

Malaria Policy Advisory Committee (MPAC) Meeting, 2–4 October 2019

Documentation related to Sessions 1 and 2

Wednesday, 2 October 2019			
	Session 1	Open	For information
09:00 – 09:10	Welcome by the Assistant Director-General for Universal Health Care/Communicable and Noncommunicable Diseases	Dr Ren Minghui	
09:10 – 09:30	Introduction by the Chair, MPAC	Dr Dyann Wirth	
09:30 – 10:30	Report from the Director, GMP	Dr Pedro Alonso	
10:30 – 11:00	Coffee break		
	Session 2	Open	For information
11:00 – 11:30	Update from the RBM Partnership to End Malaria	Dr Abdourahmane Diallo	
11:30 – 13:00	Update on the high burden to high impact approach and the one WHO malaria programme for Africa - Presentation 1: overview - Presentation 2: response element II - strategic information	Dr Alastair Robb Dr Abdisalan Noor Dr Maru Weldedawit Dr Akpaka Kalu Dr Ghasem Zamani	For guidance

Report from the Global Malaria Programme

Malaria Policy Advisory Committee
Geneva, Switzerland

Pedro L. Alonso
2 October 2019

Global **Malaria** Programme



World Health
Organization

GLOBAL TECHNICAL STRATEGY FOR MALARIA 2016–2030

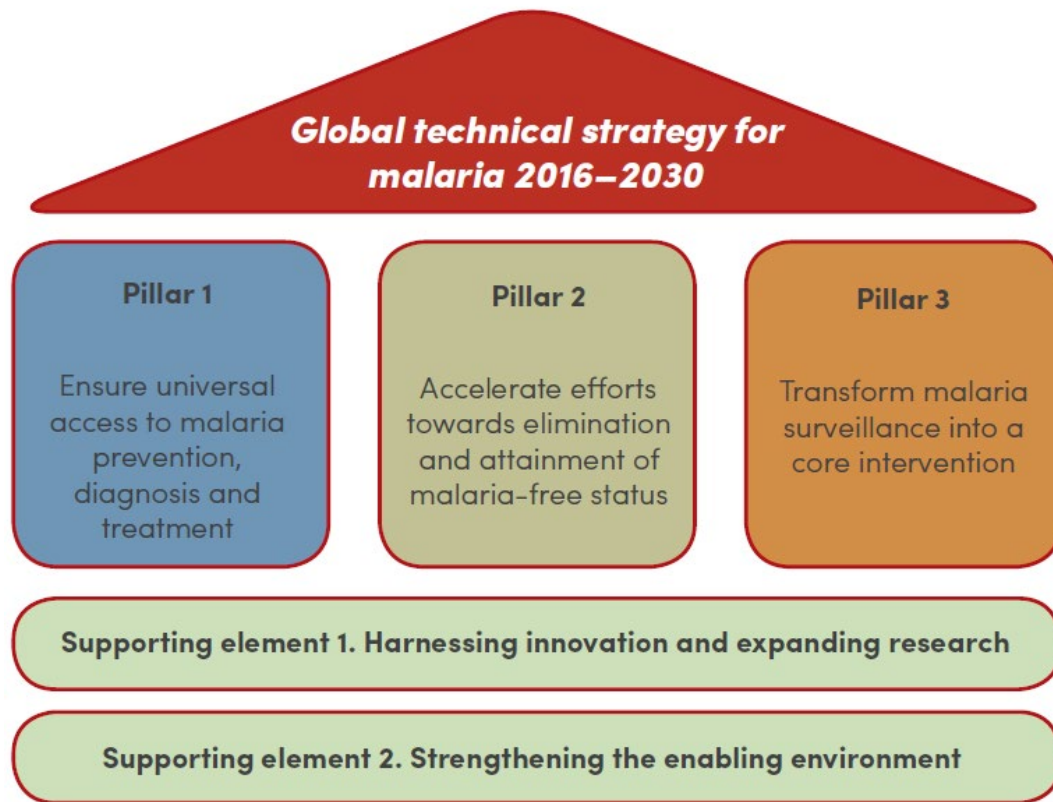


GTS: bold, ambitious and achievable targets

Vision – A world free of malaria

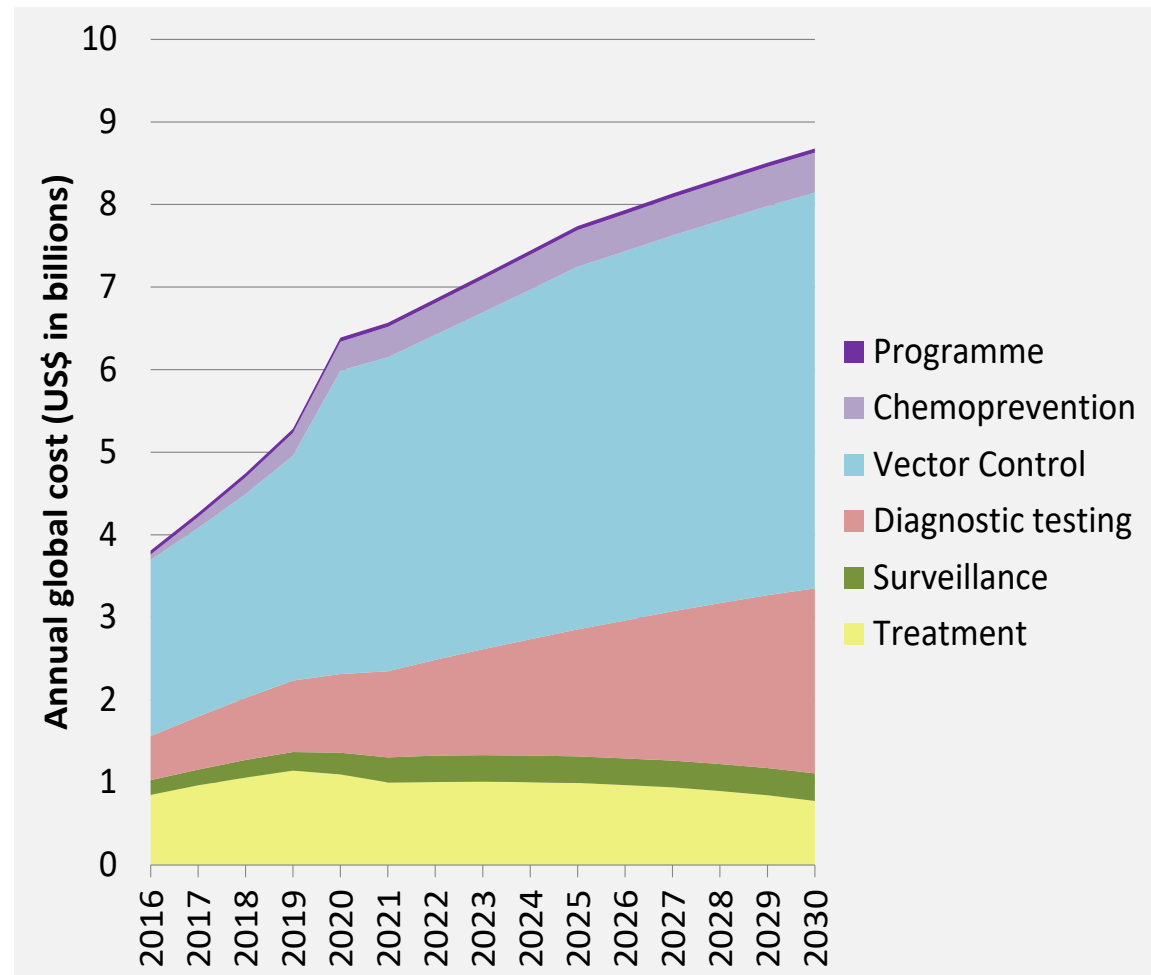
Goals	Milestones		Targets
	2020	2025	2030
1. Reduce malaria mortality rates globally compared with 2015	At least 40%	At least 75%	At least 90%
2. Reduce malaria case incidence globally compared with 2015	At least 40%	At least 75%	At least 90%
3. Eliminate malaria from countries in which malaria was transmitted in 2015	At least 10 countries	At least 20 countries	At least 35 countries
4. Prevent re-establishment of malaria in all countries that are malaria free	Re-establishment prevented	Re-establishment prevented	Re-establishment prevented

Global Technical Strategy

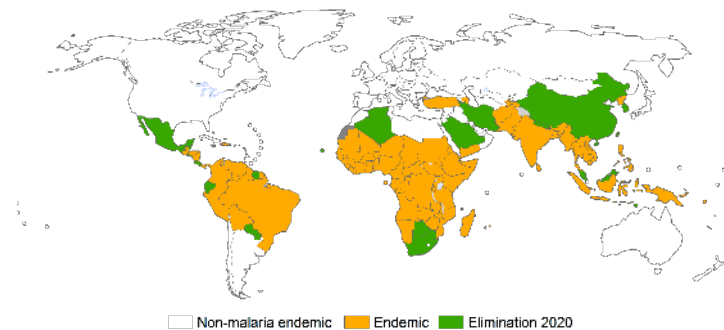
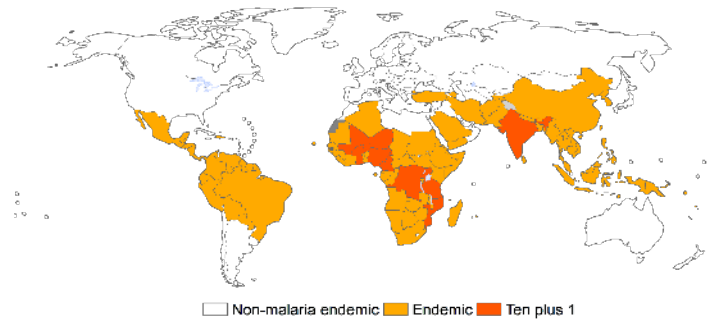


Global Technical Strategy & AIM

- US\$ 6.4 billion by 2020
- US\$ 7.7 billion by 2025
- US\$ 8.7 billion by 2030







Monitoring progress and coordinating response



GTS: bold, ambitious and achievable targets

Vision – A world free of malaria

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Global Technical Strategy for malaria 2016-2030



The E2020 initiative.

1st Global Forum
March 2017 Geneva, Switzerland



2nd Global Forum
June 2018 San José, Costa Rica



3rd Annual Global Forum of Malaria-Eliminating Countries
2019.6.18-20 中国•无锡 Wuxi China



Certification of malaria free countries



High burden to high impact

A targeted malaria response



An urgent and credible response

Four key mutually reinforcing response elements

**Best global
guidance**



**Political
commitment**



Impact

**Strategic
use of
information**



**Coordinated
response**



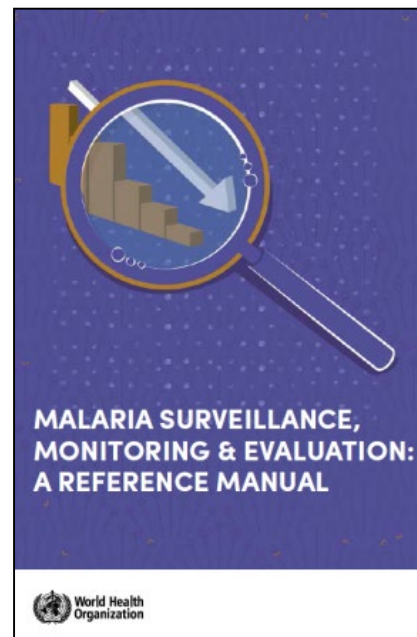
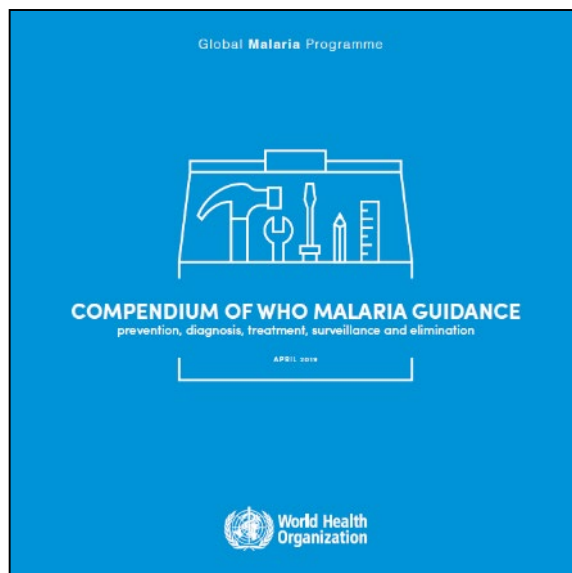
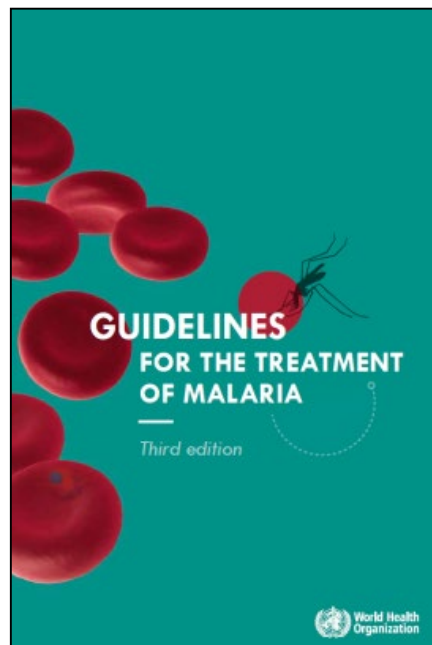
Improving efficiencies

By truly aligning behind an evidence based approach



One WHO Africa Malaria Programme

- As WHO, it is time to step up our game, in Africa, the continent with the highest burden
- By putting the Global Programme of Work into action
- Effective and well resourced WHO focused on impact in countries
- Supporting countries to solve their problems
- Maximizing our collective efforts by working as one
 - WCOs, ISTs, AFRO, EMRO and GMP
 - Working with health systems, family health and other colleagues
 - Engaging partners, including African institutions



Global technical strategy for malaria 2016–2030

Pillar 1

Ensure universal access to malaria prevention, diagnosis and treatment

Pillar 2

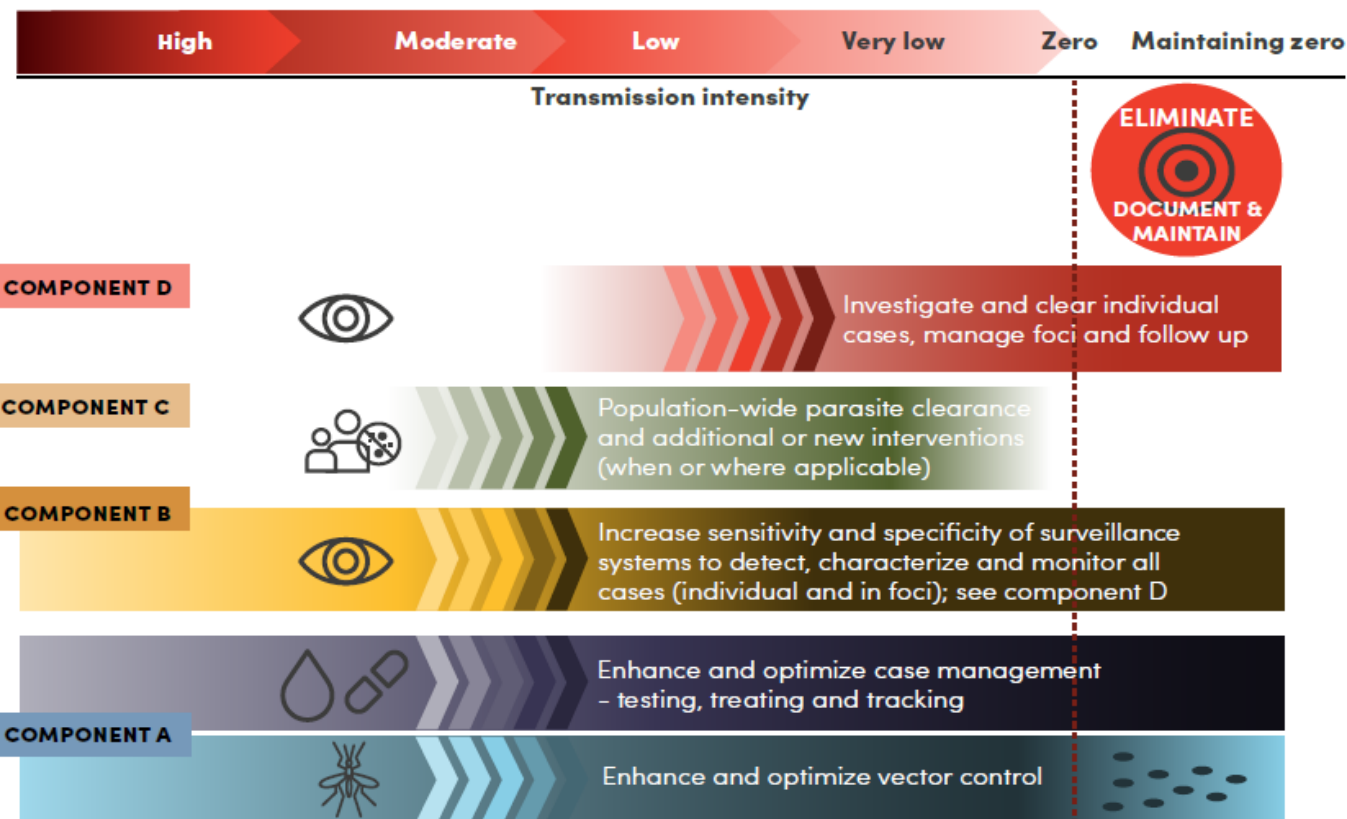
Accelerate efforts towards elimination and attainment of malaria-free status

Pillar 3

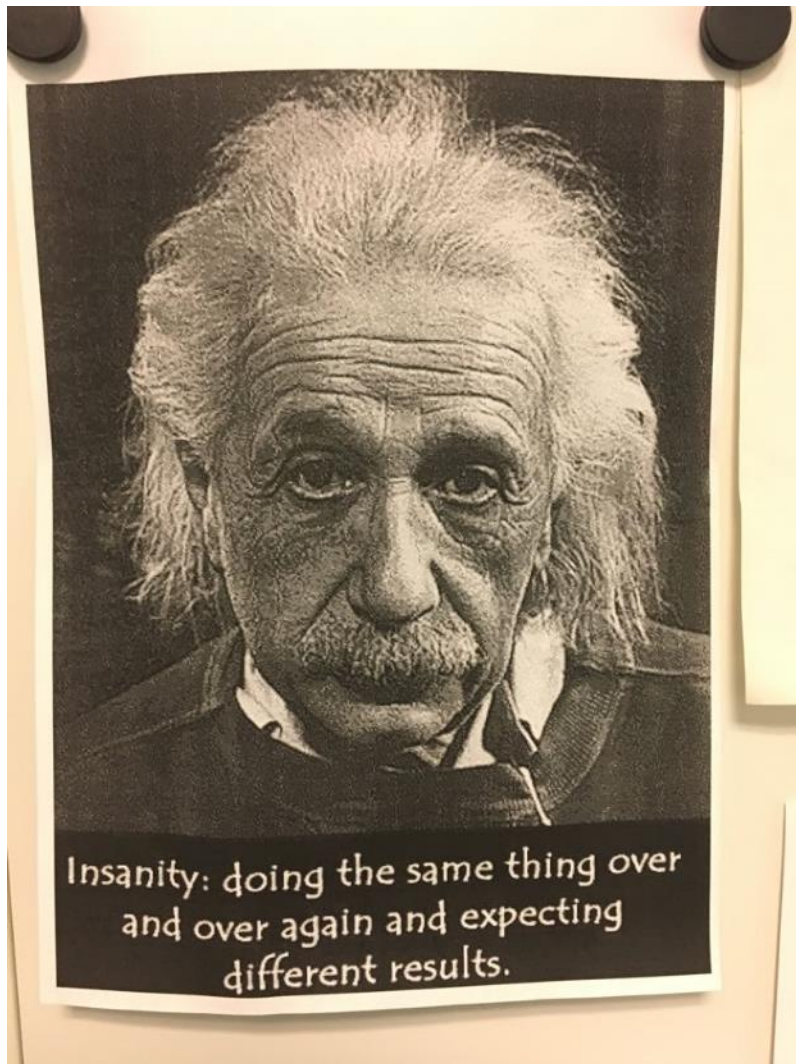
Transform malaria surveillance into a core intervention

Supporting element 1. Harnessing innovation and expanding research

Supporting element 2. Strengthening the enabling environment



(>>>>>) here - relates to time-limited efforts made across all components in order to (1) achieve universal/optimal coverage in malaria prevention, (2) increase sensitivity and specificity of surveillance systems so they are able to detect, characterize and monitor all malaria cases and foci (**Component B**) at sufficiently low levels (with or without population-wide parasite clearance and other strategies, **Component C as an option**) where remaining cases can be targeted and followed up (**Component D**).



Malaria in complex situations

- WHO malaria response in Venezuela, Nigeria, South Sudan, Yemen, Burundi and DRC



Global **Malaria** Programme

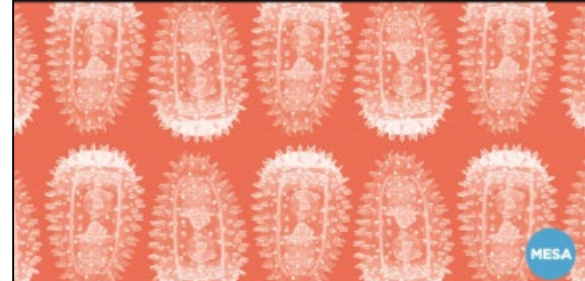


Malaria eradication: benefits, future scenarios and feasibility

Executive summary of the report of
the WHO Strategic Advisory Group
on Malaria Eradication



 **PLOS** | COLLECTIONS



**malERA – An Updated Research
Agenda for Malaria Elimination
and Eradication**

collections.plos.org/malera-refresh

OPEN  ACCESS

RTS,S Malaria Vaccine Implementation Programme (MVIP)



Pilot programme to expand access to treatment

Rapid Access Expansion Programme (RAcE): of integrated community case management (iCCM) of malaria, pneumonia and diarrhea

- Implemented in 5 high burden countries: Democratic Republic of Congo, Malawai, Mozambique, Niger and Nigeria
- 8,300 Community Health Workers trained
- 1.5M children covered by iCCM
- 8.2M clinical cases correctly diagnosed and treated
- Implemented through Ministry of Health with sustainability planning



To provide global leadership on malaria and ensure Member States have the best guidance and strategic support to implement malaria programs progressively realize Universal Health Coverage and collectively achieve the Global Technical Strategy for Malaria goals and targets.

GMP Major Functions

- To play a leadership role in malaria, effectively supporting member states and rallying partners to reach Universal Health Coverage and achieve GTS goals and targets.
- To shape the research agenda and promote the generation of evidence to support global guidance for new tools and strategies to achieve impact.
- To develop ethical and evidence-based global guidance on malaria with effective dissemination to support adoption and implementation by national malaria programs and other relevant stakeholders.
- To monitor and respond to global malaria trends and threats.

Malaria: a problem to be solved not simply a task to be performed



2 October 2019

WHO Malaria Policy and Advisory Committee

**Presentation by Dr Abdourahmane Diallo
CEO, RBM Partnership to End Malaria**



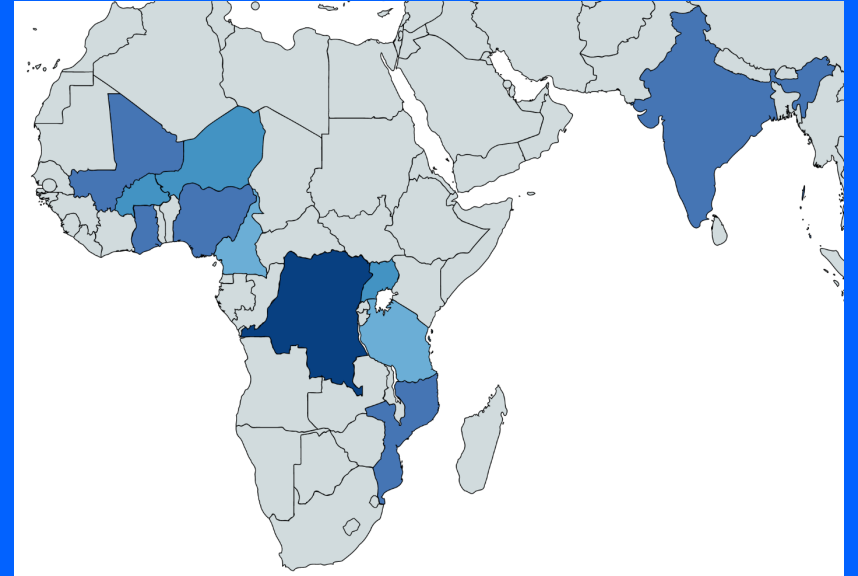
The RBM Partnership is the global platform for coordinated action against malaria. It mobilizes for action and resources and forges consensus among partners.

The Partnership is comprised of more than 500 partners, including malaria endemic countries, their bilateral and multilateral development partners, the private sector, nongovernmental and community-based organizations, foundations, and research and academic institutions.

High Burden to High Impact Approach

Catalyzed by WHO and the RBM Partnership to End Malaria, we have seen significant partner engagement at all levels in support of this country-owned, country-led approach:

- Partners engaged to date include countries, ALMA, BMGF, CHAI, the GF, Malaria No More, US PMI, the Malaria Consortium, MMV, UNICEF and others
- RBM partnership support to date, working jointly with WHO includes:
 - Design of materials including stakeholder assessment and log frame to track priorities and progress
 - Country requested support to facilitate in-country engagement including for stakeholder mapping and country self assessments
 - Support to hold country meetings (9 to date)
 - Follow up support to ensure the identified next steps and actions are implemented



Political will to reduce malaria deaths

Key Areas

Empowered political structures that ensure political support for malaria

Accountability of political actors and institutions to ensure commitment and action

Translation of political will into corresponding resources including funding through multisectoral resource mobilization

Increased awareness of malaria through targeted communication fostering active participation of communities in prevention of malaria

Partnership Examples

- RBM Partnership supported malaria engagement meetings for parliamentarians in Uganda and Tanzania
- Countries are being supported to establish high level political, multi sectoral accountability structures “End Malaria Councils” including Uganda, Mozambique and Ghana with other HBHI countries requesting support for roll out of this approach
- All ten countries in Africa are operating malaria scorecards to enhance accountability and action including at political level
- The Partnership is supporting enhanced sub-regional and cross border collaboration in partnership with the RECs including in the Sahel
- The RBM Partnership supported the development of multi-sectoral resource mobilisation strategies including in Uganda, with on-going support in Mozambique
- The Partnership is supporting countries in their resource mobilisation efforts including in Nigeria (US\$360 million projects through development banks), domestic resource mobilisation and in the establishment of malaria funds for private sector engagement
- RBM partnership is supporting all countries in their up-coming GF application process (2021-2023)
- Pan-African Zero Malaria Starts with Me campaign rolled out in 10 countries including in Mozambique, Ghana, Uganda and Niger (also Eswatini, Ethiopia, Mauritania, Senegal, Sierra Leone and Zambia) and plans for roll out in additional countries are under development

2019: critical year for Global Fund replenishment
2020: critical support to country application process

**STEP UP
THE FIGHT**





“Zero Malaria Starts With Me will reignite a grassroots movements in which individuals, families, communities, religious leaders, private sector, political leaders, and other members of society pledge to take responsibility in the fight against malaria.”

President Paul Kagame of Rwanda

Strategic information to drive impact

Key Areas

Functioning national malaria **data repositories** with programme **tracking dashboards**

Country-level malaria situation analysis and review of malaria programs to understand progress and bottlenecks

Data analysis for stratification, optimal intervention mixes and prioritization for NSP development and implementation

Sub-national operational plans linked to sub-national health plans

Ongoing sub-national **monitoring and evaluation** of programmatic activities (incl. data systems) and impact

Partnership Examples

- **WHO** leading national repository roll out
- **Ongoing support** to the development of situational analyses including identification of programmatic and financial gaps in Nigeria and Mozambique
- **The RBM Partnership** supports countries in the development of National Strategic Plans and Malaria Programme Reviews under the leadership of WHO
- **The partnership** also supports countries in their resource mobilisation efforts including support to prioritisation
- **RBM partners** are increasing our engagement in monitoring and evaluation – for example through enhanced data sharing with the US PMI, BMGF and the Global Fund

Better guidance, policies and strategies

Key Areas

Continually updated global guidelines based on **best available evidence**;
Incorporation of country needs into global guidance

Improved dissemination and uptake of global policies through individual **country adoption and adaptation to local context**, including intervention mixes and prioritization

Country-level implementation guidance tools to inform **effective and optimal deployment** of national policies

Improved tracking of policy uptake by countries

Partnership Examples

- **The partnership supports WHO in the dissemination and uptake of global policies through regular engagement meetings with the countries**

A coordinated national malaria response

Key Areas

Clear overview of relevant stakeholders and partners in-country and their financial and technical contribution

Clear overview of relevant processes that need coordination and respective roles, responsibilities and timelines outlined

Alignment of partner support and funding in line with **costed national strategic plans** and health sector priorities

Dedicated structures that ensure **systematic coordination**

Partnership Examples

- **The RBM partners are supporting stakeholder mapping and enhanced data sharing around financial, technical and implementation contributions** - for example, data sharing agreement in **Uganda**
- **The RBM partners are supporting review of co-ordination structures and opportunities to retain staff** for example in **Nigeria and Mozambique**

NEXT Steps

The RBM partnership will continue to engage with the HBHI countries in partnership with WHO to ensure that we see the highest burden countries getting back on track.

We will work to ensure that the lessons learned from this approach can benefit additional countries.

We are supporting countries in the programming of their GF applications, using the best available data to inform how these resources can be programmed for maximum impact

We are also working to enhance data sharing and data transparency across countries in the context of Zero Malaria Starts with Me to enable every citizen to take action based on the best information available



Thank you

High Burden High Impact (HBHI)

Maru Aregawi, Global Malaria Programme

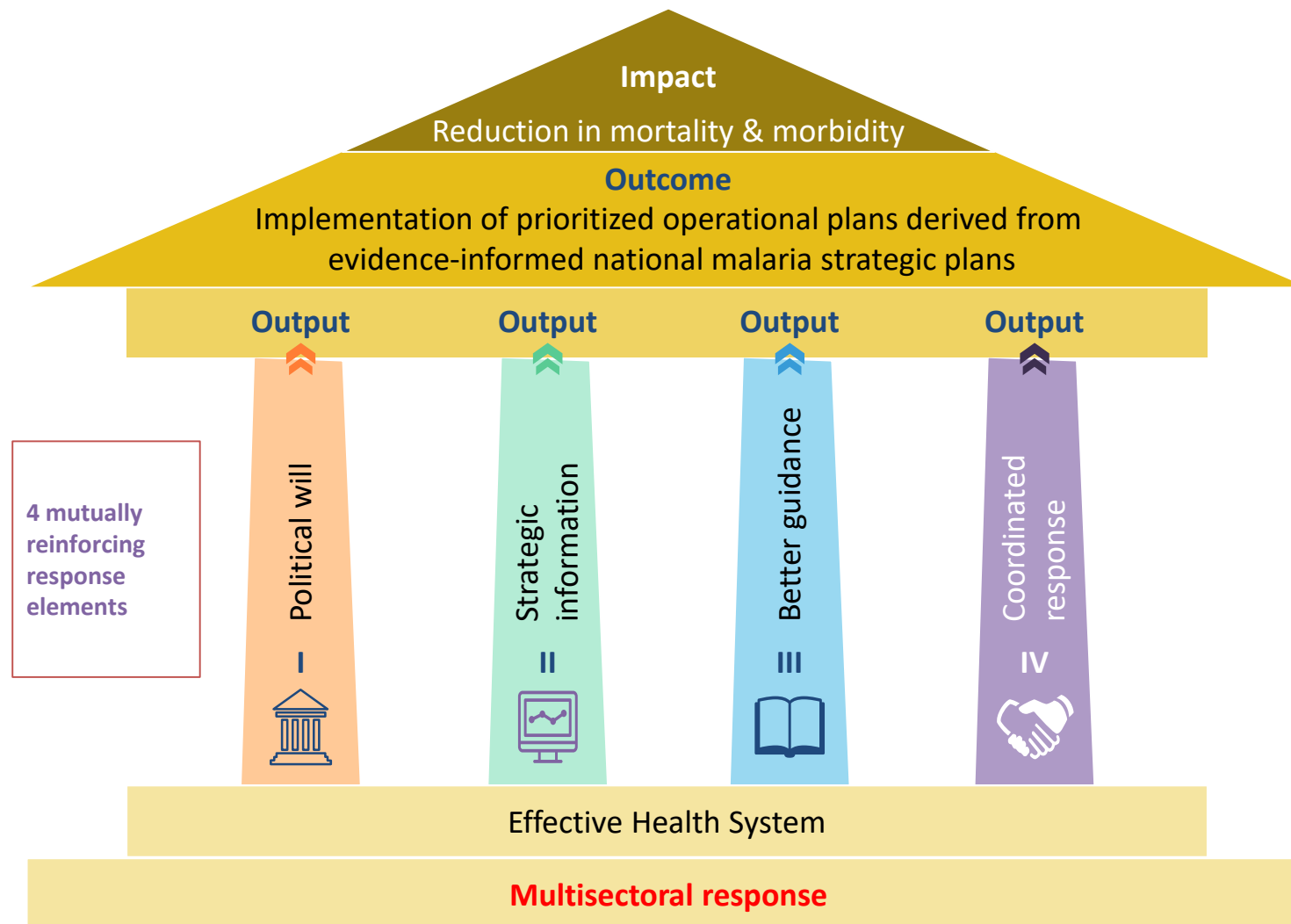
2-4 October 2019

Global **Malaria** Programme

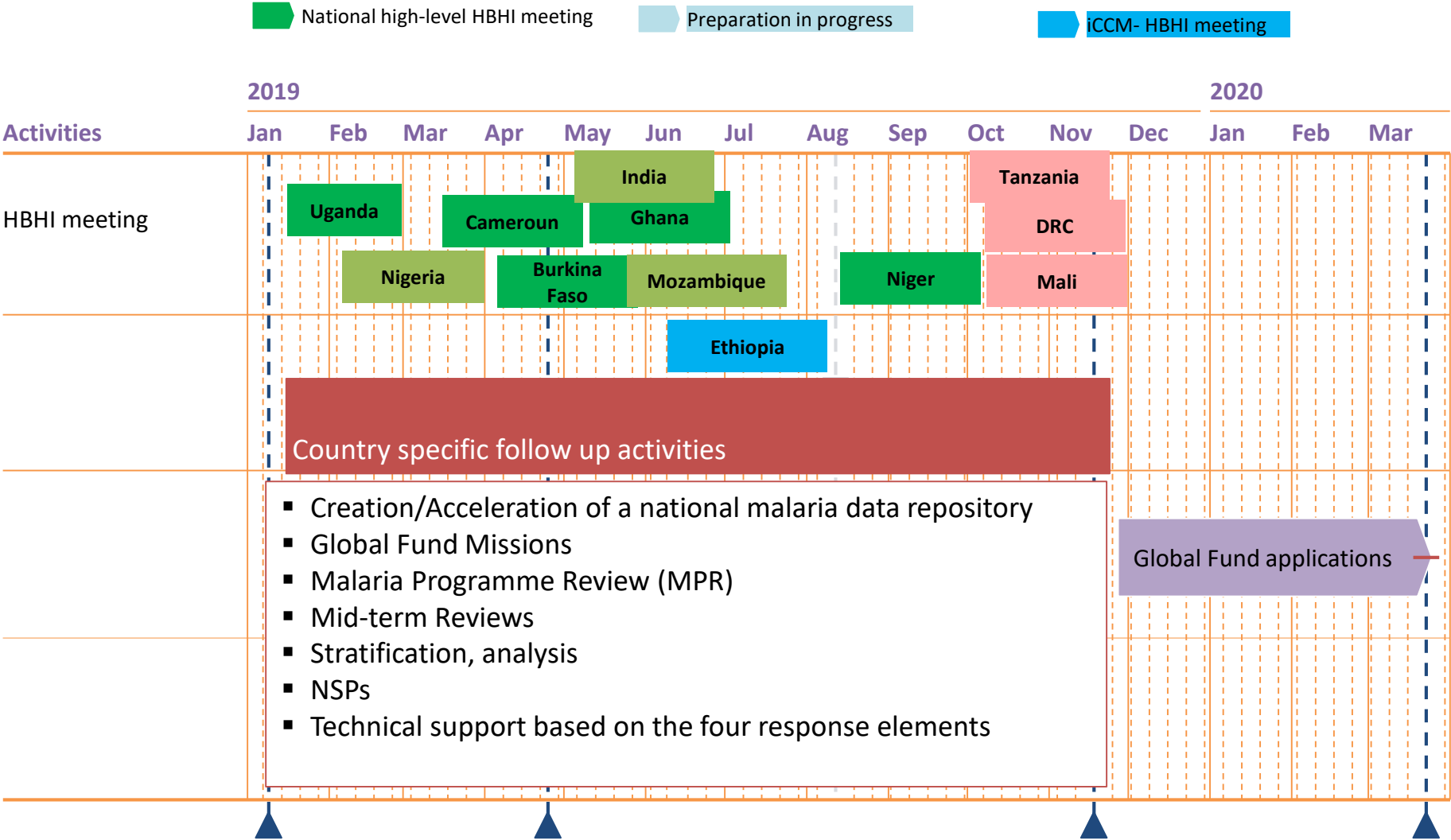


World Health
Organization

The four response elements of the HBHI approach



Country-led HBHI meeting and follow-up activities



Self-assessments and logframes

Programme-owned process:

- In-country partners participation
- Drives NMCP to question the status quo and think critically
- Drives programmes to be open and ready for changes
- Assess areas that weren't in comfort zone of the NMCPs
 - (e.g. political will)

Self-assessments

Country	Response element	Key area (Category)	Objectives	Current activities	Self assessment What is currently being done? Self-Assessment What needs improvement? What is missing and needs to be put in place?
	Political will	Structure Awareness Accountability Financing			
	Strategic information	MRDB MPR, Stratification Analysis NSP Operational planning M&E			
	Better guidance	<ul style="list-style-type: none"> • Global guidance • National guidance • Adaptation, • Dissemination, • Uptake 			
	Coordination	<ul style="list-style-type: none"> • Structures/ mechanisms • PSM • Capacity building • M&E activities • Collaboration and partnership 			

Logframe

Response element	Key area (Category)	Objectives	Activities/ deliverables	Lead partner	Support partner	Start date	End date	Remark
Political will	<ul style="list-style-type: none"> • Structure • Awareness • Accountability • Financing • MRDB 							
Strategic information	<ul style="list-style-type: none"> • MPR, Stratification • Analysis • NSP • Operational planning • M&E 							
Better guidance	<ul style="list-style-type: none"> • Global guidance • National guidance • Adaptation, • Dissemination • Uptake 							
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First HBHI Stakeholders Meeting – Kampala, Uganda

- 11-15 February, 2019
- Brought partners together to strengthen the responses to malaria
- Served as a consensus building process
- Press release issued;
- Follow-up mission is planned



Progresses on HBHI

1. Political will

- Malaria receiving high political attention and movement at country level.
- Level of engagement vary by country
- Increasing visibility of NMCPs: prospects of lifting the structure of malaria in the MoH to a higher level
- NMCPs expanding their engagement and scope to ensure political will at country level as one of critical pathways for success.
- Partners have rallied behind the approach and are supportive
- Structures: Non-existent in most countries except in Uganda
 - In some countries, focal persons for health at presidential level (Niger)
- What remains:
 - High level engagement in some countries (Nigeria, Mozambique)
 - Translation of political will to domestic resources
 - Subnational level and community engagement (Uganda, Moz, B. F...)

Uganda: Political will –Core findings and key action points



Advocacy to keep political commitment and translate into increased domestic resources



Uganda Parliamentarians:

- Political commitment
- Legislation: Malaria Act
- Domestic resources at all levels
- Community engagement
- Accountability – UPFM Scorecard

Guidance and support to implement UPFM Strategy



Sustaining the partners' buying in based on comparative advantage

Ghana



Burkina Faso



Niger: The Prime Minister assuring high political will



Niger: The First Lady is the Champion for malaria



Niger: The power of traditional leaders

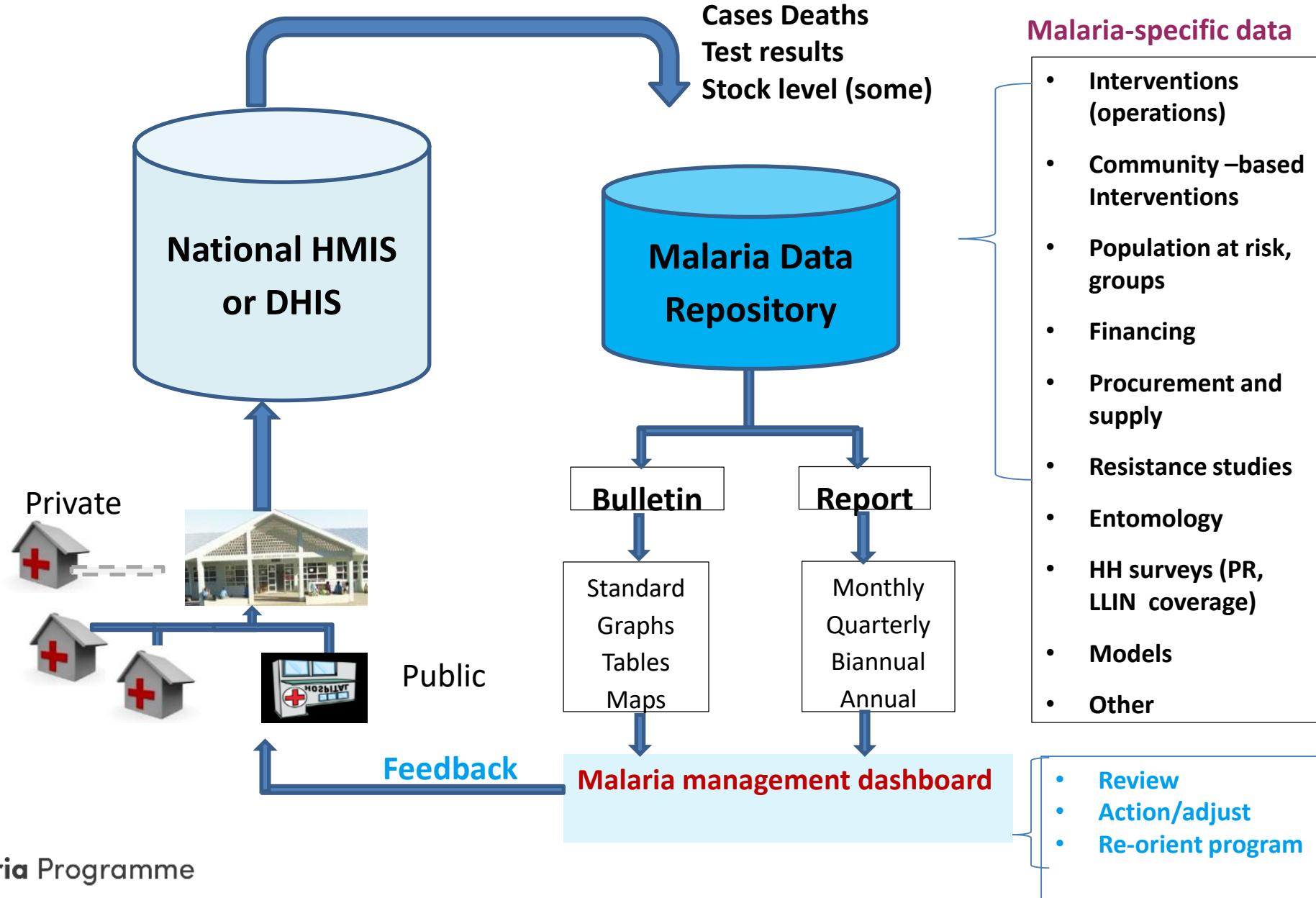
Communities follow the guidance of these leaders



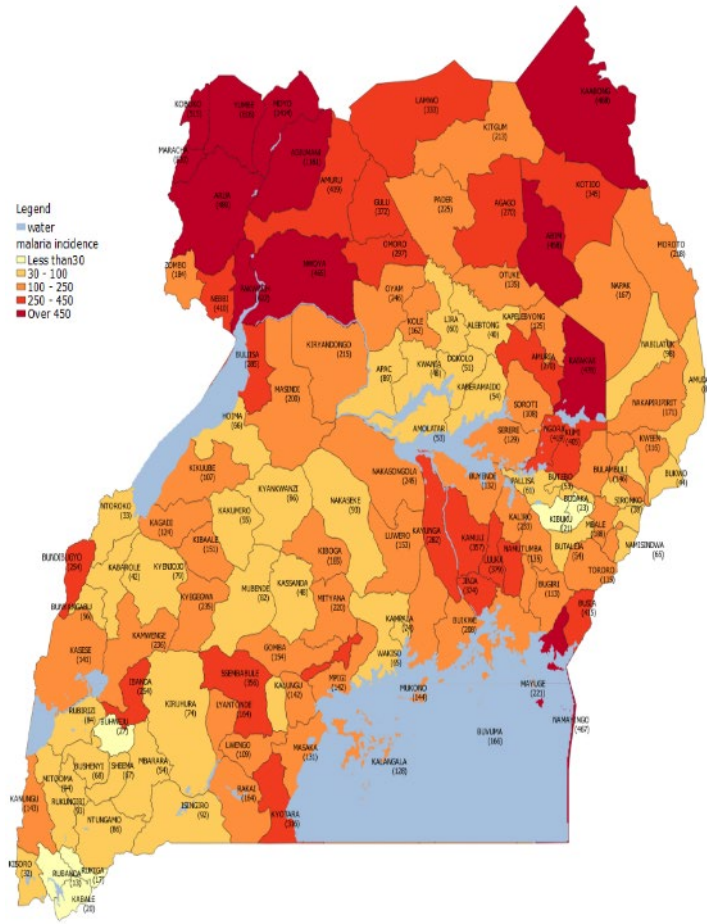
2. Strategic use information

- **Malaria Repository Database (MDRB):**
 - Bringing all data together to one hub at the NMCP
 - Ghana, Uganda and B. Faso, are in advanced stage
 - Other stakeholders including PMI and other academia volunteering to share data for common use
- **Stratification:**
 - Some low resolution stratification started with countries
 - Tanzania, Ghana, Uganda, Burkina Faso and Nigeria in advanced stage
 - Support MPRs and NSP: Work in progress in Cameroun, Niger
- **What remains:**
 - Detailed analysis, triangulation and relating burden to mix of interventions
 - Capacity building

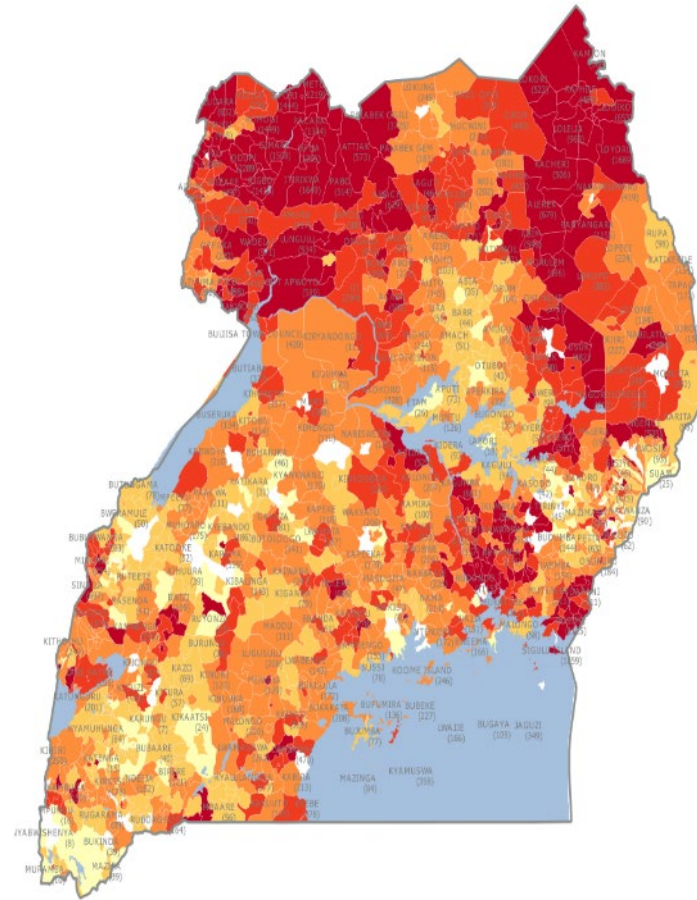
Malaria Repository Database (for data collation, analysis and use at country level)



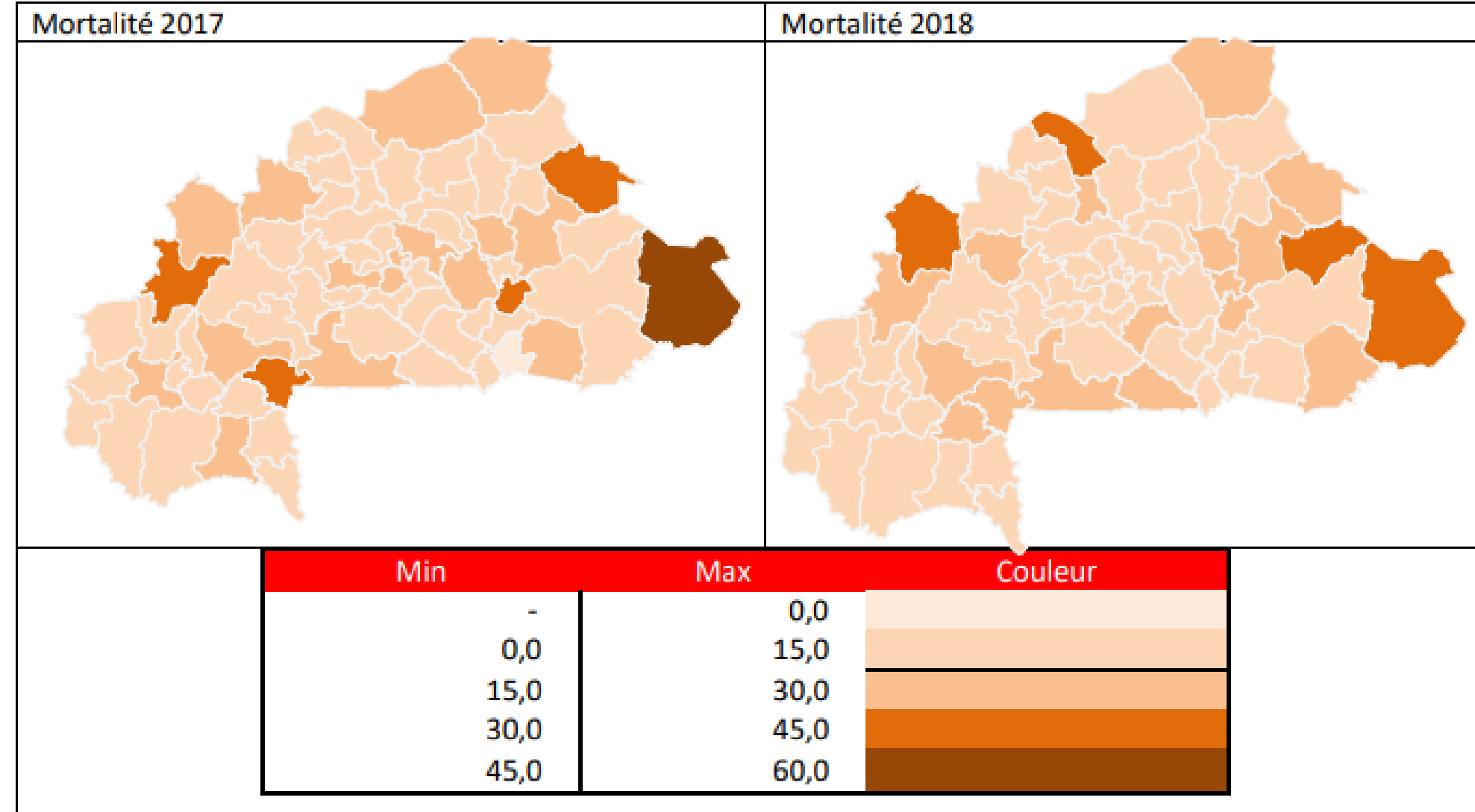
Malaria incidence by District (2018)



Malaria incidence by Sub-County (2018)



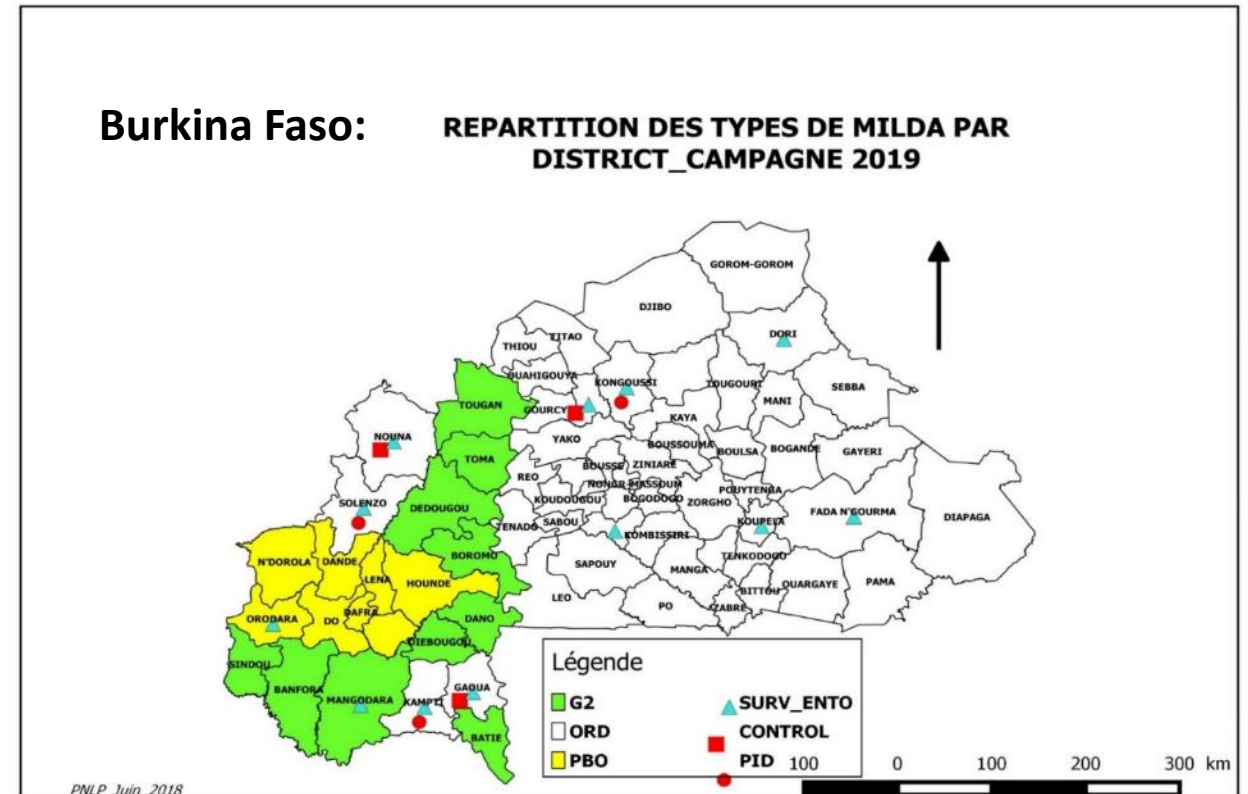
Burkina Faso

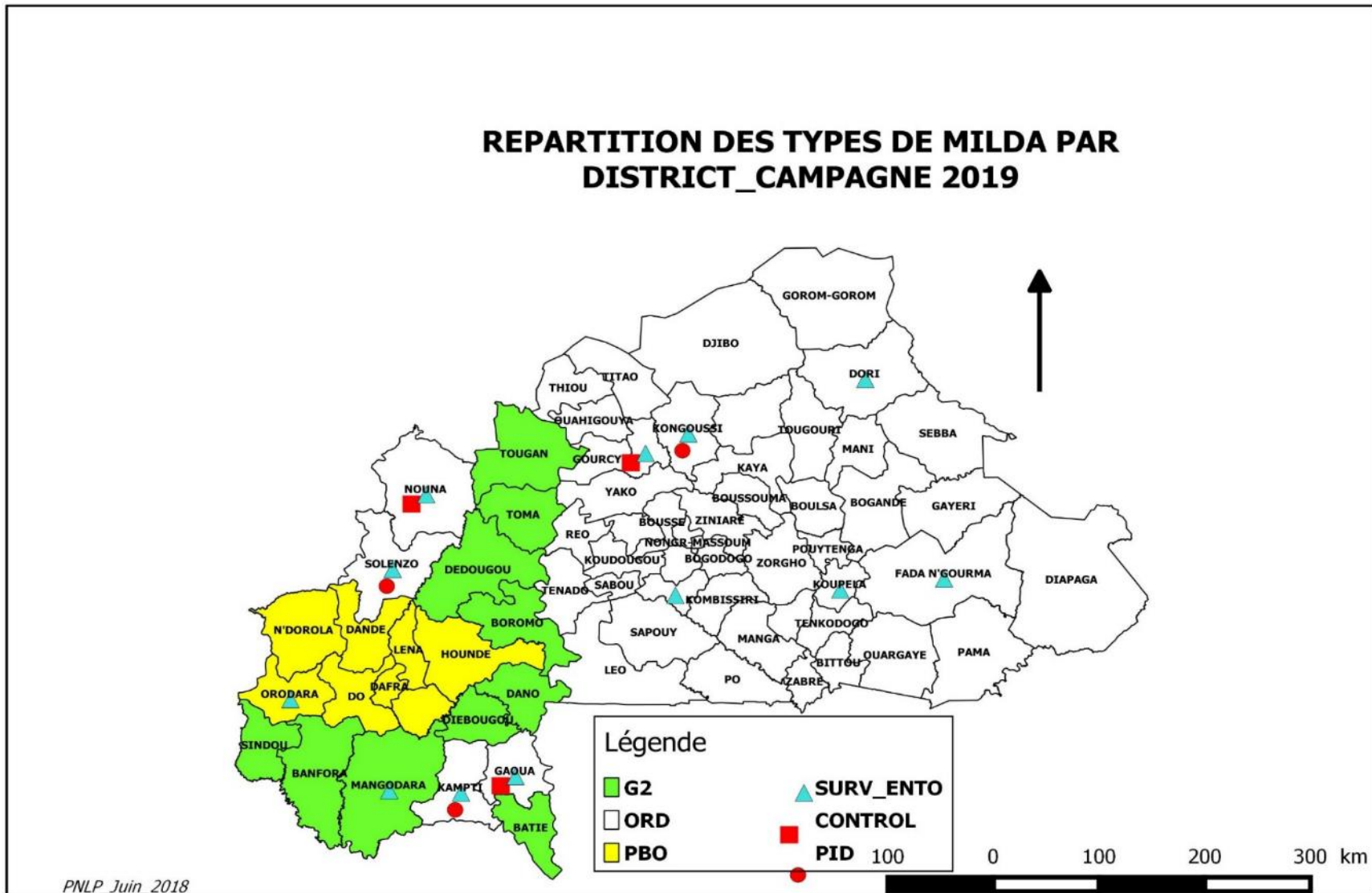


3. Better guidance

Global:

- Self assessments are helping pick
 - areas currently lacking global guidance
 - SMC - extending the recommendation beyond current parameters (epidemiological settings, age limits and types of drug, etc)
 - Case management – private sector engagement strategies
 - global guidance that require more clarity
 - Vector control: application of different LLINs, IRS vs LLIN, Larviciding, Insecticide resistance and its impact





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National level adaptation, dissemination and uptake:

- Most have guidelines developed customized to local context
- Subnational level dissemination is incomplete and not systematized
- Less access to hard-copy guidelines or online materials: Cameron, Niger
- Inadequate supervision and training
- Treatment fees and their impact on access

What remains:

- Tailoring interventions based on detailed stratification and other evidences
- Maximal use of existing interventions to reduce mortality
- Scale-up of iCCM

iCCM- HBHI meeting in Addis Ababa, Ethiopia, 25-26 Jul 2019

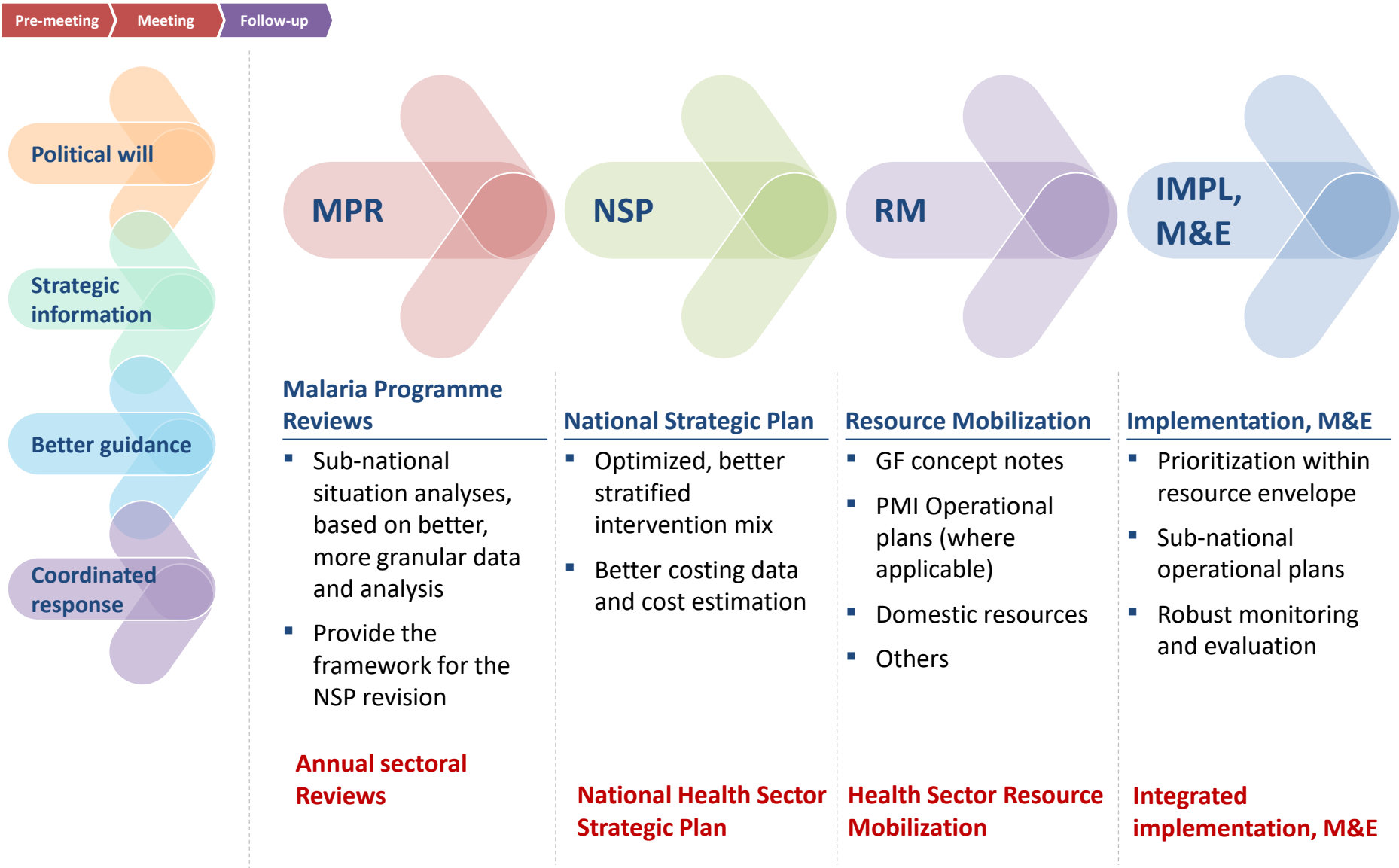
HBHI should take iCCM as a vital platform to reduce malaria mortality in children in settings with poor access to health services



4. Coordination

- **Structures/ mechanisms:**
 - Existing dysfunctional mechanisms revitalized, reconstituted (Cameron, Ghana),
 - Thematic, RBM, Malaria Foundation for Res mob (Ghana)
 - New ones being established.
- **Capacity building:**
 - Suboptimal capacity at subnational level in terms of HR and knowledge, resources, access to guidelines, supervision, etc.
- **M&E activities**
- **Collaboration and partnership**
 - Strong and empowered NMCPs have better in-country partner support and coordination (Ghana, Uganda, Nigeria)

The response elements and implementation process to drive outcomes and impact...



Strengths

- High interest and momentum created at country level
- Engagement of regional governors and traditional leaders
- Advocates for higher visibility and structure for the NMCP
- Shaping how to effectively communicate on the burden and impact of malaria to politicians and policy makers
- Partnership: aligned, concerted efforts
- Identifying chronic challenges/bottlenecks country are facing
- Revitalizing non-functioning taskforces and coordination mechanisms
- Financing for commodities - the least problem identified (except low-middle income countries e.g. Cameron)

Challenges

- Political engagement at the level of Heads of State (although there is some success at the level of prime minister and MoH)
- Inadequate WHO Capacity at the country level to steward the approach
- Capacity of NMCPs to absorb the HBHI activities (political will and other activities identified in the logframes for intensified action)
- Subnational programme capacity (suboptimal)
- How best to maximize integration and the use of other delivery channels, e.g. iCCM (scale-up and funding issues)

Working session on next steps

Response element II: Strategic Information

Abdisalan M Noor



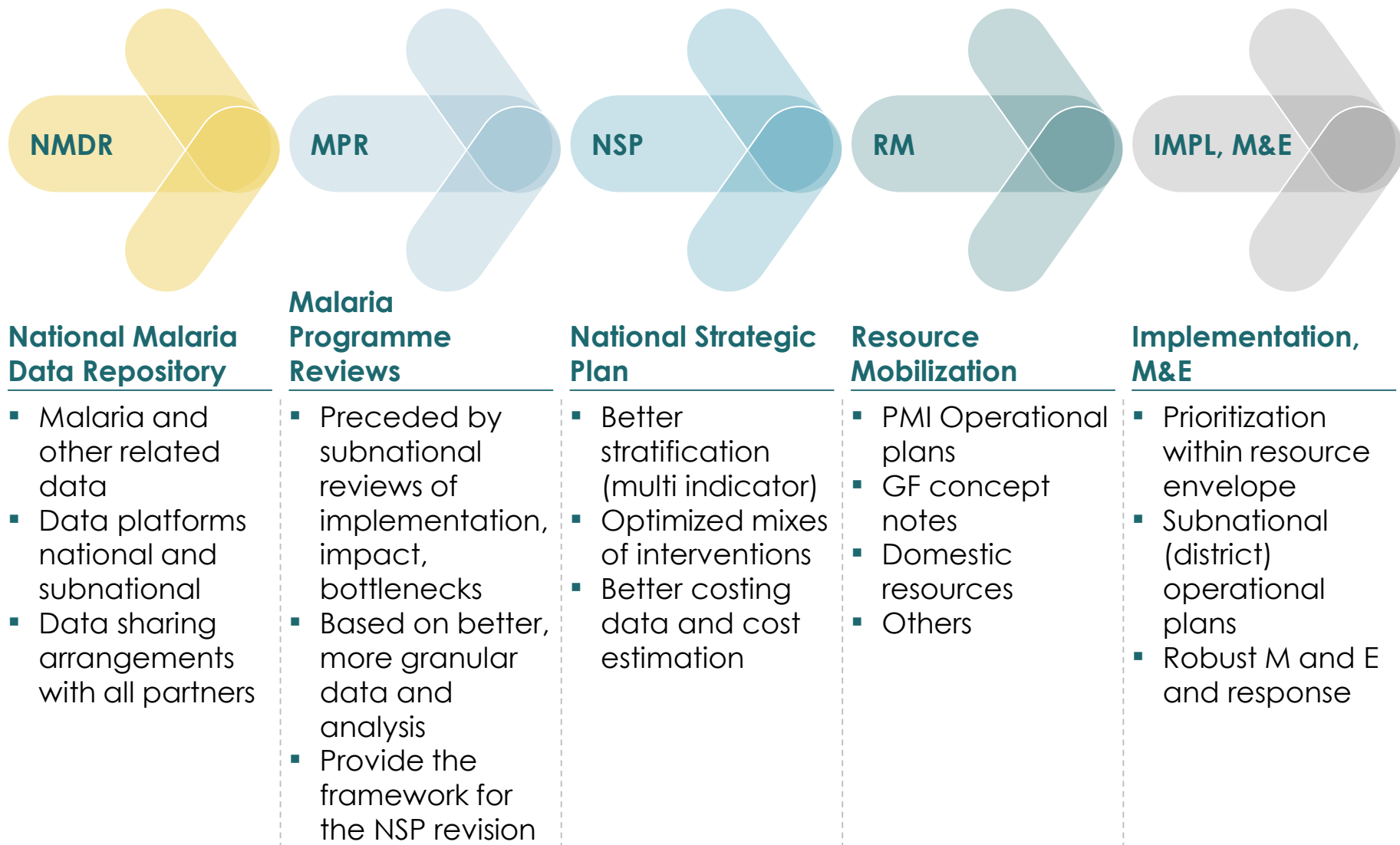
II

Strategic information to
drive impact

Response element II covers 5 key areas

Key area / output	Specific objective
a National malaria data repositories: Functioning national malaria data repositories with programme tracking dashboards	<ul style="list-style-type: none"> Centrally assembled and structured existing sub-national geocoded data incl. Demography, administrative data, health system, epidemiology, entomology, efficacy, commodities distribution, intervention coverage, funding (external and domestic), human resources, partnership landscape, documents library, etc.
b Progress review: Country-level malaria situation analysis and review of malaria programs to understand progress and bottlenecks	<ul style="list-style-type: none"> Analysis and review of malaria related data sub-nationally to understand the drivers of progress, the bottlenecks and recommendations for way forward. Note: The analysis should ideally build on the data assembled through the repository, but in some instances may be done in parallel in preparation of the NSP development.
c Analysis of stratification, intervention mixes and prioritization: Data analysis for stratification, optimal intervention mixes and prioritization for NSP development and implementation	<ul style="list-style-type: none"> Analysis of country data to develop sub-national malaria stratification maps and optimum intervention mixes to enhance efficient targeting of resources Revision and costing of the NSP, among other considerations, based on stratification maps and intervention mixes
d Sub-national operational plans: Sub-national operational plans linked to sub-national health plans	<ul style="list-style-type: none"> Sub-national operational plans based on the agreed reprioritization and M&E framework for implementation
e Monitoring and evaluation: Ongoing national and sub-national monitoring and evaluation of programmatic activities (incl. data systems) and impact	<ul style="list-style-type: none"> Adequate NMCP Surveillance, Monitoring and Evaluation Staff High quality malaria-related data Adequate SM&E processes incl. a fully functioning SM&E and operational research TWG

Response element II, together with the other response elements, feeds into the overarching implementation process to drive impact



1. National Malaria Data Repository – structure, purpose

Routine data



Routine outpatient and inpatient data



Routine Interventions

- Case management
- Routine vector control
- IPTp



Stocks

- LMIS
- Stock-outs

Non-routine data



Survey data

- Prevalence
- Intervention Coverage
- Treatment seeking



Entomological data

- Vector occurrence
- Insecticide resistance



Drug resistance

Efficacy Funding

- Government
- External



Commodities procurement and supply



Climate

- Temperature
- Rainfall
- Transmission season



Document library

- Guidelines
- SoPs
- Operational plans



Master list

- Health facilities
- CHW
- Geo-coded
- Shapefiles



Human resources/ Training

- Health workforce
- Training sessions



Partnership

MANUAL FOR DEVELOPING
NATIONAL MALARIA
STRATEGIC PLANS
PRACTICAL MANUAL FOR
MALARIA PROGRAMME
REVIEW (MPR) AND
MALARIA STRATEGIC PLAN
MID-TERM REVIEW (MTR)

USER GUIDE FOR
THE MALARIA STRATEGIC
AND OPERATIONAL PLAN
COSTING TOOL

The Global Fund
to Fight AIDS, Tuberculosis and Malaria

The Global Fund to Fight AIDS, Tuberculosis and Malaria
Fourth Replenishment (2014-2016)

The Global Fund's New Funding Model

**WORLD
MALARIA
REPORT**
2018

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High Burden High Impact

1. National Malaria Data Repository - status

Consensus: meeting to discuss structure and work plan

Hosting: HMIS, other servers

Phase 1: linking with HMIS instance

Phase 2: uploading non-routine data

Phase 3: subnational installation

Phase 4: subnational training

Phase 5: sustainability mechanism (budget in grants)

Work has started in 7 HBHI countries

Expected to complete full NMDR by end of 2020

2. Progress review

PRACTICAL MANUAL FOR MALARIA PROGRAMME REVIEW (MPR) AND MALARIA STRATEGIC PLAN MID-TERM REVIEW (MTR)



Added value

- Detailed subnational progress review
- Impact evaluations
- Surveillance system assessments (rapid or comprehensive)

Malaria programme reviews (MPR)

In progress – DRC, Ghana, Mali, Nigeria, Niger, Uganda

Mid term progress reviews (MTR)

Next two years – Mozambique, Cameroon

Addition epidemiological reviews

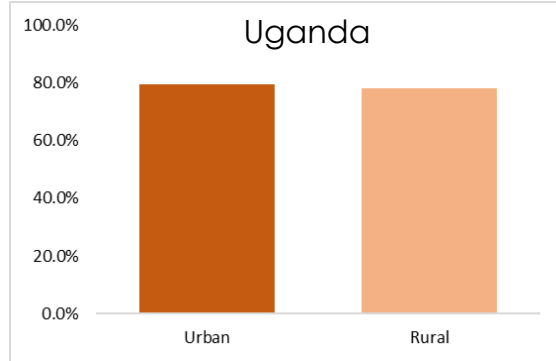
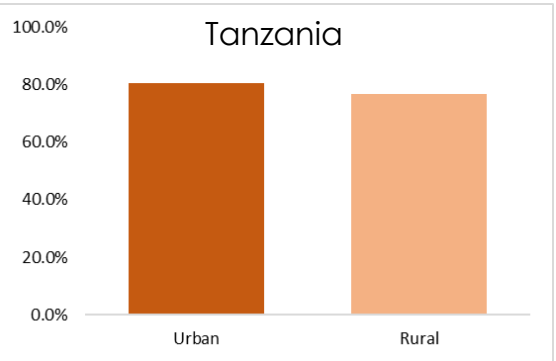
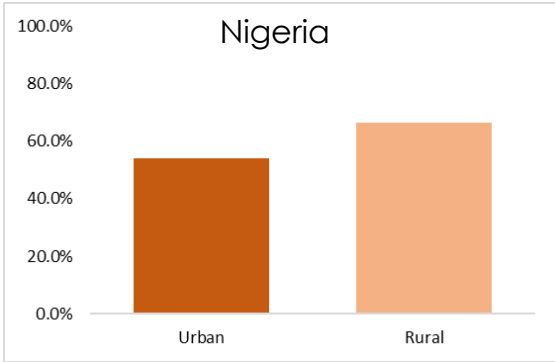
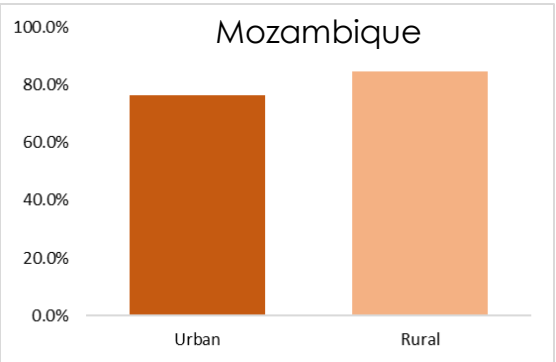
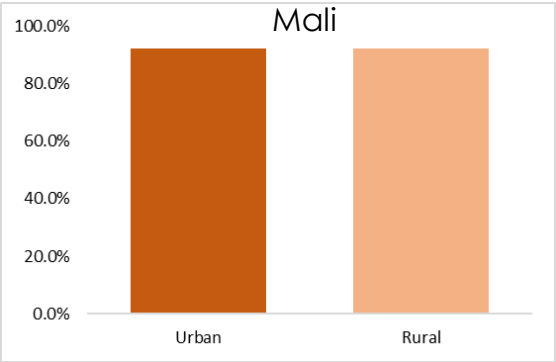
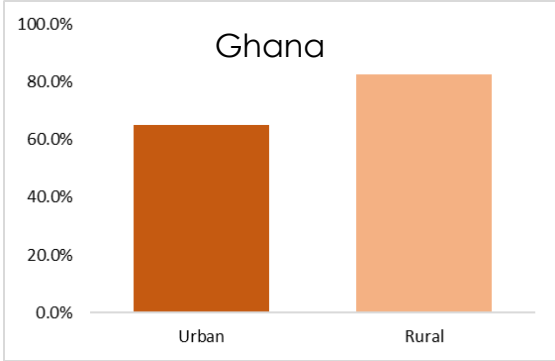
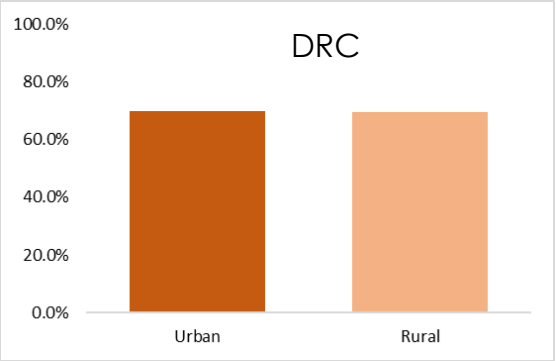
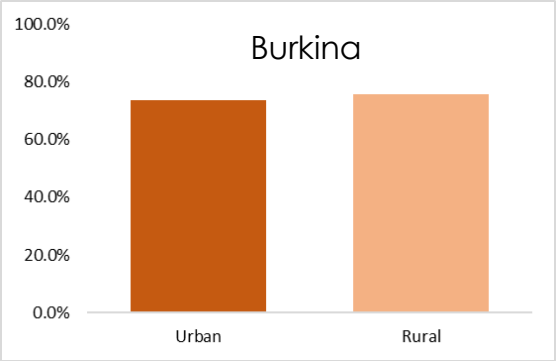
In progress – Burkina Faso, Nigeria
Planned – India

3. Stratification and intervention mix analysis - context

Country	Total Population 2018 (millions)	% Population urban 2018	Total population urban 2018 (millions)	LLIN sales 2015-2018 (millions)	% U5 estimated LLIN use 2018 (MAP)
Burkina Faso	20	29	6	23	83
Cameroon	26	56	15	19	72
DRC	87	44	38	82	83
Ghana	30	56	17	36	69
Mali	20	42	8	16	66
Mozambique	30	36	11	24	88
Niger	23	16	4	15	59
Nigeria	201	50	101	89	51
Tanzania	58	36	21	43	54
Uganda	44	24	11	37	88
Total	539	43	230	385	

56% of LLIN sales in sub Saharan Africa in 2016-2018

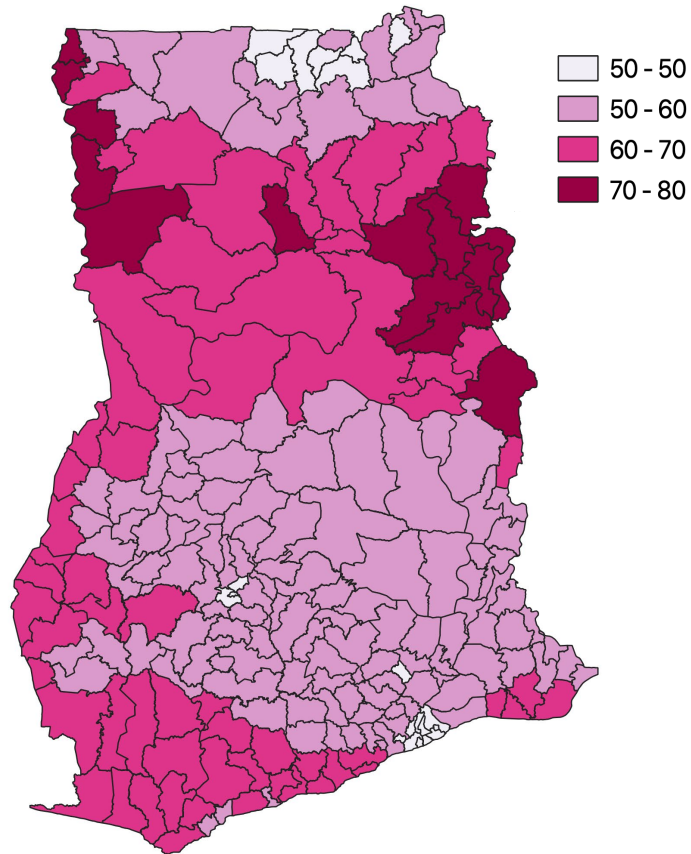
3. Stratification and intervention mix analysis - context



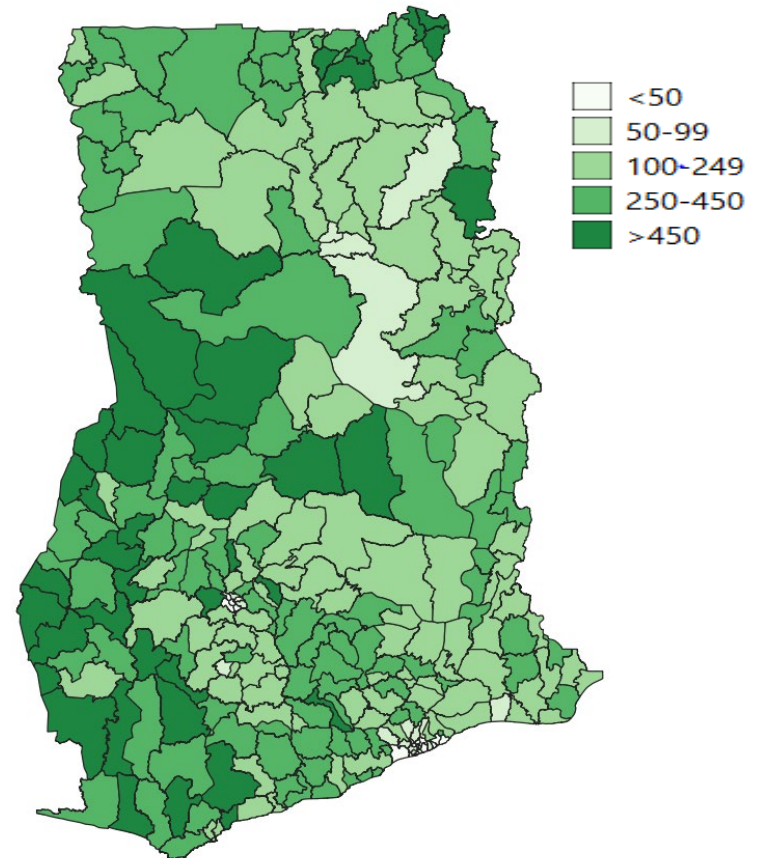
ITN ownership, urban vs rural

3. Stratification and intervention mix analysis - context

Under-five mortality rate (2017)

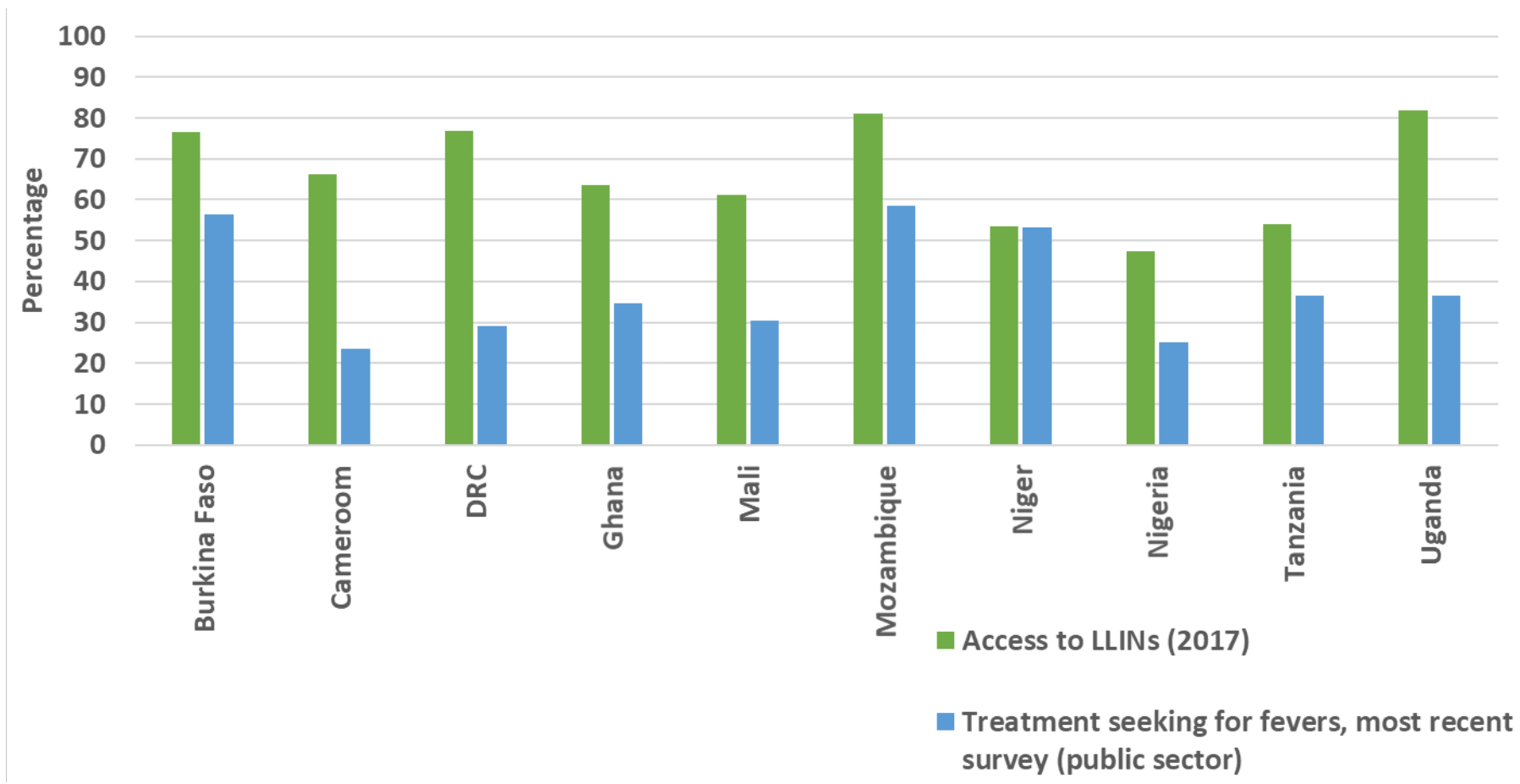


Malaria cases per 1000 pop (2017)



High Burden High Impact

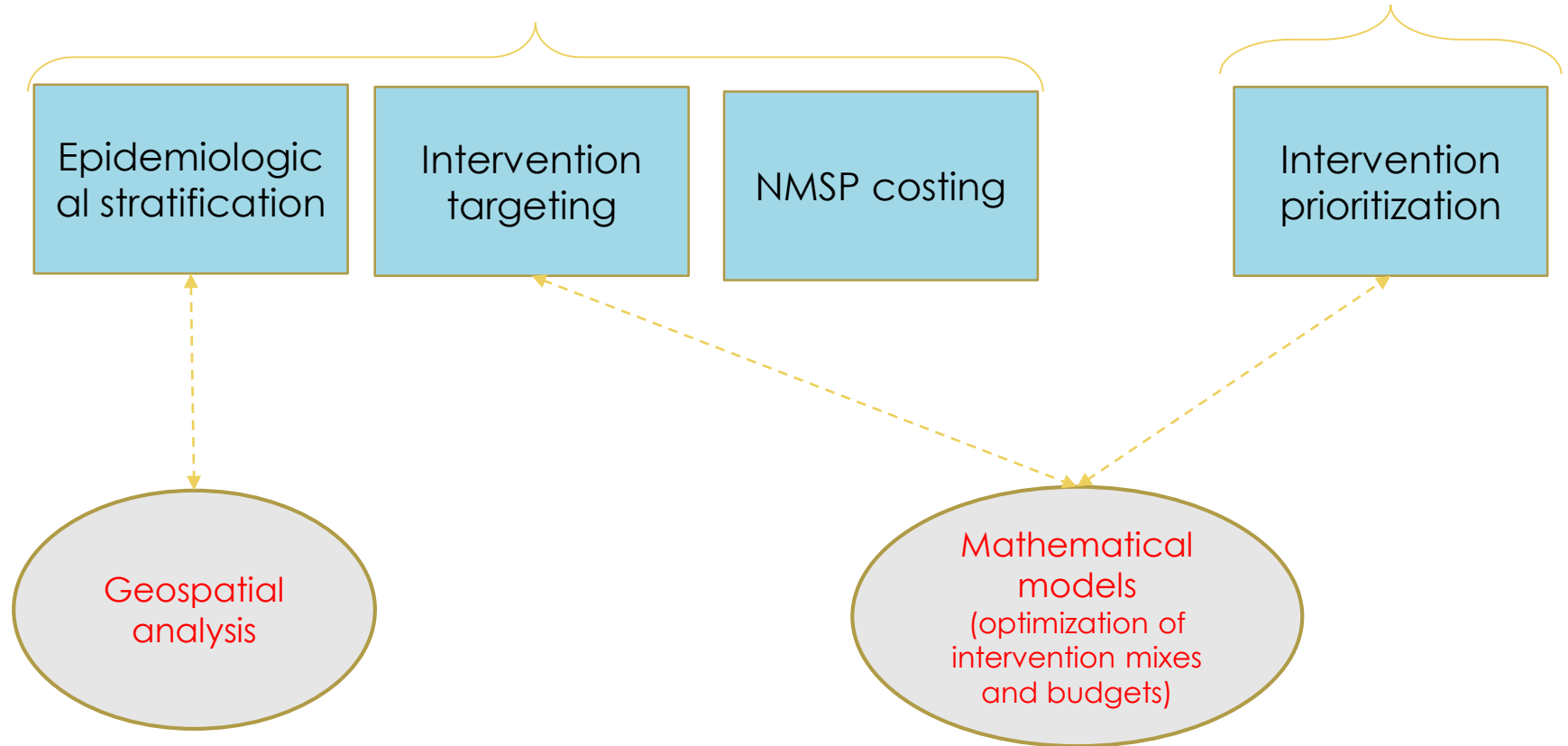
3. Stratification and intervention mix analysis - context



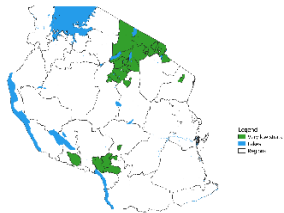
3. Stratification and intervention mix analysis

National Malaria Strategic Plan
(5 years, may reoriented half way)

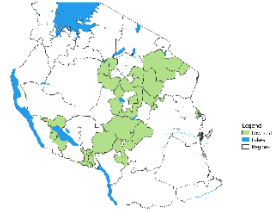
Budgeting – GF grants etc.,
prioritization can be done as new
substantial funding become available



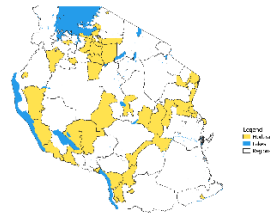
3. Stratification and intervention mix analysis – Tanzania example



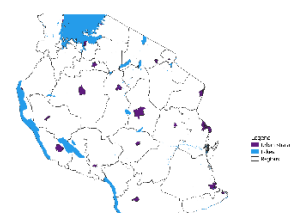
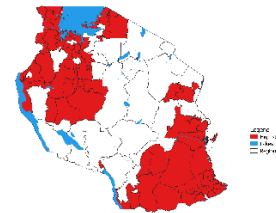
Very Low



Low



Moderate & High



Urban areas / Cities

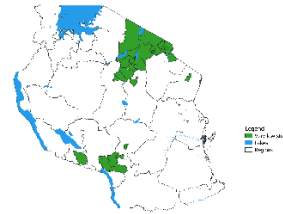
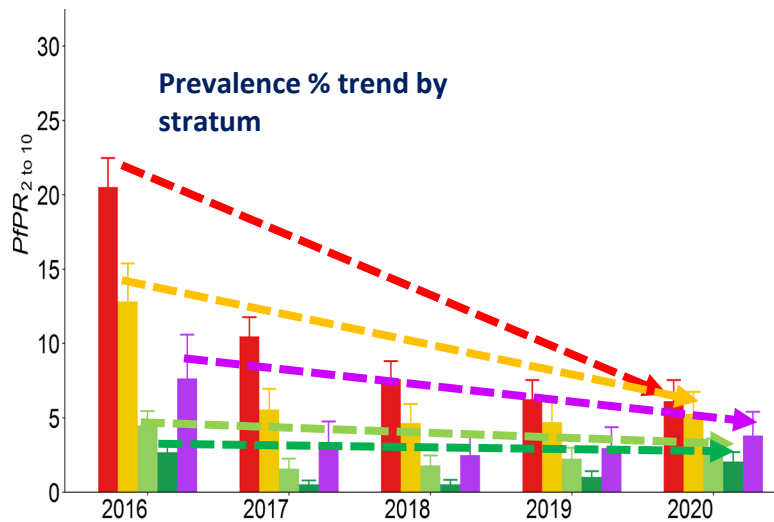
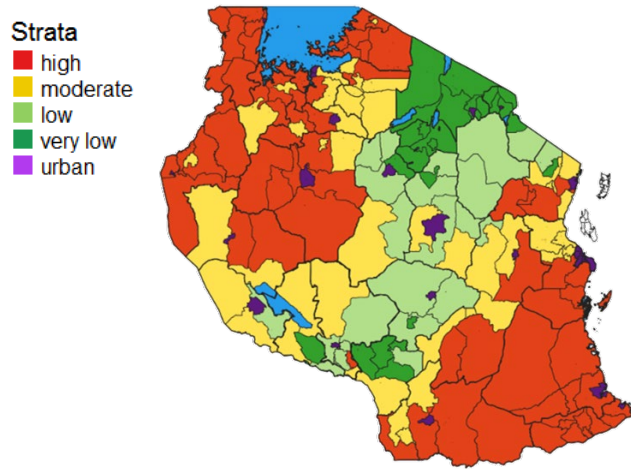
= LLIN RCH
+ LSM in foci
+ IRS focus in foci
+ increase testing target
+ Primaquine
+ MDA (selective)
+ CBS and rACD
+ Epidemic resp
- IPTp
- MRC/SNP

= LLIN RCH & MRC
→ SNP
+ LSM targeted
+ CBS and rACD in selected areas
+ Epidemic resp

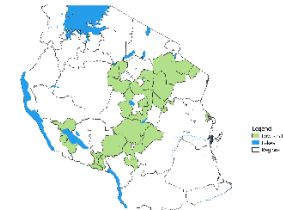
= LLIN RCH
= MRC → SNP
= LLIN SNP
= IRS in selected districts with highest burden
+ Improve access to CM (iCCM, ADDO mRDT)
+ Preventive therapies: IPTi, IPTsc
+ MDA in emergency complex situation

= LLIN RCH
+ LLIN commrc.
= LLIN Keep up in municipal C with high burden
- LLIN Keep up in municipal C with low burden
+ LSM blanket
+ Private sector CM quality improvement

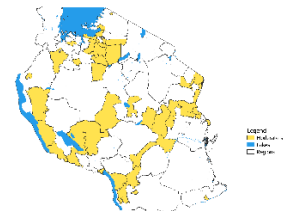
3. Stratification and intervention mix analysis – Tanzania example



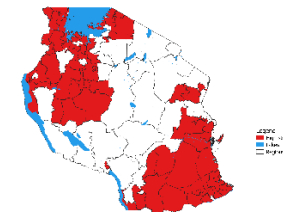
Reduction in prevalence until 2019, CM and LARV not enough to reduce prevalence but enough to maintain low prevalence until 2020. In practice ITN distribution might need to be considered in specific areas.



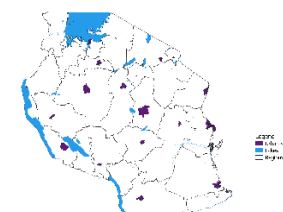
Reduction in prevalence until 2019, CM and LSM not enough to reduce prevalence and ITN continuous needs to be considered



Annual ITNs maintaining coverage of 70% with increase in CM to 85% reduces the prevalence in moderate strata by 58%



High reduction in prevalence in high strata with CM, ITNs, IRS (LAKE), IPTsc might add additional impact

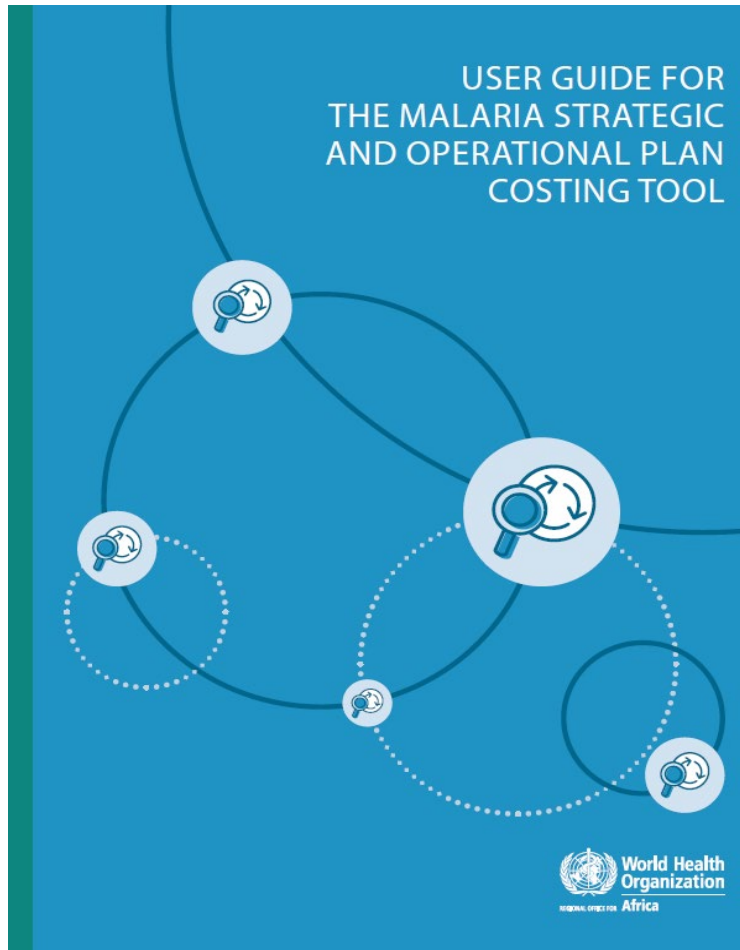


With CM and LARV only prevalence is increasing in this stratum, ITN distribution need to follow epidemiological strata to achieve decrease in all urban districts

High Burden High Impact

Courtesy of Tanzania NMCP

3. Stratification and intervention mix analysis – NSP costing



- Assembly of detailed subnational cost analysis to cost appropriately targeted interventions in NSP
- Computation of full NSP costs
- One costed NSP guiding partner support

In progress - All African HBHI countries,

Plan is to have draft outputs by December 2019

WHO technical support materials

Manual for the analysis of NMCP	To help NMCPs analyze data. Will include general principles of data to action, basic and advanced analysis (geospatial and dynamic models) and use of data for policy, strategy and implementation. Not a advanced methods book but a general guide for NMCPs. However, includes sections on stratification, intervention mix analysis and prioritization.	Draft
National Malaria Data Repository indicators and data elements	A spreadsheet of indicators, data elements, definitions, sources, purpose etc. This to help NMCPs national repositories that will support analysis for policy, strategy, implementaion, reviews and global and partner reporting	Advanced Draft
National Malaria Data Repository DHIS2 Module	A DHIS2 module that can be livelinked with HMIS instances as well as use customised templates to upload non routine data. Has graphic and mapping visualisation capabilities. Power BI and Tableau, where available, can be used to improve visualizations.	Advanced Draft
Templates for subnational data assembly	These data templates are in excel for now but can developed in other platforms. They are designed to help NMCPs assemble the right subnational data elements, not only for data repository, but also in parallel for progress review, stratification and intervention mix analysis	Advanced Draft
Protocol for epidemiological progress reviews	A protocol to support MPRs implement detailed subnational analysis. Usually MPRs are process heavy and analytically weak. Often no specific subnational recommendations. This protocol is aimed at helping countries implement subnational analysis for MPR or independently if needed.	Draft
Rapid Impact Assessment Protocol (using routine outpatient and inpatient data)	A protocol for a simple time series analysis of routine data, adjusted for selected confounders, to measure progress. Previously implemented in Ghana and Rwanda. Now updated to include more guidance on sampling, sample distribution, data cleaning, management and analysis procedures.	Draft
Burkina Faso protocol for analysis of individual level data (from Terre des Hommes database)	This is specific to Burkina and is aimed at analysing the TdH individual IMCI data where, for a subset of children, there is information on repeat episodes of morbidity, including confirmed malaria. Although the time window is relatively short, this large database could still provide some very useful information on patterns and seasonality of 'clinical attack rates' (data can be linked to village of origin) as well as changes over the last 4-5 years.	Advanced Draft

