Recap Day 4

Implementation of HBHI approaches and ICCM to accelerate reduction of child mortality

HBHI Overview and understanding of approach

- Burden of the disease: 435,000 deaths, 219 million cases
- The decline seen between 2004-2015 has stalled and stagnated
- 11 countries accounting for 70% of all cases and deaths, requires a pronounced decrease to get back to GTS targets
- HBHI is a country led approach aimed at refocusing activities through four reinforcing response elements
- HBHI is a holistic approach, with the 4 elements feeding into tangible actions that ensure high coverage of evidence based interventions
- Deep dive into the four response elements and the guiding princples

Progress so far:
Initial meetings have taken place in six countries (Uganda, Nigeria, Cameroon, Burkina Faso, Ghana, Mozambique) and the rest of the countries planned over the next three months.

- Political engagement
- Partner alignment
- Self-assessments, identifying gaps and future activities
- Creation of national data repositories and support to develop stratification and microstratification aiming to improve impact by guiding deployment of interventions
- Working towards revision of national strategic plans in anticipation to new funding cycle by Global Fund and potentially other funding channels

•Growing interest in the approach, with demand from other countries.

•Partners aligning their technical and financial support

•Establishment of a one WHO Programme for Malaria in Africa

Modalities for Country Engagement

Country-led HBHI work and meeting are integrated and feed into existing country malaria milestones and activities

- Engagement process
  - Country level and global partners support countries for a smooth HBHI approach
  - Detailed working modalities among partners on HBHI approach
  - Create platform for effective collaboration
  - Communicate with global partners and their networks
  - Provide regular updates to respective agencies and RBM partnership
  - Ensure sharing of best practices across countries and with partners
  - Leadership role in establishing commitment and refocusing activities to accelerate progress on GTS milestones
  - Organize and facilitate meeting
  - Ensure execution of actions post-meeting as part of NSP, prioritization, budgeting and implementation of the national malaria
- Align technical assistance and resources
- Provide information on current activities and support as required
- Actively participate in working sessions
- Implement agreed activities, under government stewardship
- Support countries in pre-work, meeting and follow-up actions
- Suggested workflow for country-led HBHI work; partnership support available throughout for preparation, facilitation and next steps
- Guiding principles and steps for initiating partnership support on HBHI country engagements

Country updates: Cameroon

- Population: about 24m, Mal prev reduced from 33.3 to 24
- Launched by the MPH in the presence of WHO, UNICEF, USAID RBM, ALMA, and other bilateral agencies
- Multi-sectorial participation
- Situational analysis finalized, gaps identified and integrated into the new NMCSP 2019 - 2023
- Shared responsibilities identified in the response log frame involving actors from multisector groups

Challenges

1. Political will still to be raised from a higher level and traduced in resource/Funding mobilization
2. Insufficient mobilization of funds (LLIN for Center region);
3. Insufficient data to permit adequate stratification of disease burden and risk factors;
4. No strategic plan or investment case to guide scaling up of interventions or geographical coverage
5. iCCM is not institutionalized to encourage retention of CHW

Country updates: Ghana

- Population 28m. Mal prev reduced from 27.5 to 20.6

Key recommendations from HBHI approach

Need to get strong, top-down mandate for malaria as a national priority (i.e. from President) to activate stakeholders at all levels to take action to support the National Strategic Plan

- **Political Structures:** Implement a Presidential Council to End Malaria to convene high-level stakeholders from multiple sectors to escalate the visibility, financial and operational needs of the NMCP
- **Accountability:** Develop an overarching accountability framework with clear allocation of roles and responsibilities across NMCP and other stakeholders
- **Financing:** Sustain and increase financing from existing sources and new sources
- **Awareness:** Implement national and sub-national malaria champions and promote ownership of malaria across diverse stakeholders through the "Zero Malaria Starts with Me" campaign

Plan

- Complete development of malaria data repository and deploy to all levels for use for action
- Recruit additional NMCP staff with relevant expertise at national level
- Design strategies to improve guideline dissemination to tertiary facilities
- Conduct regular Onsite Training and Supportive Supervision (OTSS), mentorship and coaching for health care workers
- Incorporating malaria training into free mandatory Continuous Professional Development (CPD) programmes for professionals such as doctors

Challenges

- HBHI tool did not come with clear guideline for completion
  - Technical assistance from WHO officials
- Difficulty in bringing together all the stakeholders due to conflicting schedules and activities
  - Follow ups and reminders

Lessons learnt

- Support from WHO, RBM and partners was very instrumental toward the success of the activities
- Active participation of other institutions and organizations was very critical in ensuring success of the stakeholders meeting

Country Updates-Nigeria

- Population 199m. Prev. reduced from 42 to 27%
- Highest contributor to global burden(25%)
- Scoping mission and national stakeholders meeting was conducted March 2019 with RBM partners
- Self assessment was done to document the situation in the 4 response elements:
- Progress across the 4 response elements were shared

Key recommendations

- The HBHI process and action planning should be considered as a continuum towards the development of the next Malaria Strategic Plan
- Need for state level engagement for completion of country focused assessment template on the log frame
- Synthesis of outputs as well as the outputs from the expert review on malaria as key inputs into the High Level National Malaria DIALOGUE

Challenge:

Delay in the appointment of substantive heads of health ministries at national and subnational levels

Country Updates-Tanzania

- Yet to initiate the HBHI approach

Goal:

To reduce the average malaria prevalence in moderate and **high disease burden** areas to **less than 5% in 2020** and in **low disease burden** areas **to less than 1% in 2020.**

It is unlikely the prevalence of less than 1% by 2020 will be achieved with the current strategic approach.

Consultative Malaria Expert Meeting (February 2018): forum for global & national malaria experts shared their vast experience and gave **recommendations on malaria control towards elimination.**

- This led to development of Supplementary Malaria Midterm Strategic Plan: 2018-2020

- Stratification completed. **Four** epidemiological strata and **one** operational stratum selected.
- **Epidemiological & Operational**
  1. Very low — 1. Urban
  2. Low
  3. Moderate
  4. High
- Revised strategies and using targeted interventions based on epi strata
- Launched zero malaria campaign and malaria trust fund is e-Swatini
- Aligning with SADC elimination strategy
- Considering introduction of ICCM

Country updates: Uganda

- Mal prev declined from 42% in 2009 to 9% in 2018

Before the HBHI approach, there was Top political will. MAAM initiative involved

- Multi stakeholder approach where Malaria becomes Everyone's business requiring mass action against the disease at all levels

- Reaching the Community and Every Household with Appropriate Malaria Interventions

- A Framework/an approach to accelerate the attainment of Uganda Malaria reduction strategic plan (2014-2020) targets
    - An integral part of scaling up the strategies/interventions

- **Strategy:** *"Reaching Every Household With All Malaria Interventions"* - where malaria is everyone's business requiring mass action against malaria at all levels by all stakeholders.

- WHO Scooping mission, MOH/stakeholder engagement
- Agreed/general consensus that MAAM was in line with HBHI
- Agreed to begin/continue operationalizing the four HBHI elements
- Progress made across all response elements
- Prevalence map showing 3 major categories: Uganda 17%, Refugee 33% and IRS districts 7%

- Challenges:
- Resurgence/epidemics of malaria
- Refugee Influx

Response element 2: Use of strategic information to drive impact

Covers 5 key areas:

- Malaria data repository, Progress review, Analysis of stratification, Sub-national operational plans and Monitoring and evaluation.
- 6 out of 10 countries have initiated the HBHI approach
- 4 countries (Ghana, Nigeria, Tanzania and Ugana) have completed phase 1 of the repository while Burkina Faso, Cameron and Mozambique in progress. DR Congo, Mali and Niger are yet to start off the MDR set up
- Progress reviews: RIA, MERG Impact evaluation framework and Mathematical modelling
- The malaria framework for stratification and how to establish criteria for intervention targeting
- Only Tanzania has gone through the 5 phases of stratification including use for resource mobilization
- Stratification is necessary for targeting and prioritizing communities for ICCM, which will involve overlaying both primary variables such as all cause mortality and secondary ones such as socio-economic status

Sources and mechanisms for funding ICCM

- Funding landscape 2014 till date
- GF grants used procurement of malaria commodities and support for all platform costs but non funding for non-malaria commodities
- Total gap of $151m
- Funding sources include domestic, donor, OOP and private sector

Challenges:

ICCM is often orphaned and not all country strategies are costed

- There's lack of harmonization among donor for funding of ICCM
- Lack of clarity on where community health investments will be most cost effective
- Shared lessons learned from 6 countries.
- Opportunities for funding ICCM-

Overall Comments

- The HBHI approach is very good approach, however focusing on malaria alone will not help attain the overall child health outcome as desired. There is need to expand scope and engage the child health in planning and implementation
- Classification of countries according to epidemiological strata and levels of transmission need to build in some uniformity such that the colour coding mean the same things across different countries
- The idea of Malaria data repository is a welcome idea , however it may be necessary to harness resources into strengthening the HMIS/DHIS rather than creating parallel databases
  - MDR is not a database like DHIS, but an information system that aims to centralize data from both routine and non routine sources to make data readily available for decision making

Comments

- Process of stratification need to be simplified and decentralized so that programme mangers at sub-national levels can use it for informed decision making
- It is pertinent to note that levels of data may vary for operational decisions and for strategic level decision making
- LMIS need to be considered as routine data
- Engaging the subnational level ahead of investing in the stratification exercise is key
- Optimization of malaria case management sometimes mean that ICCM gets lost in the process. There is need to effectively integrate the ICCM agenda into the malaria case management effectively
- There is need to leverage the GF funding to increase the ICCM funding.
- In identifying gaps at the community for ICCM, it’s important to also consider gaps at the PHC level for these non malaria commodities

Country specific comments

- Ghana & Uganda: Need to leverage the maternal mortality audits to carry out death audits in countries
- Uganda: Need to share experiences on how the MAAM was initiated and how other countries can key into such top political attention
- Nigeria: Is there system in place for pharmacovigilace as part of the ICCM?
- Nigeria: Since private sector is a huge gap and Nigeria has commenced coordination of private sector, how have you been able to mobilize the private sector

Thank you