High Burden High Impact (HBHI)

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The four response elements of the HBHI approach

Impact
Reduction in mortality & morbidity

Outcome
Implementation of prioritized operational plans derived from evidence-informed national malaria strategic plans

Output
Political will

Output
Strategic information

Output
Better guidance

Output
Coordinated response

4 mutually reinforcing response elements

Effective Health System

Multisectoral response
**Country-led HBHI meeting and follow-up activities**

**Activities**

- National high-level HBHI meeting
- Preparation in progress
- ICCM- HBHI meeting

**Country specific follow up activities**

- Creation/Acceleration of a national malaria data repository
- Global Fund Missions
- Malaria Programme Review (MPR)
- Mid-term Reviews
- Stratification, analysis
- NSPs
- Technical support based on the four response elements

**HBHI meeting**

- Uganda
- Cameroun
- India
- Ghana
- Nigeria
- Burkina Faso
- Mozambique
- Niger
- Ethiopia

**Global Fund applications deadline**

**Countries**

- Uganda
- Cameroun
- India
- Ghana
- Nigeria
- Burkina Faso
- Mozambique
- Niger
- Ethiopia
- Tanzania
- DRC
- Mali
- DRC
- Niger
- Mali
- Tanzania
- India
- Ethiopia
- Ghana
- Nigeria
- Burkina Faso
- Mozambique

**Timeline**

- 2019
  - Jan: Uganda
  - Feb: Cameroun
  - Mar: India
  - Apr: Ghana
  - May: Nigeria
  - Jun: Burkina Faso
  - Jul: Mozambique
  - Aug: Niger
  - Sep: Ethiopia
  - Oct: Tanzania
  - Nov: DRC
  - Dec: Mali

- 2020
  - Jan: India
  - Feb: Ghana
  - Mar: Nigeria
  - Apr: Burkina Faso
  - May: Mozambique
  - Jun: Niger
  - Jul: Ethiopia
  - Aug: Tanzania
  - Sep: DRC
  - Oct: Mali
  - Nov: India
  - Dec: Ethiopia

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**Global Malaria Programme**
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)
<table>
<thead>
<tr>
<th>Country Response element</th>
<th>Key area (Category)</th>
<th>Objectives</th>
<th>Current activities</th>
<th>Self assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political will</td>
<td>Structure Awareness Accountability Financing</td>
<td></td>
<td></td>
<td>What is currently being done? Self-Assessment What needs improvement? What is missing and needs to be put in place?</td>
</tr>
<tr>
<td>Strategic information</td>
<td>MRDB MPR, Stratification Analysis NSP Operational planning M&amp;E</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
| Better guidance          | • Global guidance  
• National guidance  
• Adaptation,  
• Dissemination,  
• Uptake | | | |
| Coordination             | • Structures/ mechanisms  
• PSM  
• Capacity building  
• M&E activities  
• Collaboration and partnership | | | |
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<th>Response element</th>
<th>Key area (Category)</th>
<th>Objectives</th>
<th>Activities/deliverables</th>
<th>Lead partner</th>
<th>Support partner</th>
<th>Start date</th>
<th>End date</th>
<th>Remark</th>
</tr>
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| Political will       | • Structure  
                        • Awareness  
                        • Accountability  
                        • Financing  
                        • MRDB |            |                         |              |                 |            |         |        |
| Strategic information| • MPR, Stratification  
                        • Analysis  
                        • NSP  
                        • Operational planning  
                        • M&E |            |                         |              |                 |            |         |        |
| Better guidance      | • Global guidance  
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                        • PSM  
                        • Capacity building  
                        • M&E activities  
                        • Collaboration and partnership |            |                         |              |                 |            |         |        |
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...
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
Niger: The Prime Minister asuring high political will
Niger: The First Lady is the Champion for malaria

"Pour éliminer le paludisme en Afrique, la prise de conscience collective est plus que nécessaire et urgente. Je salue l’initiative « Zéro Palu ! Je m’engage » et encourage tout le monde à y participer pour qu’ensemble nous puissions surmonter ce fléau."

Son Excellence Madame Aïchatou Mamamadou,
Première Dame de la République du Niger
Niger: The power of traditional leaders

Communities follow the guidance of this 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)

- National HMIS or DHIS
- Malaria Data Repository
  - Bulletin
    - Standard Graphs
    - Tables
    - Maps
  - Report
    - Monthly
    - Quarterly
    - Biannual
    - Annual
- Malaria management dashboard
  - Malaria-specific data
    - Interventions (operations)
    - Community-based Interventions
    - Population at risk, groups
    - Financing
    - Procurement and supply
    - Resistance studies
    - Entomology
    - HH surveys (PR, LLIN coverage)
    - Models
    - Other
- Feedback
  - Review
  - Action/adjust
  - Re-orient program

Global Malaria Programme
Burkina Faso

Mortalité 2017

Mortalité 2018

Min | Max | Couleur
---|---|---
-  | 0,0 |
0,0 | 15,0 |
15,0 | 30,0 |
30,0 | 45,0 |
45,0 | 60,0 |

Global Malaria Programme

World Health Organization
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
REPARTITION DES TYPES DE MILDA PAR DISTRICT_CAMPAGNE 2019

Légende
- G2
- ORD
- CONTROL
- PBO
- PID

PNLP Juin 2018
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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
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 revitilized, reconstituted (Cameroon, 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...

- Malaria Programme Reviews
  - Sub-national situation analyses, based on better, more granular data and analysis
  - Provide the framework for the NSP revision

- National Strategic Plan
  - Optimized, better stratified intervention mix
  - Better costing data and cost estimation

- Resource Mobilization
  - GF concept notes
  - PMI Operational plans (where applicable)
  - Domestic resources
  - Others

- Implementation, M&E
  - Prioritization within resource envelope
  - Sub-national operational plans
  - Robust monitoring and evaluation

- Political will
- Strategic information
- Better guidance
- Coordinated response

- Pre-meeting
- Meeting
- Follow-up

- National Health Sector Strategic Plan
- Health Sector Resource Mobilization
- Integrated implementation, M&E
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
• Partnerships: aligned, concerted efforts
• Identifying chronic challenges/bottlenecks countries are facing
• Revitalizing non-functioning taskforces and coordination mechanisms
• Financing for commodities - the least problem identified (except low-middle income countries e.g. Cameroon)
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)