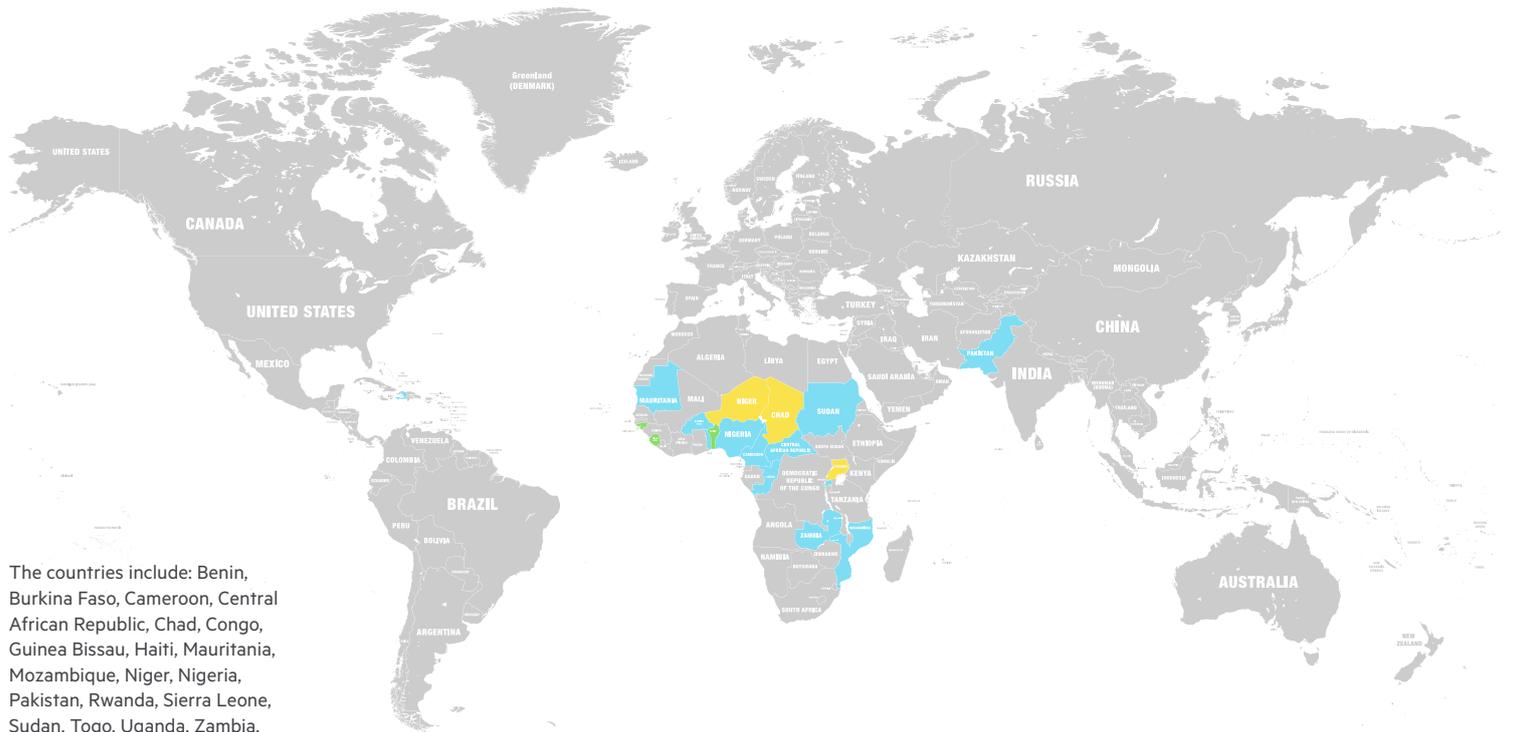


Support provided to resolve implementation bottlenecks.

Support was provided to countries in resolving the bottlenecks that affect the malaria interventions. This includes ITNs distribution campaign planning and re-planning in the context of COVID-19.



The countries include: Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Guinea Bissau, Haiti, Mauritania, Mozambique, Niger, Nigeria, Pakistan, Rwanda, Sierra Leone, Sudan, Togo, Uganda, Zambia.

- Completed ITN campaigns
- Ongoing ITN campaigns
- ITN campaigns on track to be completed

Source: RBM Partnership to End Malaria

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.



More requests were received from the countries for Technical Assistance than were originally planned for the period due to the need to re-plan Insecticide Treated Nets (ITN) campaigns in the context of the current COVID-19 pandemic. More are expected in the coming months as many countries still need to adapt their campaign plans in the context of COVID-19 pandemic.

How is CRSPC supporting countries in sustaining their malaria control programme activities during the COVID-19 pandemic?



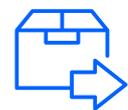
Regular [conference calls](#) are organised with all malaria endemic countries in Africa to follow up on their status including:

- identification of bottlenecks, commodity availability and work to address them
- support to modified campaigns such as:
 - ITNs
 - Seasonal Malaria Chemoprevention (SMC)
 - Indoor Residual Spraying (IRS)



The RBM Partnership developed a weekly CRSPC [tracker](#) which tracks:

- campaign status
- stock outs
- technical assistance
- other bottlenecks.



The data are shared weekly through the [RBM partnership website](#). This support has contributed to addressing stock outs and facilitating resource mobilization through reprogramming.



Several countries reported stock outs especially during lock down. These stock outs were addressed through splitting of orders in some cases and air lifting supplies in others. Several countries have reported reduced access to health facilities during lock down, though the majority report significant improvements as PPE becomes more readily available and local transport restrictions are lifted.



As the COVID-19 pandemic impacted the world in 2020, WHO modelling showed that under the worst-case scenario, in which all ITN campaigns due in 2020 are suspended and with a 75% reduction in access to effective antimalarial medicines, there could be doubling in malaria deaths in Africa, representing a reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades. At the beginning of 2020, plans were in place for over 200 million LLINs to be distributed, and for more children than ever before projected to receive SMC, and there were valid concerns that these campaigns would be seriously disrupted. The good news is that almost across the board, SMC, IRS and LLIN campaigns planned for 2020 are on track to be completed before the end of the year. Countries, with support from their partners, have reprogrammed, replanned, secured additional resources, and have shown strong leadership to ensure that their campaigns took place as planned, and have worked to sustain case management.

Malaria Programme Reviews (MPR) and Malaria National Strategic Plan (NSP).



The countries supported include: Burkina Faso, Cabo Verde (grant), Congo, Eswatini, Gambia (+grant), Ghana (grant), Honduras (grant), Madagascar, Niger, Nigeria, Sierra Leone (+grant), South Sudan, STP, Sudan (grant), Suriname (grant), Tanzania, Uganda and Venezuela (grant).

Source: RBM Partnership to End Malaria

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The MPR and the NSP enabled countries to align malaria plans with the broader health and development agenda, to review the status of the implementation of their strategies, align their policies, and becomes an input to the preparation of the Global Fund proposal development.



In the first half of 2020, RBM/CRSPC, under the leadership and at the request of WHO, has provided support to countries through international or local consultants in malaria mid-term/programme reviews and in developing national malaria strategic plans.