



## **2010 Country Roadmaps : Development process, current status and Next Steps**



# Objective of “Roadmap Development”

At the 16<sup>th</sup> RBM Partnership Board Meeting and Ministerial Session, it was agreed that by September 2009, all malaria endemic countries in sub-Saharan Africa would have completed clear monthly plans spanning the period September 2009 – December 2010.

These road-maps would describe what the main activities would be, month-by-month, to achieve the universal coverage targets.

A summary of the road-maps was supposed to be presented by Governments to the UN Secretary General in September 2009

# **The Roadmaps are expected to be used by countries and will be provided to donors, and technical agencies**

For countries, it should help crystallize the plan for achievement of the 2010 targets, **including working backwards from key dates**

For donors, it will provide key benchmarks (funding disbursements, procurement clearance, etc) required to achieve the target in each country

For technical partners, it will provide the clear technical support needs over the next 14 months

# Format of Roadmaps

1. Summary of resources (and what they will be used for) that are currently available in your country to achieve the 2010 targets
2. LLIN ordering and distribution schedule over the next 17 months
  - (think backwards from planned campaign dates to calculate procurement dates, macro & micro planning, etc.)
3. ACT ordering and delivery schedule over the next 17 month
4. IRS schedule over the next 17 months
  - (think backwards from planned campaign dates to calculate procurement, training etc.)
5. Other core interventions to be delivered over the next 17 months
6. Rate-limiting factors
7. Technical Assistance Needs

## Where we are ?

- EARN and SARN meeting in July 09
- WARN meeting in August 09
- CARN meeting in August 09
- Roadmaps developed by countries ( RBM website)
- AMP has initiated a Progress to 2010 LLIN Distribution Tracking Project which will collect data from country programmes on LLIN distributions.

## Next steps

- TA request used for RBM Workplan 2010-2011
- Tracking milestones, ,..... ( BIRS)
- Roadmap Review country by country ( resources mobilization...)

# **Roadmap to Achieve 31.12.2010 RBM Targets**

**September 2009 – December 2010**

**Ghana**

# GHANA SUMMARY

Population at risk: (23,695,255)

Intervention	Need to 2010	Already covered	Funded and expected to be distributed before end 2010*	Gap
LLINs (Universal Access)	11,847,628 (based on 1 net to 2 people)	855,564	1,055,565 (RCC 2009) 1,270,877 (RCC 2010) 400,000(World Bank) 720,000 (PMI )	7,545,622
ACTs	15,413,854		13,813,622 (RCC 2010) 1,600,232(R8 2010)	0
IRS	(financial need)		\$4,000,000 (PMI – estimated, not confirmed)	-
RDTs	4,528,143		4,528,143	0
IPTp	947,810(women to be treated)		947,810 (RCC 2010)	0
M&E	\$4,577,560 (financial need)		\$254,056 (RCC 2009) 203,700 (RCC 2010) \$150, 000 (PMI)	\$3,969,804
BCC/IEC	\$10,789,226		\$1,4221,700 (RCC 2009) \$957,400 (RCC 2010) \$1,450,000 (PMI)	\$7,610,126

## LLIN Ordering & Distribution to end 2010

Quantities	250,000 (Global Fund+UNICEF) 200,000 (World Bank) 640,000 (PMI for campaign) 120,000 (PMI for routine distribution)	Global Fund- 1,270,638 (RCC 2009) 2,477,259 (RCC 2010) 200,000(World Bank)
Procurement dates	Jan 2009: 250,000(Global Fund+ Unicef)  July 2009: 630,000 (PMI) Oct 2009: 130,000 (PMI)  Sep 2009: 200,000 (World Bank)	Oct 2009
Expected delivery	250,000(Global Fund+UNICEF): Sept 2009 630,000 (PMI): Jan 2010 130,000 (PMI): Apr 2010 200,000 (World Bank): June 2010	July 2010
Campaign Date	May, 2010	Aug- Dec 2010

## LLIN resources available to achieve the 2010 targets

FUNDS AVAILABLE (US \$)	SOURCE	COMMENT
\$5,825,189 (2009) \$6,581,715 (2010)	GLOBAL FUND (RCC)	Grant has not been signed yet even t
\$6,750,000	PMI	Includes LLINs for campaign and routine distribution, LLIN voucher scheme, planning and logistic support, and BCC
\$2,080,000	WORLD BANK	This money is an estimate based on the number of nets to be procured (400,000) and an average cost of \$5.2/LLIN

## ACT resources available to achieve the 2010 targets

FUNDS AVAILABLE (US \$)	SOURCE	COMMENT
\$13,362,740	RCC(GLOBAL FUND )	The grants are yet to be signed
\$458,075	R8(GLOBAL FUND )	
\$1,000,000	PMI	For malaria treatment pharmaceuticals , exactly pharmaceutical it is to be used for is yet to be determined

# Case management

ACTs required	15,413,854
RDTs required	4,528,143
Procurement schedules	<ul style="list-style-type: none"><li>•Start procurement in for both RDTs and ACTs October, 2009</li><li>•Expected delivery april,2010</li></ul>
BCC	This goes on throughout the year
Mechanisms of distribution	Through routine drug distrubution via central medical store through regional medical stores to health facilities by the pull system
Drug Efficacy Monitoring	Through study to be conducted by Noguchi Memorial Insitute for Medical Research in 2010 budgeted under RCC

# IRS resources available to achieve the 2010 targets

FUNDS AVAILABLE (US \$)	SOURCE	COMMENT
\$25,146,036	ROUND 8	This is the total budget for IRS implementation under Round 8 yet to be signed
\$4,000,000	PMI	Estimated budget for IRS activities to be implemented in 2010 – Not yet confirmed or committed.

# Indoor Residual Spraying

DDT required	Not used in the country
Pyrethroids required	100,000 sachets (est. For PMI) (266,170kg )R8 estimates
Procurement schedules	Jan-March 2010
Distribution	April 2010
Training	March-April 2010
BCC	Jan-Sept. 2010
Spraying	April-July 2010
Monitoring and evaluation ( <i>bioassays, insecticide resistance etc</i> )	April-December 2010

## **Other core interventions to be delivered over the next 17 months**

- Procurement and distribution of goods
- Training in case management, malaria in pregnancy, laboratory diagnosis and pharmacovigilance
- Implementation of home base care
- Scale up of IRS
- Surveys: Multiple Indicator Survey

**NB: all these activities are budgeted for under the RCC and R8 grants which are yet to be signed**

## Summary of rate-limiting factors over the next 17 months

- Grant signing
- Storage facilities at the central and regional medical stores
- M&E
- Private sector compliance with case management guidelines
- Compliance with laboratory diagnosis
- Information sharing between private commercial organizations and the programme involved in ITN distribution

Summary of technical assistance needs to end 2010

Need	From whom
Monitoring and Evaluation strengthening	WHO ,RBM partners
Strengthening of malaria surveillance	WHO ,RBM partners
For integrated campaigns for distribution of LLINs	Alliance For Malaria Prevention
Logistics Management	WHO ,RBM partners,PMI