



# **MALARIA OVERVIEW IN SIERRA LEONE**

**SEPTEMBER 2008**

# INTRODUCTION

Key indicators and achievement

NMCP Sierra Leone



# Malaria case management

## **Strengths**

- Availability of a national malaria policy, treatment guidelines and training manuals including for CBI
- Availability of malaria drugs
- Pharmacovigilance system

## **Weaknesses**

- Inadequate trained human resources at all levels
- Inadequate diagnostic facilities
- Irregular supervision and monitoring at all levels
- Unavailability of community treatment charts/algorithm for HMM.

## **Opportunities**

- Tax waiver on all antimalarial products
- Availability of trained CORPS at village/ community level.
- Use of RDTs for HMM implementation.
- Support from Global Fund Round 7, WHO, EU and other partners

## **Threat**

- Repeated complaints about the safety of the first line anti-malarial drugs (Art +AQ) resulting in poor compliance
- Difficulties in controlling the importation of substandard / fake anti-malarial drugs.
- Poor involvement of the private sector and high cost of combination therapy

# Way Forward

## Case Management

- Continuous support for drug efficacy and safety studies of antimalarial drugs.
- Refresher courses in malaria case management for different cadres of health workers.
- Collaboration with training institutions to ensure that pre-service training curricula for health personnel are consistent with the national malaria policy
- Strengthening the capacity of the case management focal person especially for HMM
- Encourage the collaboration of the private sector in the implementation of the new treatment policy.

## HMM

- Develop with manufacturers simple, age-specific blister packaging with graphics
- Create a pharmacovigilance system at community level
- Identify appropriate storage facilities for drugs at community level
- Develop non-cash incentives for community based providers

## Laboratory

- Strengthening supervision and monitoring of laboratory activities at all levels.
- Training of laboratory technicians on the new developments in malaria diagnosis
- Finalise, print and distribute laboratory manuals nationwide.

# ITNs

## **Strengths**

- ITN National policy guideline reviewed
- Reasonable quantity of bed nets available for the target population – especially for distribution through HCFs.
- Distribution of ITNs going to scale in some districts - M&M campaign Nov 2006 (870,482 LLITNs delivered).
- Local council members orientated on LLITNs.

## **Weaknesses**

- LLITNs not always readily available because of delays in procurement and production.
- Distribution aims at target groups (vulnerable populations) leaving out a huge proportion of at risk population.
- Low uptake in utilization - inadequate sensitization at community level.
- No comprehensive national plan for ITN distribution hence duplication of efforts, fragmented and uncoordinated activities.
- Inadequate human resources for monitoring net use

## **Opportunities**

- Existence of community structures for social mobilization (CHRITAG, ISLAG, etc)
- Involvement of local councils in LLITNs distribution and use.
- Provision of ITNs Global Fund Round 7
- GF round 9 chance to request additional LLITNs to achieve universal access

## **Threats**

- Delays in distribution due to logistics, transportation, poor roads and other constraints
- Misuse of ITNs ( improper handling)
- Possible vector resistance to insecticide

# Way Forward

- To quantify and mobilise LLITNs needed to achieve universal access/sustain coverage for the next 5 years.
- Agree on strategy to distribute LLITNs (mass distribution campaign – target households).
- Revise Strategic Plan to target universal access (also revise GF Rd 9 proposal as necessary to reflect points above)
- Review PSM to identify and resolve bottlenecks.
- Establish an efficient and effective distribution system (personnel, transportation, fuel and labor).
- Massive community sensitization with IEC/BCC on use benefits of LLITNs.
- Monitoring and managing vector resistance to insecticide

# IPT

## **Strengths**

- Integration of IPT into programmes such as RH, nutrition, EPI, IDSR.
- IPT guidelines and training manuals available at national and PHU level
- Training of health workers and CORPs in the implementation of IPT
- Number of staff trained on IPT 1013
- Using DOT strategy

## **Weaknesses**

- Delay in starting IPTp at community level
- Training manual on IPT for community based distributors not available
- Monitoring and supervision tools for community based IPTp interventions not available

## **Opportunities**

- High utilisation of antenatal care services
- Ongoing community sensitization on the use of IPT
- Involvement of RBM partners on IPT

## **Threats**

- Emerging drug resistance of anti-malarial drugs used
- Unfounded fears of miscarriage / teratogenicity

## Way Forward

- Develop strategy to promote IPT at community level as prevention measure among pregnant women
- Develop training manual on IPT for CORPS
- Develop monitoring and supervision tools for community based IPT interventions

# IEC/BCC

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>•Strong political commitment in the campaign against malaria.</li> <li>•Increased number of radios at district level.</li> <li>•Commemoration of World Malaria Day has become a regular national activity.</li> <li>•Availability of malaria communication strategy.</li> <li>•Availability of District social mobilisation officers in all the 13 districts.</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>•Limited human and financial resources to implement IEC and advocacy activities</li> <li>•Inadequate IEC/BCC materials at community level.</li> <li>•Poor coordination among health workers and partners at community level.</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>•Community health workers trained on IEC</li> <li>•School Health Programme</li> <li>•Strong civil society</li> <li>•Availability of funds from Global Fund Rd 7</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>•High illiteracy level especially among the girl child-Literacy 29%.</li> <li>•Limited RBM commodities (ITNs and drugs) to generate demands through IEC and advocacy.</li> <li>•Limited decision-making power of women in most communities.</li> </ul>

## Way Forward

- To develop a National Communication Strategy for the Ministry of Health and ensure malaria component is incorporated.
- To support communities to carry out social mobilisation activities.
- Improve human capacity in IEC/BCC

# M&E

<p><b>Strengths</b></p> <ul style="list-style-type: none"><li>•Availability of National M&amp;E Plan</li><li>• Existence of M&amp;E Officers at all levels</li><li>•Integrated protocol for Inter-agency/Inter-sectoral supportive supervision at district and community levels</li><li>•Data collection tools developed for both health facility and community level</li><li>•Existence of Health Metric Network database both National (NMCP/DPI) and District.</li></ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"><li>•Late and incomplete reporting by districts.</li><li>•Government and partners funding for M&amp;E is inadequate.</li><li>•No M&amp;E working group</li><li>•No internet connectivity</li><li>•Old computers for data management and storage</li></ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"><li>•Existence of an IDSR Unit in the MoHS</li><li>•Developed Regional RBM Guidelines for M&amp;E and clear regional core indicators identified.</li></ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"><li>•Introduction of conflicting existing data collection tools by partners.</li><li>•Computer viruses</li></ul>

# Way Forward

- Procure computers and accessories, external hard drives
- Set a GMP Database for Malaria Control Programme
- Procure vehicle, motorbikes and bicycles for effective monitoring
- Internet connectivity
- Establish and support M&E working group
- Support study tours for NMCP staff ( M&E Officers)

# Programme Management

<p><b>Strengths</b></p> <ul style="list-style-type: none"><li>•Highly dedicated and motivated staff with the basic technical ability in respect of their various functions</li><li>•Availability of various sources of funding for the National Malaria Control Programme</li><li>•Regular consultation and staff meetings to coordinate the implementation of programme activities.</li></ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"><li>•Weak capacity of malaria staff</li><li>•Lack of partnership management skills</li><li>•Inadequate coordination/integration among partners</li><li>•No new national strategic plan for 2009-2013</li></ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"><li>•Existence of many potential partners</li><li>•Access to more sources of funding</li><li>•Availability of technical assistance to increase programme staff capacity</li></ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"><li>•Possibility of suspension of funds if miss targets</li></ul>

# Way Forward

- Resolve bottlenecks currently identified
- Work closely with partners to achieve targets in Global Fund Round 7
- Write new strategic plan for 2009 – 2013