Malaria Policy Advisory Committee (MPAC) Meeting, 3–4 December 2020

Documentation for Session 2

Thursday, 3 December 2020				
	Session 2	Open	Open	
14:00 – 14:10	Update on the High Burden to High Impact approach: partner perspective	Dr Melanie Renshaw	For information	
14:10 – 14:35	Update on the High Burden to High Impact approach: use of strategic information to drive impact	Dr Abdisalan Noor		
14:35 – 15:00	Update on High Burden to High Impact approach: country support	Dr Maru Weldedawit		
15:00 – 15:30	Update on the Global technical strategy for malaria 2016–2030	Dr Pedro Alonso		

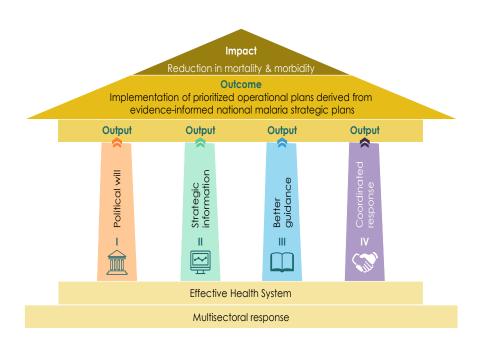




RBM Partnership support to HBHI countries in 2020

Priority Support from the RBM Partnership to End Malaria to HBHI countries in 2020 focused on the following areas:

- Support to the Global Fund Funding Request process
- Support to National Strategic Plans
- Support to implementation and scale-up of malaria interventions whilst taking into account COVID-19 prevention measures
- Enhancing Political Will including through "Zero Malaria Starts with Me"; enhanced accountability and action through country scorecard tools, and domestic resource mobilization



Global Fund Application support in 2020

RBM/CRSPC provided support to 9 HBHI countries in the Global Fund malaria funding request process including:

- International consultants (9 countries)
- Local meeting support for country dialogue and local consultants (7 countries)
- Country peer reviews through 'mock TRPs' and expert review of the proposals (9 countries)
- Finalizing essential documents such as national strategic plans and programme reviews
- 8 out of the 9 countries supported (plus India) went directly into grant making securing approximately US\$1.5 billion
- Mali support is rolling out for 2021 submission

COVID-19 significantly impacted and complicated the support process at country level:

- Poor internet connectivity
- Inability to meet in-person
- Re-allocation of key staff to the COVID-19 response
- Very heavy workloads impacted the application process

GF application process – mainstreaming HBHI

- Sub-national stratification supported by WHO and partners fed into the GF application process.
- Some of the stratification and modeling was completed very close to submission, however HBHI countries successfully included the subnational stratification and modeling and used the data to prioritise interventions for maximum impact, especially PBO nets and SMC
- Approximately US\$1.66 billion representing an increase of US\$500 million was allocated to HBHI countries in the new GF allocation

Voices from the malaria community are still not well represented on most CCMs.

Many countries are struggling to finance essential coverage for high impact malaria interventions and also prioritize key RSSH activities at the same time.

In a few cases, critical malaria funds have been reallocated for RSSH leaving major gaps for essential services (e.g., US\$130 million was re-allocated to RSSH from three HBHI countries, leaving key gaps, although 50% was reallocated back to malaria following advocacy efforts).

Essential Commodity Gaps 2021-2023

Critical gaps to achieve targets



- SMC expansión in Nigeria, switch to PBO nets, and innovation in programming have been funded through grant savings during grant making
- Some of these newly prioritised interventions remain in PAAR
- Historically CRSPC has advocated successfully for PAAR funding (US\$370 million for malaria compared to US\$216 million for TB and US\$184 million for HIV) but there is less likelhood of additional Portfolio Optimisation in the near term including because of the impact of the COVID-19 pandemic.

RBM Partnership to End Malaria

Resolving Implementation Bottlenecks

Implementation support provided to countries to resolve the bottlenecks that threaten to compromise their ability to achieve their national malaria targets

ITN Campaign Support

Implementation support was provided to DRC,

Mozambique, Nigeria, Uganda, and Niger to replan their ITNs campaigns in the context of the COVID-19 pandemic including:

- Switching to door-to door approaches through AMP
- Timed and regular planning calls with all ITNs campaign countries

Essential Commodity Tracking

Tracking supply availability in countries (ACTs, RDTs, artesunate, LLINs, IRS, SMC commodities) and working to troubleshoot filling of gaps as they arose including airlifting of commodities and splitting deliveries where required

- Regular check-ins with countries to track and problem solve as real time malaria programming bottlenecks arose including upsurges (for example in Niger, Mali)
- Support to countries in reprogramming and resource mobilization to address gaps including establishment of End Malaria Funds
- Linking to political level as required to advocate against delays in campaigns and to sustain malaria programming

RBM Partnership to End Malaria

Political Will

Following the official launch of the approach in almost all the countries, countries continued to implement the major activities in the four response elements.



From Q4 2020, RBM and WHO have revitalised the organised a monthly follow up calls with six HBHI countries to review the status of implementation of these activities.



Most HBHI countries have met the GF co-financing requirements

Nigeria secured US\$200 million from the World Bank and US\$100 million from the Islamic Development Bank



All the HBHI countries in Africa have been using their malaria scorecard management tools for accountability and action including in the context o fCOVID-19

Mozambique and Uganda launched their End Malaria Funds in 2020, with Niger, Cameroun, Burkina Faso and DRC exploring the launch of the councils or funds, to keep malaria high on the national development and financing agenda

Six countries have launched Zero Malaria Starts with Me!

RBM Partnership to End Malaria



11 December, 2020

Thank you visit endmalaria.org @EndMalaria

RBM Partnership to End Malaria 5th floor, GHC, Chemin du Pommier 40, 1218 Le Grand-Saconnex, Geneva, Switzerland. info@endmalaria.org

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Use of strategic information for impact – an update

MPAC Briefing, December 2020



Abdisalan M Noor

Head of Unit,

Strategic Information for Response,
Global Malaria Programme

Global Malaria Programme



HBHI Response Element 2 – phase 1 achievements



National malaria data repositories: Launched in Nigeria, ongoing in Ghana and Uganda

Progress review: Completed for all HBHI countries

Analysis of stratification, intervention mixes and prioritization: completed for others. Mali ongoing

Updating national malaria strategic plans: completed for others. Mali ongoing

Supporting funding requests: completed for others. Mali ongoing



HBHI Response Element 2 – phase 2 focus areas



National malaria data repositories: Functioning national malaria data repositories with programme tracking dashboards in all HBHI countries

Analysis of stratification, intervention mixes and prioritization in *non-HBHI* **countries:** Data analysis for stratification, optimal intervention mixes and prioritization for NSP development and implementation

Sub-national operational plans: work to start as countries begin implementation of new grants

Monitoring and evaluation: retrospective analysis and impact evaluations, standardization of M&E indicators, bulletins based on repository, quality of care assessments, surveillance system assessments

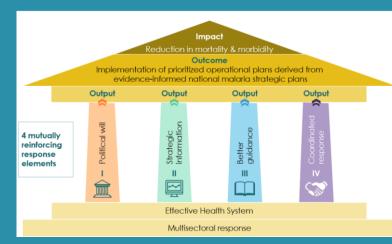
Urban malaria control: urban microstratification and urban malaria technical consultation

Manual on sub-national tailoring of intervention: Document and expand the HBHI approach to cover other settings including elimination



Update on the High burden to high impact (HBHI) approach

Malaria Policy Advisory Committee Geneva, Switzerland 03 Dec 2020





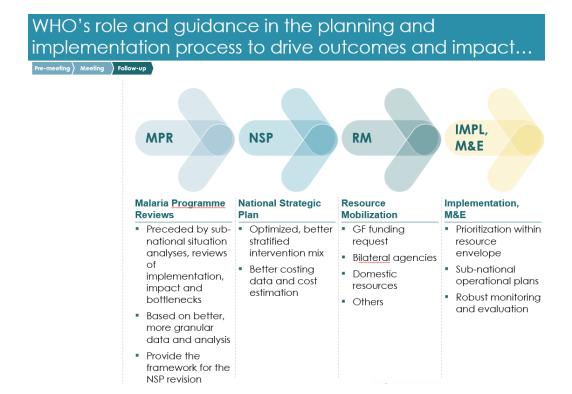




Goal and approaches

Goal: To get the world back on track to achieve GTS milestones by 2025 and sustain gains to reach the GTS goals by 2030.

- accelerate reduction of malaria incidence and mortality in the top 10 countries contributing to 70% of the malaria burden through enhanced political will, use of data for action, better guidance and coordination.
- Learning from the success, expand to other high malaria burden countries





WHO's support in the HBHI countries in 2021

- Support in All countries, except Mali and India, conducted
 MPR and updated NSPs
- **2. HBHI approaches** shaped the latest NSPs of all countries
 - Mali: MPR on-going; updated NSP will be finalized during Q1 2021
 - India: MPR was postponed due to COVID-19; NSP valid up to 2022
- **3. Technical review** of GF funding request of all except Mali that will submit in 2021

Methods of support:

- Country missions and remote support through the 3 levels of WHO and consultants support
- Weekly HBHI WHO calls
- Workstreams
- Reinforced 8 WHO country offices





HBHI Progress: Political will

Malaria receives high political inspite of the COVID-19 pandemic with priority

- **Ghana:** Malaria Foundation established for resource mobilization
- Nigeria: High-level event involving the President and WHO DG agreed; Federal
 and some States level planning, political economy analysis
- Niger: focal person at office of the president; domestic investments (ACT)
- Uganda: MAAM Mass Action Against Malaria established; End Malaria Fund
- Burkina Faso: Governors & traditional leaders engaged; End Malaria Fund
- Cameroon: Inter-ministerial committee, investment plan being developed
- **Democratic Republic of Congo:** Provincial Governors, multisectoral approach
- India:
 - adopted and adapted HBHI approach in 4 high burden States;
 - increased support from central and state governments



Uganda: Political will -Country engagements



Advocacy to keep political commitment and translate into increased domestic resources

Mass Action Against Malaria (MAAM)



Sustaining the partners' buying in based on comparative advantage







Ghana Cameron





Ethiopia, ICCM-HBHI







Pillar 2. Strategic use of information for action

- Malaria Repository Database (MDRB):
 - Bringing all data together to one hub
 - Development of the MDRB by NMCPs in different stages
- Stratification:
 - Stratification with modelled mix of interventions conducted in all countries except Mali
- Guided MPRs and NSP, GF Financial Request
 - MPR: 9 countries (ongoing in Mali, postponed in India)



Pillar 3. Better guidance

Global:

Self assessments helped pick some issues on technical guidance

- Case management private sector engagement strategies
- global guidance that require more clarity
 - Vector control: Simultaneous deployment of LLINs & IRS vs single VC intervention, Insecticide resistance and its impact
- Countries tailored global guidance in context of COVID-19

Priority:

- Subnational: inadequate capacity and access to guidelines
- Treatment fees and their impact on access
- Larviciding: Its role and impact
- SMC (epidemiological settings, age limits and types of drug, recurrent cases among SMC recipients e.g. Burkina Faso), plan to investigate by GMP such reports

Tailoring malaria interventions in the **COVID-19 response**











WHO guidance for countries preparing malaria concept notes for The Global Fund (2020 2022)















Pillar 4. Coordination

Coordination tailored to COVID-19 response

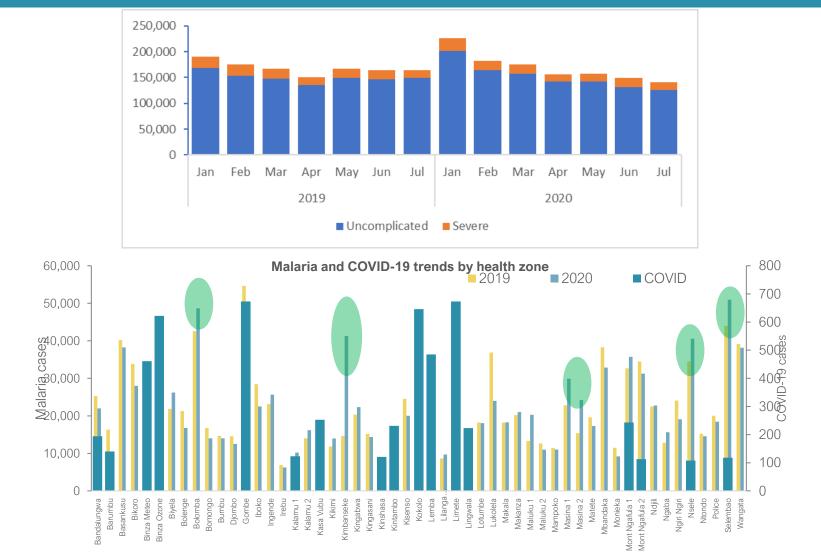
- Existing structures/mechanisms revitalized and strengthened
- NMCP Managers further empowered for better coordination
- Continuity of services in context of COVI-19
 - Prevention: IRS (Ghana, Mozambique)
 - LLIN campaigns (some delays, Ghana, Niger for 13 M people, Cameron)
 - Diagnosis, treatment (some disruption reported)
 - SMC (Ghana: 4 rounds, Nigeria: 9 states, Niger, Cameron (North))
 - Commodities
 - Trends of COVID and malaria by subnational level
- Supported countries to access additional resources (GF COVID-19)

Collaboration and partnership

- Re-enforced NMCPs and in-country partner coordination
- Mitigation measures minimized the negative impact of COVID-19 on malaria

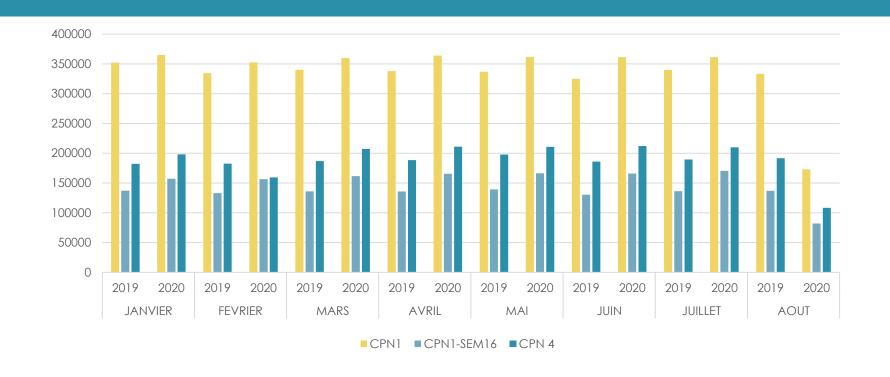


Examples on use of routine to monitor OVID cases, DRC, 2019 and 2020

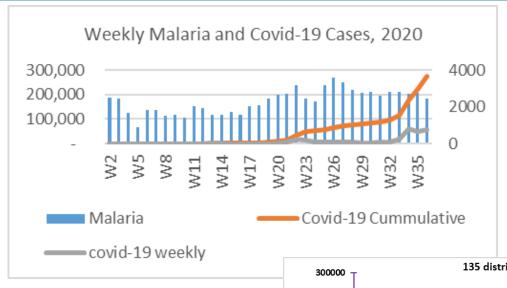


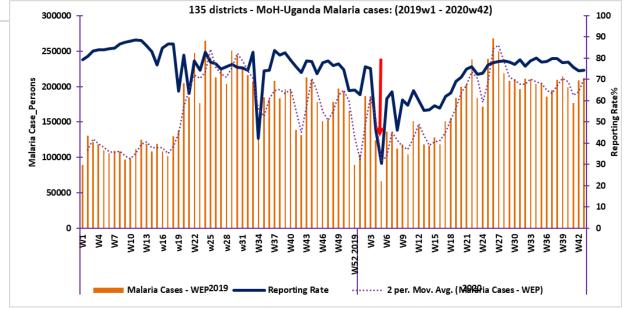


Provision of services: Trend of ANC services in DRC, 2019-2020

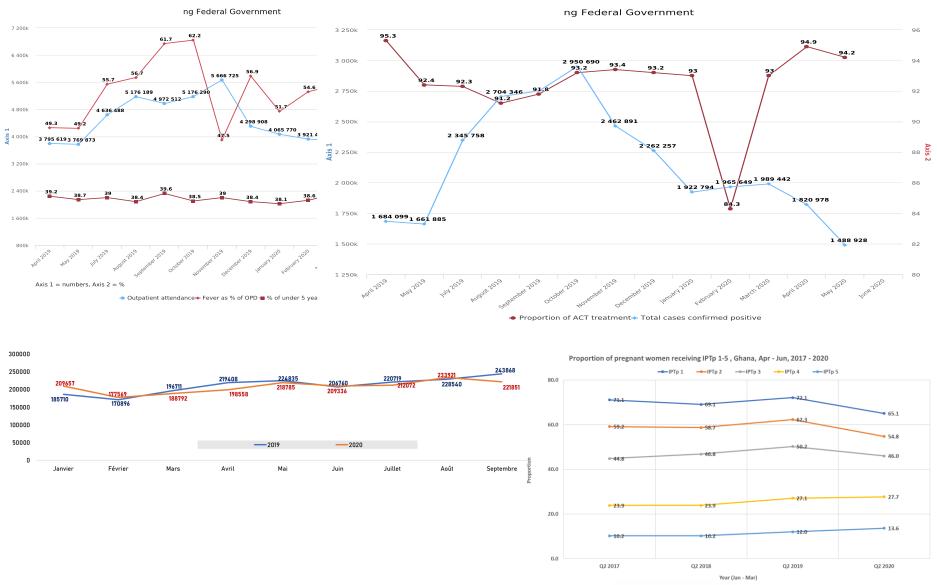


Uganda: Malaria and COVID cases



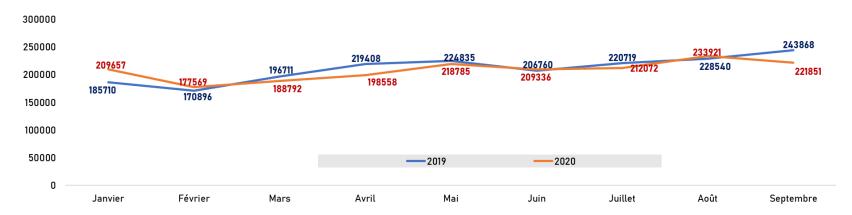


Provision of services



Provision of services: Cameroon and Ghana

Confirmed malaria cases in Cameron



Proportion of pregnant women receiving IPTp 1-5, Ghana, Apr - Jun, 2017 - 2020



Year (Jan - Mar)

Success

1. Ensuring malaria high in the political agenda

Ensure continuity of services in spite of the COVID-19 pandemic

2. Adapted global guidance and policies to country contexts considering COVID-19 pandemic

3. Flexibility of NMCPs, WHO and partners in coordination

- Engaging other sectors and the communities at risk and their leaders to accelerate and sustain malaria burden reduction
- Monitoring of needs, challenges and provision of solutions
- Adapting to electronic meetings and distance technical support



Key challenges

1. Shift of political commitment

- domestic financing and other actions due to COVID-19
- slow down of the HBHI momentum at sub-national level (and at national level in some countries) due to COVID-19
- Progress on malaria has still stalled irrespective of the unprecedented investment

2. Supply of commodoties:

- ACTs: mainly DRC, Nigeria,
- SP for IPTp: Nigeria

3. Engaging all sectors in more impactful manner

- the private sector
- changing the mindset of communities
 - acceptance of malaria as norm

4. Health system:

financing, HRH, leadership, community systems, PSM, infrastructure

5. Conflicts:

eroding gains and disrupting services (Mali, Cameron, DRC)



Key activities for 2021

1. Sustain political momentum

- Meeting between the President of Nigeria and WHO DG
- Political economy analysis; use results for advocacy and planning
- Explore possibilities for launch of High-level HBHI meeting in:
 - Tanzania and Mali (considering the ongoing political situation)

2. Annual HBHI Forum

- documentation and dissemination of best practices
- promote HBHI approach to other countries

3. Systematically engage WHO Representative and heads of other agencies at country level to be HBHI advocates

4. Technical support and advocacy for continuity of malaria services

GF grant negotiations, implementations, MTR, NSP

5. Capacity strengthening

- Operational planning, implementation and monitoring
- Training needs assessment and targeted training
- Engage national institutions, WHO Collaborating Centers, WHO Academy, etc



