

# Harmonization Working Group Geneva, May 11-12

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## Nigeria and DRC Work Stream Information session

### **Malaria Intervention Package towards SUFI**

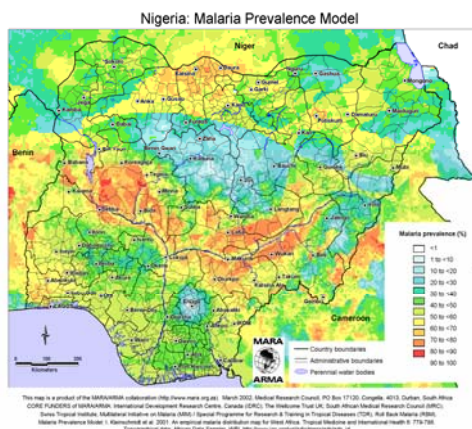
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- Prevention of malaria transmission
  - IRS (Nigeria)
  - Large scale use of LLINs
- Prompt diagnosis and adequate treatment
  - of clinical cases at all levels and in all sectors of health care with special attention to management of severe malaria cases with strengthening of laboratory diagnosis capacity
- Prevention and treatment of malaria in pregnancy
  - through the measures above and additional implementation of IPT
- Strengthening of Community Based Interventions
- Supportive interventions
  - M&E, Communications & Behaviour Change, PSM,

## Partnership Work and Coordination

- Strong partnership involvements
  - Country level and VC meetings
  - Joint planning, and coordinating meetings
  - Joint identification of technical needs
  - Joint Missions
  - Joint allocation of partnership support to meet country requirements on TA based on partner comparative advantages

## Malaria in Nigeria



- Population
  - Total at risk: 149,107,133 (97%)
  - U5: 29,821,429
  - Preg Women: 7,940,134
- Estimated 70-100 million clinical cases
- 11% maternal mortality
- U5 mortality rate 201/100 live births (NDHS-2003),
  - malaria contribution 30% (60.3/1000)
- Responsible for 66% of OPD visits
- 12 billion USD/132 billion naira lost annually

## Goal & Objectives

- **Overall Goal:**
  - To reduce by 50% malaria related morbidity and mortality in Nigeria by 2013 and minimize the socio-economic impact of the disease
- **Main Targets**
  - Reduction of malaria related mortality by 50% by 2010 compared to 2000
    - child mortality rate reduction from 207/1,000 live births to 176/1,000 in 2010 and 158/1,000 in 2013.
  - Reduction of malaria parasite prevalence in children less than 5 years by 50% by 2013
    - compared to baseline of 38% in 2007.
- **Priorities:**
  - Initial priority: Prevention
    - Most feasible way to achieve SUFI rapidly
  - Concurrent Strengthening of case management
    - Prompt and effective diagnosis and treatment of malaria
  - Strengthening of other supporting interventions
    - M&E
    - BCC/Communications
    - PSM

Shift from prioritizing biologically vulnerable as primary target groups (pregnant women, U5s, people living with HIV/AIDS) to **universal and equitable access of all the population at risk**

### Specific Targets

- At least 80% of HHs with two or more ITN/LLIN by 2010 and sustained at this level until 2013.
  - At least 80% of U5 children and pregnant women sleep under ITN by 2010 and sustain coverage until 2013.
- At least 80% fever/malaria patients receive appropriate and timely treatment according to national treatment guidelines by 2011 and sustain the level to 2013.
- At least 80% of fever patients above 5 years attending health facilities receive a diagnostic test for malaria by 2013.
- All (100%) pregnant women attending ANC clinics receive at least two doses of IPT by 2011 and sustain the level to 2013.
- To introduce and scale up IRS to 80% HH coverage in selected areas from 20% in 2009 to 100% by 2013 as a complementary strategy to ITN and ensuring at least 85% of targeted structures are sprayed in adequate quality.

### Implementation Status (2005 survey)

- 68% of pregnant women attend ANC; 60% at least twice
  - 17% receive IPT at least two doses (2005 survey)
- 2005 ACT introduced
  - 2007 17.5 million ACTs distributed (P/P)
    - Only 25% of required need in Public sector
- Treatment within 24 hrs with ACT CU5 – 0.1% (2005 survey)
- Scaling up of CBI with ACTs (RMM)
- Diagnosis strengthening and scale up
- LLIN/ITN distribution- close to 15 M distributed by 2008

## Achievements - Activity Implementation

- Strengthened Programme Capacity
  - Increased human resources and new NMCP space
- Increasing programme Leadership including partnership coordination
  - Nov '08 mission and follow up of other joint partner mission
  - Harmonized partnership agenda
  - On going process of establishing a coordinated platform of sharing program progress with partners on a more regular basis.
  - Increase participation of Civil society including FBO and CBO.
- Increased Resource Mobilization
  - Federal and State
  - Global fund
  - World Bank
  - USAID
  - UNICEF, WHO, DFID,
- Intervention Implementation
  - LLIN campaigns ; Currently in middle of large stand alone campaigns to support at least two net per household in Kano followed by Anambra and other States to cover entire country by 2010.
    - 1<sup>st</sup> Wave 24 M LLINs (May-Dec 2009)
    - 2<sup>nd</sup> Wave 20 M LLINs (May –Jun 2010)
    - 3<sup>rd</sup> Wave 19 M LLINs (Oct-Dec 2010)
  - Strengthening of case management and diagnosis; matrix and costing to achieve targets by programme done.
    - More than 20M doses of ACT to be procured 2009 to cover 30% needs
    - Increase by 60% need 2010%
    - AMFm eligible country
  - IPT ; more than 2M doses of SP procured
  - Strengthening of M&E including Impact evaluation;
  - Strengthening of IEC and Communication:
  - Strengthening of PSM and the LMS:

## Challenges

- Still inadequate human resource at Federal and State level to undertake massive scale up
- Resource availability: Implementing time bound interventions.
- Technical Assistance
- Logistic Management of ACTS and LLINs
- Weak Health System under reform
- Communication for scaling up to SUFI; need to operationalise the existing strategy

## Malaria in DRC



- Population Total: 68 million
  - 100 % at risk
    - 97% endemic transmission
    - 3% at risk of epidemics
  - U5:
    - U5 mortality rate: 148 per 1000 live births (DHS 2007)
    - Malaria mortality: 76,000-100,000/p.a. (15-20% all U5 deaths)
  - Preg Women:
    - Maternal mortality: 549 per 100,000 live births (DHS 2007)
- 40-60 million episodes fever/yr
- 180,000 deaths attributed to malaria

## Goals & Objectives

- **Goal:**
  - 80% universal coverage with prevention, diagnosis and treatment and epidemic and emergencies
- **Main Objectives:**
  - 50% reduction in malaria-specific mortality by 2011
  - 50% reduction in malaria-related morbidity by 2011

## Targets

- **Main targets – 2010**
  - % of under fives sleeping under an ITN 90% ( proxy indicator for 1LLIN/two people)
  - % of all fever cases are diagnosed and treated effectively according to national directives at all levels 80%
  - % pregnant women taking at least 2 doses of SP for IPT 70%
  - % malaria epidemics controlled according to national directives 80%
- **Implementation status (2007 DHS)**
  - Morbidity attributed to malaria : 31% of under-fives with fever in previous 2 weeks 30% of under-fives with fever treated with anti-malarial; 17% received treatment the same or the next day
  - 5% pregnant women receiving at least 2 doses for IPT
  - 16% of households possess an ITN (9% possess LLIN)
  - 11% of under-fives slept under an ITN (6% under LLIN)
  - 12% of pregnant women slept under an ITN (7% under LLIN)

## Achievements - Activity Implementation

- **Treatment and diagnosis:** Challenging topography - Increased use of NGOs /CBOs to deliver services on the ground.
  - 2.9 million Doses ACTs already procured . 6.2 million Doses Second ACT procurement to cover through 2010
  - Community Rx with ACT being tried on pilot basis
  - Diagnosis with RDTs to be rolled out under 2010 work plan with GF R8 financing
  - ACTs being procured under R8 GF: 31.6 million (8 m in Ph I) doses over 5 years
- **Malaria in Pregnancy -**
  - Continued efforts to strengthen program management through partner support
- **Progress in LLINs:**
  - **Confirmed plans for 2009:** Two provinces targeted: **Province Orientale** and **Maniema**. UNICEF, implementing partner: 5.5 million LLINs through a UNITAID donation with US\$ 6.8 million for implementation. Resource Gap: approximately US\$5.5 million
  - **Possible additional campaign for 2009** in **Bandundu** may also be conducted with total of 2.4 million LLINs needed. Gap: Approx US\$25 million for procurement & delivery.
  - **Plans for 2010:** Global Fund resources purchase of 7.5 million & UNICEF estimated purchase 1.055 million, estimated gap of approximately 7.6 million LLINs for these 4 provinces. Estimated resource gap approximately US\$52.4 million

## Challenges

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- Inadequate resources to reach the 2010 targets for all key indicators and to consolidate gains made.
- Global Fund signature process ongoing
- Weak program capacity to meet challenges of SUFI.
- Concerns about the reach of basic infrastructure (communications, transport) and absorptive capacity of health infrastructure
- Challenging conflict /post conflict environment
- Weak M&E