



Malaria National Strategic Plan (2021-2025) and priorities for 2021-2023

**Dr Aung Thi, Deputy Director and Programme Manager,
NMCP**

14 November 2019

Outline

- Key programmatic achievement
- External Malaria Programme Review and RAI IMP recommendations
- Outcomes of inception meeting, Joint ATM TSG meetings, 2nd stakeholder consultation and ECBHO consultations
- Framework of NSP 2021-25
- Key priority areas for 2021-2025
- Key timelines: NSP to concept note

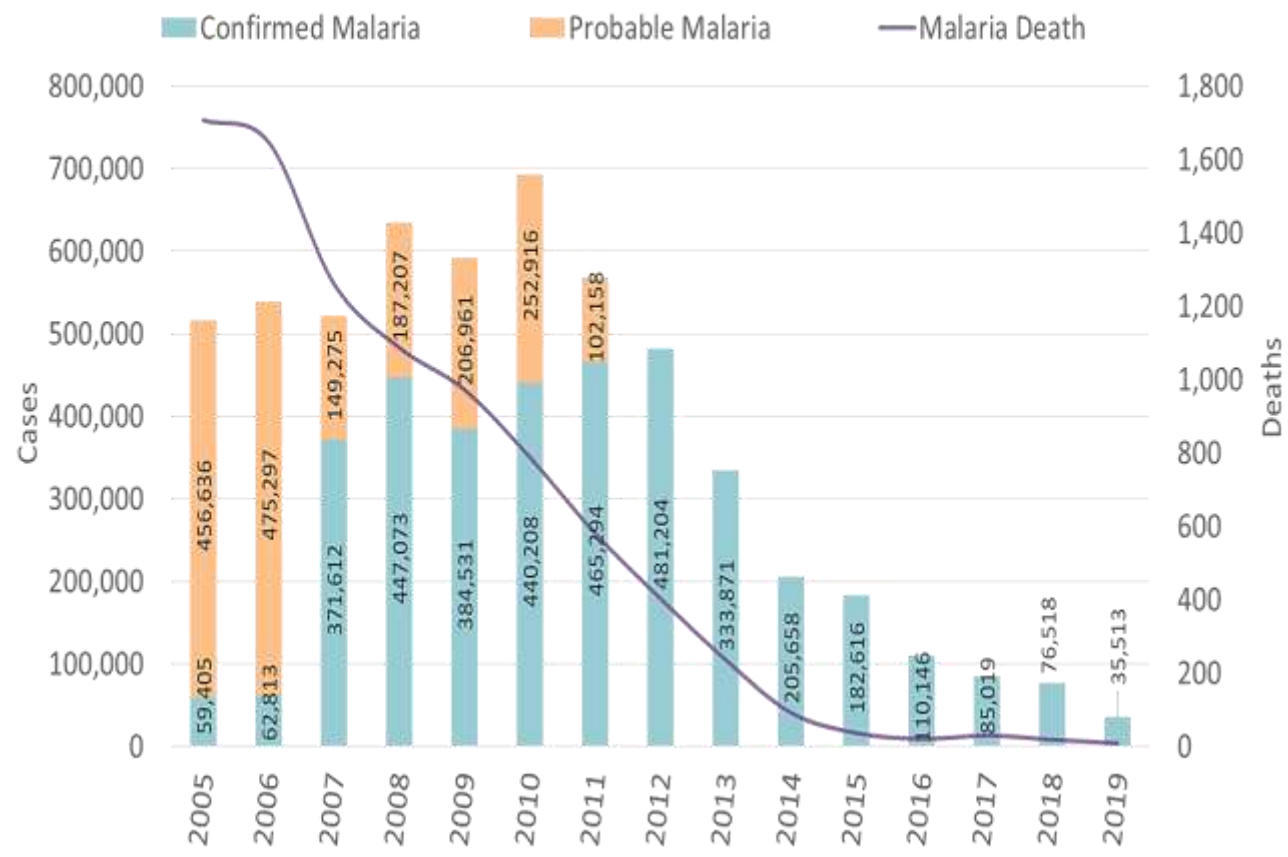


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Key programmatic updates- trends of cases and deaths (2005-2019 Sep)



- 🇲🇲 291 out of 330 townships are malaria endemic;
- 🇲🇲 20 million population are at risk of malaria in 2019;
- 🇲🇲 76,518 cases were reported in 2018;
- 🇲🇲 19 persons died from malaria in 2018;
- 🇲🇲 48% of all malaria cases was *Plasmodium Vivax* in 2018



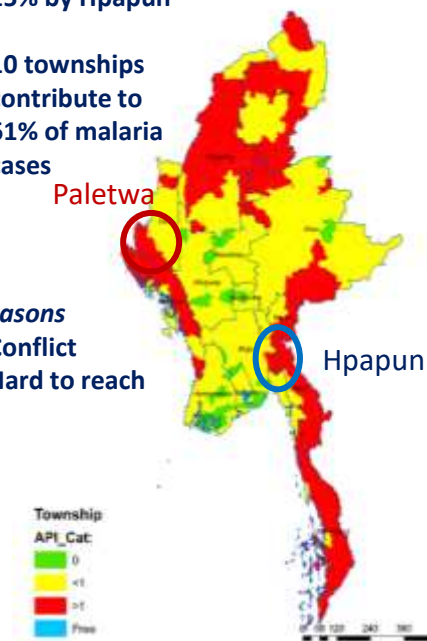
10 High burden townships – Positive cases

SR	Township	Tested	Positive	Pf	Pv	Mix	Other
Chin	Paletwa	102236	16991	12300	4425	266	0
Kayin	Hpapun	60653	11870	3253	8558	59	0
Rakhine	Buthidaung	58601	3023	2546	411	66	0
Kayin	Myawaddy	39963	2969	27	2937	5	0
Kayin	Kyainseikgyi	88460	2798	1507	1216	74	1
Rakhine	Kyauktaw	37109	2091	1526	520	45	0
Kayin	Hlaingbwe	57234	1740	368	1329	43	0
Sagaing	Banmauk	30479	1574	1231	301	42	0
Rakhine	Minbya	20319	1495	1227	240	28	0
Sagaing	Pinlebu	28513	1486	1264	191	31	0

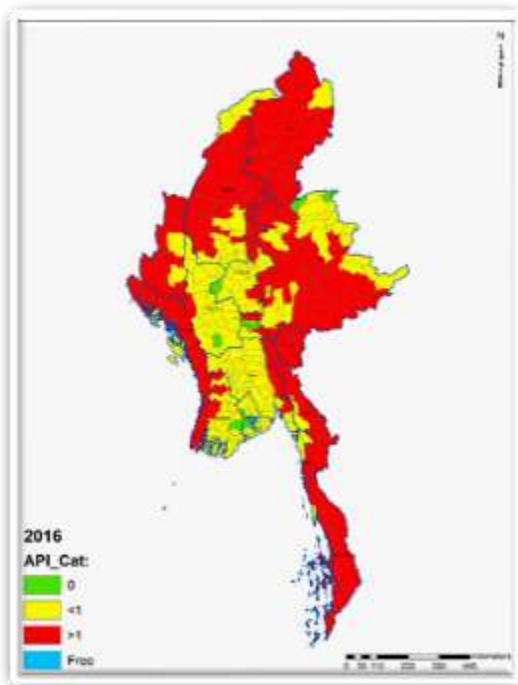
Of total cases
 • 23% by Paletwa
 • 15% by Hpapun

• 10 townships
 contribute to
 61% of malaria
 cases

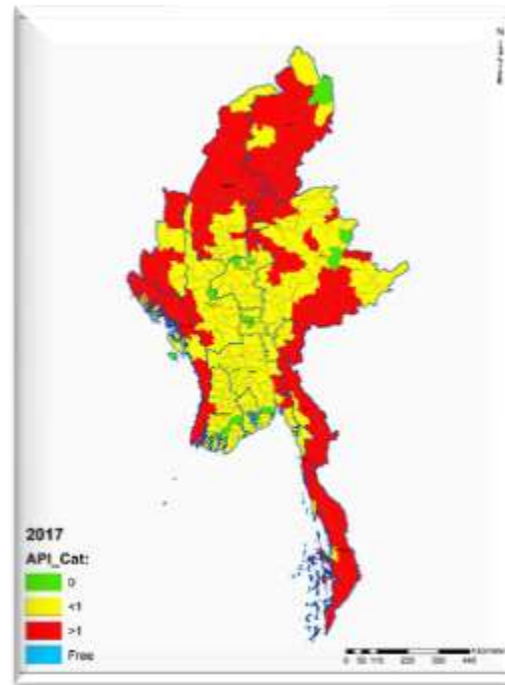
Reasons
 • Conflict
 • Hard to reach



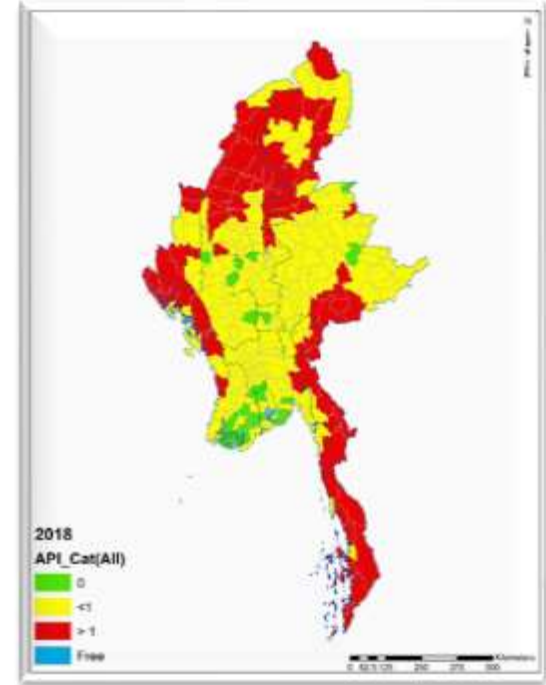
Map of malaria showing API by township (2016-2018)



2016



2017



2018



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External Malaria Programme Review 2019

- WHO commissioned an external Malaria Control Programme Review: **21-31 March 2019**
- **Process**
 - Briefing to Senior Officials of MoHS
 - Briefing of the NMCP activities, achievements, challenges to the review team members
 - Desk review, field visits to Kayin, Mandalay, Yangon and Tanintharyi
 - Interaction with the donors, Global Fund PRs, SRs, partners
 - Debriefing to WHO Representative and staff, senior officials of MoHS and partners
 - Final report in preparation
- **Review team members:** Dr Sean, Dr Lasse, Dr Kevin, Dr Roberto, Dr Steve, Dr Sithu Aung, Dr Khin Mon Mon,
- **Local team:** NMCP and WHO Myanmar staff
- **Observers:** Dr F Monti (USAID), Dr So So (GF)



Key recommendations (External Malaria Programme Review 2019) (1)

- Focusing on **12 high burden townships** which represents 64% of malaria cases
- Address **forest-based malaria transmission**- promising tools need to be bundled together, collaboration with formal and informal sector forest-goers
- Urgent **human resource review** and develop an approach to attract, incentivize, retain and recruit staff with the skills needed to attain and maintain malaria elimination
- Adhere strictly to **National Malaria Treatment Guidelines** – primaquine prescription to the vivax cases.
- Full coverage with **LLINs/ITNs in stratum 3a** should be an immediate priority to ensure that there are sufficient nets for all householders based on sleeping patterns



Key recommendations (External Malaria Programme Review 2019) (2)

- Malaria should be made a **notifiable disease** at the township level in elimination/prevention of re-establishment townships immediately.
- The Programme will need to ensure that **leadership of the malaria** elimination agenda remains vivid all the way along the chain from central to local level. Ownership at township level, township health planning, capacity building.
- The malaria **risk stratification approach** needs to be reviewed in light of the rapid reduction in malaria burden in elimination townships.



RAI Independent Monitoring Panel- recommendations

- A need to further examine the practicality and cost effectiveness of **Case investigation, foci investigation** and response.
- More emphasis should be put on **quality, analysis and use** of case/foci investigations rather than on achieving targets.
- **Mandatory notification** of malaria cases should be considered.
- **Investigation forms** should be simplified and focused on essential information needed to guide action.
- More clarity about **who conducts case/foci investigations**, especially: in areas under CSO responsibility
- All implementing partners should **report cases to the township level (if not sub-township)**
- Innovative approaches to **“hot spots”** should also be encouraged



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Outcomes of NSP and M&E plan Inception meeting, 28 June 2019, NPT

Decision points

- ***NSP framework*** agreed and decided to finalize with multiple stakeholder consultation over emails and TSG meetings
- ***M & E indicators*** to be finalized with multiple discussion within programme and M&E TSG sub-groups
- ***EHO, Ministry of Defense services*** to be engaged in the development of the strategies and subsequent meetings.
- WHO to start drafting the costed NSP and M&E document and complete by ***end of October 2019.***



Joint AIDS, TB and Malaria Core TSG meeting, 19 September 2019, Yangon

Malaria Concept Note Drafting Group finalized

Plan

- EHO Consultation- 7-8 Nov 2019
- Consultation with Government, CSO, Private Sector, Human Rights and Gender Group,
- CN drafting Group meetings

Sr. No	Name	Designation	Organization	Role in drafting group
1	Dr Aung Thi	Programme Manager, Malaria, NMCP	Government	Lead Writer
2	Dr. Aye Yu Soe	Sr PHO	Donor	Member, financial and programmatic gap analysis
3	Dr Han Win Htat,	Deputy Country Director, PSI	CSO	Member, Implementation arrangement, Community engagement, CSO consultation
4	Dr Saw Lwin	Independent Consultant	Malaria expert	Member, overall technical inputs on the contents
5	Dr Feliciano Monti	Senior Malaria Advisor, USAID/PMI	Bilateral agency	Member, financial and programmatic gap analysis, surveillance and prevention part of CN
6	Dr Nakamura	Malaria Technical Advisor, JICA	Bilateral agency	Member, technical support, gap analysis, surveillance and prevention part of CN
7	Dr. Badri Thapa	Scientist (Malaria Control), WHO	Technical agency	Technical Secretariat, Technical content, coordination, communication, stakeholder engagement, finalization and submission of CN
8	Dr Myat Phone Kyaw	Chair of IRB DoPH	Government	Member, Inclusiveness, equity, technical inputs, research and surveys
9	Dr Marta	Senior Consultant, KDHW	EHO	Member, Malaria services in NSA areas
10	Dr Khin Mon Mon	Independent expert	Malaria expert	Member, Technical inputs on overall CN
11	Young Hee Min	Human Rights and Gender FP, UNOPS	Human right and gender expert	Member, Human rights and gender equity inclusion in CN



Outcomes of 2nd Consultation (22-23 October 2019)

- Stakeholders provided input on first draft of NSP (2021-25)
- Activities prioritized for NSP
- Costing template (for detail costing of NSP, resource mapping and funding gap analysis) agreed.
- Impact and outcome indicators M&E Plan (2021-25) agreed upon with projection for the period of NSP.
- Agreed output indicators



Outcomes of ECBHO consultation (7-8 November 2019)

Findings (issues):

- Insufficient human resources (volunteers) and capacity limitations
- Lack of localized health information/literacy and IEC material
- Migrations/displacement (internal and external)
- Limited resources (funding, commodities and supply)
- Geographical remoteness limits access to services
- Limited strategic information to plan
- Policies that affects provision of services



Outcomes of ECBHO consultation (7-8 November 2019)

Proposed activities (cross cutting):

- **Situational analyses** of health (epidemiology of disease, health services)
- **Sub-national Plans** (HIV/TB and Malaria) with engagement of EHO in township & state operational plan
- Provide medical **equipment, commodities, and supplies**
- Supportive **policies, guidelines, and SoPs**
- **Capacity building**, training, and mentoring to EHO health care workers
- Provision of essential prevention, diagnosis and treatment services for all
- Strengthen **strategic information**: data collection, coalition, analyses, reporting, use of data, research



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Malaria National Strategic Plan (2021-25)

- **Goal**
 - To eliminate *Plasmodium falciparum* by 2025. Achieving this goal will put Myanmar on the path to eliminate all human malaria by 2030.
- **Objectives**
 - Achieve zero indigenous *P. falciparum* malaria cases by 2025.
 - Reduce malaria morbidity to 95% relative to 2018 baseline figure and malaria mortality to zero by 2025
 - Maintain *P. falciparum* malaria-free status and prevent re-establishment of local transmission of *P. falciparum* in States/Regions where transmission has been interrupted.
 - Prevent the emergence of ACT resistance of *P. falciparum*



Key interventions and supporting elements

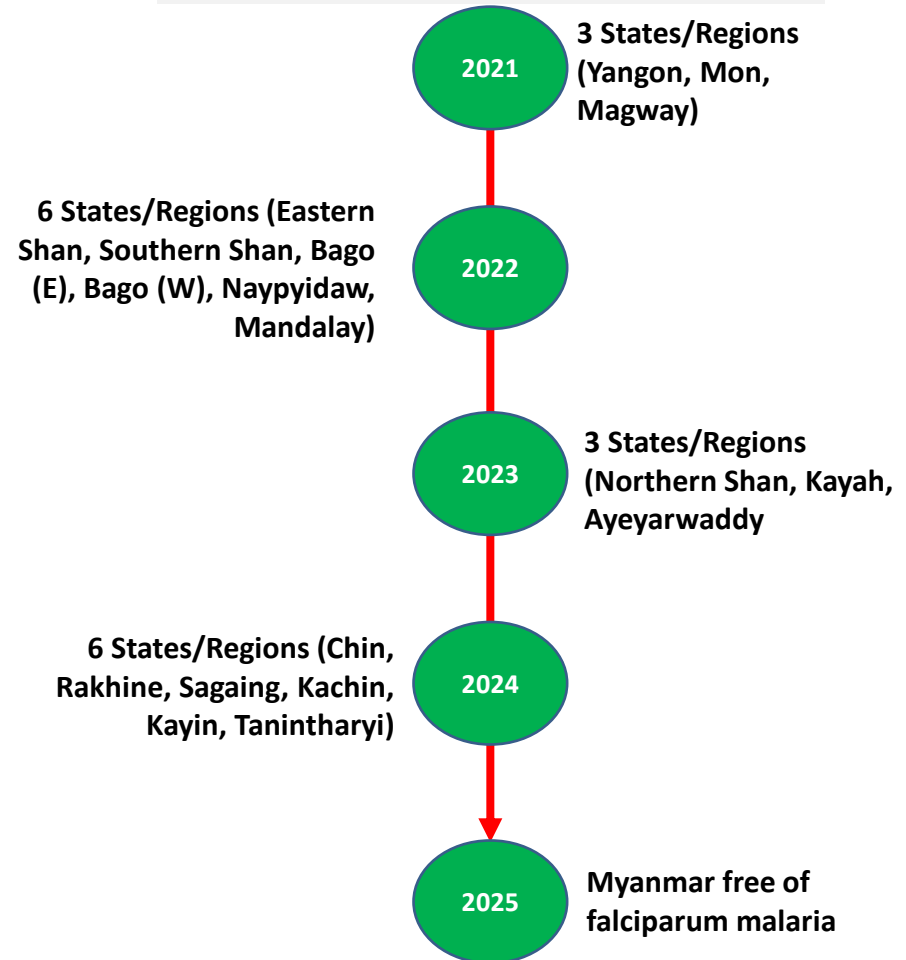
- Key interventions

- **Case-based surveillance** for elimination and prevention of re-establishment
- Early and effective **malaria case management**.
- **Universal coverage** of high-risk populations with appropriate malaria prevention measures.

- Supporting elements

- Expanding research for innovation to accelerate malaria elimination and improve delivery of services.
- Strengthening the enabling environment.

Key milestones for *Pf* elimination by 2025



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Key priority areas for 2021-25

- Case-based surveillance for elimination and prevention of re-establishment-Case investigation, foci investigation, classification and response in elimination areas (focusing on Pf): **Support from CSOs and private sectors is crucial.**
- Mandatory malaria case notification from all sectors **(public, private and community)**
- Foci investigation, classification and response **(one of the important elimination activities and support for implementation of this activity from all sectors is essential)**
- Intensified activity in “malaria hot spots” (high burden to impact): **CSOs can provide support to implement this.**
- Early and effective malaria case management- **Public, Private and Community.**
Continuation of Integrated Community Case Management through ICMV
- Universal coverage of high-risk populations with appropriate malaria prevention measures- LLIN, tools to prevent outdoor transmission - **Public, Private and Community.**
- Addressing forest related malaria transmission - **Public, Private and Community.**
- Village level malaria risk stratification: **CSOs can provide support to implement this.**
- Decentralization of malaria activities to townships- empowerment, ownership, capacity building, inclusive township planning
- Web based reporting: **Public, Private and Community.**

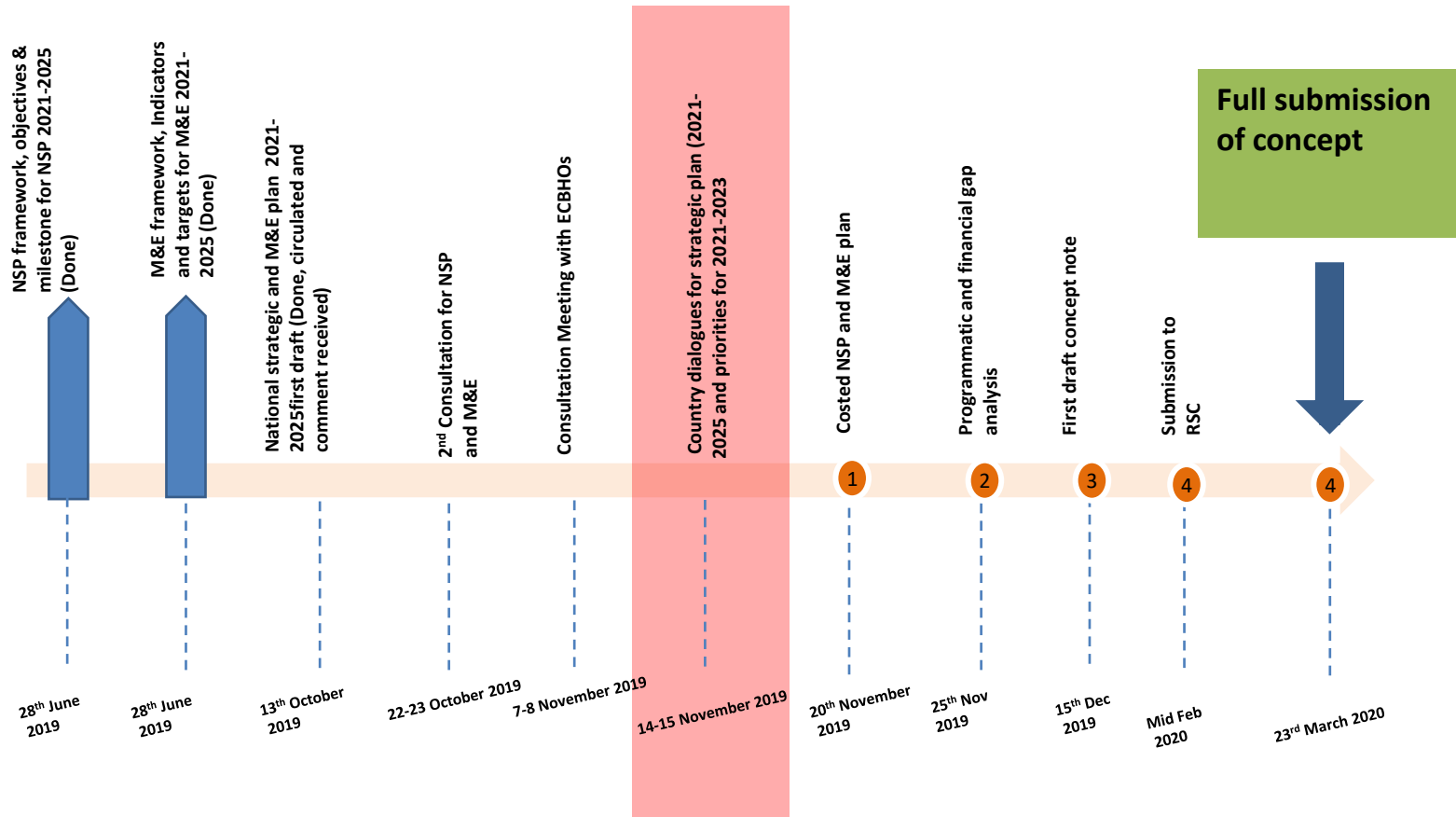


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Progress achievement and future plan



Thank You very much

