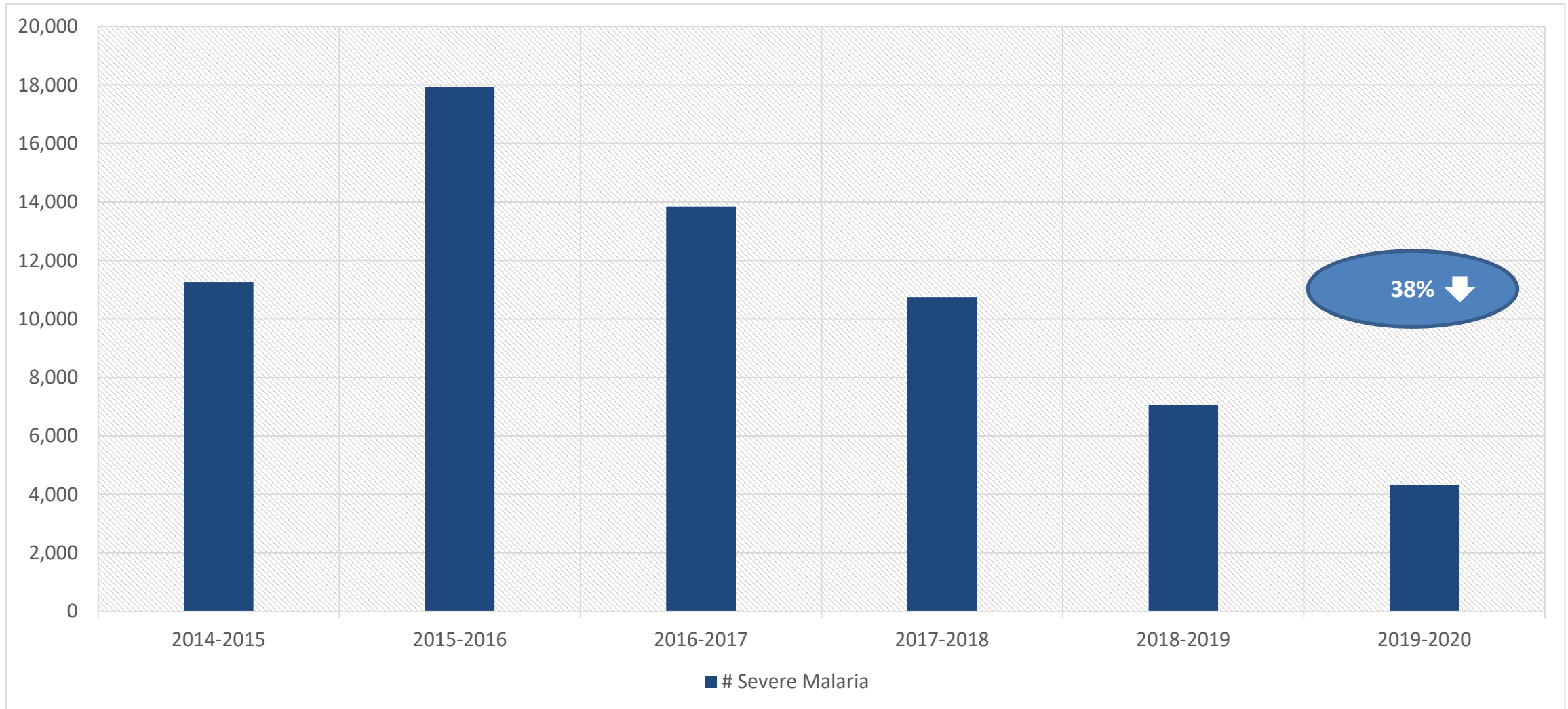
A Drop in Malaria Cases from 3.9M in FY2018/2019 to 2.5M in FY2019/2020

Malaria Cases per Month, 2016-2020

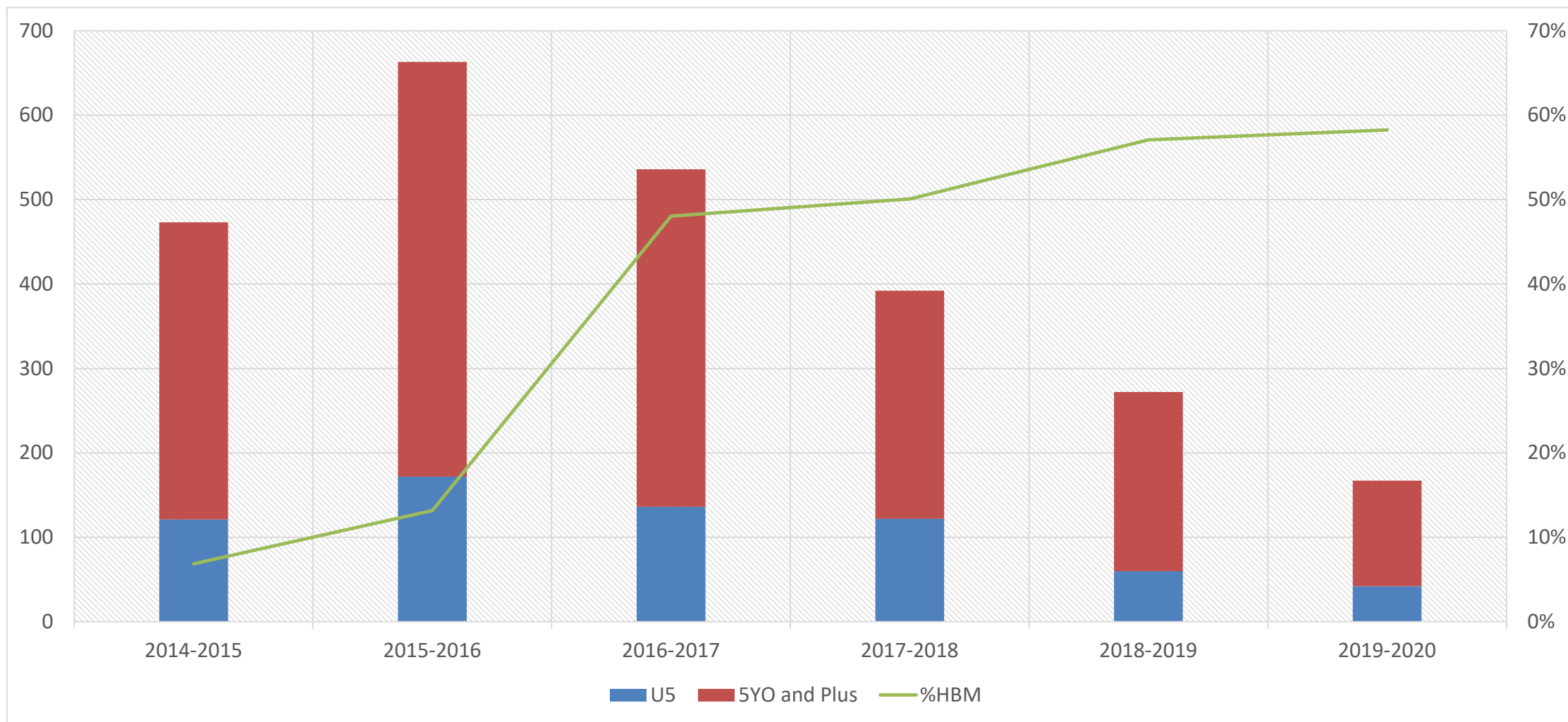


Impact of IRS in 12 Districts from FY2019/2020

Impact of HBM-A on Severe Malaria, 2014-2020



Impact of HBM-A on Malaria Related Deaths



Best Practices: LLINs Distribution During COVID-19

Household-Based LLINs Distribution

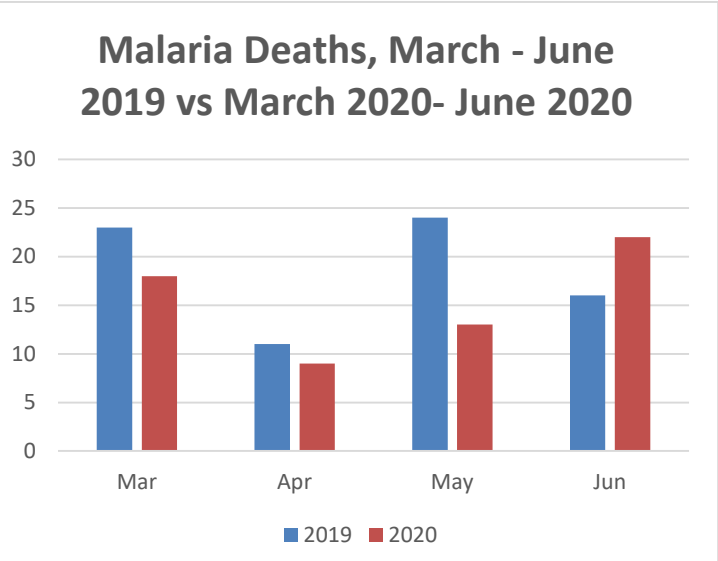
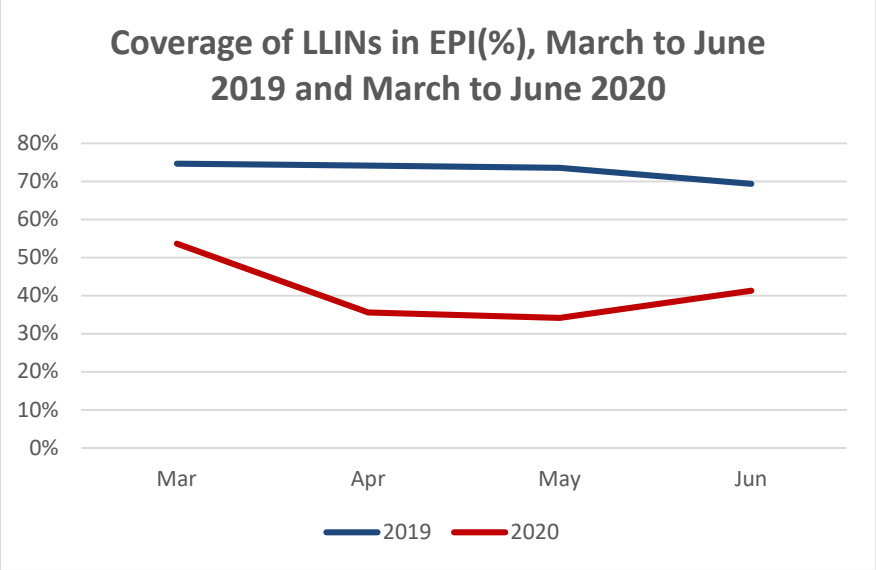
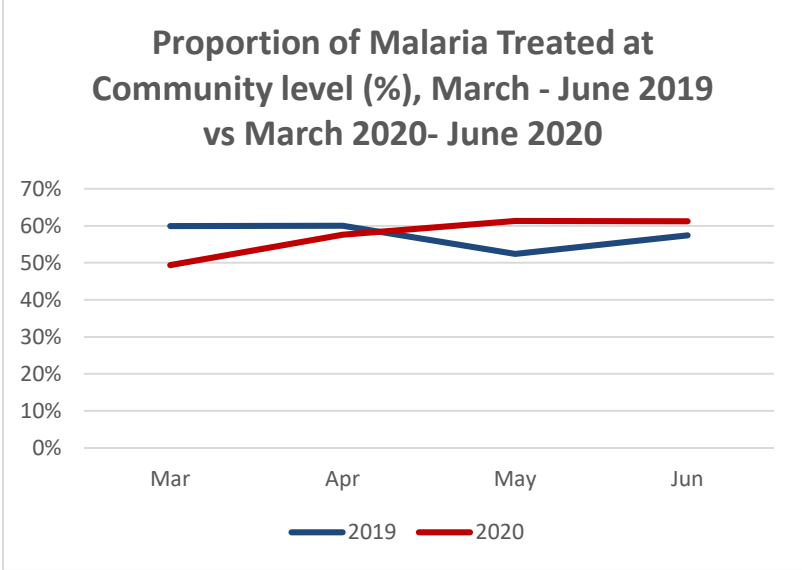
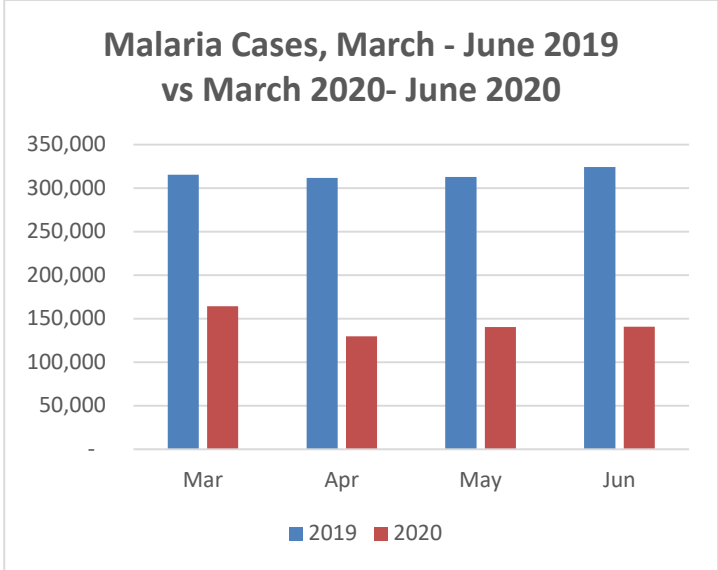
Source of Fund	LLINs Type	Procured	Delivered	Accepted	Distributed			Total
					HH	EPI	ANC	
Global Fund	Standard	3,627,453	2,281,872	2,281,872	1,884,150	191,850	194,650	2,270,650
Global Fund	IG2 Nets	1,200,000	1,200,000	1,129,431	769,150	-	-	769,150
USAID/PMI	Standard	1,176,922	1,176,922	1,142,441	968,650	79,028	79,000	1,126,678
USAID/PMI	PBO Nets	1,523,073	1,523,073	1,402,172	996,850	199,240	203,438	1,399,528
Totals		7,527,448	6,181,867	5,955,916	4,618,800	470,118	477,088	5,566,006

Total Districts Covered

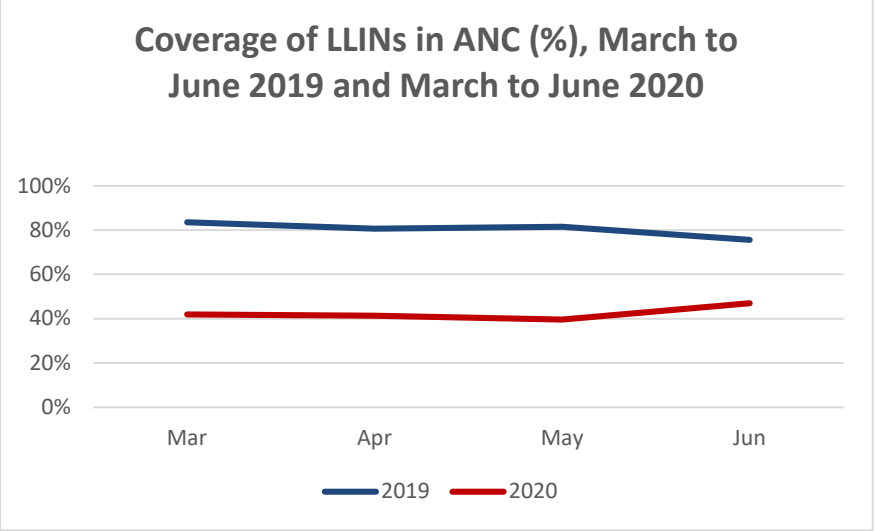
23 Districts (HH), 20 Districts (Routine)

Note:

Key Program Data : March-June 2019 and 2020



No Big Impact of COVID-19 on Malaria Program Data



Impact of COVID-19 on Program Implementation FY2019-2020

- Delayed shipment and inspection of LLINs
 - Delayed LLINs Distribution in 7 Districts (HH) and 10 Districts (ANC/EPI) **(Now covered)**
 - Stock Out in LLINs in Routine Services (ANC, EPI) **(Now supplied)**
- Delayed (3 weeks) IRS in 3 out of 13 Districts in FY2019/2020 **(Now on Track)**
- Additional Budget for IRS, LLINs Inspection and Distribution due to COVID-19 Prevention **(Covered through GF-COVID-19 Grant)**

EARN AND SARN 2020 - 2021 TA PLAN

TA Requirements 2020-2021

Country	Activity	Technical Assistance	By Whom/Partner	Due Date	Cost Estimate (USD)	State of Implementation
Rwanda	Mapping Residual Malaria Cases, Risk Factors Assessment and Design Elimination Strategies in 3 Districts (Huye, Nyagatare and Rubavu)	Yes	Partner to be identified	Jan-21	200,000	Waiting for Technical and Financial Support
	Documenting Malaria Program Success Stories for Malaria Summit and CHOGM 2021	Yes	ALMA	Jan-21	20,000	Waiting for Technical and Financial Support from ALMA

- Delayed shipment and inspection of LLINs
 - Stock Out in LLINs in Routine Services (ANC, EPI)
 - Delayed LLINs Distribution in 13 Districts
- Delayed (few weeks) IRS in 3 out of 13 Districts in 2019/2020
- Additional Budget for IRS, LLINs Inspection and Distribution due to COVID-19 Prevention

Best Practices: Launch of ZMSWM with Introduction of Drones for LSM-PBO Nets-G2 Nets



NSP Malaria Interventions Gaps 2020-2024

NSP NEED GAPS	Total Cost FY20-24 USD	FY20-21_USD	FY21-22_USD	FY22-23_USD	FY23-24_USD
PAAR					
1. Malaria Prevention	23,680,693	1,805,134	7,142,086	1,805,134	12,928,340
1.1 Blanket Indoor Residual Spraying (IRS) in 6 Districts (1 Year)	10,526,394	-	-	-	10,526,394
1.2 LLINs (EPI and ANC) in IRS Districts	5,336,952		5,336,952	-	-
1.3 Vector Control (LSM)	6,047,202	1,511,801	1,511,801	1,511,801	1,511,801
1.5 Community awareness and engagement	1,770,145	293,333	293,333	293,333	890,145
UNFUNDED					
1. Malaria Prevention	42,116,724	8,588,235	8,588,235	11,026,704	13,913,550
1.1 IRS in Hot Spots as Outbreaks Control	12,815,198	2,948,804	2,948,804	3,386,351	3,531,240
1.3 Vector Control	28,911,152	5,532,929	5,532,929	7,545,862	10,299,431
1.4 Environment management	390,374	106,502	106,502	94,490	82,879
	65,797,417	10,393,369	15,730,321	12,831,838	26,841,890

- **Delayed shipment and inspection of LLINs**
 - Prioritization of Districts (Non IRS, High Burden, etc)
- **Physical Inspection and Program Implementation within Lockdown**
 - Redesigning LLINs Campaign from Mass to HH Distribution
 - Applying COVID-19 Prevention Measures for LLIN Inspection, IRS Campaign, etc
- **Additional Budget for IRS, LLINs Inspection and Distribution due to COVID-19 Prevention**
 - COVID-19 GF Grant with Malaria Component

THANK YOU

aimable.mbituyumuremyi@rbc.gov.rw

RBM CRSPC East Africa Sub-Regional
National Malaria Control Program
Managers and Partners Meeting

Virtual

10 November 2020

Sudan

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

Indicators	Target 2020	2019/ so far	Status
Reported malaria deaths (deaths/ 100,000 population)	2.5	7.5	Not
Proportion of malaria deaths (out of total hospital deaths)	6.6%	3.6%	On track
Reported malaria incidence/ 1000 population	24	24.6	On track
Proportion of fever/ suspected malaria cases who were tested using RDTs/ microscopy at health facility level	90%	95.4%	On track
Proportion of confirmed malaria cases who received AL (1 st line)	100%	55%	Not
% of household population who slept under LLIN the night before survey in targeted states	85%	34.7%	Not
% of children under 5 slept under LLIN the night before survey in targeted states	95%	41.3%	Not
% of pregnant women who slept under LLIN the night before survey in targeted states	95%	41%	Not

Impact of COVID-19 on Planned Malaria Interventions in 2020

- Flow of data and reporting (Limited and uncompleted of HMIS and logistic data)
- All the soft activities were stopped (such as training, supervision...etc)
- Coordination, planning and review meetings at national and sub-national
- Lead time of procurement
- Pressure on the PPF of IRS (mainly mask)
- Face to face distribution of LLINs increase the cost of the distribution
- High risk of MOH staff (including malaria team) exposure to contract the COVID-19

Best Practices

- Maintaining distribution of Malaria commodities to the last mile and provision of uninterrupted case management services during the first wave of COVID-19.
- Implementation of IRS in two high burden states within the amidst COVID-19, which helped in maintaining to some extent stable disease burden in subsequent heavy rain and flood period.

Key Bottlenecks/Challenges encountered and how they were addressed

- Following the heavy rainy season and flood the country experience an outbreak of Malaria which create high demand in ACTs, thus the country totally consume the buffer stock which mean will start 2021 with very minimum stock of AL, thus the risk of stock out is likely high to happened in early 2021.
- Delay in arrival of shipment due to the COVID-19 and the custom clearance, which affect Q4 distribution
- Delay in transportation from NMSF main store to states store due to NMSF transportation challenges (market inflation and fuel crises)
- Due to rapid inflation, the private sector is not willing to cover the AL needs estimated for this sector, this resulted in shortage of malaria medicine in local market and subsequent create pressure of the public health facilities to treat malaria which put more presses in the free stock

Key Bottlenecks/Challenges encountered and how they were addressed

- Delay in arrival of commodities in the pipeline such as LLINs resulting in delaying of LLINs mass campaign during the 1st peak of transmission
- Internet and electricity cut of related in-country barriers and challenges affected use of e-platforms and subsequently affect the run of work as well.

Gap analysis 2021

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	25,048,393	17,516,847	7,531,546
IRS US\$	25,550,817	6,427,174.18	19,123,642.8
ACTs (# number of commodities) 1 st line	9,579,290	6,624,591	2,954,699
ACTs (# number of commodities) 2 ^d line	732,804	614,616	118,188
RDTs (# number of commodities)	7,193,141	5,715,792	1,477,349
Total US\$ need essential services	125,686,665	79,670,425	46,016,240
IPTp	\$ 40,049	\$ 40,049	0
Other (AS)	\$ 4,721,648	\$ 3,790,067	\$ 1,425,937.6
Total US\$ malaria strategic plan	94,945,486	83,500,541	11,444,945

Gap analysis 2022

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	4,130,090	0	4,130,090
IRS US\$	23,538,799	0	23,538,799
ACTs (# number of commodities) 1 st line	9,163,170	6,363,982	2,799,188
ACTs (# number of commodities) 2 ^d line	370,754	258,786	111,968
RDTs (# number of commodities)	6,740,786	4,641,395	2,099,391
Total US\$ need essential services	47,113,363	7,274,173	39,839,190
IPTp	\$ 82,124	\$ 82,124	0
Other (AS)	\$ 4,473,140	0	\$ 4,473,140
Total US\$ malaria strategic plan	183,031,278	7,356,297	175,674,981

Gap analysis 2023

	NEED	FINANCED	GAPS
LLINs (# number of commodities)	4,234,581	0	4,234,581
IRS US\$	24,100,019	0	24,100,019
ACTs (# number of commodities) 1 st line	8,737,268	0	8,737,268
ACTs (# number of commodities) 2 ^d line	350,156	0	350,156
RDTs (# number of commodities)	6,774,085	0	6,774,085
Total US\$ need essential services	47,818,578	0	47,818,578
IPTp	\$147,352	\$147,352	0
Other (AS)	\$ 4,224,632	0	\$ 4,224,632
Total US\$ malaria strategic plan	84,998,956	\$147,352	84,851,604

GAP for the three years is 271,971,530 USD of 124,128,214 USD (45%) will be covered from PAAR, and 55% represent contribution from IDB (22%) and GoS and other in-country partners (33%)

Implementation Support (TA) Requirements for 2021

Activity and the TA Type	Period
Development of SBCC strategy	Oct-20
Advocacy and resource mobilization and strategy for the private sector engagement	Oct-20
Partnership Strategy, Advocacy and coordination for partnership and M&E framework for partnership	21-Mar-21
Fund raising and Proposal writing	21-Feb-21
Development of malaria case management operational plan (quality of malaria case management)	1 st -March-21
Malaria Indicators Survey (MIS)	1 st June 21
TA to strengthening National Malaria reference laboratory	April 2021

Thanks



MAINLAND-TANZANIA



**RBM CRSPC East Africa Sub-Regional National Malaria Control
Program Managers and Partners Meeting**

Virtual Meeting

10th November 2020

Outline:

- Implementation Status
- Current malaria interventions
- Key Malaria Indicators
- Impact of COVID 19 in malaria
- Achievements
- Best Practices
- Challenges / Bottlenecks
- Way forward
- Financial Gap analysis
- TA required for 2020/2021

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

Currently NMCP is in the final stage of the implementation of the supplementary NMSP 2018 – 2020

On track

NMCP conducted an End-term Malaria Programme Review in February 2020, after end period of a supplementary MSP 2018 – 2020

On track

NMCP has developed a new MSP for the period of 2021 – 2025, a final draft is available

On track

Current Malaria Interventions

- Vector Control:
 - **LLIN distribution through the following channels:**
 - ✓ RCH clinic (Pregnant women & Infants)
 - ✓ Mass Replacement Campaign (MRC)
 - ✓ School Net Programme (SNP)
 - **IRS and**
 - **Larviciding**
- MCM: Diagnosis, treatment and preventive therapies
- Surveillance, Monitoring and Evaluation
 - Case Based Surveillance, is a new intervention in Regions / Districts with low and very low malaria transmission settings: (Manyara, Kilimanjaro and Arusha).
- Social Behaviour Change and Advocacy

Key Malaria Indicators

INDICATOR	STATUS		SOURCE	COMMENT
	2020	TARGET (YEAR)		
Prevalence of Malaria Parasitaemia (6-59 Months)	7.3% (2017)	<1% (2020)	TMIS / TDHS	Not on track
Malaria cases that are lab confirmed	98%	95% (2020)	DHIS2 / Malaria Dashboard	On track
Children with febrile illness who received a diagnostic test for malaria	43.3% (2017)	80% (2020)	TMIS / TDHS	Not on track
Mothers who received IPT 2 for malaria during last pregnancy (%).	84% (2019)	80% (2020)	DHIS2 / Malaria Dashboard	On track
ITN use among pregnant women and children U5 (%).	51% Pregnant women (TMIS 2017)	80% (2020)	TMIS / TDHS	Not on track
	55% Children U5 (TMIS 2017)			Not on track

Impact of COVID 19 on the malaria cases....

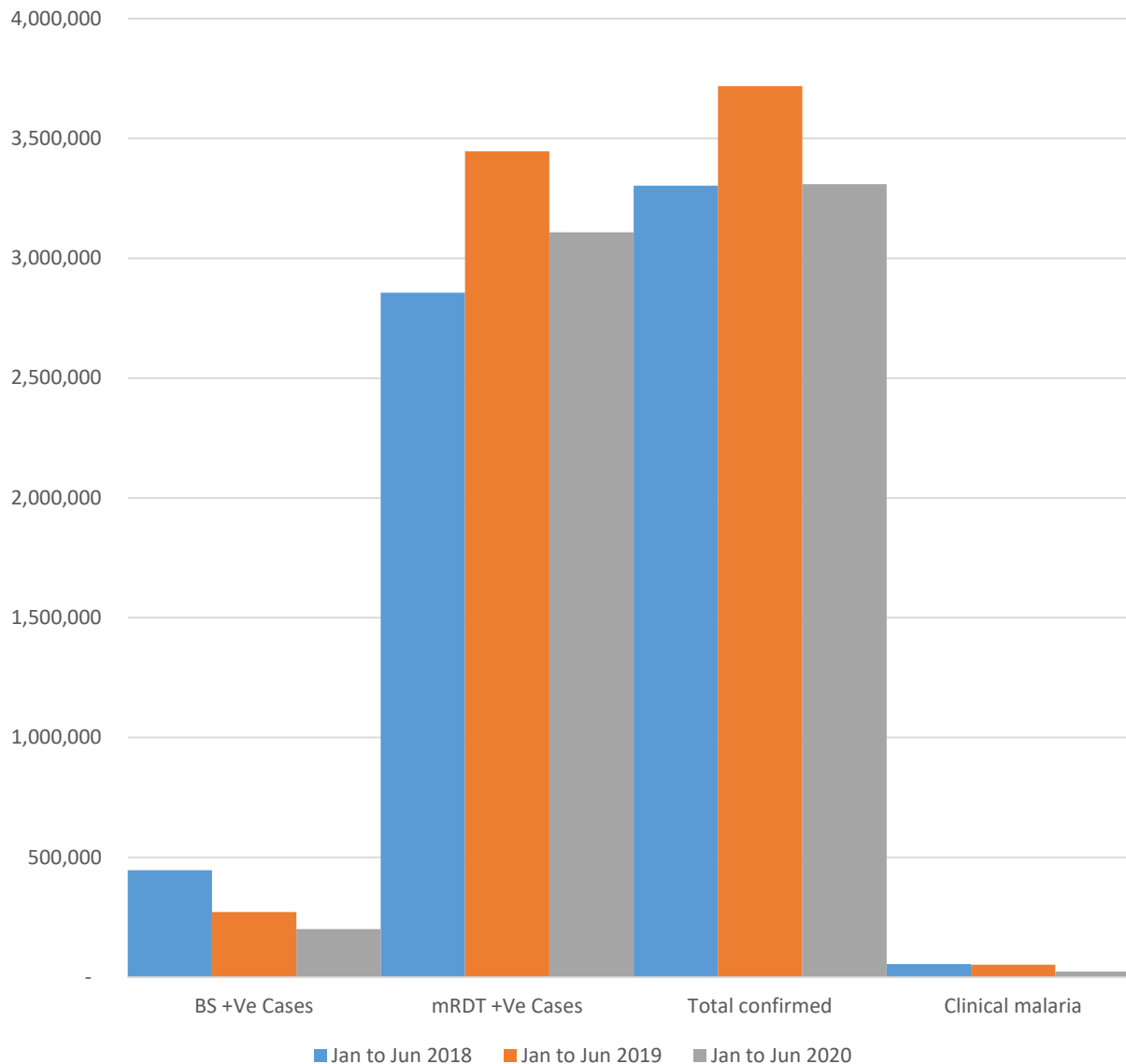
The 1st COVID 19 case diagnosed in Tanzania on 16th March 2020

Number of malaria cases six months 2018, 2019 and 2020, mainland - Tanzania

Period / Data	BS +Ve Cases	mRDT +Ve Cases	Total confirmed	Clinical malaria
Jan to Jun 2018	446,246	2,856,236	3,302,482	55,557
Jan to Jun 2019	271,729	3,446,123	3,717,852	52,473
Jan to Jun 2020	200,625	3,108,850	3,309,475	23,660

Impact of COVID 19, on the malaria cases (Source DHIS2 / Malaria Dashboard)

- There was no an increase of malaria cases during the entire period compared to the previous years in the same period



Impact of COVID-19 on Planned Malaria Interventions in 2020:

1. LLIN MRC: was expected to start in February 2020 → delayed by COVID 19 situation → resumed in May 2020 → Campaign Ongoing
2. LLIN School distribution: expected to start in February 2020 → Schools closed in March 2020 due to COVID 19 situation → Schools re-opened in June 2020 → Distribution started in August,2020.
3. LLIN RCH: Distribution; NEVER STOPPED
4. Medicines and diagnostics availability slightly affected by delayed shipping (especially mRDT). currently we have enough stock of malaria commodities
5. IRS operations completed in four districts including three refugee camps in Kigoma region before March 2020. IRS operations were interfered by COVID 19 in two districts (Ukerewe-68% and Bukombe-77%) resumed this November 2020.
6. LSM, particularly biolarviciding; NEVER STOPPED.
7. Preventive therapies initiatives (IPTi, IPTsc and SMC): delayed due to COVID 19-implemентаion carried forward to next grant

Achievements

- Engagement of Regional and Council/Districts Focal Persons facilitated the effectiveness of malaria interventions at lower levels (These are existing government employees)
- Developed operational and epidemiological stratification for optimization of resource allocation and effective targeted interventions
- Introduced Case Based Surveillance to low and very low malaria transmission settings, for the aim of elimination and reduction of malaria transmission
- Knowledge on malaria intervention in the community has been raised to above 90%
- 98% of suspected malaria cases in public sector received a parasitological test in 2019
- Maintained low stock out of key commodities in 2018/19 (3 - 4%), due to optimal performances of the procurement of supply chain.
- Deaths due to malaria decreased by 67% from 6,311 (2015) to 2,079 (2019)
- Malaria incidence decreased from 150/1000 (2015) to 122/1000 (2019)

Best Practices:

- Malaria School Parasitological Survey (SMPS), determines malaria burden to school-aged children. Observed a malaria burden shift from underfives to school aged children.
- Malaria testing to pregnant women at ANC. ANC positivity rate is a proxy-indicator of local malaria prevalence.
- Introduction of monitoring package for Malaria Services and Data Quality Improvement Package (MSDQI)
- Development of Malaria Dashboard with malaria surveillance framework
 - ✓ Facilitates data use for decision making at all level (Health Facility, District/Council, Regional and national Level), with access to Council Health Management Teams (CHMTs), Regional Health Management Teams, Ministry of Health and Partners

Challenges

- Delayed completion of Mass Replacement Campaign mainly due to COVID 19
- Shortage of resources for IRS to cover all eligible areas. only 6 out of 61 eligible councils covered under PMI support
- Shortage of resources for LSM (Biolarviciding). Curently not funded by main funders e.g. GF and PMI
- Delayed completion of Operational research of New interventions (SMC,IPTi and IPTsc) due to COVID 19

Way forward

- To speed up Mass Replacement Campaign,
 - ✓ registration in all 10 regions is completed.
 - ✓ Distribution completed in seven regions for Phase One and Two.
 - ✓ Issuing of LLINs to beneficiaries is on going in the remaining 2 regions In phase two.
 - ✓ Distribution and issuing for phase three regions will commence second week of November, 2020
 - ✓ MRC campaign is expected to be completed in December, 2020.
- To continue mobilizing funds from within and other interested partners for IRS and Biorlarviciding implementation.
 - ✓ Swiss TPH through Towards Elimination of Malaria in Tanzania Project (TEMT Project) will support implementation of LSM (Biorlarviciding) in 15 selected councils
- Operational research of new interventions have been carried forward to next GF Grant

FUNDING NEEDS AS PER NSP 2021-2025

		FUNDING NEEDS AS PER NSP2021-2023		
		2021	2022	2023
1	Vector Control: LLIN	42,521,903	44,019,330	44,804,993
2	Vector Control: IRS	22,200,770	23,934,559	34,436,401
3	Case management - Diagnosis	15,049,076	14,631,342	15,267,329
4	Case management - Treatment	17,450,482	19,245,947	18,732,764
5	Specific prevention intervention: Intermittent preventive treatment in pregnancy (IPTp)	3,802,533	3,926,616	4,054,573
6	Specific prevention intervention: Seasonal malaria chemoprophylaxis (SMC)	1,019,267	3,684,995	4,605,691
7	RSSH	11,150,158	7,138,995	11,177,853
8	Program Management	8,848,604	10,497,253	11,047,283
9	Other	20,768,389	17,743,049	17,622,443
	TOTAL	142,811,181	144,822,086	161,749,329

FINANCED INTERVENTIONS AS PER NSP

		FINANCED		
		2021	2022	2023
1	Vector Control: LLIN	35,874,537	37,729,625	39,086,885
2	Vector Control: IRS	15,675,245	15,576,440	15,680,788
3	Case management - Diagnosis	14,663,568	14,504,888	15,237,877
4	Case management - Treatment	16,063,172	15,654,182	15,167,511
5	Specific prevention intervention: Intermittent preventive treatment in pregnancy (IPTp)	3,449,788	3,403,410	3,492,748
6	Specific prevention intervention: Seasonal malaria chemoprophylaxis (SMC)	542,753	542,753	542,753
7	RSSH	5,659,394	4,406,972	5,710,667
8	Program Management	6,441,463	6,170,246	6,043,395
9	Other	1,946,231	1,891,073	1,568,072
	TOTAL	100,316,150	99,879,588	102,530,694

GAP AS PER NSP

		GAP		
		2021	2022	2023
1	Vector Control: LLIN	6,647,366	6,289,705	5,718,108
2	Vector Control: IRS	6,525,525	8,358,119	18,755,613
3	Case management - Diagnosis	385,508	126,455	29,452
4	Case management - Treatment	1,387,310	3,591,765	3,565,254
5	Specific prevention intervention: Intermittent preventive treatment in pregnancy (IPTp)	352,745	523,206	561,825
6	Specific prevention intervention: Seasonal malaria chemoprophylaxis (SMC)	476,515	3,142,242	4,062,938
7	RSSH	5,490,764	2,732,023	5,467,186
8	Program Management	2,407,141	4,327,007	5,003,888
9	Other	18,822,158	15,851,976	16,054,371
	TOTAL	42,497,052	44,944,520	59,220,658

Implementation Support (TA) Requirements for 2021

Activity and the TA Type	Period
Development of Insecticides Resistance Management Plan (IRMP) 2021 - 2025	February, 2021
Development of multi-sectoral collaboration framework	March, 2021
Adoption and development of cross border collaboration guidelines for border districts of Tanzania mainland	April, 2021
Development of a resource mobilization plan	April, 2021
Development of Surveillance Monitoring and Evaluation guideline	February, 2021
Development of training guide of iCCM(Community Malaria Case Management-CmCM)	February, 2021
Development of training guide on National Guidelines for Malaria Diagnosis, Treatment & Preventive Therapies 2020	February, 2021
Development of training package on malaria microscope recertification of Public and Private sector	February, 2021
Technical advice on implementation of malaria Case Based Surveillance	December, 2021

Acknowledgement:



Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development
and Cooperation SDC



All Financing &
Implementing Partners

Research Institutions



Private Sector (PPP)
Regional/District Teams
Community

**PORALG, MoFP &
MoEVT**

**All
Others..**

RBM CRSPC East Africa Sub-Regional
National Malaria Control Program
Managers and Partners Meeting

Virtual

10 November 2020

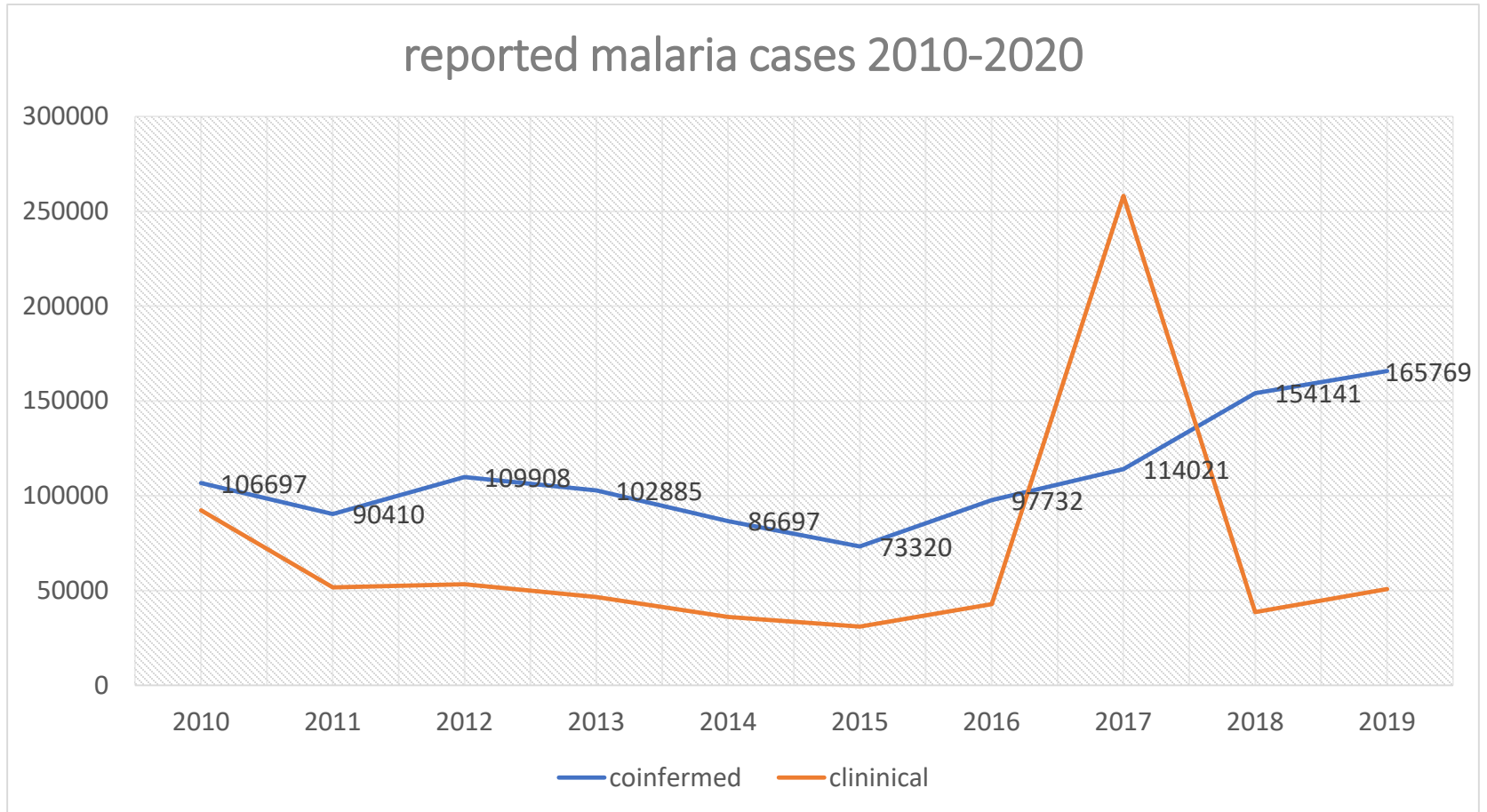
Yemen

MALARIA STRATEGIC PLAN (2020-2024)

OVERALL GOALS

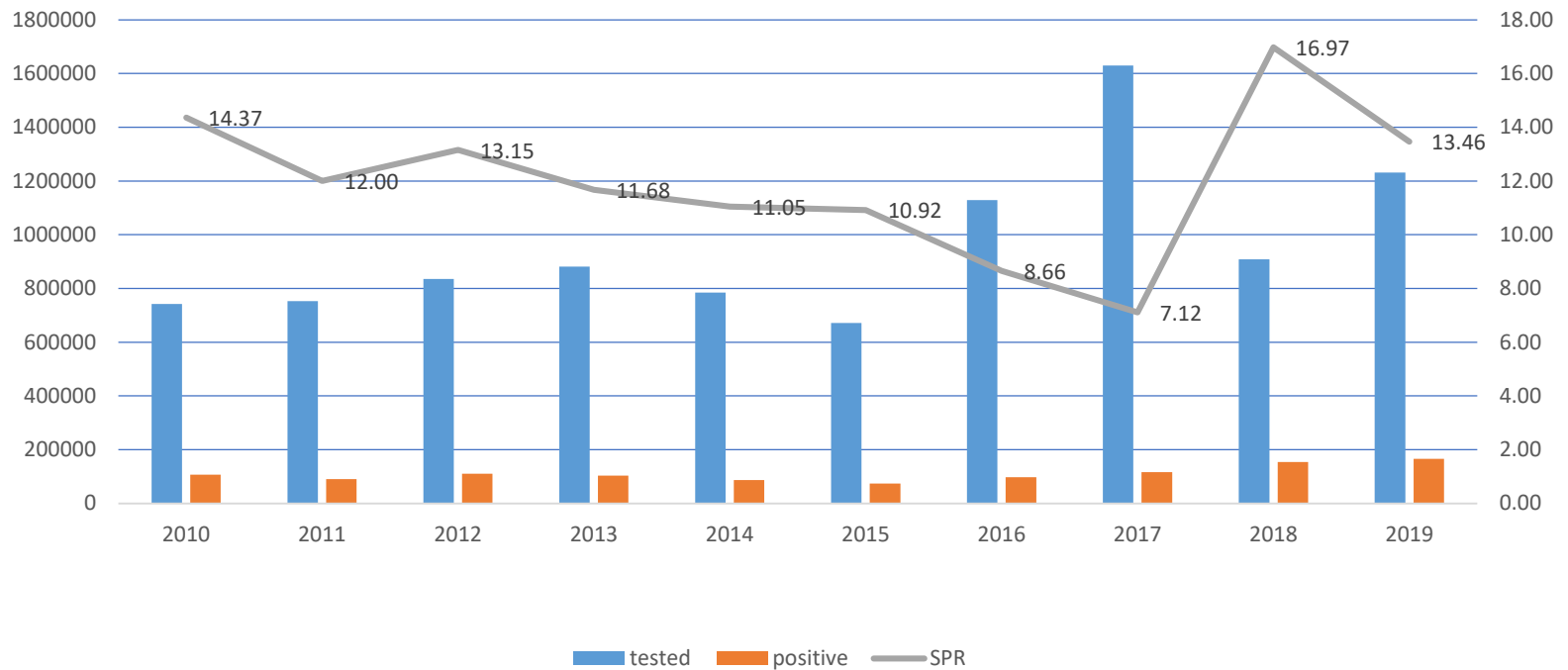
- Reduce malaria case incidence and morbidity by at least 50.0% in highly endemic areas, particularly in Tehama region, by the end of 2024 compared with 2018.
- Reduce malaria-associated mortality to near zero.
- Sustain malaria reduction in Hadhramout region by less than 1% and prevent the reintroduction of malaria to Socotra to remain free of malaria.
- Prevent malaria outbreaks in IDP-hosting areas and epidemic-prone districts.

Malaria epidemiology



Malaria epidemiology

SPR (Mic&RDT) by year 2010-2019



Outcome indicators 2020

Indicator	Targeted	Achieved	Note
LLINs distributed	1,565,000	442,302	the variance is due to the LLINs delivery delay.
Number of Houses sprayed by IRS	320,000	Not yet	A total of 273,000 is planned to be sprayed.
Number of AMDs (first line) for 2 nd half.	285,000	98,000	Due to the limited delivered quantity

Impact of COVID-19 on Planned Malaria Interventions in 2020

- Suspension of the activities during the COVID-19 pandemic March to May 2020.
- Remarkable delay in different commodities delivery including the ACTs, RDTs, LLINs and insecticides for IRS and vector control intervention.
- Stock out of the AMDs and RDTs, which is still continuing for the AMDs after delivery of only the 1/5 part of the required and requested quantity.
- Delay in implementation of the vector control activities, LLINs distribution and IRS

Best Practices

- Strengthening malaria surveillance through expansion the reporting sites by 450, especially in the endemic areas.
- The use of technology in reporting, mentoring and follow up the field different activities.
- Promotion of the local authorities and communities engagement in source reduction activities in many remote areas.
- Creating the online NMCP dashboard for the reported malaria data through the eIDEWS, which also includes the ICCM and dengue data.
- Initiating the use of DHIS2 platform for different malaria reported data.
- Initiating the supply chain data management electronic system for the AMDs and RDTs.
- Development the education guideline for the family in Yemen, that will be used in the increasing awareness campaigns.

Key Bottlenecks/Challenges encountered

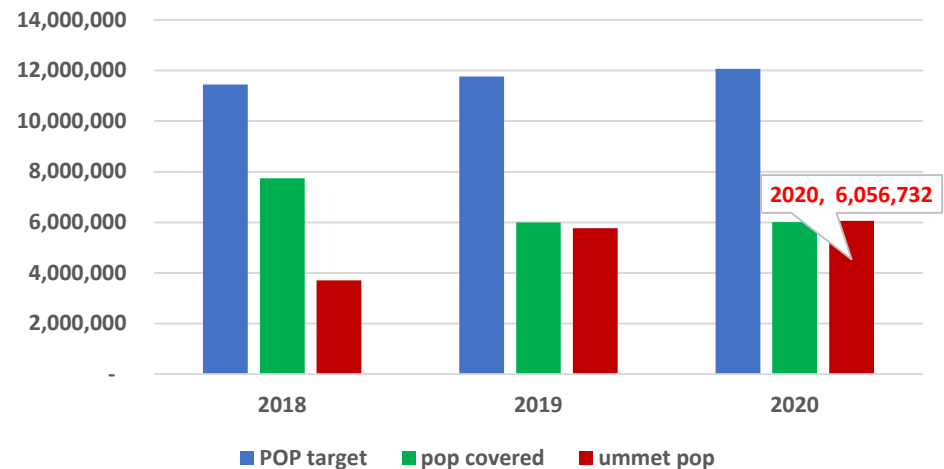
LLINs,

- The difficulty to reach the universal coverage, due to the delay in the replacement as well as the insufficient secured quantity.
- The widespread resistance to parathyroids.
- The low utilization rate for use.
- No budget for LLINs durability studies.

IRS,

- Delay in the implementation due to delivery delay of the clothianidin.
- No secured clothianidin for the 2021 year, yet.
- The efficacy and residual effect was performed, yet.

Targeted POP Vas Covered



Key Bottlenecks/Challenges encountered

In general,

- Frequent stock out of the AMDs.
- The accessibility to the clashes areas.
- The lack of the support for malaria units to enable them performing their roles in vector controls as the 1st peripheral fence in the control activities.
- No financial support for the NMCP branches at governorate level after cutting the governmental budget since 2014.
- No budget for emergency response to the outbreaks.
- Delay of delivery for all malaria control intervention due to the blockade and Sana'a airport closure.
- Climate changes and recent heavy rain season, which attributed to appearing malaria in previously free or very low areas of transmission.
- IDPs due to conflicts.
- No willingness to support the malaria activities by other organizations.

Gap analysis 2021

Description	NEED	FINANCED	GAPS
LLINs (# number of commodities)	6,198,431	4,347,884	1,850,547
IRS US\$	3,200,000	0	3,200,000
ACTs (# number of commodities)	470,235	470,235	0
RDTs (# number of commodities)	1,482,746.00	1,482,746.00	0
Total US\$ need essential services			
Other			
Other			
Total US\$ malaria strategic plan	11,715,200.48	7,015,506	4,699,693.83

Gap analyses for 2022 & 2023

- Not prepared, yet as the current GF grant is ended in the next 2021 year.

Implementation Support (TA) Requirements for 2021.

Activity and the TA Type	Period
IRS, <ul style="list-style-type: none">• Cost effectiveness assessment for the IRS campaigns in Yemen,• The IRS targets and its efficiency for the control intervention.• Bio-efficacy and residual effect mentoring for the insecticide used in IRS.• NMCP capacity assessment for expansion the target of IRS for universal coverage.	2021
LLINs, <ul style="list-style-type: none">• LLINs durability and KAP studies for the use of bed nets in malaria control.• Assessment the relationship between the LLINs shape and the low utilization rate in Yemen.	2020

Implementation Support (TA) Requirements for 2021, continue:

Activity and the TA Type	Period
EPR, Review the draft of the EPR strategy, assist in its update and development the final version.	2021
GIS, Review the existing malaria risk map and assist in its update	2021

Thank you for attention