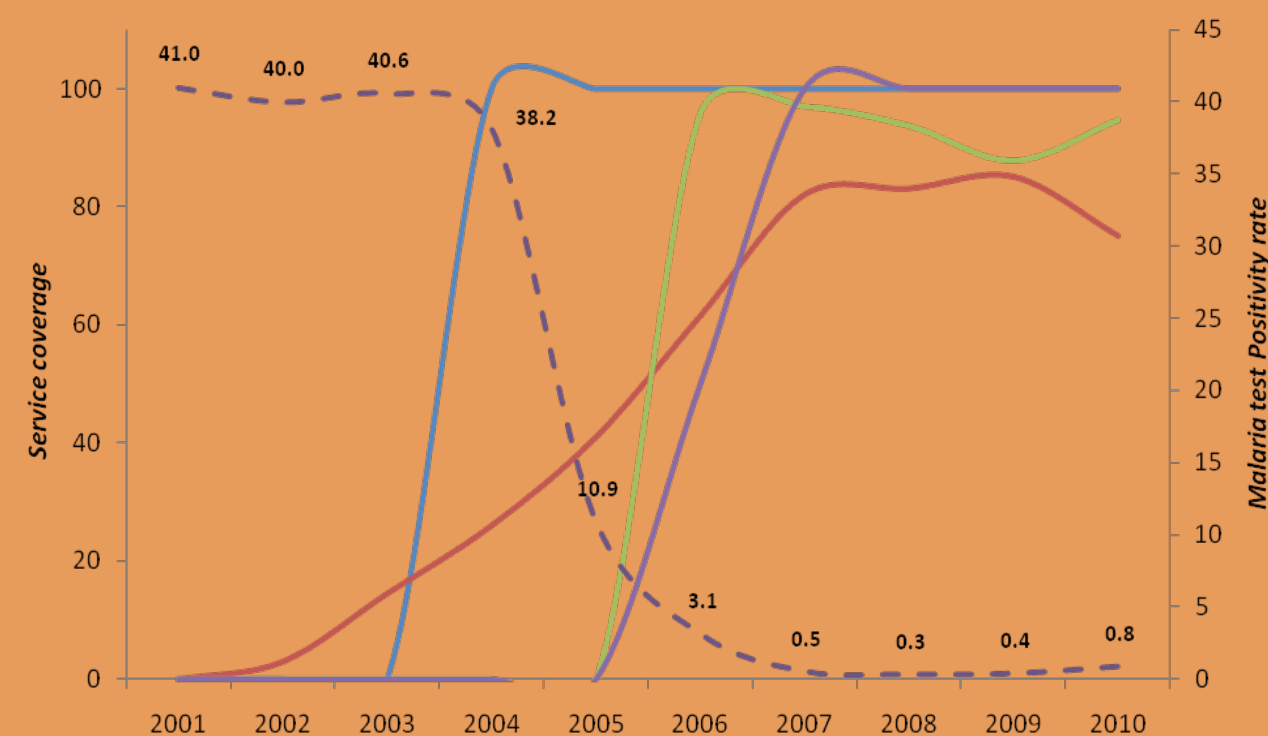
World Health Organization
Regional Office for Africa
Brazzaville 2011

MANUAL FOR DEVELOPING A NATIONAL MALARIA STRATEGIC PLAN

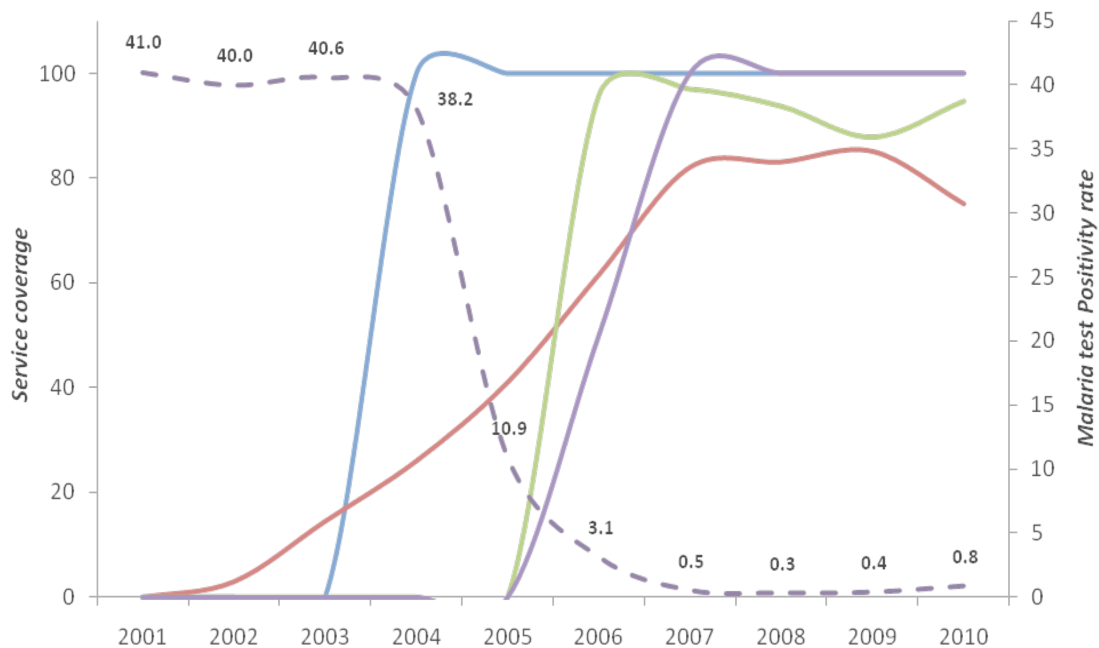
SEPTEMBER 2011



World Health Organization
REGIONAL OFFICE FOR Africa

MANUAL FOR DEVELOPING A NATIONAL MALARIA STRATEGIC PLAN

SEPTEMBER 2011



World Health Organization
REGIONAL OFFICE FOR Africa

AFRO Library Cataloguing-in-Publication Data

Manual for developing a national malaria strategic plan

1. Malaria - prevention and control
2. International cooperation
3. Health planning
4. Manuals

I. World Health Organization. Regional Office for Africa.

ISBN 978 929 023 1882 (NLM Classification: WC 765)

© WHO Regional Office for Africa, 2011

Publications of the World Health Organization enjoy copyright protection in accordance with the provisions of Protocol 2 of the Universal Copyright Convention. All rights reserved. Copies of this publication may be obtained from the Library, WHO Regional Office for Africa, P.O. Box 6, Brazzaville, Republic of Congo (Tel: +47 241 39100; Fax: +47 241 39507; E-mail: afrobooks@afro.who.int). Requests for permission to reproduce or translate this publication, whether for sale or for non-commercial distribution, should be sent to the same address.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health. Organization or its Regional Office for Africa be liable for damages arising from its use.

Designed and Printed in AFRO,
Republic of Congo

Contents

FOREWORD..7

ABBREVIATIONS 8

ACKNOWLEDGEMENTS 10

1. INTRODUCTION..11

1.1 Background...11
1.2 Definition and benefits of strategic planning 12
1.3 Purpose of the manual 12
1.4 Structure of the manual 13

2. GUIDING PRINCIPLES FOR EFFECTIVE NATIONAL MALARIA STRATEGIC PLAN DEVELOPMENT...14

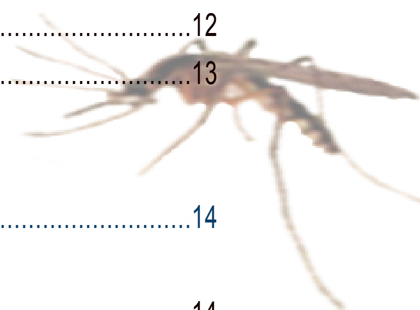
2.1 Country Leadership and Ownership...14
2.2 Inclusive and Coordinated Partnership 14
2.3 Accountability 15
2.4 Evidence Based and Result Oriented 16
2.5 Equity, gender and human rights. 17

3. PRIORITIES FOR THE NATIONAL MALARIA STRATEGIC PLAN 19

4. PROCESS AND STEPS FOR DEVELOPING A NATIONAL MALARIA STRATEGIC PLAN...23

4.1 Step 1: Organizing and preparing the planning process 25

4.1.1 Communicate the need for a new plan 25
4.1.2 Set up a steering committee and technical working group for the development of the strategic plan...25



4.1.3 Select a facilitator for the strategic planning exercise 26
4.1.4 Undertake Stakeholders analysis 26
4.1.5 Develop work plan for the strategic planning process 26
4.1.6 Request for technical assistance 26
4.1.7 Gather information for the situation analysis and programme review 27

4.2 Step 2: Situation analysis – Programme review 27

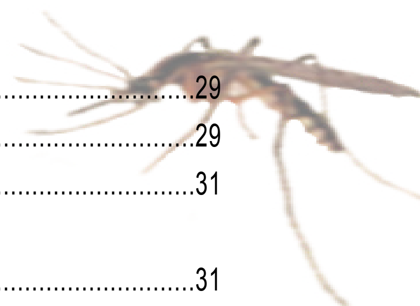
4.2.1 Review the malaria epidemiology and stratification 27
4.2.2 Review the policy, and management framework for malaria control in the country 28
4.2.3 Assess progress towards achievement of national, regional and global targets and the programme performance by thematic areas 29
4.2.4 Conduct SWOT Analysis 29
4.2.5 Identify strategic issues 31
4.2.6 Define the next steps for improving programme performance or redefining the strategic directions and priorities 31

4.3 Step 3: Strategic Framework development 31

4.3.1 Develop or review the vision of the programme 31
4.3.2 Develop or review the programme mission 31
4.3.3 Develop or review the programme guiding principles and values 31
4.3.4 Set the strategic directions and policy priorities 32
4.3.5 Develop goal (s) for the strategic plan period 32
4.3.6 Define SMART objectives and targets 32
4.3.7 Describe interventions and implementation strategies to be used to achieve the set objectives 34

4.4 Step 4: Setting the performance framework 34

4.4.1 Define impact and outcome indicators 34
4.4.2 Define baseline and targets for the indicators 35

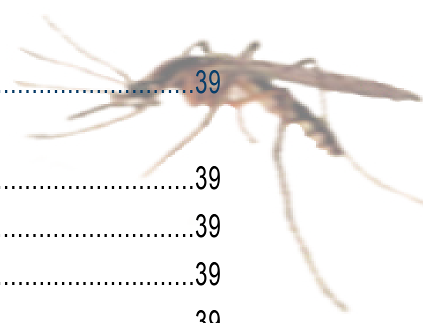


4.4.3 Define sources of data for the indicators 35
4.4.4 Define data collection methods 35
4.4.5 Define frequency of reporting on the indicators 35
4.4.6 Define responsible entities for each indicator 35

4.5 Step 5: Drafting an Action plan....35

4.5.1 Conduct programmatic gap analysis and identify the changes needed to fulfill the new goals and objectives....37
4.5.2 Develop main activities for each intervention....38
4.5.3 Describe programme management and partners coordination....38
4.5.4 Estimate timelines 38
4.5.5 Costing of the plan 39

4.6 Step 6: Finalizing and adopting the strategic plan....39



4.6.1 Share the document for review 39
4.6.2 Hold technical stakeholders meeting to review the strategic plan 39
4.6.3 Edit the Strategic Plan....39
4.6.4 Organize stakeholders meeting to adopt the revised strategic plan 39

4.7 Step 7: Strategic plan dissemination and resource mobilization 40

4.7.1 Develop a resource mobilization strategy 40
4.7.2 Produce a summary of the strategic plan 40
4.7.3 Launch the strategic plan and organize a round table for resource mobilization 40

5. OUTLINE AND PROPOSED CONTENT OF A NATIONAL MALARIA STRATEGIC PLAN....41

6 BIBLIOGRAPHY 51

ANNEXES

1. Pre-condition for planning malaria pre-elimination and elimination 52

2. Example of national Malaria Control Programme Structure 54

3. Schematic view of the main steps in malaria strategic plan .... 54 development 55

4. Definition of terms 57

5. Templates for implementation plan and action plan 56

6. Roll back Malaria Target for 2015 59

7. Actions proposed by Ministers of Heath for accelerated malaria control towards its elimination in the African Region (RC 59, Kigali, September 2009) 61

Foreword

Since the launch of Roll Back Malaria partnership in 1998, WHO and partners have been supporting countries to develop national strategic plans that guide the fight against malaria. The period 2000-2010 gave an opportunity to the endemic countries to develop and implement the first and second generation malaria strategic plans that led to significant progress in scaling up cost-effective interventions and reducing the malaria cases and deaths in many countries with the increased resources available. Currently, countries are working on third generation strategic plans in line with the Millennium development goals and Roll back Malaria targets.

Despite the progress made, endemic countries and their respective partners identified the need to have common tools to assess malaria programme performance and to develop national strategic plans. An important part of WHO's mandate is to support countries by providing such tools. In this regard, WHO worked with the malaria partners in an inclusive way to develop a manual for malaria programme performance review and a manual for national malaria strategic plan development.

The national malaria strategic plan development manual provides orientation on the guiding principles for national malaria strategic plan development; priorities to achieve malaria control pre-elimination, and elimination objectives; the process for developing a strategic plan and the outline and content of a malaria strategic plan document.

Prior to publication and dissemination, the manual was tested in some countries. The authors received contributions and comments at various stages from experts working in endemic countries and from partners during four Roll back Malaria subregional network meetings and the final review meeting organized in Accra in November 2010.

Abbreviations

ACT	Artemisinin-based Combination Therapy
AFRO	WHO regional office for Africa
ALMA	African Leaders Malaria Alliance
CCM	Country coordination Mechanism
CHAI	Clinton Health Access Initiative
DFID	Department for International Development
DHS	Demographic Health Survey
GDP	Gross Domestic Product
GFATM	Global Fund to fight AIDS, Tuberculosis and malaria
GIS	Geographic Information System
GMAP	Global Malaria Action Plan
HDI	Human Development indicators
HIS	Health Information System
IPTi	Intermittent Preventive Treatment for infant
IPTp	Intermittent Preventive Treatment for pregnant women
IRS	Indoor residual Spraying
IST	Inter-country Support team
ITN	Insecticide Treated Nets
LLIN	Long Lasting Insecticidal Nets
MACEPA	Malaria control and Evaluation Partnership in Africa
MDG	Millennium Development Goal
MICS	Multiple Cluster indicators Survey
MIS	Malaria Indicators Survey
NMCP	National malaria Control Programme
MOH	Ministry of Heath
MPR	Malaria Programme Performance Review
MSP	Malaria Strategic Plan

M&E	Monitoring and Evaluation
MTR	Mid-Term Review
PMI	Presidential Malaria Initiative
PSM	Procurement and Supply Management
RBM	Roll Back Malaria
RDT	Rapid Diagnosis Test
SDA	Service Delivery Area
SPR	Slide Positivity Rate
SWOT	Strengths, Weaknesses, Opportunities and Threats
UNICEF	United National Children's Emergency Fund
UNSE	U N Secretary General Special Envoy for malaria office
WHO	World Health Organization
WHA	World Health Assembly

Acknowledgements

The manual was developed by a WHO technical group consisting of Socé Fall (lead author), Khoti Gausi, Nathan Bakyaita, Akpaka Kalu, Charles Paluku and Shiva Murugasampillay with valuable advice from James Banda, (RBM), Georges Ki-zerbo (WHO AFRO), Robert Newman (WHO HQ) and Jean Baptiste Roungou (WHO AFRO).

The group would like to thank the RBM Secretariat and the RBM Harmonization Working Group in particular for financial support and co-sponsorship of consultations with all national malaria programmes in the African Region during the sub-regional network meetings and the review meeting held in Accra, Ghana in November 2010.

This manual was reviewed and amended by the following experts from partner institutions and ministry of health who also participated in different malaria programme reviews that advised on its development.

Robert Agyarko (ALMA), Abdullah Ali (NMCP Zanzibar), Suprotik Basu (UNSE, New York), Hana Bilak (MACEPA),Valentina Buj (UNICEF, New York), Richard Carr (RBM), Noel Chisaka (World Bank, New York), Tieman Diarra (WHO AFRO), Mame Birame diouf (NMCP Senegal) Wilfried Dodoli (WHO Malawi), Duncan Earl (MACEPA), Etienne Minkoulou (WHO), Dina Gbenou (WHO Benin), Abdou Salam Gueye (PMI), Habi Gado (WHO Niger), Yacouba Imorou (NMCP Benin), Elizabeth Juma (NMCP Kenya), Corine Karema (NMCP Rwanda), Simon Kunene (NMCP, Swaziland) Marcel Lama (GFATM), Paul Libiszowski (MACEPA), Boniface Maket (MACEPA), Kudzai Makomva (CHAI), Fred Masaninga (WHO Zambia), Abani Mazoo (NMCP Niger), Eunice Misiani (NMCP South Africa), Kentse Moakofhi (WHO Botswana), Patrick Moonasar (NMCP South Africa), Tjantililli Mosweunyane (NMCP Botswana), Basimike Mulenda (WHO IST Gabon), Dubulao Moyo (NMCP Malawi), José Nkuni (WHO, Geneva), Josephine Namboze (WHO IST, Harare), Tej Nuthulahanti (CHAI), Peter Olumese (WHO, Geneva) Melanie Renshaw (ALMA) Claude Rwagacondo (RBM), Bakary Sambou (WHO Senegal), Moussa Thior (NMCP Senegal), Desta Tiruneh (WHO Namibia), Stephane Tohon (WHO IST Burkina Faso), Luciano Tuseo (WHO Madagascar), Elena Trajkovska (UNICEF, New York), Petrina Uusiku (NMCP Namibia), Thinley Yangzom (NMCP Bhutan), Jinkou Zhao (GFATM) The manual was also reviewed in the WHO Regional office for Africa in the Disease Prevention and Control Cluster (DPC).

Finally, we would like to thank all the national malaria programmes in the WHO African Region that have worked tirelessly to Roll Back Malaria and whose experiences have informed the design and content of this manual.

1. Introduction

1.1 Background

Malaria continues to be a major cause of illness and death in the African region despite the encouraging progress made by many countries during the past years. The World Malaria Report 2010 estimated that 80% of the 225 million cases and 90% of the 781 000 deaths occur in the African Region. In 1998, the Roll Back Malaria (RBM) initiative was launched to advocate for and coordinate malaria control efforts aimed at halving the malaria burden by 2010. Subsequently, countries were supported by WHO and the development partners to conduct situation analyses and develop their first generation malaria strategic plans. Around 2005, the second generation strategic plans were developed. Throughout 2010 and 2011, many countries are conducting programme performance reviews and developing 3rd generation malaria strategic plans.

While the first generation plans aimed at increasing the coverage of key malaria interventions among vulnerable populations (mostly children under five and pregnant women), most second generation plans bridged the transition from scaling-up to universal coverage (access by all populations at risk of malaria to all malaria-control interventions) in order to ensure impact on malaria morbidity and mortality. Throughout the African region, efforts by national authorities and their partners have led to increased coverage of anti-malarial interventions, mostly LLINs, and hence the resulting impact. Changes in treatment and diagnostic policies have also helped countries to achieve improved outcomes for those needing treatment. In 2009 data from health facilities in 12 countries[1] showed that morbidity and mortality due to malaria had decreased by more than 50%. However, many countries still face challenges – particularly in implementing comprehensive policies and strategies for attaining universal coverage with all relevant malaria control interventions, low access to parasite-based diagnosis and treatment with ACT, poor monitoring and evaluation systems and inadequate human resources as well as poorly defined programme structures for scaling up and sustaining service delivery.

Recognizing that malaria is one of the key challenges to socioeconomic development and human security, and the fact that financing and global attention to malaria have increased, global and regional partnerships have progressively called for increased commitment to malaria control. In 2006, the African Union held a special summit on HIV/AIDS, Tuberculosis and Malaria in Abuja where African Heads of State and Government called for "Universal Access to HIV/AIDS, Tuberculosis and Malaria Services by 2010" including aiming malaria elimination

1. *Algeria, Botswana, Cape Verde, Eritrea, Madagascar, Namibia, Rwanda, Sao Tome and Principe, South Africa, Swaziland, Zambia and Zanzibar in the United Republic of Tanzania*

where feasible. Subsequently in 2008, the UN Secretary General called for universal access to malaria control interventions by 31 December 2010. The Roll Back Malaria Partnership also consolidates malaria control goals into the Global Malaria Action Plan (GMAP). As the Millennium Development Goals (MDGs) deadline approaches, countries are focusing on evidence-based and innovative ways to ensure that "by 2015 (they will) have halted and begun to reverse the incidence of malaria and other major diseases" as measured by the incidence and death rates associated with malaria.

In addition, in 2008, a WHO experts' consultation on malaria elimination recommended that countries in stable transmission areas have to consolidate before engaging in a step-wise re-orientation of the programme to pre-elimination and then to elimination. The same approach was recommended by the GMAP. In 2009, Ministers of Health in the African region signed a resolution on accelerated malaria control with the aim of achieving malaria elimination and endorsed the related technical paper.

Countries engage in the process of developing a new strategic malaria plan for different reasons. When the current plan is elapsing within a year; significant changes have occurred in malaria epidemiology; there have been changes in the global malaria control policies and/or strategy and tools; and changes in the socioeconomic environment that requires a different strategic approach to disease control. The manual takes lessons learnt from previous malaria strategic planning methods and aims to promote sustained control with universal access and extend impact towards the MDGs or move towards pre-elimination and elimination where feasible.

1.2 Definition and benefits of strategic planning

Strategic planning is a process of organizing decisions and actions to achieve particular goal(s) and objectives within a policy. It sets up precise priorities and activities as well as the mean to achieve them. Strategic planning helps the malaria programme to: to think strategically and clarify future direction; to make evidence-based decisions in light of their future consequences; to solve major organizational problems; to contribute to solving health system problems; to improve performance; to adapt to rapidly changing environment and epidemiology; to build partnerships, team work and expertise; to provide a framework for collaboration with other programmes.

It is important to note that the terms strategy, policy, plan and programme are used in an interchangeable way in the literature and from one country to another depending on many factors such as regional and national specificities, political culture and history, and by concrete challenges faced. This also reflects the diversity of approaches and levels at which the process is undertaken. The same applies to the terms goals, targets and objectives. It is therefore important to take into account intercountry and interregional diversity. However it still remains useful to have a common understanding of terms in the malaria community without being dogmatic. Definitions of key terms used in the manual are detailed in Annex 4.

1.3 Purpose of the manual

The purpose of this manual is to provide guidance to malaria-endemic countries as they develop national malaria strategic plans. The manual will also contribute to the harmonization of partners support to national

malaria programmes. The manual thus targets national malaria programmes and their partners and stakeholders in malaria control.

This manual is one of a set of tools developed for malaria programme management and does not aim to replace them but complement them. These include the Global Malaria Action Plan (GMAP), the malaria programme performance review (MPR) manual and, the monitoring and evaluation plan checklist. WHO has developed guidelines on malaria- specific technical interventions and their content will not be repeated in this manual.

1.4 Structure of the manual

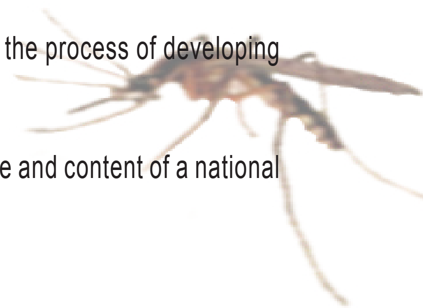
The manual is organized around five main sections:

Chapter 1 provides the background and progress made in malaria control in the African Region, the definitions and benefits of strategic planning, the purpose and structure of the manual;

Chapter 2 presents some key guiding principles for national malaria strategic plan development;

Chapter 3 sets the priorities to achieve malaria control pre-elimination, and elimination objectives;

Chapter 4 describes in detail the process of developing the malaria strategic plan;



Chapter 5 presents the outline and content of a national malaria strategic plan.

2. Guiding Principles for Effective National Malaria Strategic Plan Development

Countries that are planning to embark on strategic planning should take into account the following guiding principles:

2.1 Country Leadership and Ownership

It is important to note that the plan is owned by the country. For this reason it is critical that the development process is led by the country authorities. Once the government department with statutory responsibility for malaria control embarks on the development of the national malaria strategic plan the MOH will put in place mechanisms to coordinate the strategic plan development process. The MSP should be aligned with existing country plans such as national development plan and the national health sector plan and should align as much as possible with the national planning and financial cycles. Good governance as well as accountability will be crucial for its success. District and local communities' ownership will ensure appropriate implementation approaches that take into account local specificities.

2.2 Inclusive and Coordinated Partnership

Malaria control at country level is led by the National Malaria Control Programme (NMCP) and is supported by numerous stakeholders and partners at various levels of the health system. Harmonized joint actions by all partners in support of one malaria strategic plan helps to ensure that efforts are as efficient and effective as possible, reduces duplication and supports the principle of the "Three Ones" to achieve the most effective and efficient use of resources. It is therefore essential to mobilize the various partners who are involved in coordination/collaboration, funding, technical support, implementation, etc. during the development of the malaria strategic plan. Adequate mobilization of the partners, according to their comparative advantages, will ensure better coordination, harmonization and alignment.

Today, there are multiple global partners working with national malaria programmes often without a common understanding and harmonized mechanisms. As a result, financing for malaria control in the countries has increased but in a project type mode which makes coordination difficult. For this reason and in line with the Paris Declaration on Aid effectiveness, global partnerships should also support the NMCP by pulling their resources together and support the implementation of the strategic plan. It is thus critical that when the strategic plan is being developed all stakeholders be invited to the table to allow discussion on priorities and resources.

The strategic plan must bridge all sectors beyond just the public sector or government and be owned by all stakeholders. Within the government, beyond the department in the ministry of health with statutory responsibility for malaria control, other key government sectors such as National Planning and Finance must also be actively involved as they will often make decisions that crucially impact financing and health systems development. Implementing partners will usually include the following: sub-national levels of government (districts and provinces); health sector programmes involved in malaria-related MDGs like Child Health, Reproductive Health, HIS, etc; non-health sector ministries and organizations like ministry of education, ministry of agriculture, ministry of environment etc; academic and research institutions; private sector service organizations; civil society organizations; professional associations; Parliament, and local leaders. Increasingly national systems will also provide resources while much of the financing is currently from external sources such as the Global Fund to fight AIDS, TB and Malaria, the World Bank, the US-President's Malaria Initiative, the European Union, the UK Department for International Development (DFID) among others. Consideration for how their financing known and pledged in future should also be incorporated into malaria strategic planning.

2.3 Accountability

The advent of performance-based funding mechanisms has brought useful lessons in tracking, measuring and reporting on progress. The question of "did the programme get to where it wanted to be" is the measure of achievement. It does not describe how the NMCP and its partners empower and manage the strategic plan as it unfolds. If the issue of accountability is considered as the strategic plan is being formulated the implementation becomes much more effective. The process thus needs to consider keeping the leadership of the partnership accountable around the strategic plan. The NMCP, partners and stakeholders also need to be accountable to the strategic plan. A successful strategic plan needs to be resourced and it must become a guiding document for all partners involved in malaria control in the country. As a result, the document will intentionally be a reference in performance plans, reviews and evaluations. If the stakeholders have been involved in the strategic planning process then each one can easily identify with the document and be accountable to it. The notion of accountability also means that the NMCP and partners have to be accountable to their beneficiaries. As the implementation of the strategic plan starts there is need to continuously engage and be accountable to clients and stakeholders. This creates a cycle of action where if the NMCP (partnership leadership) is

dedicated to advancing the plan, if the partners use the strategic plan as a guide to their performance plan and if the beneficiaries and stakeholders are engaged in the implementation of the plan this encourages further commitment and actions in support of the strategic plan. The MSP will indicate what transparency and governance mechanisms are put in place to ensure effective management of resources at national and sub-national levels. MSP should indicate how the country has decentralized the operational planning and ensured the flow of resources to the province and district levels.

2.4 Evidence-Based and Result-Oriented

Strategic planning which achieves the most effective and efficient use of resources as well as ensures rapid action and a strong feedback loop which will guarantee results-based management must begin with a situational analysis and programme performance review. The performance review assess what has been achieved under the previous strategic plan and what major milestones remain to be achieved on the road to sustained malaria control, pre-elimination and elimination.

(a) Technical soundness

The selection of interventions must be evidence-based taking into account the malaria epidemiology and stratification. To achieve this, countries should refer to WHO recommendations for the selection of effective interventions. The interventions and implementation strategies proposed must also be relevant to where the country lies along the malaria control-elimination continuum. A good malaria strategic plan will also identify and address capacity gaps, technical and managerial, which impede the attainment of malaria goals, objectives and targets.

(b) Feasibility

In order to ensure effective implementation, the country context must be carefully considered and evaluated, particularly in terms of technical, programmatic and operational feasibility including the level of decentralization and participatory approach to malaria control. At the same time, innovative approaches to support scaling up interventions for impact should also be encouraged. The relevance and acceptability of the intervention by the population, compliance by both providers and users is also critical and will determine the overall impact of the intervention. Another key dimension of feasibility encompasses the reach and ability of the health system to deliver the required interventions. Where a health system reach is limited or weak, activities and support for capacity building should be included into the national strategic plan.

(c) Cost-effectiveness and impact

The principle of value for money is more and more used in public health and malaria. This means making the best use of the resources available for the provision of health services. It is important in the malaria strategic plan to show that investment in a right mix of interventions will lead to a maximum reduction of morbidity and mortality.

Evidence should show the added value of the intervention in terms of health impact and cost effectiveness compared to other alternative measures.

It is important to show the link between the interventions and the achievement of expected outcomes and impact and the potential to contribute to the strengthening of national health systems. Community involvement will further improve the sustainability aspect. Long term investment from governments and partners is necessary for continued implementation and sustainability.

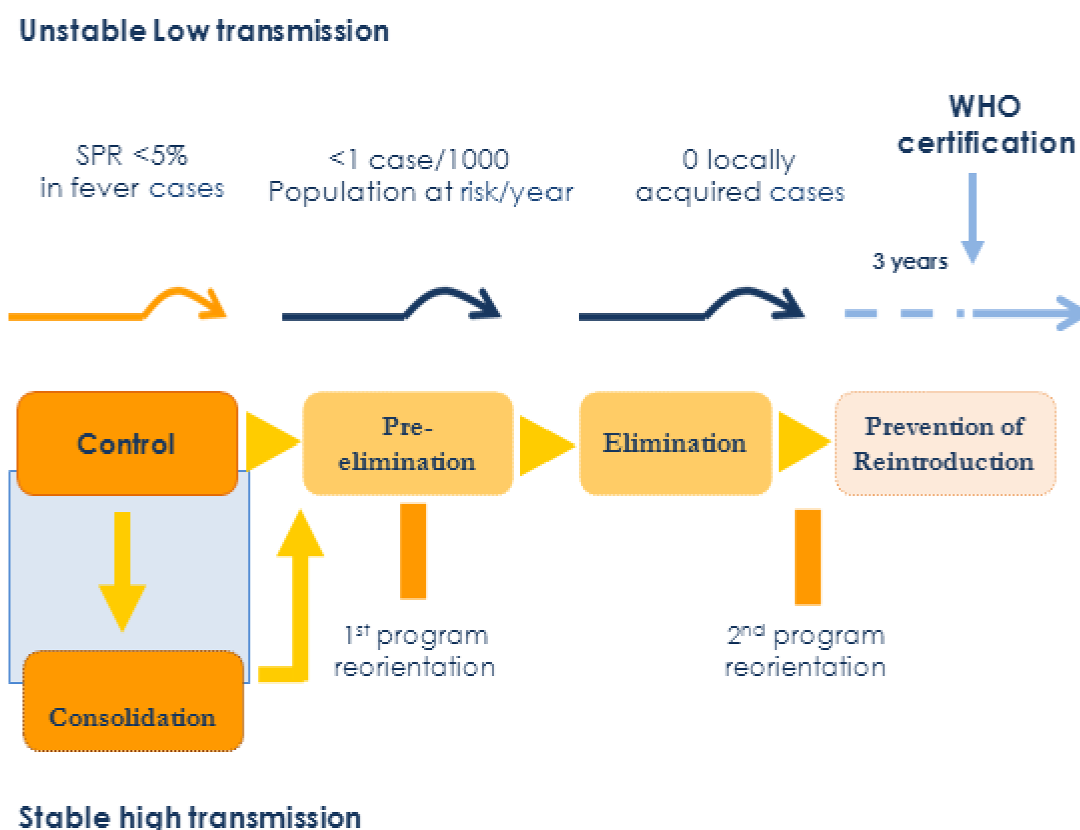
2.5 Equity, Human right and gender

As part of the malaria situation and stratification in the country, it is important to identify the subgroups of population and community that are most likely to be affected by malaria. This includes an assessment of malaria infection trends and access to services by geographic areas. Those at highest risk biologically are infants and young children (from six months to five years), pregnant women - particularly women in their first pregnancy, non immune people (such as travellers, labourers and populations moving from low-transmission to high-transmission areas – including refugees and internally displaced populations). Equity between rural and urban areas is of critical importance for universal coverage. Planning, resource allocation and implementation should take into account innovative mechanisms to reach the poor, highly vulnerable, hard to reach and displaced populations. Access to life-saving interventions, especially by most vulnerable and poor groups should be considered as a 'human right'. Whenever possible, free access to services should be promoted.

3. Priorities for the National Malaria Strategic Plan

The selection of priorities for the national strategic plan will be informed by the situation analysis and programme performance review. The national health sector policy will guide the broad policy orientations. The overall orientation in the African Region will be guided by the MDGs, WHA and the RBM targets for 2015 (Annex 6), WHO technical recommendations, the Global Malaria Action Plan (GMAP) and the Regional committee resolution and framework on "accelerated malaria control towards its elimination in the African Region" (Annex 7).

Figure 1: From malaria control to elimination



SPR: slide or rapid diagnostic test positivity rate

There is a general consensus on the main malaria control interventions but it is critical to take into account the review of the malaria epidemiology and stratification to inform the selection of interventions and the implementation strategies based on the following criteria: technical soundness, feasibility, cost-effectiveness and potential for impact. Table 1 gives a summary of programme priorities based on the level of malaria transmission. As recommended by WHO expert meetings, the GMAP and the AFRO regional committee, countries need to accelerate the scaling up of key interventions to all populations at risk of malaria to achieve impact and then consolidate/sustain control over time before moving to pre-elimination and then elimination (Figure 1). Planning for malaria elimination requires the political and technical/programmatic prerequisites described in Annex 3. If malaria control has to be sustained, countries will need to strengthen their health systems and delivery capacity taking into account WHO framework for health system strengthening with its six major building blocks (Table 2).

Table 1: Malaria Control Priorities and Interventions by Transmission Intensity

Programme variables	Patterns of malaria transmission		
	1. High transmission	**2. Low transmission**	**3. Nil transmission**
1. Malaria epidemiology	◊ High transmission intensity ◊ Nationwide or strata wide distribution of malaria cases ◊ Very high malaria incidence	◊ low transmission intensity ◊ Low or localized risk of malaria in well defined geographic areas ◊ Few or clustered cases of malaria	◊ No local malaria transmission ◊ No malaria cases
2. Programme objectives	◊ To reduce malaria morbidity and mortality ◊ To reduce intensity of malaria transmission	◊ To reduce the malaria burden towards pre-elimination stage towards the long term goal of elimination ◊ Expand malaria free areas	◊ To prevent re-establishment of local transmission
3. Programme priorities	◊ Universal coverage to integrated package of malaria prevention and control services with access to free or highly subsidized commodities ◊ Strengthen malaria surveillance, health information systems, monitoring and evaluation ◊ Strengthen programme structures and systems for planning, management and service delivery. ◊ Strengthen inter-country and cross-border collaboration ◊ Maintain high access and coverage with quality intervention to sustain impact	◊ Enhance the quality and targeting of passive and active case management and vector control operations. ◊ Introduce activities aimed at reducing the onward transmission from existing cases and active foci ◊ Establish case based malaria notification surveillance system ◊ Re-orient from a control programme to an elimination programme ◊ Strengthen inter-country and cross-border collaboration	◊ Prevent onward transmission from imported cases ◊ Maintain malaria free status ◊ Certification of the malaria-free status ◊ Maintain very high case-based malaria notification surveillance system
4. Interventions	◊ Case management in public and private sector including: • Parasitological diagnosis with microscopy or RDT • Adequate treatment with effective medicine including Community and home management of malaria (HMM) ◊ Mass LLINs distribution sustained by routine distribution system free or highly subsidized ◊ IRS if needed to rapidly reduce transmission as a supplement to LLIN. ◊ Free or highly subsidized Intermittent Preventive treatment for Pregnant women (IPTp) ◊ IPTi if applicable ◊ Health promotion and community mobilization to increase demand and uptake of interventions. ◊ Drug and insecticides efficacy and safety monitoring, quality assurance ◊ Strengthen Human resource capacity at district level ◊ Strengthen the M&E system ◊ Operational research to improve delivery of interventions	◊ Case management in public and private sector including: • Active case detection, with parasitological confirmation • Radical treatment with effective drugs including those with anti-gametocytocidal effects ◊ Targeted IRS towards malaria foci ◊ LLIN when needed to supplement IRS for specific populations or areas ◊ Prevention and control of malaria epidemics ◊ Targeted larviciding of localized breeding sites mapped by GIS ◊ Drug and insecticides efficacy and safety monitoring, quality assurance ◊ Laboratory quality assurance and quality control ◊ Health Promotion targeting Malaraia elimination interventions ◊ Environmental management ◊ Reliable and active case-based surveillance system and epidemiological investigation of every case ◊ Operational research on elimination feasibility and scenario	◊ Reliable and active case based surveillance system ◊ Environmental management

Table 2: Health systems contribution to malaria control and elimination

Six building blocks for health systems strengthening	Expected outcome for malaria programmes
Leadership and governance	• Strong political commitment backing malaria efforts, updated national policy, leadership and stewardship and accountability from national authority to lead the strategic planning process and to coordinate and align partners, financing framework
Sustainable financing and social protection	• Timely availability of financial resources to implement the strategic plan from domestic and external sources to ensure that all population at risk are covered by the required interventions without bearing undue personal cost
Health workforce	• Sufficient and well trained fairly distributed and productive staff to deliver interventions with the highest possible quality
Medical products, technology, infrastructure and logistic	• Adequate procurement and supply management to ensure uninterrupted supply of cost effectives medicines, commodities and tools for malaria prevention, diagnosis and treatment which are accessible to all population at risk
Service delivery	• Delivery of comprehensive package of cost effective and quality malaria interventions to those that need them, when and where they need them through health facilities and community based structures
Health information system	• Timely production, analysis, dissemination and use of reliable information. It includes confirmed malaria cases and deaths surveillance, information technology and mapping, logistic monitoring and evaluation

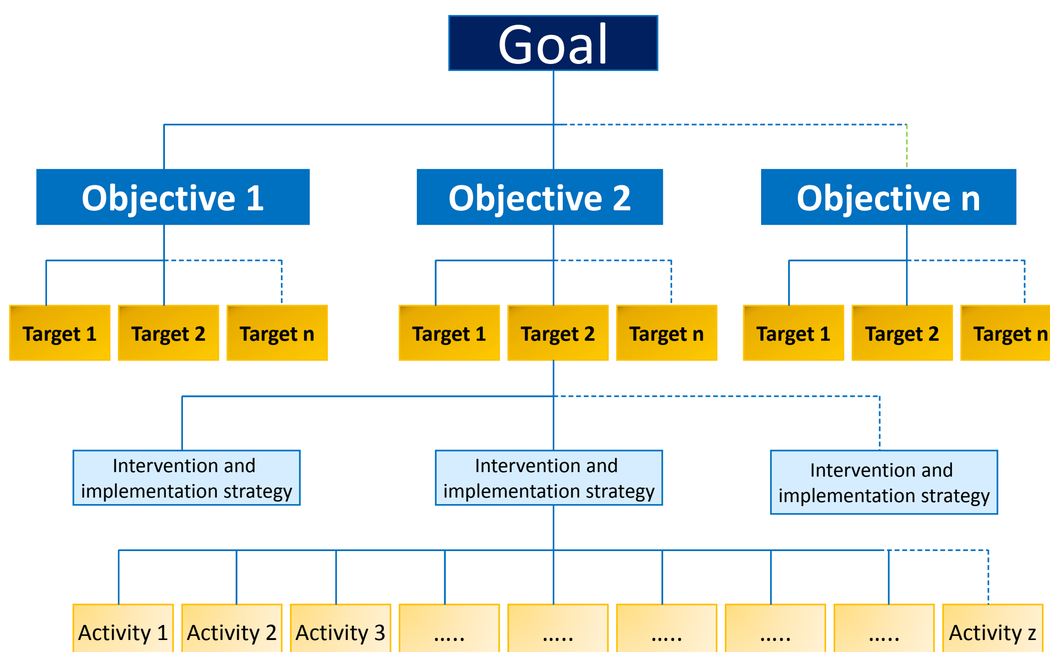
For both malaria control and elimination the health systems strengthening will be a key elements (Scale up and sustain control, programme re-orientation etc).

4. Process and Steps for Developing a National Malaria Strategic Plan

The strategic planning process will determine the quality of the strategic plan, the feasibility of its implementation as well as the ease with which monitoring and evaluation of the subsequent plan is done. A thorough process will result in a technically-sound strategic plan underscored by feasible interventions, which will impact on the malaria burden and eventually help to strengthen the health system. It is therefore important to take into account the broader health sector development plan. As indicated earlier, strategic and implementation planning are two complimentary processes: strategic planning goes from visioning, goal and objective setting, to deciding on key outcomes and outputs while implementation goes from undertaking the activities with the available resources, producing the planned outputs to monitoring whether these end up with the planned coverage and impact.

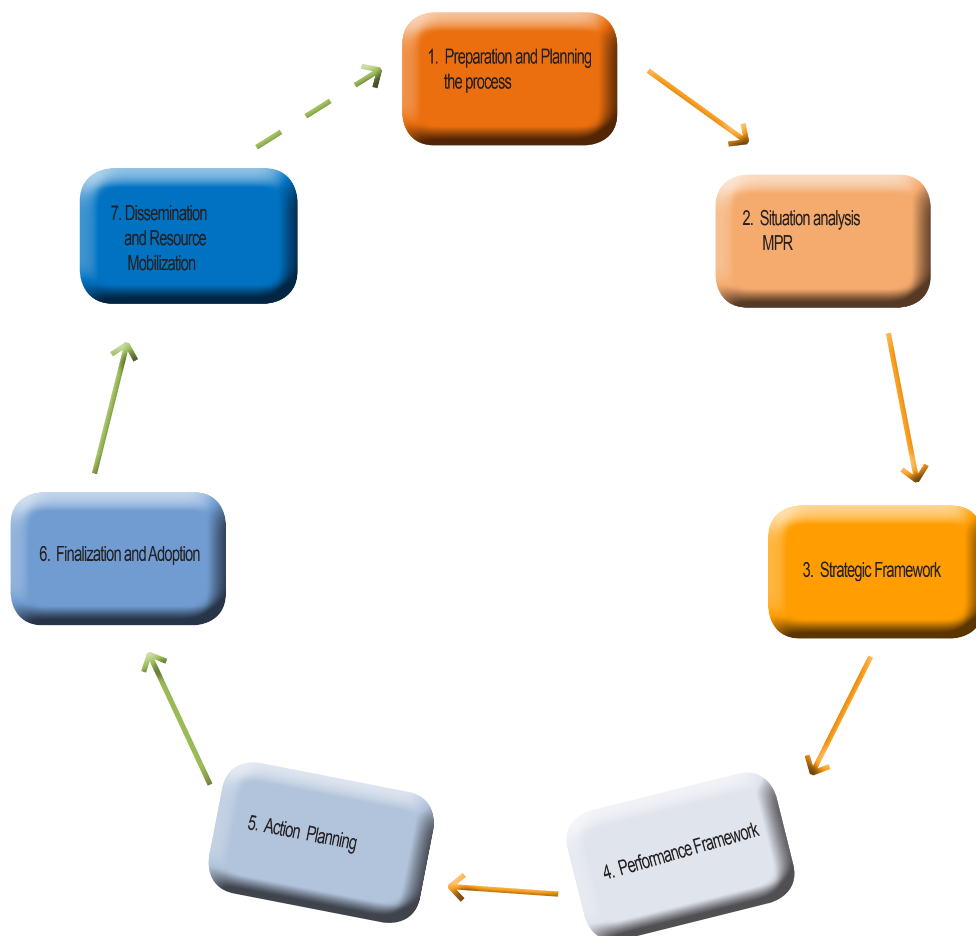
This manual proposes a hierarchical approach to strategic planning starting from the vision, the goals related to the main problem, to objectives and targets, interventions, implementation strategies and main activities as indicated in the Figure 2 below. All these elements need to be aligned and consistent.

Figure 2: Hierarchy of the key elements of a strategic plan



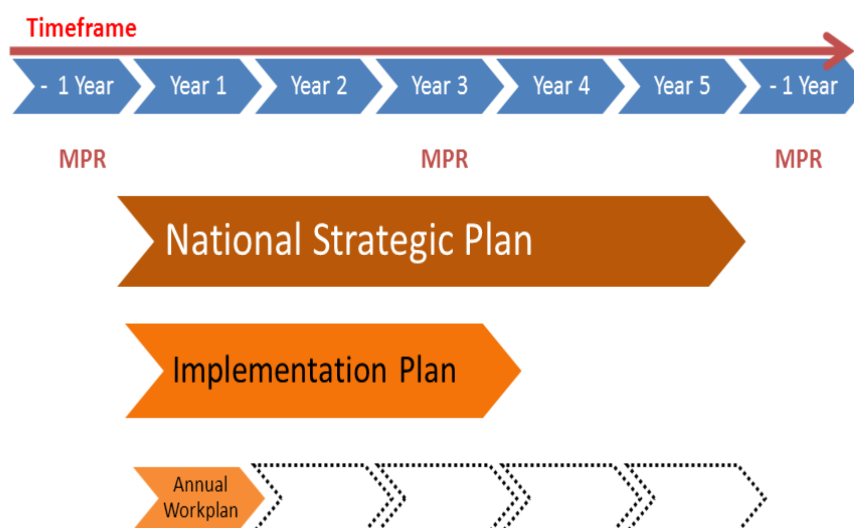
Using the approach outlined above the manual proposes seven main steps in the development of the malaria strategic plan as outlined in Figure 3 below. A table with all the detailed steps and activities has been put in annex 3 for reference.

Figure 3: Steps in the malaria strategic plan development process



The strategic plan is a framework for partner coordination, harmonization and alignment. Therefore, consensus on the content and resource mobilization will depend on the quality of the process and stakeholders involvement. At the end of the process key major products should be available: the national malaria policy, the five-year costed strategic plan with a budget gap analysis, the three year implementation plan or business plan, the performance framework, monitoring and evaluation plan and the annual action plan. This will facilitate resource mobilization. Figure 4 below shows the linkages and sequencing between the Strategic plan, the implementation plan, annual action plan and their relationship to the MPR.

Figure 4: timeline and sequence of the three types of plans proposed to NMCP



4.1 Step 1: Organizing and preparing the planning process

4.1.1 Communicate the need for a new plan

The National Malaria Control Programme (NMCP), after internal discussions with the MOH officials, will communicate the idea of developing a new strategic plan. This will be communicated through the main MoH scheduled meetings, malaria technical committee meetings, the Country Coordinating Mechanisms and the national RBM Partnership meetings, and other relevant mechanisms.

The NMCP after internal discussions with various government officials, particularly the Ministry of Health (MoH) will announce the need for development of a new strategic plan. Usually this is communicated at a pre-scheduled MoH meeting, at a malaria technical committee meeting, at a meeting of the Country Coordinating Mechanism (CCM); at a national RBM Partnership meeting, or at other relevant fora where key stakeholders are in attendance. The NMCP will set out, with its partners, the guiding principles of the planning process. Country programmes may or may not have the capacity to develop their national malaria strategic plan. The NMCP should seek technical assistance from organization with such experience. NMCP should make sure that the experts sought have the relevant experience.

4.1.2 Set up a steering committee and technical working group for the development of the strategic plan

The steering committee should consist of management level representatives of the MOH, development and implementing partners. The strategic planning technical working group should be made up of technical officers from the NMCP, development and implementing partners. The intervention focal persons at the NMCP should be members of the strategic planning technical

working group. Terms of reference of the steering committee and technical working groups should be clearly set. Once the above steps have been completed the steering committee should develop a work plan for the strategic plan development process and share it with all concerned.

4.1.3 Select a facilitator for the strategic planning exercise

In order to ensure effective planning it is recommended that a neutral, objective external body is nominated or requested to keep watch over the process to keep order, prevent issues from becoming personalized, ensure that deadlines are met, and that the process stays on track. This facilitator/moderator should be aware that potential conflict (between partners and/or other interested parties) and other difficult issues may arise leading to debates that must be handled constructively.

4.1.4 Undertake Stakeholders analysis

A stakeholder is defined as any person, group or organization that can place a claim on the malaria program attention, resources or outputs or any of the listed affected by the output. As the steering committee is developing a work plan, interested parties and other stakeholders should be officially invited to take an active part in the various stages of the planning process. Various levels of ministry of health, the NPMC and its advisory committees and technical working groups, the other programmes and department, provincial and district officers, research institutions, civil society, community-based organizations and nongovernmental organizations, private sector must be included as participants in this process. In an environment of increased funding of national programme and civil society activities, a strong national strategic plan is key to incorporate the most useful and effective activities from various actors and to ensure that activities they have developed not only satisfy donor needs but are in line with national strategies and priorities. Bringing all parties to the table is thus of critical importance. The stakeholders analysis will lead to the selection of essential participants to the strategic planning process.

4.1.5 Develop work plan for the strategic planning process

Once the above steps have been taken then the steering committee should develop a work plan for the strategic plan development process with a clear timeframe, milestones, budget as well as assigning roles and responsibilities. Thematic areas focal point should be nominated and coordination with their managers should be requested early on to ensure that they have enough time to fulfil their roles and responsibilities towards creation of the national strategic plan

4.1.6 Request for technical assistance

Country programmes may or may not have all the capacities needed to develop their national malaria strategic plans. The broad-scale expertise available within WHO and other RBM partners who are continually reviewing malaria strategic plans in Africa and recommending the best approaches for developing strategic plans is especially valuable and it is advisable to seek their assistance quite early in the process.

4.1.7 Gather information for the situation analysis and programme review

A strategic planning process will be most useful and have the most viable outcomes when it is evidence-based. Therefore, before embarking on the development of a malaria strategic plan, an audit should be taken of available evidence to determine results obtained under the last national strategic plan and to evaluate remaining critical gaps in knowledge that may need to be filled before an evidence-based strategic plan can be developed.

The steering committee, in an effort to facilitate the situation analysis during the planning process in Step 2, will, in collaboration with the NMCP and area of work focal points, seek any available information within the NMCP, the MOH and the partners relating to malaria and create a reference library. This information may be web based or hard copy. At this stage, the steering committee should request assistance from all relevant partners, and the collected references should be shared widely to ensure equal access by all to the information.

The gold standard for consolidating evidence underpinning the development of a strategic plan is the report of Malaria programme Performance Review (MPR) undertaken within the year immediately preceding the development of the national strategic plan. The MPR is a country-led process for evidence-based programme re-orientation, a tool to facilitate dialogue around malaria control policies, strategies and systems with the aim of enhancing national ownership and leadership. It also help for aligning the actions of all stakeholders with jointly-defined national priorities, and harmonizing the operations of development partners for a result-based, and mutually accountable national malaria control programme. There may be other supplementary sources of data that can help inform the strategic plan. It is highly recommended that a malaria programme review is conducted prior to the development of a new strategic plan.

4.2 Step 2: Situation analysis – Programme review

Malaria programmes should undertake a comprehensive programme performance review as part of the process of developing a new strategic plan. If a malaria programme review has already been within two years preceding the strategic planning process it will facilitate this important step. However, the programme would need to review the report and identify key strategic issues which will be used in defining the new direction.

The following activities will be undertaken:

4.2.1 Review the malaria epidemiology and stratification

This analysis of the malaria problem and its determinants is one of the critical pieces of the national malaria control strategy. Malaria distribution, related risk and operational feasibility of interventions vary considerably from one area to another even in the same country. As a consequence, the same degree of reduction in the disease problem may not be achieved throughout a national territory due to local variations. An evidence-based decision to identify different “strata” that share

similar epidemiological, geographical, socioeconomic and/or ecological characteristics through the country will help ensure that interventions are appropriately and efficiently targeted. The objectives in the strategic plan may differ from one stratum to another, and the size of the population per stratum, as well as its geo-political characteristics is important for strategic and operational planning.

This review will answer the following questions:

(a) Who is affected by malaria? *Present the magnitude of the problem in terms of trends in age distribution of malaria cases and death.*

(b) When are they affected? *Present the seasonality of malaria transmission.*

(c) Where are the affected? *Provide updated trend of geographical distribution of malaria disease burden, parasite prevalence and susceptibility to anti-malarial medicines.*

(d) How are they affected? *The malaria parasite distribution as well as incidence and endemicity will be updated.*

The team will also need to update the malaria vector map by types; vector behaviour and vector density patterns; vector susceptibility map; human activities and development that enhance human-vector contact; climatic situations that enable/hinder malaria transmission including the dynamics for such enablers and hinderers;

4.2.2 Review the policy, and management framework for malaria control in the country

This involves a review of the vision, goals, objectives, policy, strategic and annual plans, and guidelines, analysis of strengths, weaknesses, opportunities and threats. It also involves review of the institutional set-up and capacity of the NMCP.

The planning team will critically analyse the following aspects:

(a) Priority of malaria in the national health agenda;

(b) Existence of up-to-date policy document and strategic plan;

(c) Existence of a clear vision, relevant goals, objectives and strategies for malaria control;

(d) Availability of up-to-date guidelines and technical documents for the implementers;

(e) Malaria programme structures and contribution to health system performance and linkage with other programmes;

(f) Partnership coordination;

(g) Malaria funding resources and gaps;

(h) Human resource capacity;

(i) Health system performance for malaria.

4.2.3 Assess progress towards achievement of national, regional and global targets and the programme performance by thematic areas

The programme performance will be reviewed according to thematic areas and service delivery level.

(Refer to guidelines for malaria programme review). The available facts and figures should be analyzed in order to define the current status of the delivery of malaria control interventions and the capacity, structures, systems and management of the national malaria control programme within the national public health system. This will include a summary of past and present progress and performances; current issues; challenges/problems; solutions, strategies and activities for future acceleration and scaling-up of access to universal coverage with high-quality malaria control interventions.

Review of unpublished and published reports and documents as well as field visits and interviews as described in the MPR manual should demonstrate the following:

(a) Progress achieved against the goals stated in the previous five-year Malaria Strategic Plan;

(b) Was the structure of the programme adequate and well-suited for the accomplishment of the stated goals, objectives and targets?

(c) What was accomplished in terms of resources mobilized, activities done as well as commodities and services delivered?

(d) The outcomes and impact of these services in terms of coverage and change in disease burden;

(e) The strengths and bottlenecks encountered during implementation that need to be addressed if performance is to improve in the future;

The MPR will determine key recommendations to assist prioritization of malaria activities in the new malaria strategic plan.

Desk reviews should address policies and planning, the delivery of key technical interventions, supervision and monitoring, progress towards set targets, institutional capacity for developing structures, systems and human resources, financing trends and gaps, the procurement and distribution of essential commodities and infection and disease trends. Thematic desk reviews are conducted in working groups in the following areas: advocacy, information, education, communication and community mobilization; programme management; malaria commodities procurement supply management; malaria vector control; epidemic and emergency preparedness and response; diagnosis and case management; malaria prevention and treatment in pregnancy; and epidemiology, surveillance, monitoring, evaluation and operational research.

4.2.4 Conduct SWOT Analysis

The SWOT analysis is an effective method of identifying strengths and weaknesses of the malaria programme, and to examine the opportunities and threats it faces. Often carrying out an analysis using the SWOT framework will be enough to reveal changes which can be usefully made. Carrying out this analysis will often be illuminating – both in terms of pointing out what needs to be done and putting problems into perspective.

Conduct an internal environment analysis (strengths and weaknesses)

The planning team will assess the strengths of the NMCP by listing what is well done and the comparative

advantages. The weaknesses will be assessed by looking what is not well done, that can be improved. The list will be confined to the most significant strengths and weaknesses. It is important to reach agreement on a good list that will help in the development of strategic objectives. The assessment will focus on three areas: organizational resources (inputs), current strategy (process) and performances (output, outcome and impact). This assessment is important because with the current funding mechanism and the performance-based management, public health programmes are held accountable for the inputs, outputs, outcome and impact.

Conduct external environment analysis (opportunities and Threats)

The team will develop a list of significant opportunities and threats facing the programme's future. This will require gathering information about external forces – population to be served, stakeholders' competition and concerns, socioeconomic trends, technology, political, etc. The planning team will look at the external factors that can have a positive influence on the programme as well as the obstacles and risks faced. The list should be limited to the most significant opportunities and threats.

Table 3 provides guidance on conducting internal and external environment analysis.

To finalize the SWOT analysis, if the planning team comes up with a long list, consensus should be sought on a list of "top ten" strategic strengths, weaknesses, opportunities and threats that can inform establishment of objectives and strategies.

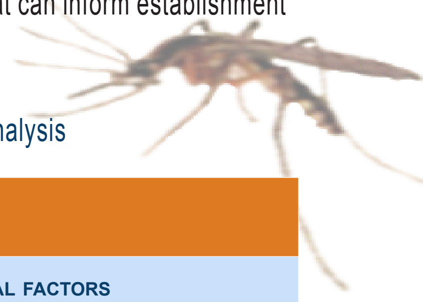


Table 3: Example of questions for a Malaria programme SWOT analysis

SWOT ANALYSIS	
Internal factors	**External factors**
Strengths	***Opportunities***
1. What does the programme do well? 2. What resources the programme have access to? 3. What do the partners, stakeholders and implementers see as the programme strengths? 4. What improvements have been made over the past years? 5. What successes did the programme achieve over the past years? 6. What advantage do you have compared to other programmes in the ministry of Health?	1. What are the opportunities that will facilitate the programme's ability to perform its mission 2. What sort of resource might the programme have access to? 3. Which partners are ready to work with you? 4. What interesting new developments are happening?
Weaknesses	***Threats***
1. What challenges does the programme face? 2. What areas could be improved? 3. In which areas the programme has not met its goals, objectives and targets? 4. Are the resources optimally used? human and financial resources, technologies 5. Has the programme done everything possible to overcome the challenges that where identified previously? If not, why?	1. What are the external factors – political, economic, and social, that affect the programme's ability to perform its mission? 2. How might the national and global economic situation affect our effort? 3. Is the political situation going to affect the programme? 4. What obstacles does the programme face? 5. Are partners doing something different to the programme priorities

4.2.5 Identify strategic issues

The SWOT analysis will lead to the identification of strategic issues that are defined as fundamental policy questions affecting the programme vision, mission, goal and objectives. In order to ensure that NMCP can avoid potential pitfalls or inefficiencies, it is vitally important that any issues which may have a negative impact in achieving the goals are considered at the outset and strategies to mitigate their consequences are incorporated early on during implementation. Identifying critical concerns such as increased parasite or vector resistance, PSM bottlenecks, high prevalence or mortality rate in a given geographic area will help focus on high priority goals. If a priority goal is to take malaria control in the country through an organizational shift, then the team should be asking questions such as: what are the key barriers, obstacles and/or problems that must be overcome to get the country to where it wants to be?. The critical few are the strategic issues that must be addressed. Recommendations, activities and strategies to address these key critical strategic issues must then be incorporated into revisions in the plan as part of the strategic priorities.

4.2.6 Define the next steps for improving programme performance or redefining the strategic directions and priorities

This step consists in defining the strategic direction and priorities the programme needs to take in order to cope with change and emerging ideas in malaria control. The situation analysis should include conclusions that situate the malaria control programme in the country within the malaria control elimination continuum (Figure 1). Based on the conclusions, recommendations that will facilitate the transition of the programme to next stage along the malaria control elimination continuum should be made.

4.3 Step 3: Strategic Framework Development

The ideal duration for a malaria strategic plan is 5 years but the context may require a longer period. In Africa, most countries already have a clear vision of ultimate goals – that should be reviewed in order to ensure that the malaria plan being developed is in line with those aspirations. This is a good opportunity for the programme to revise its mission statement. If a vision and a mission are not yet set then these must be done before moving to the next steps.

4.3.1 Develop or review the vision of the programme

In Africa, most countries already have a vision for the malaria programme described. This is a good opportunity to revise it. The vision focuses on what the programme intends to be – the hoped destination.

The vision is a mind-picture of a better future, in relation to malaria control and elimination.

Example 1: Malaria will no longer be a major cause of death in Niger.

Example 2: Malaria free Swaziland.

Example 3: An emerging Senegal without Malaria.

4.3.2 Develop or review the programme mission

The mission of a national malaria programme is its unique reason for existence; the overarching goal for its existence, usually contained within a formal statement of purpose. It succinctly identifies what the

NMCP does (or should do) and why and for whom it does it. The mission of the NMCP is a subcomponent of the mission of the Ministry of Health. Both vision and mission statements must be contained within a formal statement of purpose. If a mission statement already exists, the focus of this step is on reviewing it in light of the emerging vision statement and current environment. The mission statement should take into account stakeholder expectations.

Example of mission statement: provide the population with the most effective tools and services for malaria prevention and treatment in an equitable manner.

4.3.3 Develop or review the programme guiding principles and values

The NMCP values and guiding principles are the shared rules and ethical standards that underpin its work as an organization and its relationships with users and other stakeholders. They are what the programme believes is the right way to do things and to deal with people, and ideally, how the programme ought to be organized. The programme values will determine its strategies and operational principles. Clarifying and reaching consensus on organizational values is very important because it provides a basis for making difficult decisions. Values and guiding principles should be aligned with those of the national health strategic plan

Example:

(a) equity of access to malaria services;

(b) free delivery of anti-malarial interventions to the population.

4.3.4 Set the strategic directions and policy priorities

When the programme review is completed the identification of strategic directions and priorities will depend on the following items:

- National health policy and international commitments such as the MDG and RBM targets;
- Level of progress towards the national and international targets for malaria;
- Strategic issues identified that need to be addressed in order to achieve national and international goals;
- Cost effectiveness and potential for impact.

4.3.5 Develop goal (s) for the strategic plan period

Depending on the approach, there are many different names for the different levels of goals and objectives. This manual proposes the overall goal to be directly related to the most important problems identified in the situation analysis and the vision. For malaria strategic plan the goal is a statement in term of malaria burden reduction, malaria pre-elimination or elimination. It is related to the health status in term of reduction of the number of cases or deaths (control) or reduction of malaria prevalence or incidence (pre-elimination and elimination). Therefore, the related indicators will be impact indicators.

Example 1: Reduce malaria deaths by 75% by end of 2015 at national level.

Example 2: Reduce malaria incidence below 1 case per 1000 populations (1 ‰) in all districts by 2015.

4.3.6 Define SMART objectives and targets

The objectives or targets should focus on the priority interventions (access, coverage/utilization and quality), population groups, and human resources and can be developed in the following areas:

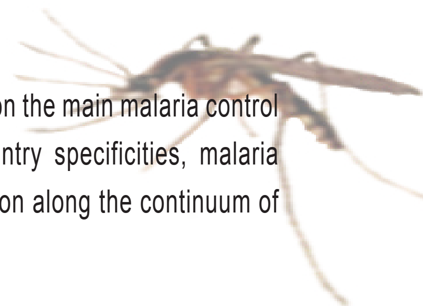
(a) Service delivery areas:, prevention, diagnosis and treatment,

(b) Supportive activities: promotion, institutional capacity building (NMCP and health and management, surveillance, monitoring and evaluation, medicine, and commodity supply system), community-based interventions (CBI).

(c) Leadership, management, coordination, partnership.

The method for developing an objective is the same as that for developing a goal only that here the focus is on outcome and coverage indicators. As the team prepares to develop these objectives they should go back and review the key issues and recommendations of the malaria programme review and the key strategic issues identified earlier to see how to address them here. Keep in mind that the objectives should be SMART as well and they should cover all the areas of delivery.

4.3.7 Describe interventions and implementation strategies to be used to achieve the set objectives



There is general consensus on the main malaria control interventions, but given country specificities, malaria strata and the country situation along the continuum of

Box 1: Quality of an objective

Objectives should meet the following SMART quality:

S: specific in addressing a focused intervention or problem

M: measurable quantitatively (stated in a measurable action verb)

A: attainable under given resources, management and environmental situations

R: realistic given the resources available and the ability of the system

T: time bound

Example 1: Increase the proportion of pregnant women sleeping under ITN from 30% to 80% by end of 2013 in country X

Example 2: By end of 2015, 100% of malaria suspected cases will be tested by microscopy or rapid diagnostic test in country Y

Example 3: Ensure uninterrupted supply of ACT at national and subnational level by end of 2015 in country X

control to elimination, the selection and combination of interventions as well as the implementation strategies or approaches will differ. For instance, an intervention such as "malaria case management" will be done everywhere a malaria case can be found. However the implementation strategy will be different in areas moving to elimination where for example active case detection of malaria infection and radical treatment will be applied. Also, the approach differs in areas where access to health facilities is limited calling for establishing community-based case management to compliment health facility-based delivery system.

Objectives and targets can only be achieved if a number of interventions are undertaken. Therefore the team will need to make sure that all the interventions needed for a specific target are identified.

4.4 Step 4: Setting the performance framework

The monitoring and evaluation framework or performance framework should be developed once the goals, objectives, interventions and indicators are agreed upon. The performance framework will guide the overall monitoring and evaluation of the strategic plan. The impact, outcome, and output indicators are arranged in a logical hierarchy. The team will identify data sources and data collection methods as well as the responsible entities. The performance framework will also guide the development of the monitoring and evaluation plan which should immediately follow the endorsement of the strategic plan by top management. Guidelines for developing the monitoring and evaluation plan are available from WHO/AFRO and on the RBM Website (RBM Toolbox). Detailed output indicators will appear elsewhere and in the monitoring and evaluation plan.

Table 4 is an example of how a performance framework could be presented. However, it is important to respect the following when filling the template:

4.4.1 Define impact and outcome indicators

Although these indicators are part of the performance framework, it is useful to define them earlier when consensus is reached on the goals and objectives. It will help to ensure that the goals and objectives can be measured. It will also facilitate the gap analysis. Goals are usually measured using impact indicators while objectives and targets are usually measured using outcome indicators. It is important to develop at least one indicator for each objective. At the same time the indicators should the limited to a manageable number. They should be relevant and congruent to the objectives. The WHO checklist for developing an M&E plan and the Global Fund M&E Toolkit provide useful information on some of these elements.
These will be complemented by output indicators in the monitoring and evaluation plan.

4.4.2 Define baseline and targets for the indicators

For each indicator defined, state the baseline before starting implementation of the plan at year zero (Y_0). For each year after that, indicate what the planned target is. Remember that in some cases the indicator can only be measured when a survey is conducted. In

this case there will be no targets for every year but only during the years when there is likely to be a survey. All indicators should have targets against which progress can be measured.

4.4.3 Define sources of data for the indicators

For each indicator defined, state the source. For example data on malaria cases will be collected from health facilities. In the case of intervention coverage data such as ITN use the data may be collected from surveys. For some outputs such as the number of ITNs distributed, data may be collected at community or health facility level.

4.4.4 Define data collection methods

For each indicator, state the method of collection. For example data on malaria cases may be collected using the health information system or the integrated disease surveillance system or parallel malaria information system. In the case of intervention coverage data such as ITN use the data may be collected using surveys such as the DHS, MICS or MIS. For some outputs such as the number of ITNs distributed may be collected using registers at community or health facility level.

4.4.5 Define frequency of reporting on the indicators

For each indicator, state the frequency of collection. For example data on malaria cases are collected by HIS on a monthly basis. In some countries this data may be collected on a weekly basis. Intervention coverage data such as ITN use may be collected every three – five years for example. For some outputs such as the number of ITNs distributed may be collected monthly but summarized by year.

4.4.6 Define responsible entities for each indicator

For each indicator, state responsible entities for collecting the data. For example the HIS Unit responsible for collecting data on malaria cases. In the case of intervention coverage data such as ITN use the data may be collected by the national statistics office. For some outputs such as the number of ITNs distributed may be collected by the NMCP or the district health offices.

The performance framework is now ready. Going through this process may have revealed some weaknesses in the objectives formulated. The group can go back and correct the earlier objectives. (Table 4)

4.5 Step 5: Action planning

In order to meet the objectives for 5 years, it is important to estimate the amount of work to be done for the first three years. Therefore targets for the first 3 years are critical for the development of the implementation plan as they will be the mid-term objectives. For instance if the country has planned to reach 80% utilization for LLIN, it is important to set milestones to be reached in the first 3 years. Therefore the targets will determine the resource allocation per year.

The action planning will lead to the development of a 3 years implementation plan and annual action plan. The 3-Year implementation plan will facilitate partners coordination and alignment as well as resource mobilization and mid-term review. In some countries it is presented as a business plan for resource mobilization

Table 4: Performance framework

Items	Indicators	Baseline and target values						Sources	Method	Frequency	Responsible
		Y0	Y1	Y2	Y3	Y4	Y5				
	Under 5 mortality rate										
	Malaria cases										
	Malaria deaths										
	Parasitemia prevalence										
Objectives											
Objective 1:	Outcome indicators										
Objective 2:											
Objective X:											
Interventions											
Objective 1 Intervention 1	Output indicators										
……	……										
Objective 2 Intervention 1	Output indicators										
Objective 2 Intervention 2	Output indicators										

purposes. Subsequently, an annual action plan will guide the day to day operations and facilitate quarterly review. Example of 3 year implementation plan and annual action plan templates are proposed in Annex 5.

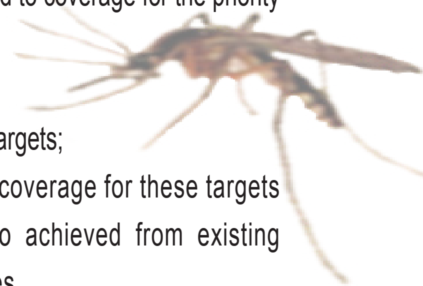
The following key activities are proposed for when developing the implementation and action plan:

4.5.1 Conduct programmatic gap analysis and identify the changes needed to fulfill the new goals and objectives

Once the direction of the future has been determined the requirements for delivering the set goals and objectives need to be quantified. If a Malaria Programme Review has been conducted then this information may be derived from the MPR report. Otherwise the strategic planning team will need to do this quantification. This should only be done after formulation of the goals objectives, targets and main interventions have been decided. It is also a good introduction to planning the internal changes needed to meet targets and goals. Hypotheses and assumption for gap analysis will be clearly explained.

Table 5 below provides an example of a programmatic gap analysis template.

The gap analysis will be done for all main interventions and service delivery areas that were identified based on malaria epidemiology and weaknesses an gap indentified. The numbers in the programmatic gap analysis table are related to the size of the population groups targeted by the priority interventions, not the financial need for the interventions. The financial gap analysis will be done later during budgeting. The table has three lines related to coverage for the priority interventions as follows:



(a) Identify the planned targets;

(b) Identify the level of coverage for these targets already expected to achieved from existing program and sources.

Table 5: programmatic gap analysis

Priority intervention	Historical		Mid-term			End term	
	-2Y	-1Y	Y1	Y2	Y3	Y4	Y5
A: Country annual targets in term of intervention coverage for the population at risk							
B: Extent of need already planned to be met under the existing programme and resources							
C: Expected gap in achieving targets (= A – B)							

(c) Identify the overall gap between the targets and the planned results.

Once the needs have been quantified and the gap analysis conducted the NMCP needs to look at the implications the set goals and objectives will have on the shape of the programme in terms of the organizational structure, the change management that is required and key intervention areas or service delivery areas. This will be reflected in the implementation plan and the management of the programme. For example, if a programme is in control mode and it has been decided that they need to scale up then the NMCP may need to change the way it is organized, the way it delivers, the way it gets funded etc. If a programme goes from control to pre-elimination, then it has to change the way business is conducted. The main issue here is that if new results are expected then there may be a need for different ways of doing business. For example, if the NMCP needs to drastically decrease the malaria prevalence in some districts there may be need to decentralize the programme to a more provincial or district approach.

4.5.2 Develop main activities for each intervention

Under each intervention, to which a team may be assigned, a set of activities (main activities) will be suggested. It is possible that some objectives span several intervention areas. It is therefore suggested that for each objective a subgroup be set up to work on defining the activities. It is critical to take into account both technical activities and supportive activities in order to have a detailed implementation plan and budget.

Additionally, there is need to develop separate monitoring and evaluation and PSM plans. These plans need to be developed before finalizing the strategic plan budget in order to ensure consistency. Guidelines already exist for M&E and PSM plans.

4.5.3 Describe programme management and partners coordination

The programme structure and human resources needed will be described in order to respond to the priorities identified. Other issues to be described include:

- Identifying the capacity-building needs.
- Coordination of annual planning with provinces and districts.
- Description of Procurement and Supply management system that will ensure continuous availability of medicines and commodities where needed.
- Description of the financial management system and how resources will flow to districts and communities in a transparent and equitable manner.
- Description of partners coordination mechanisms at central and operational levels.

4.5.4 Estimate timelines

Both for the 3-year implementation plan and annual action plan it is critical to suggest the timelines for the different activities taking into account the logical sequencing of critical activities. This will also facilitate the prioritization and allocation of resources.

4.5.5 Costing of the plan

When all the detailed activities are identified, the team will estimate the needs with regard to commodities (based on international standards) and logistics,

operational costs and the timeline in order to be able to cost the plan. The costing will be done by service delivery area and by cost category (Tables 9 and 10). Experience in developing strategic plans indicates that costing is not often done in a rigorous manner and with the required expertise. It is recommended to undertake the costing exercise using appropriate expertise.

Costing the commodities and operational costs related to procurement and supply management is of critical importance and requires specific expertise.

In order to facilitate the resource mobilization, it is imperative to undertake a budget gap analysis. Table 11 provides a template for budget gap analysis.

4.6 Step 6: Finalizing and adopting the strategic plan

The draft Malaria Strategic Plan will be shared with stakeholders for review. The Ministry of health will organize a technical stakeholders meeting to review the draft MSP. It is advisable to hold a briefing meeting at higher level to brief senior management and head of partner's agencies in the countries. Then the strategic plan can be finalized taking into account the top management comments. The following activities are important when finalizing the document.

4.6.1 Share the document for review

The draft document will be shared with all stakeholders who have participated in the process but also those that are likely to give useful comments. The inputs from the stakeholders will be integrated into the draft MSP by the steering committee.

4.6.2 Hold technical stakeholders meeting to review the strategic plan

After improvements to the initial draft have been made a technical meeting is called. It is preferable that this meeting is attended by technical partners and other key stakeholders. The technical experts would also discuss improvements that need to be made to the document. These inputs would be integrated into the draft strategic plan and reflected into the budget if there are cost implications.

4.6.3 Edit the Strategic Plan

Once there is agreement a professional editor should be hired. The editor should be engaged quite early in the development process so that he/she is familiar with all the versions and the thinking behind the subsequent amendments. The editor should accelerate work at this stage in order to make the document readily available.

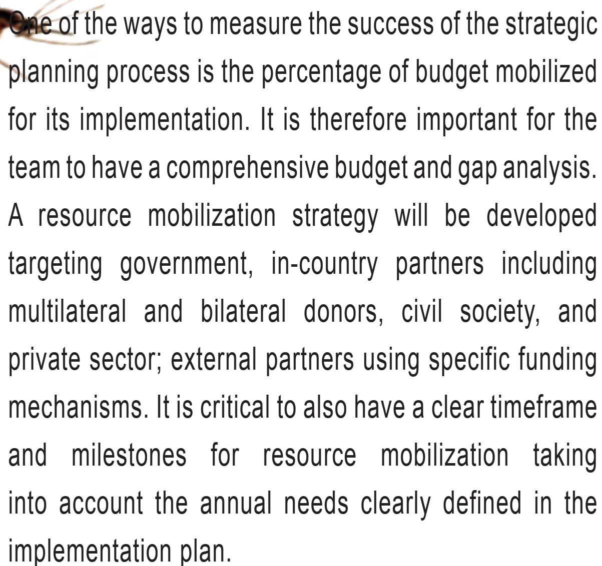
4.6.4 Organize stakeholders meeting to adopt the revised strategic plan

Once the final document has been edited and refined, a meeting of stakeholders will be called to officially adopt it. The document will then be printed and shared with all stakeholders.

Step 7: Strategic plan dissemination and resource mobilization

This important step is part of the strategic planning process and should not be neglected. A successful strategic planning cycle will be measured by the resources mobilized and buy-in from stakeholders. This will facilitate timely and adequate implementations. The following activities will be critical:

4.7.1 Develop a resource mobilization strategy



One of the ways to measure the success of the strategic planning process is the percentage of budget mobilized for its implementation. It is therefore important for the team to have a comprehensive budget and gap analysis. A resource mobilization strategy will be developed targeting government, in-country partners including multilateral and bilateral donors, civil society, and private sector; external partners using specific funding mechanisms. It is critical to also have a clear timeframe and milestones for resource mobilization taking into account the annual needs clearly defined in the implementation plan.

4.7.2 Produce a summary of the strategic plan

While the main document is being printed a short summary of the strategic plan is an important document for dissemination purposes. The steering committee, working with a good writer should produce this summary in time for the launch of the national malaria strategic plan. This summary document should be a 8 to 10 pager highlighting the goals, objectives, main activities, expected impact, outcomes and key outputs.

4.7.3 Launch the strategic plan and organize a roundtable for resource mobilization

Once the strategic plan and summary have been printed in sufficient numbers then a special function to launch it should be organized. This launch should be held in the presence of the top management in the Ministry of Health and key development partners. Following the launch other sessions such round table meetings for resource mobilization for the plan can be organized. In addition, steps should be taken to distribute the strategic plan document to all concerned using hard copies and other media channels and events. The NMCP should avail electronic copies in downloadable version on their web-site. In addition, links could be created to other web-sites such as RBM, WHO, etc.

5. Outline and Suggest Content of a National Malaria Strategic Plan

Foreword

Acknowledgement

Executive summary

I. Introduction

The introduction will state clearly and briefly the following:

- The importance of malaria as a public health and socioeconomic problem in the country;
- The place of malaria in the national health plan;
- National and international context and commitments;
- The planning period and reasons for selecting this period;
- Process of developing the current strategic plan.

II. Country Profile

When drawing the country profile, the planning team should bear in mind the malaria planning environment or context; the factors that affect malaria epidemiology; the feasibility and relevance of malaria control interventions.

1. Socio-Political system

- Administrative divisions (number of provinces, districts, wards, villages etc);
- Governance structures;
- National Development Priorities.

2. Demographic data

The demographic data should include:

- The total population;
- The population by sub-areas: rural, urban, districts etc (including population density);
- The sex ratio, population growth rate;
- Population distribution by age group (under 5, women of child bearing age).

3. Ecosystem, environment and climate

This section should include:

- The major geographical characteristics of the country: forest, desert, coastal zones, rivers, lakes and irrigation activities,
- Meteorological data: monthly rainfall, seasonal pattern, rainy days per month, average monthly temperatures, and relative humidity.

4. Socioeconomic situation

The emphasis will be on:

- The development and poverty indicators: GDP per capita, Human Development Indicator (HDI) and ranking (UNDP), World development index (World Bank), population below international poverty line, literacy rate, life expectancy, Maternal Mortality Ratio, Under-five mortality rate.
- Role of women groups and other social organizations, in particular in relation to social mobilization, community based interventions etc.
- Coverage of mass communication media.
- Seasonality of migration and nomadic practices in relation to local transmission.
- Major economic activities and geographic areas targeted.
- Agriculture practices and irrigation.
- Infrastructure, communication: accessibility of various areas by air, land or river transportation
- Housing conditions in urban and rural areas.
- Social and cultural aspect important to malaria and public health in general.

5. Health System analysis

This section should give a clear description of the heath system performance in delivering personal and population-based services to those in need of them. Its will also analyze the equity in the health system in terms of access, coverage and equity of health services, distribution and utilization of resources and finally the impact on heath status indicators such the reduction of infant mortality rate. Information regarding the availability of required resources for medium term targets will be assessed.

The analysis will be based on the WHO framework for strengthening the health system with the six building blocks. In addition to the narrative description, the Table 6 below can be used to summarize the health system analysis.

Table 6: Summary of the health system analysis

Six building blocs for health system strengthening	Strengths	Weaknesses	Proposed actions for HSS
Leadership and governance			
Sustainable financing and social protection			
Health workforce			
Medical products, technology, infrastructure and logistic			
Service delivery			
Health information system			

The proposed actions will indicate how the malaria programme will contribute to the health system strengthening and vice versa.

III. MALARIA SITUATION ANALYSIS

1. Epidemiology

Malaria parasites

Under this section the proportion of different malaria parasites responsible for the transmission will be indicated. Any changes in the Plasmodium falciparum/ Plasmodium vivax ratio in countries moving towards elimination and have both should be clearly stated.

Parasites susceptibility to antimalarial drugs will be indicated.

Malaria vectors

This section will describe the malaria primary and secondary vector species and their distribution, the malaria transmission indices (EIR), vector behavior (breeding, resting, and biting) and the insecticide resistance situation. It will be useful to insert a map of vector distribution and vector resistance if available. If the data are not available, this should be clearly stated and measures to address the gap included in the final action plan.

Dynamics of malaria transmission and level of endemicity

It is important in the section to describe the dynamics of malaria transmission, level of endemicity throughout the country, annual seasonal variation etc. The most recent changes in the transmission dynamics that will inform the future strategies should be highlighted here.

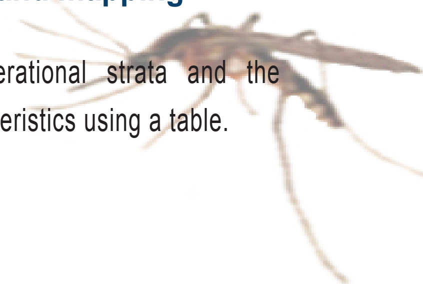
Morbidity and mortality

This section will give information on the malaria burden and trends using the following indicators:

- Malaria prevalence rates (2-9 years age group or in the 6-59 months obtained from the MIS)
- Confirmed and non confirmed malaria cases and deaths over the years
- Incidence rate using the population at risk of malaria as a denominator over the years
- Malaria as proportion of all outpatient and inpatient cases
- Crude death rate and malaria specific death with a total population and population at risk denominator respectively
- Malaria epidemics, by location and their magnitude
- Malaria risk factors and determinants

All these indicators should be disaggregated by districts and regions in order to identify the areas with higher burden for priority actions.

Malaria stratification and mapping



Describe the different operational strata and the relevant determinant characteristics using a table.

Table 7: example of malaria stratification table

Strata	Main characteristics	Parasite prevalence or index	Annual incidence by district	Other determinants	Number of districts	Population size
Stratum 1						
Stratum 2						
Stratum 3						
Stratum 4						

The table will be completed by a stratification map showing in different colors the various malaria strata.

2. The Malaria Programme performance

History of the malaria problem

This brief section should include:

- A description of the previous malaria epidemiology in countries that have achieved sustain control and impact.
- Identification of long-term trends of malaria prevalence, morbidity and mortality and special risk that can appear.
- Past malaria control interventions or tools and strategic approaches and their effectiveness and operational feasibility.
- Past successes, failures and periods of resurgence.

Current situation of the malaria programme.

The report of the malaria programme review will be the main source of information. This section will cover programme management and performances as indicated below:

- Institutional organization and programming framework
- Policy, strategies and guidance
- Linkage with other programmes
- Contribution to Health System Strengthening
- Partnership coordination
- Progress towards achievement of international and national targets
- Financing
- Challenges and weaknesses
- Main programmatic gaps in terms of interventions and resources
- Opportunities
- Action taken to address the weaknesses and gaps

This section will be summarized in a table highlighting the Strengths, Weaknesses, Opportunities and Threats (SWOT analysis) by major thematic areas

IV. STRATEGIC PLAN FRAMEWORK

1. Vision
2. Mission And Values
3. Strategic Directions And Policy Priorities
4. Goal And Objectives

(i) Goal (s)

(ii) Objectives

V. INTERVENTIONS AND IMPLEMENTATION STRATEGIES

For each objective, it is necessary to systematically identify the main interventions or services delivery areas which will contribute to its achievement.

For each intervention, it is important to clearly explain the implementation approach or strategy and indicate the advantages given the country specificities. This will

help to identify the activities related to the intervention and then to better develop the detailed implementation plan and the budget. The interventions will cover both service activities and supportive activities.

The linkage or joint implementation with other MDGs and health systems related programmes should be clearly indicated.

VI. MONITORING AND EVALUATION

1. Performance framework

The performance framework table will focus on impact and outcome level (or goals and objectives level)

2. Tracking progress

The activity monitoring system as well the supervisory system will be described

3. Measuring outcome and impact

This section will describe how the surveillance, monitoring and evaluation systems will use routine data including from the HIS as the main source of data, complemented by periodic surveys and programme reviews. The weaknesses identified in the situation analysis will be addressed here by strengthening the malaria surveillance and monitoring and evaluation system. It should also specify when the mid-term and end-term evaluation of the MSP shall be done.

VIII. PROGRAMME MANAGEMENT

1. Human resources

Organizational structure

The institutional framework or programme structure and organization established for the implementation and management of the plan must be set out to ensure malaria service delivery. The institutional framework must highlight the functional relations between the officers in charge of the plan and the other actors involved at the different levels. As stated earlier in this document, the appendix to the document should contain an organizational chart illustrating the management structure of the NMCP and, include post-descriptions for the various officers to enable the preparation of performance appraisals for the management team.

Capacity building

Describe capacity building interventions to respond to the gaps identified during the programme review.

2. Planning and implementation

Describe the annual planning cycle including with province and districts. At all levels of the health system, the role of the responsible officers or focal points for various areas of malaria control and overall coordination must be specified. The role of the different implementing partners including the other programmes should be clearly described in the section.

3. Partnership coordination

Describe partnership coordination mechanisms at national and sub-national level

4. Procurement and supply Management system

Describe national procurement policy and system and mechanism to ensure transparency, accountability and how to reach target populations.

5. Financial resource management

Indicate the approach for funds allocation by level, financial management system and audit procedures. It will be important to indicate management of external and domestic funds. For external funds indicate how resources will be channeled.

IX. BUDGET AND FINANCIAL PLAN

The costing of the operational plan will be activity-based and done on a yearly basis. The budget summary will be presented by intervention and by cost category (Tables 9 and 10).

Table 9: Budget summary by interventions

Objective N°	Intervention or SDA	Year 1	Year 2	Year 3	Year 4	Year 5	Total and %
Objective 1	...						
Objective 2	... ...						

Table 10: Budget summary by cost categories

Cost categories	Intervention or SDA	Year 1	Year 2	Year 3	Year 4	Year 5	Total and %
Human resources	…						
Commodities and medicines	...						
Procurement and supply management	…						
Monitoring and evaluation							
…………							
…………							

X. RESOURCE MOBILIZATION

1. Budget gap analysis

The financial gap analysis taking into account the sources of funding will be done under this section and will facilitate discussion for resource mobilization.

Table 11: Summary financial gap analysis

Cost categories	Actual	Year 1	Year 2	Year 3	Year 4	Year 5	Total
A. Total national Strategic plan budget	…						
B. Current and expected domestic resources	…						
C. Current and expected external resources	…						
D. Total current and planned resources (B +C)							
E. Financial Gap = A-D							
.....							

2. Donors mapping

This section will indicate potential donors and interventions they are going to support and describe the resource mobilization strategy to fill the gaps identified.

X. ANNEXES FOR STRATEGIC PLAN

1. Bibliography
2. NMCP organizational chart
3. Programmatic gap analysis
4. Implementation plan (*can be printed as a separate document)*
5. Monitoring and evaluation plan *(to be printed as a separate document)*
6. Commodoties needs
7. Budget details

6. Bibliography

1. World Health Organization, *World Malaria Report 2010,* Geneva, WHO 2010
2. Roll Back Malaria. Global Malaria action Plan. RBM Geneva, 2008
3. World Health Organization. Malaria elimination - A field manual for low and moderate endemic areas, Geneva, WHO, 2007
4. World Health Organization Global malaria control and elimination: report of a technical review. Geneva , WHO 2008
5. Resolution AF/RC 59/R9 – Accelerated malaria control towards elimination in the African Region in: *Fifty-ninth session of the WHO regional Committee for Africa*, *Kigali, Rwanda, 1-5 September 2009*, Final report. Brazzaville World Health Organization, Regional Office for Africa, 2009 (AFR/RC/18), pp 21-22
6. World Health Organization. Everybody's business: strengthening health Systems to improve health outcomes: WHO's framework for actions. Geneva, WHO 2007
7. World Health Organization. Thinking systems for health system strengthening. Geneva, WHO 2009
8. WHO – Training modules for Global Learning Programme on health policy and strategic plan, Geneva 2010
9. World Health Organization. Manual for malaria programme performance review (field trial). Geneva, WHO 2010
10. World Health Organization – Achieving sustainable health development in the African region: Strategic Directions for WHO 2010-2015. World Health Organization, Regional Office for Africa, 2010
11. World Health Organization. Checklist for developing a malaria monitoring and evaluation plan. World Health Organization, Regional Office for Africa, 2010
12. The Global Fund. Guidelines for round 10 proposal development GFATM, Geneva 2010
13. The Global Fund. Guidelines for NSA proposal development. GFATM, Geneva 2009
14. The International health Partnership Plus. Attributes for sound national strategic plan, 2009
15. World Health Organization, Department of Gender, Women and Health, Family and Community Health and Roll Back Malaria Partnership (2007) "Gender, Health and Malaria"
16. World Health Organization – Guide for the development of national health policy and national health strategic plan. World Health Organization, Regional office for Africa, 2010
17. Janet Shapiro, strategic planning toolkit access on www.civicus.org [accessed on 10 October, 2010].
18. Merilee S. Grindle and John W. Thomas – Public choices and policy change: the political Economy of reform in Developing Countries, John Hopkins University press, 1991
19. John M Bryson, Strategic planning process for Public and Non-profit organizations, *Long Range Planning* 21, 73-81 (1988)
20. Abdul-wahid H. Al-mafazy , Fabrizio Molteni and Abdullah S. Ali – Scaling up malaria interventions and impact, Zanzibar Malaria Control Program, 2011

Annex 1: Pre-condition for planning malaria pre-elimination and elimination

Political requirements

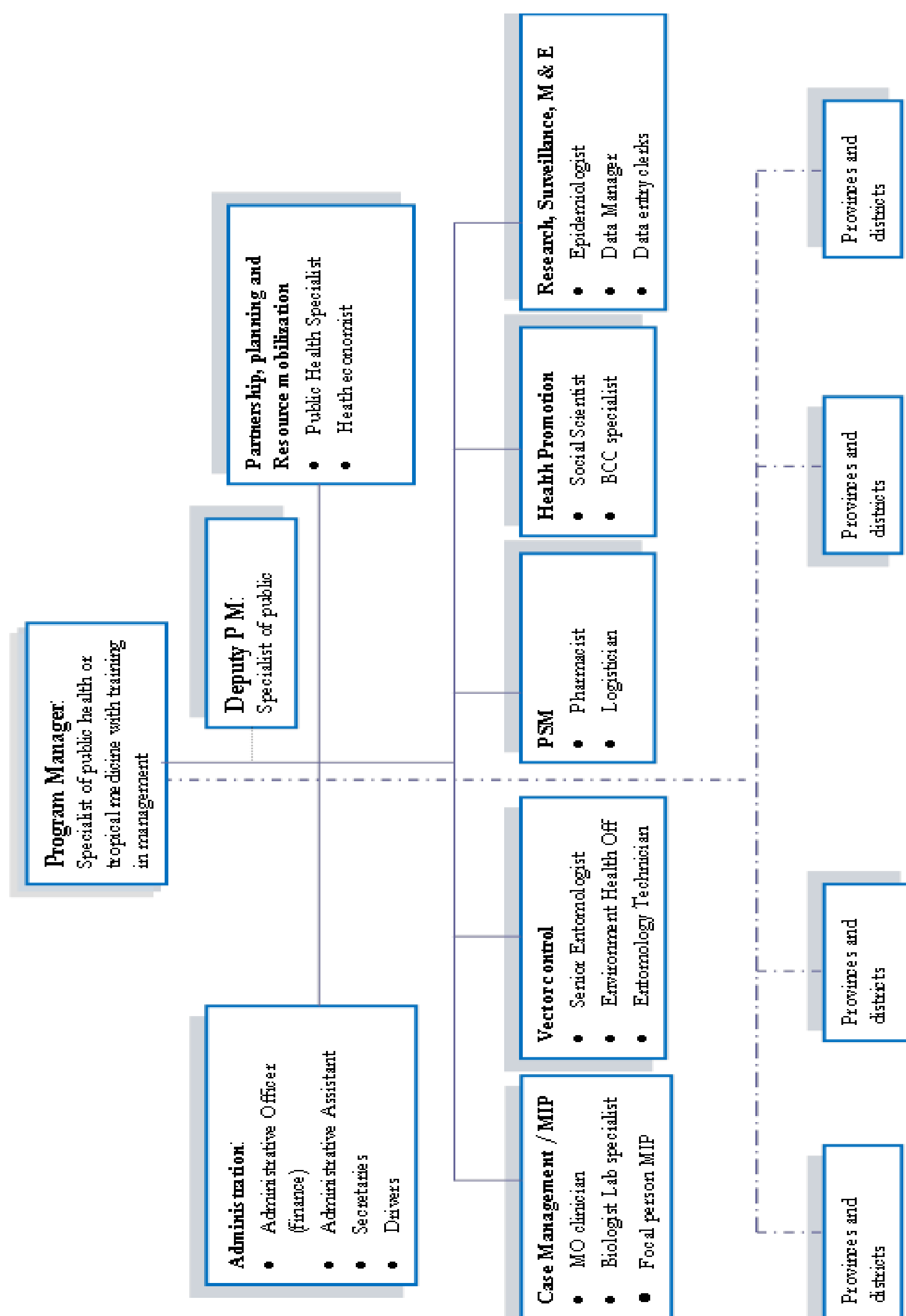
1. Strong political commitment as evidenced by government long term financial commitment to cover the cost of elimination.
2. Malaria elimination should be part of the country's social and economic development plan including living standard, housing, urbanization and water resources.
3. Agreement for a high level of control in bordering countries.
4. Strong and continued intersectoral collaboration.
5. Universal access to free malaria prevention and treatment services.

Technical requirements

1. Evidence of sustained achievements in term of coverage and impact:
    - Moving to pre-elimination will require representative health facility data showing that slide-positivity rate among febrile patients suspected of malaria is lower than 5%. This will be supplemented by data on parasite-prevalence obtained from population-based surveys during the peak transmission season. The cut-off is a parasite-prevalence rate of less than 5% among people of all ages with current fever or history of fever during the last 24 hours.
    - Planning for malaria elimination can be done only when malaria incidence is less than 1 case per 1000 per population at risk per year.
2. Accurate stratification including local Plasmodium species, local vector species (their ecology, biting and resting habits), eco-epidemiological type of malaria, pattern of transmission, susceptibility of malaria parasites and vectors to drugs and insecticides to be used;
3. Demonstrated technical feasibility of malaria elimination in similar eco-epidemiological settings in the recent past;
4. Proven efficacy of technologies and tools to eliminate malaria in a given eco-epidemiological setting;

5. Accurate estimated cost and timeframe for malaria elimination including cross-border and intersectoral activities;
6. Strong laboratory services capable of testing all presumptive cases;
7. Good surveillance system capable of active case detection, investigation and documentation of all cases;
8. Vector control including GIS to map out breeding sites and for operations planning and coverage;
9. Health Systems Strengthening to adapt to the new requirements.

Annex 2: Example of National Malaria Control Programme Structure



Annex 3: Schematic view of the main steps in malaria strategic plan development

Steps	Actions
1. Organizing and preparing the Planning Process	1. Communicate need for new strategic plan to partner 2. Set up a steering committee and technical working group for the development of the strategic plan 3. Select a facilitator for the strategic planning exercise 4. Determine essential participants to the process 5. Develop work plan for the strategic planning process 6. Request for technical assistance 7. Gather preliminary information and documentation
2. Situation Analysis – Programme review	1. Review the malaria epidemiology and stratification 2. Review the policy, and management framework 3. Assess progress towards achievement of national, regional and global targets and the programme performance by intervention thematic areas and by service delivery levels 4. Conduct a SWOT Analysis 5. Identify strategic issues 6. Define the next steps for improving programme performance or redefining the strategic direction and focus
3. Strategic framework development	1. Develop or review the vision of the programme 2. Develop or review the mission statement of the programme 3. Develop or review the guiding principles and values of the NMCP 4. Describe strategic directions and policy priorities 5. Define smart strategic goals consistent with the vision statement 6. Develop objectives of the strategic plan (specific and measurable) 7. Describe interventions and implementation strategies to be used to achieve the set objectives
4. Set up the Performance framework and undertake programmatic gap analysis	1. Identify key impact and outcome indicators 2. Define baseline and targets 3. Define sources of data for the indicators 4. Define data collection methods 5. Define frequency of reporting on the indicators 6. Define responsible for each indicator
5. Action planning	1. Conduct programmatic gap analysis and identify the changes needed to fulfil the new goals and objectives. 2. Develop main activities for each intervention 3. Describe programme management and partnership coordination 4. Estimate timelines 5. Cost the plan
6. Finalization and Adoption of the Strategic Plan	1. Share the document for review 2. Hold technical stakeholder meeting to review the strategic plan 3. Edit the strategic plan 4. Stakeholder meeting to adopt revised strategic plan
7. Resource Mobilization and Dissemination	1. Develop a resource mobilization strategy 2. Produce a summary of the strategic plan and a malaria policy document 3. Launch the strategic plan and Round Table meeting for resource mobilization

Annex 4: Definition of terms

Polices, strategies and plans are words that cover a wide spectrum of dimensions and hierarchies; they range from values and vision, policy direction, strategy and strategic planning to detailed operational plan; from comprehensive health planning to disease specific or programme planning; from a long-term 10-20 term time horizon to the 5-year plan, the 3-year rolling plan and the yearly operation plan; from national to regional and district plans; from the highest level of endorsement of the vision and the policy directions, to approval of operational plans. It is then not surprising that even a cursory glance at actual country process and at the literature reveals an interchangeable use of terms such as policy, plan, strategy and programme. There seems to be lack of consensus and consistency on the way core terms are used; Such differential uses reflects a diversity of approaches and levels at which the process is undertaken as well as different aims countries have. In any given country the partitioning between different products and the terminologies used are largely determined by regional and national specificities, by the political culture and history, and by the concrete challenges faced. Therefore the intercountry and interregional diversity in terminology and in practice has to be acknowledged. Meanwhile it remains important to have a common understanding of terms used in this manual as proposed below:

Activities: actions that need to be undertaken to deliver an intervention or service.

Determinants: malaria determinants are the factors that explain the malaria situation and problems in term of epidemiology and programme performance such as biological factors, environmental factors, socioeconomical factors, population behaviour, factors related to health services etc.

Efficiency: better use of resources to produce result.

Equity: principle of being fair to all, with reference to a defined set of values.

Goal: a general objective related to the impact on the main malaria problems in term of cases, deaths or transmission.

Guiding principle: a rule or ethical standard that guide the work of the programme.

Indicator: a measurable or tangible variable which helps to assess the gaols, objectives and targets and to show the changes over time.

Intervention: set of activities to be delivered in order to achieve the set objectives or targets in term of performance or outcome. Different interventions will contribute to the achievement of an objective or target.

Mission statement: a clear and succinct statement that represent the malaria programme's purpose for existence.

Objective: A statement of a desired future status related the expected outcomes the malaria programme wants to reach. The objective can be related to the main interventions (coverage) or to supportive interventions.

Policy: an expression of national goals/objectives for improving the health situation, the priorities among the goals/objectives and the main directions for attainting the goals/objectives.

Plan:

Strategic plan: A process of organizing decisions and actions to achieve particular goal(s) and objectives within a policy. It sets up precise priorities and activities as well as the mean to achieve them.

Implementation plan: a detail three year rolling action plan that converts the specific objectives into targets/milestone, details interventions and activities with relevant timeframe and sequences, responsible and resources allocation.

Business plan: an approach of presenting the implementation plan (related to the strategic framework) in a way of funding proposal for resource mobilization. It helps to put the implementation plan in a broader context and in a more attractive way.

Action plan or workplan: annual detailed plan that guide the day to day work.

Situation analysis is the process of analyzing and interpreting all information available from the health systems including that on malaria. Analysis of the situation involves identifying strengths, weakness, opportunities, and threats in the form of risks or assumptions (SWOT analysis) of the existing health delivery systems and of the malaria programme. Situation analysis also assists planners to determine existing problems and ascertain how existing resources may be deployed to alleviate them.

Strategy: The approach to implement an intervention or a combination of interventions in order to maximize the impact on malaria cases and death.

Stratification: Malaria stratification is classification of areas according to the risk of malaria. It is a way to set priorities and target control or elimination efforts to the areas where they are most needed. Important criteria for stratification in malaria control include: Epidemiological variables e.g. morbidity, mortality and endemicity; malaria parasites, and malaria vectors distributions and susceptibility, Environmental variables e.g. temperature, rainfall, altitude and breeding sites; Operational variables e.g. coverage of malaria control measures; Social-cultural variables e.g. awareness, migration and behaviour towards control measures; Economic variables e.g. affordability of health services and costs; Specific technical problems e.g. drug resistance/insecticide resistance.

Changes of stratification over time can also help to indicate the areas which are at higher risk for epidemics.

Targets: An intermediate result towards an objective that a programme seeks to achieve.

Vision: a statement expressing a mind picture of a desired better future.

Value for money: making best use of the available resources for the provision of services.

Annex 5: Example of a 3-year implementation plan and annual action plan template

Template of 3 year implementation plan template

Objective	Target	Interventions	Activities	Period			Indicator	Responsible	Cost	Source of funding
				Year 1	Year 2	Year 3				
Objective 1	Target 1	Intervention 1	Activity 1				Indicator 1			
			Activity 2							
			Activity 3							
		Intervention 2								
Objective 2	...						Indicator 2			
		Intervention 3								
	...									

Template of Annual workplan format

Targets	Interventions	Activity	Period				Annual Milestone	Respon-sible	Cost	Source of funding
			Month 1	.....	.....	Month 12				
Target 1	Intervention 1	Activity 1					Milestone 1			
		Activity 2								
		Activity 3								
	Intervention 2						Milestone 2			
	Intervention 3						Milestone 3			
Target 2										
...										

Annex 6: Roll back Malaria Targets for 2015

VISION: Achieve a malaria-free world.

OBJECTIVES, TARGETS AND MILESTONES

Objective 1: Reduce global malaria deaths to near zero by end 2015

TARGET 1.1 ACHIEVE UNIVERSAL ACCESS TO CASE MANAGEMENT IN THE PUBLIC SECTOR.

By end 2013, 100% of suspected cases receive a malaria diagnostic test and 100% of confirmed cases receive treatment with appropriate and effective antimalarial drugs.

MILESTONE: none, as the target is set for 2013.

TARGET 1.2 ACHIEVE UNIVERSAL ACCESS TO CASE MANAGEMENT, OR APPROPRIATE REFERRAL, IN THE PRIVATE SECTOR.

By end 2015, 100% of suspected cases receive a malaria diagnostic test and 100% of confirmed cases receive treatment with appropriate and effective antimalarial drugs.

MILESTONE: By end 2013, in endemic countries, 50% of persons seeking treatment for malaria-like symptoms in the private sector report having received a malaria diagnostic test and 100% of confirmed cases having received treatment with appropriate and effective antimalarial drugs.

TARGET 1.3 ACHIEVE UNIVERSAL ACCESS TO COMMUNITY CASE MANAGEMENT (CCM) OF MALARIA.

By end 2015, in countries where CCM of malaria is an appropriate strategy, 100% of fever (suspected) cases receive a malaria diagnostic test and 100% of confirmed uncomplicated cases receive treatment with appropriate and effective antimalarial drugs, and 100% of suspected and confirmed severe cases receive appropriate referral.

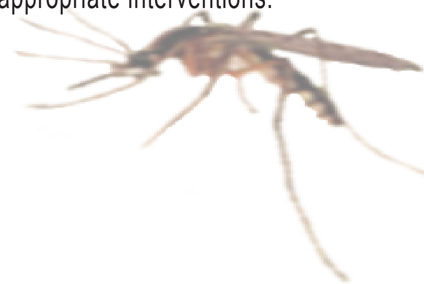
MILESTONE 1: By end 2012, all countries where CCM of malaria is an appropriate strategy have adopted policies to support CCM of malaria (including use of diagnostic testing and effective treatment).

MILESTONE 2: By end 2013, in all countries where CCM of malaria is an appropriate strategy, 80% of fever cases receive a malaria diagnostic test and 80% of confirmed cases receive treatment with effective antimalarial drugs.

OBJECTIVE 2: Reduce global malaria cases by 75% by end 2015 (from 2000 levels)

TARGET 2.1 ACHIEVE UNIVERSAL ACCESS TO AND UTILIZATION OF PREVENTION MEASURES

By end 2013, in countries where universal access and utilization have not yet been achieved, achieve 100% access to and utilization of prevention measures for all populations at risk with locally appropriate interventions.



MILESTONE: none, as the target is set for 2013.

TARGET 2.2 SUSTAIN UNIVERSAL ACCESS TO AND UTILIZATION OF PREVENTION MEASURES

By 2015 and beyond, all countries sustain universal access to and utilization of an appropriate package of preventive interventions.

MILESTONE: From 2013 through 2015, universal access to and utilization of appropriate preventive interventions are maintained in all countries.

TARGET 2.3 ACCELERATE DEVELOPMENT OF SURVEILLANCE SYSTEMS

By end 2015, all districts are capable of reporting monthly numbers of suspected malaria cases, number of cases receiving a diagnostic test and number of confirmed malaria cases from all public health facilities, or a consistent sample of them.

MILESTONE: By end 2013, 50% of malaria endemic countries have met the 2015 target.

OBJECTIVE 3: Eliminate malaria by end 2015 in 10 new countries (since 2008) and in the WHO Europe Region

MILESTONE: By end 2013, malaria is eliminated in 3 new countries.

Annex 7: Actions proposed by MOH for accelerated malaria control towards its elimination in the WHO African Region *(RC 59, Kigali, September 2009)*

Update malaria policies and strategic plans - Where required, the national health policy should be updated and correctly implemented. It is important to undertake a comprehensive country program reviews in order to identify the gaps between the targets and the current situation; assess the interventions and resource gaps in order to minimize the time lag between planning and implementation. Health system bottlenecks should be identified and addressed in order to accelerate and scale up programme implementation.

Strengthen National Malaria Control Programmes - The National Malaria Control Program (NMCP) structure should be based on the national health strategic plan, human resource strategic plan and the local epidemiological setting. It is important to ensure that enough financial resources are provided so that key functions related to programme management, planning, partnerships, resource mobilization, case management, monitoring and evaluation, procurement and supply management, and community-based interventions are carried out. Countries should decentralize their programmes to ensure appropriate flow of resources and work towards appropriate integration at the operational level.

Procure and supply quality anti-malarial commodities - Countries should ensure uninterrupted availability of quality, affordable malaria medicines and commodities while avoiding stock outs by implementing adequate procurement and supply-chain management systems. This will be done by strengthening quantification, forecasting, acquisition, stock and logistics management, distribution, quality assurance, appropriate use, information system management, and pharmacovigilance, involving both the public and private sectors in the context of national Essential Medicines and Health Technologies Procurement and Management systems.

Accelerate the delivery of key interventions for universal coverage and impact- Countries need to ensure that a comprehensive package of interventions is implemented progressively nation-wide for impact. For prevention these are Long Lasting insecticide treated nets (LLINs), Indoor Residual Spraying, and Intermittent Preventive Treatment in pregnancy. For case management these are parasitological diagnosis and effective treatment. Quality control and assurance systems for microscopy and RDTs must also be ensured. The interventions shall

be delivered through the health facilities and community structures free or at an affordable cost to the population. Community involvement is critical to accelerating implementation of proven interventions. Where effectively implemented community based interventions contribute significantly to the scaling up of interventions.

Consolidate malaria control achievements in high endemic countries - Areas which were formerly of high stable transmission, which achieve a marked reduction in the burden of malaria, should have a consolidation period, before embarking on pre-elimination, provided their slide positivity rates are less than 5%.Cross-border collaboration should be promoted and supported by Regional Economic Communities and partners to maximize impact.

Move from control to pre-elimination and elimination when appropriate - In some countries natural conditions and/ or control efforts have reduced the risk of malaria transmission to low levels and localized in well-defined areas. Such countries should conduct comprehensive malaria programme reviews followed by programme reorientation to pre-elimination. In the pre-elimination phase, the surveillance system should be adapted to be able to detect and respond to all malaria outbreaks by active case finding, parasitological diagnosis, effective treatment and focal vector control.

Strengthen Surveillance, Monitoring and Evaluation - There is need to strengthen malaria surveillance through routine Health Information Systems (HIS) and Integrated Disease Surveillance and Response (IDSR) including reporting confirmed malaria cases. The surveillance, monitoring and evaluation systems should use HIS as the main source of data, complemented by surveys. Drug efficacy and insecticide susceptibility tests should be performed annually to enable timely identification of resistance and take the necessary actions and policy decisions.

Scale-up partnership coordination and alignment and resource mobilization - Partner coordination and alignment using the established mechanisms should be strengthened at country, regional and global levels to avoid duplication of efforts and to improve efficiency. Strong advocacy for increased and sustained funding as well as effective and efficient use of existing resources to fill existing gaps needs to be maintained at all levels for sustainable impact on malaria. To maximize resources and to address the socioeconomic determinants, the fight against malaria should be linked to poverty alleviation programmes.

Strengthen malaria research - For countries in the control phase, operational research should focus on the best approaches and tools to quickly deliver and sustain the main interventions at community and health facility level. For countries which have achieved sustained impact, operational research should focus on the technical and financial feasibility of moving to pre-elimination and elimination. Countries and partners should advocate for operational research to expand the knowledge base as well as research and development for new tools.