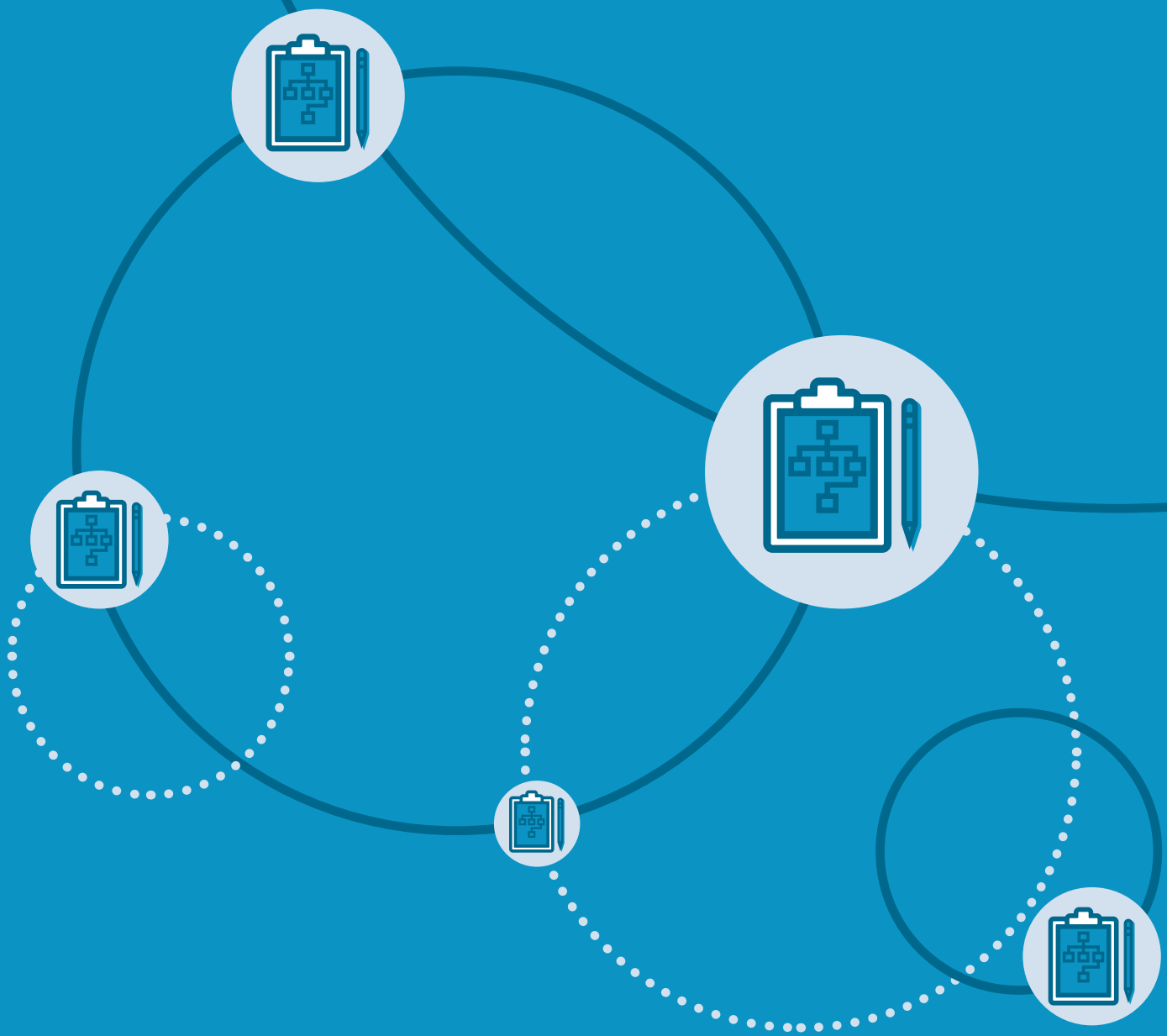
MANUAL FOR DEVELOPING NATIONAL MALARIA STRATEGIC PLANS



World Health Organization
REGIONAL OFFICE FOR Africa

Manual for developing national malaria strategic plans

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MANUAL FOR DEVELOPING NATIONAL MALARIA STRATEGIC PLANS

World Health Organization
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CONTENTS

FOREWORD

All malaria-endemic countries in Africa are on a sliding scale towards a malaria-free future. Bold and ambitious goals around malaria elimination were adopted by the United Nations General Assembly in September 2015 through target 3.3 of the Sustainable Development Goals; by Africa's leaders through the Africa Agenda 2063; and by the World Health Assembly in May 2015 through the Global Technical Strategy for Malaria 2016–2030, known as the GTS. The GTS has four 2030 goals and targets: reduce malaria mortality rates globally by at least 90% compared with 2015; reduce malaria case incidence globally by at least 90% compared with 2015; eliminate malaria from at least 35 countries in which malaria was transmitted in 2015; and prevent re-establishment of malaria in all countries that are malaria-free. The post-2015 period therefore presents a scenario of bold reforms intended to actualize a malaria-free future. In order to align the GTS to the African context, the Framework for implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region was developed. The aim of the framework is to provide guidance to Member States and partners on region-specific priority actions towards the goals, targets and milestones of the GTS. The central pillar of the framework is the adoption of programme phasing and transitioning, aimed at facilitating a tailored approach to malaria control/elimination. This is in response to the increasing heterogeneity of malaria epidemiology among and within countries of the region.

The Manual for Developing a National Malaria Strategic Plan provides orientation on the following: guiding principles for developing an effective malaria strategic plan, known as an MSP; strategic directions for an appropriate MSP; and the processes and steps involved in developing an MSP.

The manual was originally developed and adopted in a final review meeting in Accra, Ghana, in November 2010. This was after prior field-testing in several countries and the integration of contributions and feedback received from experts working in endemic countries throughout the process, as well as from partners during four Roll Back Malaria subregional network meetings.

Since 2010, we have collectively gained additional experience with the implementation of the MSP manual. The current edition (2016) has incorporated the lessons learned including the need to:

- Align the MSP with National Health Sector Strategic Plans and with each country's medium-term expenditure frameworks in order to effectively mobilize domestic financing for malaria;
- Incorporate monitoring and evaluation (M&E) as part of the MSP, thus obviating the need for a separate M&E plan;
- Clarify and more effectively align the four processes involved in MSP development (situation analysis or malaria programme performance review; development of strategic framework consisting of the vision, goal, objectives and strategies; development of implementation framework including budget and key activities per strategy; and development of M&E framework);
- Harmonize the MSP development processes with the operational guides for malaria programme performance reviews, or MPRs (end-term, midterm and annual);
- Simplify the results hierarchy (goals, objectives, strategies and activities) by eliminating interventions from the results chain; and
- Separate APR and development from the MSP manual.

The 2016 edition of this manual is aimed at effectively guiding malaria investments towards a malaria-free future, post-2015.

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LIST OF ABBREVIATIONS

ACT	artemisinin-based combination therapy
AFRO	WHO Regional Office for Africa
ALMA	African Leaders Malaria Alliance
APR	annual planning review
AWP	annual work plan
CHAI	Clinton Health Access Initiative
DFID	Department for International Development
GDP	gross domestic product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIS	geographic information system
GMAP	Global Malaria Action Plan
GTS	Global Technical Strategy for Malaria 2016–2030
MPR	malaria programme performance review
MSP	malaria strategic plan
MTEF	Medium-term expenditure framework
MTR	mid-term review
NHSSP	National Health Sector Strategic Plan
NMP	national malaria programme
NMCP	national malaria control programme
RBM	Roll Back Malaria
RDT	rapid diagnostic test
SDG	Sustainable Development Goals
SP	sulfadoxine-pyrimethamine

LIST OF ABBREVIATIONS

IDSR	Integrated Disease Surveillance and Response Systems
IPTi	intermittent preventive treatment in infants
IPTp	intermittent preventive treatment in pregnancy
IRS	indoor residual spraying
IST	intercountry support yeam
LLIN	long-lasting insecticidal nets
MACEPA	Malaria Control and Elimination Partnership in Africa
MDG	Millennium Development Goal
M&E	monitoring and evaluation
MIS	malaria indicator survey
MOH	ministry of heath
SWOT	Strength, Weakness, Opportunity and Threat Analysis
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
UNSE	Office of the United Nations Special Envoy for Malaria
WHO	World Health Organization

1

BACKGROUND

1.1 Malaria: a continuing public health priority

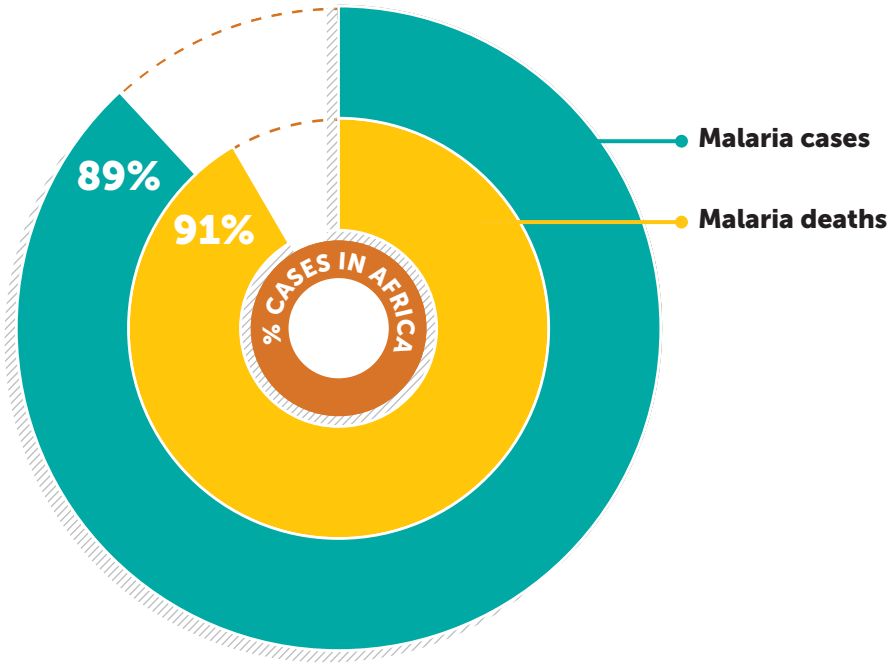
In 2015, about 67% of the general population in sub-Saharan Africa had access to long-lasting insecticidal nets (LLINs). The proportion of children under 5 years of age that slept under LLINs in 2015 increased to 68% from just 2% in 2000. With the combined use of LLINs and indoor residual spraying (IRS), about 75% of under-5s were protected by vector control.

In 2013, the proportion of suspected malaria cases receiving a malaria diagnostic test increased to 62% from 47% in 2010. Additionally, the coverage of intermittent preventive treatment in pregnancy (IPTp) with two doses of sulfadoxine-pyrimethamine (SP) was 43% (among 31 reporting countries) in 2013, which was below national and international targets. Of the 43%, only 17% of women received three or more doses of SP (among nine reporting countries).

The impact of this expansion of malaria prevention and case management services was a substantial decline in malaria cases and deaths. Across the African continent, average infection prevalence in children aged 2–10 years fell from 26% in 2000 to 14% in 2013 (and from 35% in 2000 to 18% in regions of stable transmission), a relative decline of 48%. Even with a large growth in underlying populations, this resulted in a 26% drop in the number of people infected, from an average of 173 million concurrent infections in 2000 to 128 million in 2013. Between the year 2000 and 2015, the estimated number of cases per 1000 persons at risk of malaria declined by 42% in sub-Saharan Africa; during the same period, the malaria mortality rate in the region declined by 66%. What had been an upward trend of malaria in Africa has therefore been reversed.[1] There is now increasing heterogeneity of malaria incidence across and within countries in the WHO African Region.

However, malaria remains a major global health problem, with the African Region being the most severely affected. In 2015, a total of 806 434 742 people in 47 malaria-endemic African countries were considered to be at risk of malaria and, of these, 82% were at high risk.[2] It is estimated that approximately 190 million cases (89% of global total) and 400 000 deaths (91% of global total) occurred in Africa in 2015 (Fig. 1). In addition, of the 15 countries that accounted for 80% of the estimated global cases of malaria in 2015,[3] 13 are in Africa. Similarly, of the 15 countries[4] responsible

Figure 1. Percentage of the global total malaria cases and deaths that occurred in Africa, 2015



[1] WHO: Achieving the malaria MDG target: reversing the incidence of malaria 2000–2015, 2015

[2] Ibid.

[3] Burkina Faso; Cameroon; Côte d'Ivoire; Democratic Republic of the Congo; Ghana; Guinea; India, Indonesia; Kenya; Mali; Mozambique; Niger; Nigeria; Uganda; and United Republic of Tanzania.

[4] Burkina Faso; Cameroon; Côte d'Ivoire; Democratic Republic of the Congo; Ghana; Guinea; India; Kenya; Mali; Mozambique; Niger; Nigeria; and United Republic of Tanzania.

for 78% of the 2015 estimated global malaria deaths, 14 are in Africa. Malaria is also a major cause of death in children across Africa – malaria was the cause of death for an estimated 267 000 children under the age of 5 years in Africa by the end of 2015. Moreover, malaria remains a major cause of morbidity and mortality among pregnant women and is associated with adverse pregnancy outcomes including miscarriage, premature birth and low birth weight.

To address the continuing scourge of malaria and others in the post-2015 world, the United Nations General Assembly (UNGA) in September 2015 adopted the Sustainable Development Goals (SDGs). SDG 3 commits the global community to, "end the epidemics of AIDS, tuberculosis, malaria..." by 2030. Prior to the UNGA's adoption of the SDGs, the World Health Assembly in May 2015 endorsed the GTS – a strategy founded on the vision of, "a world free of malaria". The GTS outlines four goals and targets for 2030 (Fig. 2).

To align the GTS with the African context the Framework for implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region was developed. The aim of the Framework is to provide Member States and partners with guidance on region-specific priority actions towards the goals, targets and milestones of the GTS.

1.2 Purpose of the manual

The purpose of this manual is to provide guidance to countries as they develop national MSPs, inclusive of an M&E component. It will also serve to enhance the harmonization of partner support to national malaria programmes (NMPs).

1.3 Target audience

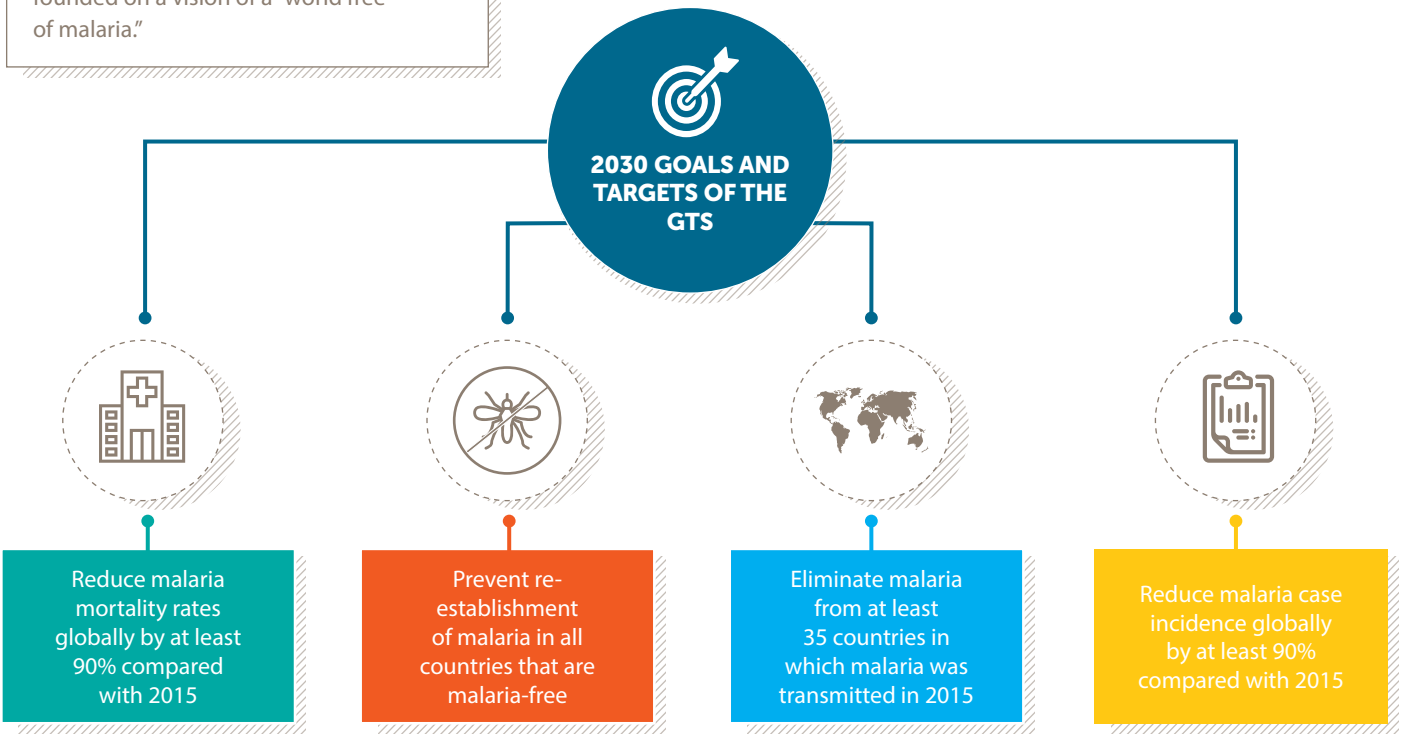
The manual is intended for use by NMPs at national and subnational levels, as well as by policy-makers, partners and other stakeholders involved in the development of the national MSPs.

1.4 Structure of the manual

The manual consists of five main sections: background; guiding principles for effective MSP development; strategic directions for an appropriate MSP; processes and steps involved in developing an MSP; and list of annexes.

Figure 2. Four 2030 goals and targets of the GTS

The GTS is a strategy endorsed by the World Health Assembly and founded on a vision of a "world free of malaria."



2

GUIDING PRINCIPLES FOR EFFECTIVE MSP DEVELOPMENT

There are three components of malaria programme planning:

a) Development of the MSP – a medium-term plan aligned with the National Health Sector Strategic Plan (NHSSP) and consisting of medium-term results, key activities and an M&E framework;

b) Development of the three-year costed business/operational plan – a rolling plan aligned with the country Medium-term expenditure framework (MTEF) and that informs malaria programme resource mobilization for the first three years of the MSP; and

c) Development of a detailed Annual Work Plan (AWP) – a plan aligned with the country annual budgeting cycle that breaks down each applicable key activity of the MSP into tasks, costs them, and subsequently may dictate updates to the three-year business/operational plan as per the country MTEF.

The relationship between the three types of malaria plans is depicted in Figure 3.

Countries undertaking the development of an MSP should consider the guiding principles defined in their respective national development plans, NHSSPs or other related documents. Such guiding principles may include but are not limited to the following:

2.1 Country ownership and leadership

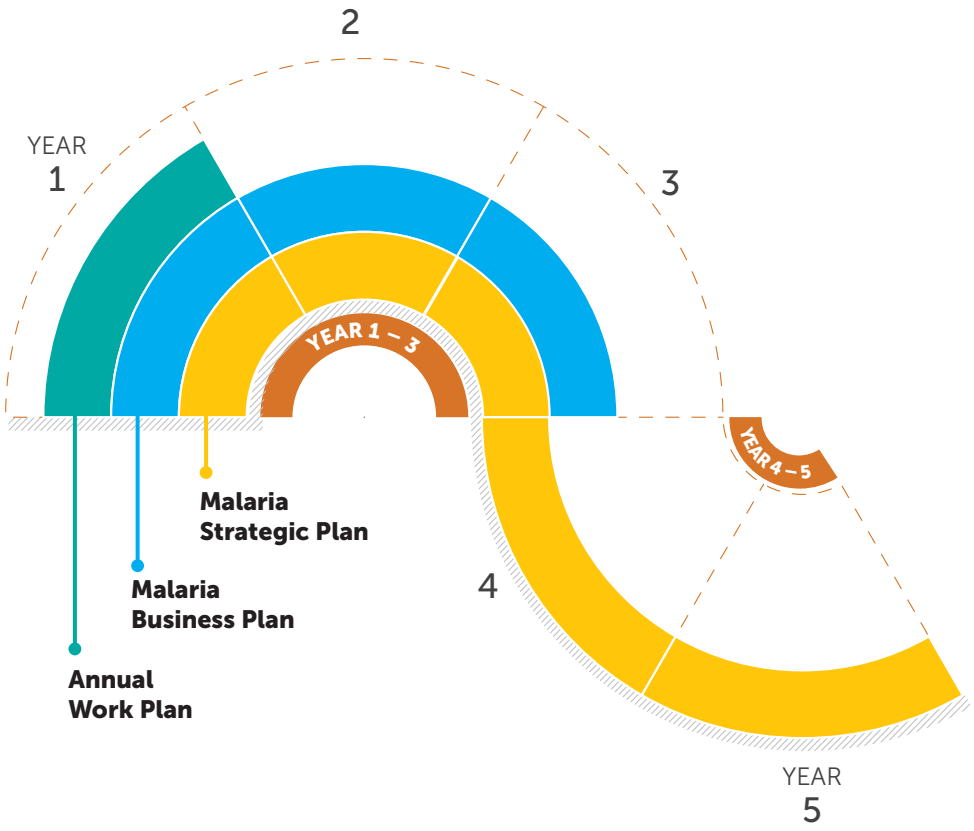
It is critical that the MSP development process is led by the country authorities. This will ensure that the MSP is aligned with existing country plans such as the national development plan and the NHSSP. The MSP should also align with the national planning and financial cycles as closely as possible.

2.2 Inclusive and coordinated partnership

Malaria control and elimination at country level is led by the Ministry of Health's (MOH's) NMP 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 MSP will help to ensure that efforts – and the utilization of corresponding resources – are as efficient and effective as possible, reduce duplication and support the principle of the "Three Ones".

In the context of the multisectoral approach principle, mobilizing and involving the various malaria stakeholders and partners during the development of the MSP is essential.

Figure 3. Relationship between MSP, Business/Operational Plans and AWP



Adequate mobilization of the partners according to their comparative advantages will ensure better coordination, harmonization and alignment.

2.3 Accountability

With the advent of performance-based funding mechanisms, the MSP should be used as a tool to hold the NMP, MOH, partners and stakeholders accountable to their commitments and responsibilities and to their beneficiaries. The MSP should describe the mechanisms for holding all stakeholders accountable.

2.4 Evidence-based and results-oriented management

Following a situational analysis/programme review (Malaria Programme Review defined in Manual 3: Practical Manual for Malaria Programme Review (MPR) and Malaria Strategic Plan Mid-Term Review (MTR)) the resulting strategic plan must achieve the most effective and efficient use of resources as well as ensure rapid action and a strong feedback loop. All together, these will guarantee results-based management. Thus, the MSP must be (Fig. 4):

a) Technically sound
The selection of strategies and constituent activities must be evidence-based, taking into account the malaria epidemiology and stratification; they must be relevant to where the country lies along the malaria control–elimination continuum and in line with WHO recommendations.

b) Feasible
Feasibility criteria to be considered include the following: relevance and acceptability of the prevention and/or case management strategy or services by the population; anticipated level of compliance by both providers and users; and assessed capacity of the health system to deliver the required services.

c) Cost–effective
The "value for money" principle prescribes maximizing available resources for the provision of health services in a way that will lead to maximum reduction of morbidity and mortality. Evidence should show the added value of the strategy or service in terms of health impact and economic savings when compared to alternative measures.

2.5 Socio economically inclusive and equitable

As part of the malaria situation analysis and stratification in the country, it is important to identify the subpopulation groups and communities most likely to be affected by malaria and ensure that they are appropriately targeted with malaria services. Equity between rural and urban areas is of critical importance for universal coverage. Planning, resource allocation and implementation should include innovative mechanisms to reach the poor, highly vulnerable[5], hard-to-reach and displaced or migrant populations. Access to life-saving interventions, especially for the most vulnerable groups, should be considered a "human right". Whenever possible, free access to services should be promoted.

Figure 4. Quality requirements of the MSP

STRATEGIC DIRECTIONS FOR AN APPROPRIATE MSP

3.1 Alignment with the GTS

The post-2015 period presents a framework of reforms comprising concerted, bold and ambitious actions towards a malaria-free future. To this end, the Framework for implementing the Global Technical Strategy 2016–2030 for Malaria in the African Region was developed. The Framework's objectives, milestones and targets are set out in Table 1.

In response to the increasing heterogeneity of malaria epidemiological data among and within countries of the region, a tailored approach to malaria control/elimination was adopted. This approach entails regular stratification of malaria within countries using available epidemiological and entomological data, and then targeting interventions according to the strata.

3.2 Adoption of evidence-based malaria programme planning

Malaria programme performance reviews (MPRs) undertaken as an end-term evaluation of the extant MSP will serve as tools for gathering and collating available data and translating it into the knowledge required for the new MSP.

Three types of programme reviews are conducted as part of malaria programming:

a) MPR – a final assessment of programme performance conducted at the end of the MSP cycle. It informs the development of the next MSP.

b) MSP Midterm Review (MTR) – an assessment of the implementation of the MSP. The MTR is conducted halfway through the duration of the strategic plan. The findings and lessons are used for midcourse correction of the implementation of the MSP in order to achieve the set goals and targets.

c) Annual Planning Review (APR) – an output-level programme process to assess the progress of AWP implementation. The outcome of an APR is a set of recommendations for enhanced implementation and impact that will serve as the basis for the development of a new AWP for the following year.

Guidance on conducting an MPR is contained in separate documents.

3.3 Alignment with NHSSP

The NHSSP is the health sector investment framework of each country. A sound NHSSP framework is country-led in all processes and developed inclusively. It includes policy, strategy, budget and operational plans and links priorities with budgets. In principle, therefore, the NHSSP should serve as a reference document and guide for coordinated action in the health sector, at sector and subsector (programme) levels.

The scope of the NHSSP is typically wider than those of the MOH and public sector and addresses the health needs of the country. It sets the country's health agenda assuming intersectoral action and public-private partnership in the health sector, and ensures that all actors subscribe to the same agenda, thus reducing fragmentation and overlaps.

Table 1. AMS objectives, milestones and targets

Objectives	Milestones and targets		
	2020*	2025*	2030
To reduce malaria mortality rates compared with 2015 Africa	At least 40%	At least 75%	At least 90%
To reduce malaria case incidence compared with 2015	At least 40%	At least 75%	At least 90%
To eliminate malaria from countries in which malaria was transmitted in 2015	At least 8 countries	At least 13 countries	At least 20 countries
To prevent re-establishment of malaria in all countries in Africa that are malaria-free	Re-establishment prevented in malaria-free countries	Re-establishment prevented in malaria-free countries	Re-establishment prevented in malaria-free countries

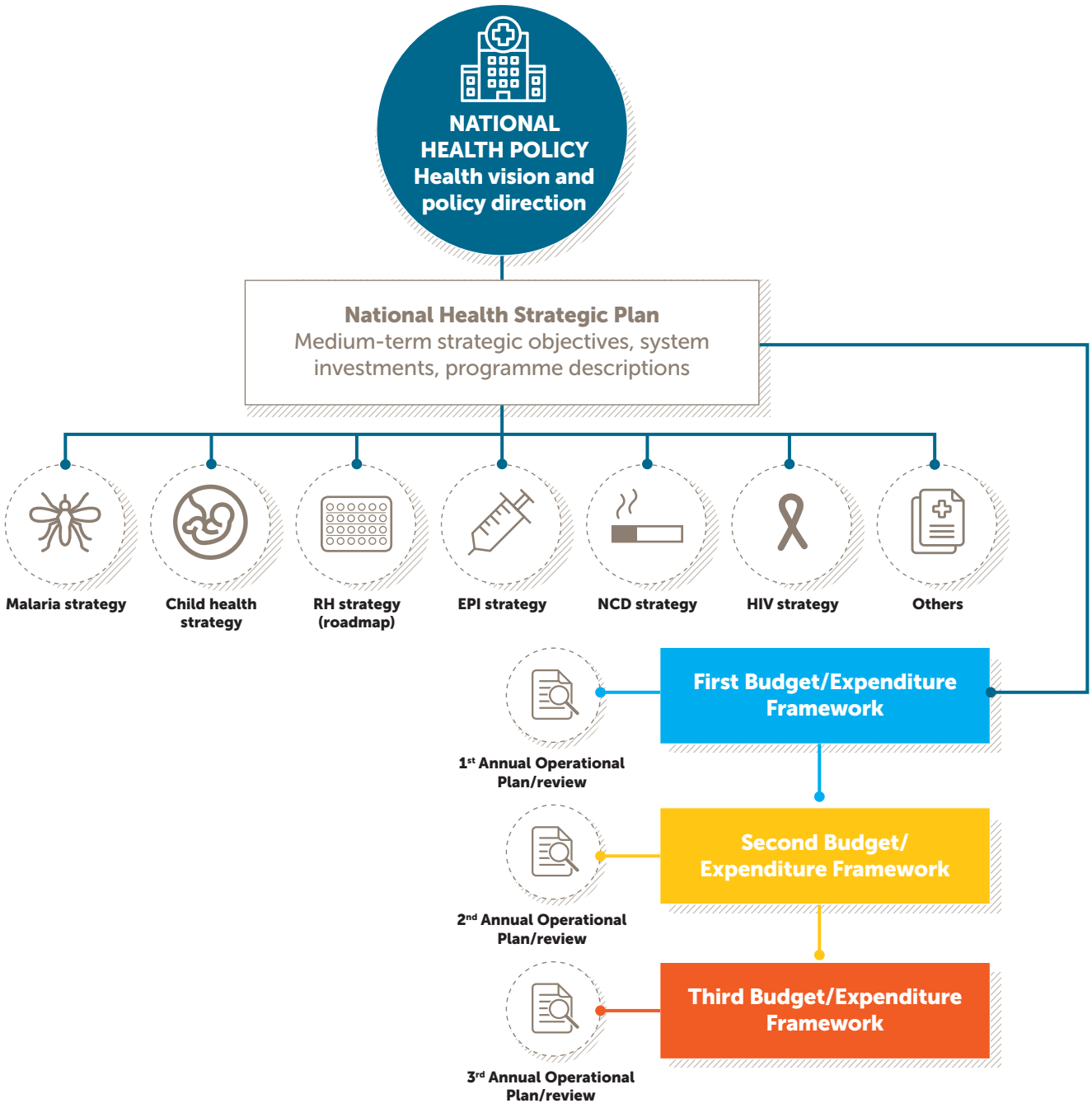
* Compared to 2015 levels.

A robust NHSSP should interlink all plans including programme plans such as the MSP. The MSP should align with the stated goals, objectives, strategies and timelines of the NHSSP (Fig. 5).

In situations where the MSP is outside the NHSSP period, care should be taken to ensure that the MSP is aligned with the NHSSP in its timeline as well as its goal(s). However, it is important to note that the objectives and strategies of the MSP may differ from those of the NHSSP, assuming those of the MSP are based on current evidence; currently effective and recommended interventions; and in-depth feasibility assessments.

The NHSSP investment tool is the health sector MTEF, a 3-year rolling plan updated annually and based on which annual budgetary allocations for the health sector are appropriated by the Ministry of Finance and/or Parliament. Operationalization of the MSP should thus mirror the sector investment framework. At national and subnational levels, it is important to ensure that malaria is included in the health sector MTEF in order to secure domestic funding for the disease.

Figure 5. Relationships between NHSSP, programme plans and investment plans



4

PROCESSES AND STEPS FOR DEVELOPING AN MSP

Developing an MSP involves four processes: situation analysis (MPR findings); development of a strategic framework (vision, goal, objectives, strategies); development of an implementation framework (key activities per strategy and budget); and development of an M&E framework. For ease of implementation these processes have been broken down into seven operational steps as outlined in Figure 6.

4.1 Step 1: Organizing and preparing the planning process

4.1.1 MOH approval for launch of an MSP development process

After internal consultations within the MOH, the NMP will address the development of a new strategic plan. This may take place at a malaria technical committee meeting or another relevant stakeholder forum. Together with its partners, the NMP will set out the guiding principles of the planning process.

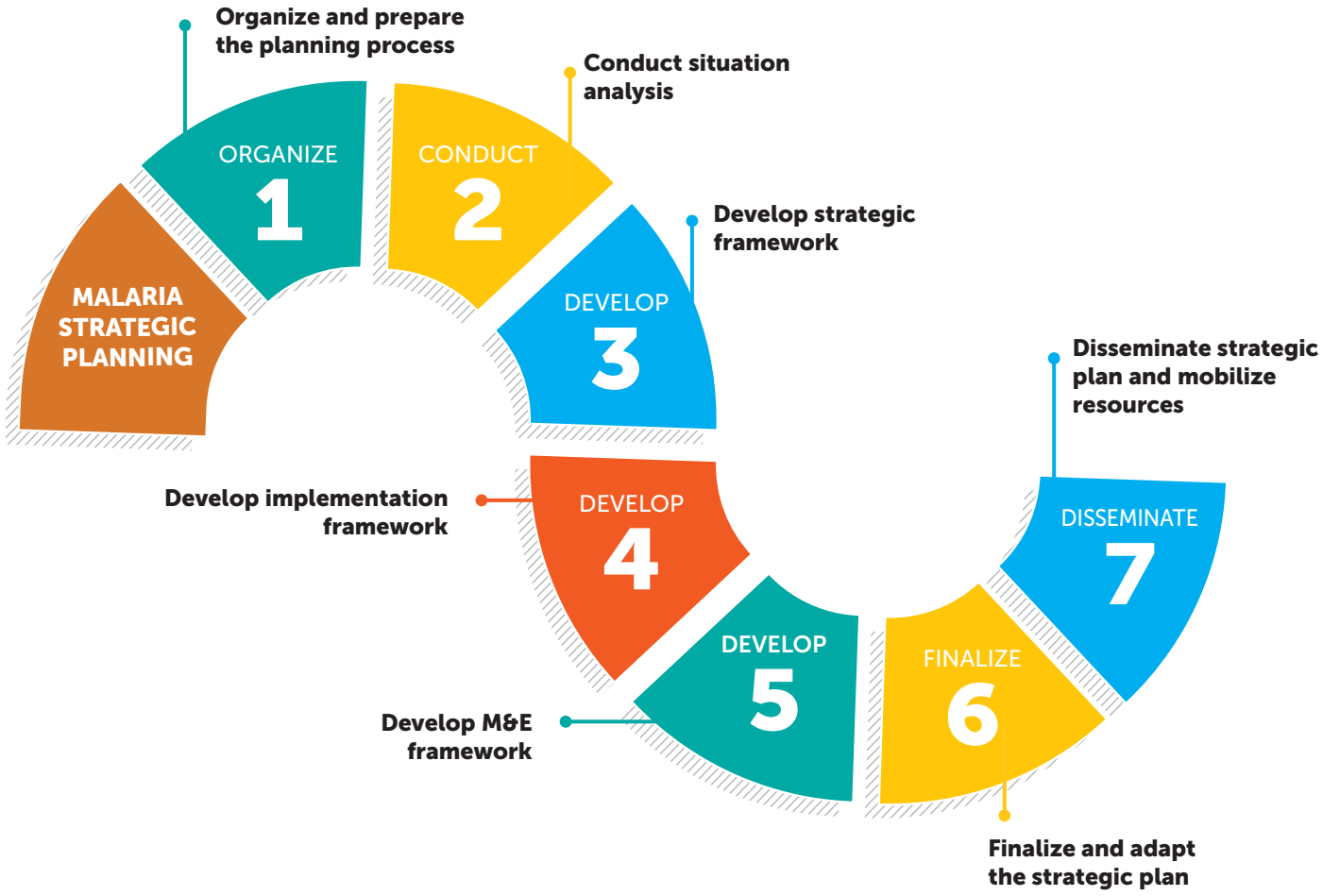
4.1.2 Setting up MSP steering committee and technical working groups

A steering committee for the development of the MSP should be established comprising management-level representatives of the MOH, development and implementing partners, and chairpersons of the established thematic group. The technical working groups should comprise technical officers from the NMP as well as development and implementing partners.

Appropriate Terms of Reference should be developed for the steering committee and the technical working groups.

Once the above steps have been taken, the steering committee should develop a roadmap and detailed work plan for the strategic plan development process that includes clear timelines, milestones and a budget. The work plan should also assign and share roles and responsibilities among all concerned stakeholders.

Figure 6. Steps in malaria strategic planning



4.1.3 Appointing a facilitator for the MSP development

In order to ensure effective planning, an experienced and objective person should be nominated to coordinate and oversee the entire MSP development process, as regarding conflict resolution, deadline adherence and timely attainment of milestones.

4.1.4 Undertaking a stakeholder analysis

A stakeholder analysis provides an understanding of relevant actors' behaviours, intentions, interactions and interests. These actors may include the MOH and its departments at various levels, the NMP and its advisory committees and technical working groups, research institutions, other relevant government sectors and institutions, civil society – including community-based organizations and non-governmental organizations – and the private sector.

A stakeholder analysis also allows for an assessment of each actor's influence and of resources that may be leveraged in the development of the MSP.

The following is a helpful framework for organizing the information gathered on each group/actor: actor's interests; level of resources available to or under the control of the actor; and the actor's position (supportive, non-supportive or neutral) in the development of the MSP. Using this framework to organize stakeholder information ensures that strategies and activities defined through the MSP development process are in line with national strategies and priorities and satisfy donor requirements.

4.1.5 Sourcing technical assistance

Country programmes may require additional capacities to develop their MSPs. The broad-scale expertise available within WHO and from other partners should be engaged to obtain the technical support and guidance required during the MSP development process. However, in the interest of enhanced country ownership, the role of this technical support should be limited to guiding and facilitating the process.

4.1.6 Gathering information for the situation analysis

Information for a situation analysis is gathered through the MPR process; specific guidance for conducting MPRs is contained in separate documents.[7]

MPR is, therefore, the standard tool for gathering the evidence necessary to develop the MSP. In collaboration with thematic focal persons within the NMP, the MSP development steering committee will identify other pertinent information – available within the NMP and MOH as well as through other partners – and create a reference library. The collected reference materials should be shared widely to ensure equal access to the information by all stakeholders.

Table 2. Table for malaria stratification

Strata	Main determinant	Transmission level prevalence or incidence	Other determinants	Number of districts	Number of districts	Population size
Stratum 1						
Stratum 2						
Stratum 3						
Stratum 4						
.....						

[7] Malaria annual review and planning manual (WHO/AFRO, 2015); and operational guide for malaria programme review and malaria strategic plan mid-term review (WHO/AFRO, 2015)

4.2 Step 2: Situation analysis

Where a recent MPR report (not more than two years prior to the development of the MSP) is unavailable, the situation analysis should be conducted and will involve: reviewing the malaria epidemiology and stratification; reviewing the country's policy and management framework for malaria control/elimination; assessing progress towards national, regional and global targets; and executing a SWOT analysis to identify strategic issues and inform next steps.

4.2.1 Reviewing malaria epidemiology, entomology and stratification

Malaria distribution, related risks and the operational feasibility of interventions vary considerably from one area to another, even within the same country. Consequently, a reduction in the disease problem in one area of a country may not be achieved to the same degree in another due to local variations.

An evidence-based decision to identify strata that share similar epidemiological, entomological, geographical, socioeconomic and ecological characteristics will help ensure that interventions are appropriately and efficiently targeted. Table 2 may be useful for this stratification.

The stratification will answer questions such as:

- Who is affected by malaria? This helps reveal the magnitude of the problem in terms of trends in age and sex distribution of malaria cases and deaths.
- When are they affected? This helps illustrate the seasonality of malaria transmission.
- Where are they affected? This provides updated trends of the geographical distribution of malaria disease burden, parasite prevalence, incidence and susceptibility to anti-malarial medicines and insecticides.
- How are they affected? This clarifies drivers or risk factors of malaria transmission in various geographical parts of the country: the sociocultural factors, human and vector behaviour factors; and occupation and gender, equity, access and human rights factors.

If the information required to answer these questions is not available, it is suggested that gaps are identified and programme studies considered to obtain it. Answering these questions also requires:

- Updating the malaria vector map by types, distribution of vector behaviour and vector density patterns;
- Updating the vector susceptibility map;
- Documenting the human activities and development that enhance human-vector contact;
- Defining the climatic situations that enable/hinder malaria transmission including the dynamics of these enablers and hinderers.

Table 3. Analytical matrix for country attainment of global/regional and country targets

Indicators	Global/Regional Target	Country Target	Country Achievement	Remarks
Reduce malaria mortality rates by >40% by 2020				
Reduce malaria incidence by >40% by 2020				
Indicator 3				
Indicator 4				
Indicator 5				

4.2.2 Reviewing policy and management framework

This involves a review of the policy, guidelines, and strategic and annual plans, as well as of the institutional setup and capacity of the NMP.

The following need critical analysis:

- priority of malaria in the national health agenda;
- existence of up-to-date policies;
- availability of up-to-date guidelines and technical documents for the implementers;
- planning and review processes;
- appropriateness of malaria programme structures;
- malaria's contribution to health system performance and linkage with other programmes;
- performance and appropriateness of partnership coordination mechanisms;
- performance of programme M&E mechanisms; and
- status of malaria financing and human resource capacities and gaps.

4.2.3 Assessing progress towards national, regional and global targets

Country achievements should be assessed in the context of global, regional and national targets. The indicators evaluated in the assessment should be limited to those of impact and outcome. The assessment should include a summary of progress and performance in order to enable the programme to adjust its interventions for maximum impact, as well as the current issues, challenges and bottlenecks affecting the attainment of the set targets. Table 3 is a sample analytical matrix useful for this exercise.

Table 4. Matrix for analysis of country programme internal and external environments

SWOT ANALYSIS	
Internal factors	External factors
Indicators	Global/Regional Target
a) What does the programme do well? **b)** What resources does the programme have access to? **c)** What do the partners, stakeholders and implementers consider to be the programme's strengths? **d)** What improvements have been made in recent years? **e)** What successes did the programme achieve in recent years? **f)** What advantage does this programme have compared to other programmes in the MOH?	**a)** What are the opportunities that will facilitate the programme's ability to perform its mission? **b)** What types of resources might the programme have access to? **c)** Which partners are ready to work with the programme? **d)** What interesting new developments are taking place?
Weaknesses	Threats
a) What challenges does the programme face? **b)** What areas could be improved? **c)** In which areas has the programme not met its goals, objectives or targets? **d)** Are the resources (human and financial resources, technologies, etc.) optimally used? **e)** Has the programme done everything possible to overcome the challenges that were identified previously? If not, why not?	**a)** What are the external factors – political, economic, social and environmental – that affect the programme's ability to perform its mission? **b)** How might the national and global economic situations affect the programme's efforts? **c)** Might the political situation affect the programme? **d)** What obstacles does the programme face? **e)** Are partners doing something different to the programme priorities?

4.2.4 SWOT analysis

An analysis of a programme's strengths, weaknesses, opportunities, and threats (SWOT) entails three processes: analysis of programme internal environment; analysis of programme external environment; and definition of strategic issues. The aim is to identify general programme challenges and gaps in order to guide or inform strategic actions towards a malaria-free future.

Internal environment analysis (strengths and weaknesses)

The strengths of the NMP should be assessed by listing what it has done well and its comparative advantages. The strengths can be assessed by analysing the internal factors that contributed to improved performance, while the weaknesses are the internal factors that negatively affect programme performance. The list should be confined to the most significant strengths and weaknesses.

External environment analysis (opportunities and threats)

The external environment analysis consists of a review of the external factors that can have a positive influence on the programme (opportunities) as well as the obstacles and risks faced (threats). This analysis will make use of the information already gathered on: the population to be served; stakeholders' preferences and concerns; socioeconomic trends; technological developments and adaptation; and political situation and trends. The list should be limited to the most significant opportunities and threats. Table 4 provides guidance on conducting an internal and external environment analysis.

To finalize the SWOT analysis, consensus should be sought on a list of "top five" strategic strengths, weaknesses, opportunities and threats. These will be used to inform the objectives and strategies of the new MSP.

4.2.5 Definition of strategic issues

The situation analysis will lead to a documentation of the strategic lessons learned in the implementation of the elapsing MSP and their future programming implications. These strategic issues will serve as the basis for defining a new programme vision, mission, goal and objectives.

4.3 Step 3: Developing a strategic framework

The primary aims of the strategic framework development are to: set a timeframe for the MSP; develop or review the programme vision, mission, guiding principles and values; set the strategic directions and policy priorities; develop goal(s) for the strategic plan period; define SMART objectives and targets; and describe strategies to achieve the set objectives.

4.3.1 Timeframe for the MSP

The MSP timeframe should be based on the country's fiscal year and aligned with broader framework documents such as the NHSSP and its MTEF implementation framework. The ideal duration for an MSP is usually five years but this may differ slightly from country to country.

4.3.2 Programme vision

A vision is a statement expressing a picture of a desired better future. This can be expressed as a mantra or strategic statement of intent aimed at exciting and compelling the NMP towards the desired future. The vision crystallizes what management would like the organization to become in the future, for example by answering the question, "What would it look like in the year 2030 if we could create the NMP of our dreams and have the impact we desire?" The following are examples:

- Example 1: Zero malaria deaths in country x
- Example 2: Country x is malaria-free

4.3.3 Programme mission

The mission of an NMP is its unique reason for existence. It is anchored to the mission of the MOH and succinctly identifies what the NMP does (or should do), why and for whom. If a mission statement already exists it should be adapted for the MSP. An example of a mission statement is as follows:

- Provide the population with the most effective tools and services for malaria prevention and treatment in an equitable manner.

4.3.4 Programme guiding principles

The NMP's guiding principles are the shared rules and ethical standards that underpin its work as an organization and its relationships with users and other stakeholders. This needs to be aligned with the NHSSP as defined in section 2.

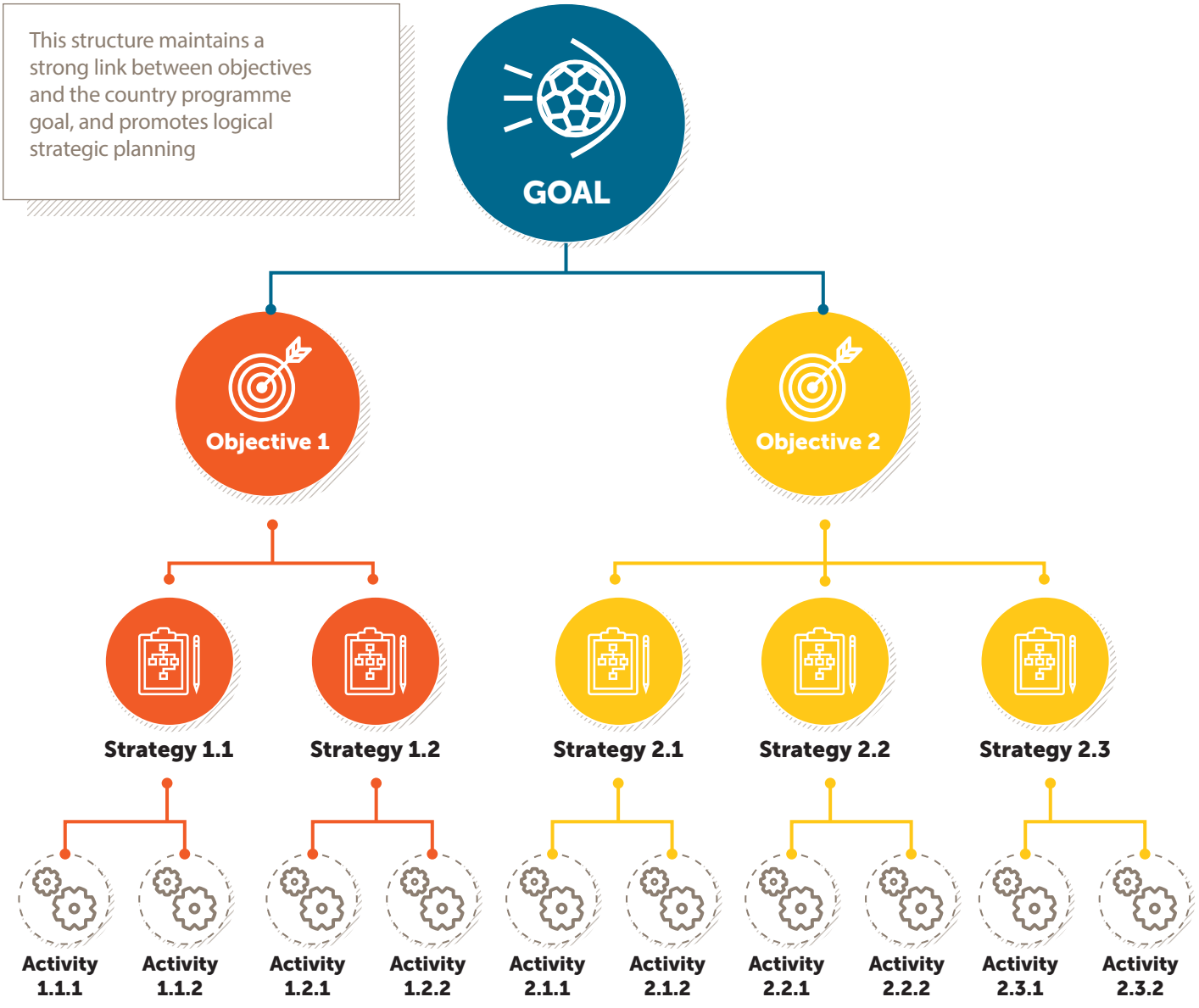
4.3.5 Strategic directions and policy priorities

This is a change management step designed to incorporate emerging ideas, policies, strategies and issues in malaria control/elimination, as appropriate. It is based on the conclusions and recommendations of the situation analysis (MPR findings).

Identification of strategic directions and priorities will be guided by the following:

- National health policy and international commitments such as the GTS and the SDGs and their attendant targets;
- Level of progress towards the national and international targets for malaria;
- Strategic issues identified that must be addressed in order to achieve national and international goals;
- Cost–effectiveness and potential for impact; and
- Local context for implementation.

Figure 7. Hierarchy of key elements of an MSP



4.3.6 Develop goal(s) for the strategic plan period

An overall programme goal – or the desired end result of the MSP – is related to the programme vision and should be directly related to the most significant problems identified through the situation analysis. The goal is therefore a statement framed around the country malaria burden reduction, malaria pre-elimination or elimination intentions. It should be SMART11 and focus on morbidity and mortality reduction targets.

Examples of goals:

a) To reduce malaria mortality rates by 40% compared with 2015 by 2020;

b) To eliminate malaria from at least 10 districts in which malaria was transmitted in 2015 by 2020; and

c) To reduce both malaria incidence from 95/1000 in 2015 to 10/1000 by 2020 and malaria deaths by at least 70% of 2015 levels by 2020.

4.3.7 Define SMART objectives

Previously country malaria programmes referred to the various programme areas or investment portfolios as "interventions". For instance, ITN, IRS and larviciding were often referred to as "vector control interventions". In addition, medicines such as ACTs and diagnostics like RDTs were referred to as "malaria case management interventions". However, this approach created some confusion in malaria planning. For instance, some national programmes defined objectives for each intervention – resulting in objectives that had weak logical linkages with the country programme goal and lacked the logical approach required for good strategic planning.

There has been a deliberate departure from the intervention approach in favour of the logical approach, which links the programme goal to objectives and objectives to strategies (Fig. 7).
Objectives are developed to achieve the stated goal and are therefore linked to the goal, keeping in mind the country's interventions or programme areas. Note that the objectives may not necessarily relate directly to interventions or programme areas, as some areas may be encapsulated in a single objective or dispersed across several objectives.
The method for developing an objective is the same as that for developing a goal, only that for objectives the focus is on the outcomes of investments – including coverage of respective prevention, case management and behaviour change communication services – and on the effectiveness of programme support systems.

For objectives to be of maximum value, they must be SMART.

As the team prepares to develop these objectives it should review the key issues and recommendations of the MPR as well as the key strategic issues previously identified to determine how best to address them.

The following are examples:

- Example 1: At least 80% of the target population will use appropriate preventive measures by 2020 compared to 2015.
- Example 2: At least 80% of suspected malaria cases will be tested and 100% of confirmed cases treated by 2020.

4.3.8 Describe the required strategies

Strategies are the "hows" for achieving each objective (see Figure 5). As objectives can only be achieved if a number of strategies are employed, the NMP team will need to ensure that all strategies required to achieve a specific objective are identified. Care should be taken to ensure that all strategic issues are addressed by one strategy or the other.

4.4 Step 4: Developing an implementation framework

An implementation framework consists of a work plan, implementation arrangements and the budget.

4.4.1 Developing a work plan

Define key activities for each objective using the framework in Annex 2. For each activity, determine the year/s it would be implemented and mark an "x" in the appropriate cell (columns 4 to 8). Indicate the person responsible for each key activity in column 9.

4.4.2 Implementation arrangements

Implementation arrangements include but are not limited to the following: planning and implementation mechanisms; partnership coordination system; procurement and supply management system; financial resource management; and risk management systems.

Planning and implementation mechanism

As part of the Health System Strengthening, the programme structure and human resources required to ensure adequate implementation should be defined. These include:

- Organogram and implementation structure;
- Coordination of annual planning with subnational levels – describe the annual planning cycle including planning with provinces and districts; specify the role of the responsible officers or focal points for various areas of malaria programme and overall coordination at all levels of the health system; clearly describe the role of the different implementing partners including the other sectors and programmes; and
- Capacity building – describe capacity building interventions that will address the gaps identified during the programme review/situation analysis.

Partnership coordination system

Describe the processes for effective partnership coordination at national and subnational levels. This should take into consideration the SWOT analysis findings related to partnership coordination and include proposed solutions to critical issues identified.

Procurement and supply management system

This section should describe the procurement and supply management system and propose solutions to bottlenecks defined through the situation analysis. The aim is to ensure continuous availability of malaria medicines and other pertinent commodities.

Financial resource management

Describe the financial management system and how resources will flow to subnational levels and to relevant partners, including research institutions, in a transparent and equitable manner.

Risk management plans

Describe the need to identify risks (which do change), rate each risk (high, moderate or low) and its potential impact on programme implementation (high, moderate or low).

4.4.3 Developing a budget and resource mobilization plan

Budget summary

Programme costing is a specialized activity. As such, the programme should recruit a financing specialist to cost the MSP with the required rigour and expertise. Once the detailed activities are identified, the team will estimate the needs with regard to commodities (based on international standards) as well as logistics and operational costs. Then, using Annex 2, complete columns 10 and 11 (the costing assumptions and total costs, respectively) and distribute the costs by year in columns 12 to 16.

The costing should subsequently be summarized by service delivery area as well as by cost category using the frameworks in Tables 5 and 6. These should be annexed to the MSP.

Resource mobilization plan

In order to facilitate resource mobilization, it is imperative to undertake a budget gap analysis – a broad gap analysis that defines available resources by source (domestic and external) and the financing gaps. Table 7 provides a template for the budget gap analysis.

The programmatic gap analysis should articulate planned activities by objectives, their assumptions and commodity needs for the period of the strategic plan. This should be included in Table 8.

The plan also articulates and describes strategies for resource mobilization aimed at filling the gaps during the lifespan of an MSP. Having completed the above activities, complete columns 17 to 19 of Annex 2.

4.5 Step 5: Developing an M&E framework

The M&E framework consists of the following: performance framework; data management system; and M&E coordination mechanisms.

4.5.1 Develop a performance framework

The performance framework identifies data sources and data collection methods and indicates the entities responsible for the processes. The performance framework will guide the

overall M&E of the strategic plan and should be developed only once the goals, objectives and strategies are agreed upon. Annex 3 is an example of how a performance framework could be presented.

The impact, outcome and output indicators will be defined and arranged in a logical hierarchy (see Figure 4). Impact indicators monitor achievement of the goal; the outcome indicators monitor achievement of objectives and the output indicators monitor the implementation of strategies.

Annex 4 contains a recommended list of indicators that could be adopted. After selecting indicators, set appropriate targets and milestones for each indicator.

Based on the local context, the following systems/data collection methods may be applicable:

- Routine – e.g. HMIS, Integrated Disease Surveillance and Response Systems (IDSR), LLIN monitoring system, activity monitoring systems;
- Surveys – household surveys (such as Demographic Health Surveys, Malaria Indicator Survey [MIS], MICS) and health facility surveys;
- Other – sentinel surveillance system, IRS monitoring system, drug efficacy testing, insecticide resistance monitoring, pharmacovigilance, demographic surveillance systems, supervision, and operational research studies.

Table 5. Budget summary by objectives

Objective N°	Strategies	Year 1	Year 2	Year 3	Year 4	Year 5	Total and %
Objective 1							
Objective 2							
Objective 3							
Objective 4							

Table 6. Budget summary by cost categories

Cost categories	Strategies	Year 1	Year 2	Year 3	Year 4	Year 5	Total and %
Human resources							
Commodities and medicines							
Procurement and supply management							
Monitoring and Evaluation							

4.5.2 Data management system Data flow

Describe how all the data will flow from service delivery points and communities to the district level, the regional level – if applicable – and the national programme. A schema may be developed and used to represent the data flow system.

Data quality assurance

In this section, describe how the data quality will be ensured. For example, some countries have regular data quality audits of the Health Information System and IDSR.

Data warehousing and processing

Describe how data will be stored, processed and analysed in the NMP.

4.5.3 Dissemination and use of information products

Describe the malaria M&E products and how they will be disseminated. These products include periodic reports (annual reports, quarterly bulletins and publications), survey reports, updated country profiles, etc.

Table 7. Summary of MSP programmatic needs

Commodities	Year 1	Year 2	Year 3	Year 4	Year 5	Total
ACT doses						
RDT units						
LLIN units						
IPTp doses (SP)						
Artesunate inj. doses						
Quinine inj. doses						
Quinine tab doses						

Table 8. MSP gap analysis needs

Resources	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						

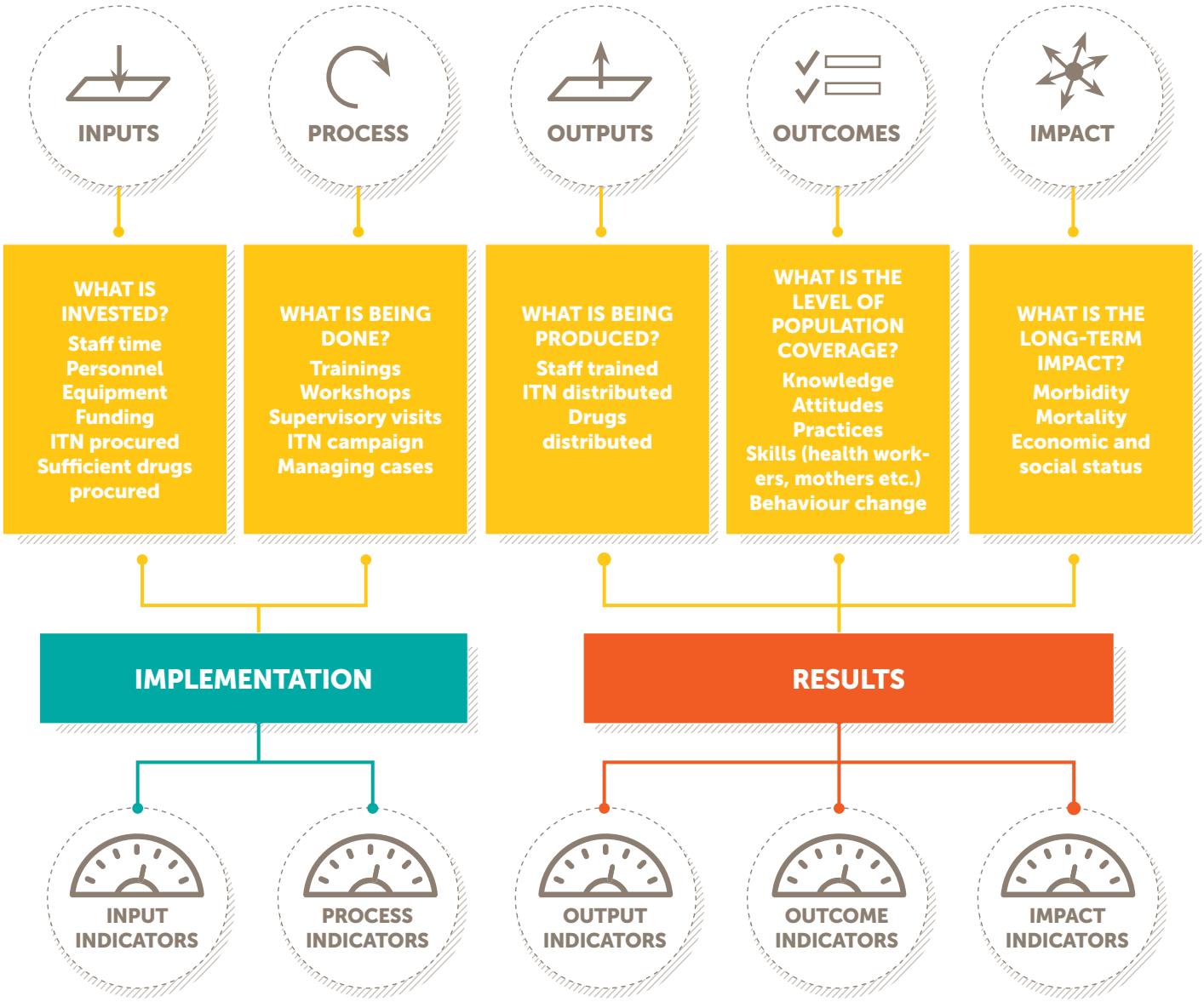
4.5.4 Malaria M&E coordination mechanisms

Describe the coordination arrangements for malaria control as a whole and how they will enable the country to coordinate malaria M&E. For example, some countries have a malaria Country Coordinating Mechanism with special technical working groups, including for LLIN, case management and M&E. Where an M&E technical working group exists, describe its Terms of Reference, modus operandi and how it can contribute to strengthening malaria M&E. Also describe the role of the M&E unit in coordinating malaria M&E, and with the HMIS department.

4.6 Step 6: Finalizing and adopting the strategic plan

The draft MSP will be shared with stakeholders for review. The MOH will organize a technical stakeholder meeting to review the draft. It is advisable to also conduct a briefing meeting at a higher level to brief senior management and heads of partner agencies in the country. The strategic plan can then be finalized, taking into account comments from top management. The following activities are important when finalizing the document:

Figure 8. Hierarchy of performance indicators



4.6.1 Share the document for review

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

4.6.2 Organize a stakeholder meeting to review and adopt the strategic plan

This meeting refers to two categories of stakeholders. After improvements to the initial draft, a group of technical stakeholders and partners will discuss improvements that should be made to the document. These inputs will be integrated into the draft strategic plan and reflected in the budget if there are cost implications. A follow-up meeting is then convened for policy-makers to adopt the finalized strategic plan.

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 finalization process so that s/he is familiar with all of the versions as well as with the thinking behind the subsequent amendments. The editor should accelerate work at this stage in order to make the document readily available.

4.7 Step 7: Strategic plan dissemination and resource mobilization

A successful strategic planning cycle will be measured by the resources mobilized and the extent of stakeholder buy-in. The following activities will be critical in achieving optimal buy-in and resource mobilization:

4.7.1 Produce a summary of the strategic plan

While the main document is being printed, a short summary of the strategic plan should be produced for dissemination. This summary document should comprise fewer than 10 pages and should highlight the MSP goal(s), objectives, key activities, expected impact, outcomes, key outputs and cost. Working with a good writer, the steering committee should produce this summary in time for the launch of the MSP.

4.7.2 Launch the MSP and organize a roundtable for resource mobilization

Once the MSP and its summary document have been printed in sufficient quantities, a special function to launch it should be organized. This launch should be held in the presence of the top management of the MOH, Ministry of Finance (MOF), other relevant ministries and key development partners. Following the launch, other sessions such as roundtable meetings for resource mobilization should be held at the national and subnational levels. In addition, steps should be taken to distribute the strategic plan document to all concerned using both hard and electronic copies as appropriate, as well as through roundtable forums and other media channels and events. The NMP should make electronic copies available on its website. In addition, links with the websites of WHO, other global health initiatives and other UN agencies could be created and shared.

5

ANNEXES

ANNEX 1: **ANNOTATED TABLE OF CONTENTS OF AN MSP**

TABLE OF CONTENTS

Foreword
Acknowledgements
Abbreviations/Acronyms
Executive Summary

1. Introduction

A description of the following, with particular attention to its relationship with (effect on) malaria control and elimination in the country:

1.1. Policy and programming environment:
- The importance of malaria as a public health and socioeconomic problem in the country;
- The place of malaria in the national health plan – high, low, etc.;
- Level of national commitments to regional and international malaria control and to elimination compacts, agreements, strategies, plans or targets.

1.2. MSP and the national planning cycle:
- The planning and budgeting cycle and its implementation tools;
- Alignment of the MSP with the national planning cycle and implementation tools;
- Process of developing the current strategic plan.

2. Country profile

A description of the following in the context of malaria control and elimination in the country:

2.1. Overview

2.2. Sociopolitical system – relationship of the following to malaria control and elimination in the country:
- Administrative divisions (number of provinces/regions, districts, wards, villages, etc.);
- Governance structures;
- MOH organogram and the linkage of NMP with the MOH;
- National development priorities; and
- Political stability.

2.3. Demographic data – the important disaggregated population groups at risk of malaria (population groups to be targeted with malaria services):
- The total population and its subnational distribution including population density;
- The total population at risk of malaria and its subnational distribution;
- The sex ratio, population growth rate and their impact on malaria epidemiology;
- Population distribution by age group (under 5, over 5, women of childbearing age) and its relationship to malaria distribution.

2.4. Ecosystem, environment and climate – the ecological drivers or risk factors of malaria transmission in the country:
- The major geographical characteristics of the country: forest, desert, coastal zones, rivers, lakes, swamps, dams, lowlands, wetlands, altitude and their relationships to malaria distribution and transmission;
- Meteorological data: monthly rainfall, seasonal patterns, rainy days per month, average monthly temperatures, relative humidity and their relationships to malaria distribution and transmission. Include any patterns or changes in weather patterns noted or expected as a result of climate change.

2.5. Socioeconomic situation – the socioeconomic drivers or risk factors of malaria transmission in the country:
- Development and poverty indicators: national-level GDP per capita, Human Development Index and rankings (UNDP), World Development Indicators (World Bank), population below international poverty line, literacy rate, life expectancy, maternal mortality ratio, under-5 mortality rate;
- Geographical distribution of poverty, illiteracy, life expectancy, maternal mortality ratio and under-5 mortality rate in the country and their relationships to the distribution of malaria in the country;
- Major economic activities and geographic areas targeted – agriculture, fisheries, irrigation, mining, road construction, brick making, also considering gender distribution and preferences for various economic activities;
- Seasonality of migration and nomadic practices in relation to local transmission;

ANNEX 1: **ANNOTATED TABLE OF CONTENTS OF AN MSP** continued...

- Role of women's groups and other social organizations particularly in relation to social mobilization, community-based interventions, etc.;
- Housing conditions in urban and rural areas and their effect on malaria distribution and deployment of prevention interventions;
- Infrastructure, communication – accessibility of various areas by air, land or river transportation and the effect on deployment and logistics of malaria interventions;
- Other social and cultural practices that may drive malaria transmission in the country.

2.6. Health system analysis – a description of the health system performance in delivering personal and population-based services to those in need and when required, with focus on the following:

- Analysis of equity in the health system in terms of access and coverage;
- Analysis of the distribution and utilization of resources;
- Analysis of the quality of health services;
- Analysis of the impact of health systems equity, distribution, use of health resources and quality of care on health status indicators including infant and child mortality rates;
- Assessment of information regarding the availability of required resources for medium-term targets;
- Impact of health systems on malaria control and elimination including how the health systems contribute to malaria control and elimination and how the malaria programme will contribute to the health system strengthening.

3. Malaria situation analysis (10 pages)

A description of the evolution of malaria control and elimination in the country including the following:

3.1. Historical perspective of the malaria problem – a description of the following:

- Past national and international political commitment and engagement (Abuja Declaration, MDGs, RBM, etc.);
- Past malaria control interventions or tools and strategic approaches, and their effectiveness and operational feasibility;
- Past successes and failures in malaria control and elimination in the country and lessons learned.

3.2. Epidemiology

- Malaria parasites – proportional distribution of the various malaria parasites in the country over time and relationships of the distribution to control efforts or interventions; and evolution of and response to parasites' susceptibility to antimalarial drugs over time;
- Malaria vectors – proportional and geographical distribution of the various vector species in the country over time; trends of entomological inoculation rates over time; trends of vector behaviour (breeding, resting and biting) over time; and insecticide resistance and trends of its geographical and chemical distribution over time;
- Dynamics of malaria transmission and level of endemicity – spatial distribution of malaria across the country; annual seasonal variation and how it has evolved over time with increasing coverage of interventions; and other changes in the transmission dynamics that will inform the future strategies;
- Malaria stratification and mapping – different operational strata and the relevant determinant characteristics (using a table complemented with a stratification map showing in different colors the various malaria strata); malaria epidemics by location and magnitude; and malaria risk factors and determinants;
- Morbidity and mortality – malaria burden and trends using the following indicators: malaria prevalence rates (age group 2–9 years for countries in transition or 6–59 months for endemic countries, to be obtained from the MIS); confirmed and suspected malaria cases and deaths over the years disaggregated by age and sex; incidence rate using the population at risk of malaria as a denominator over the years disaggregated by age and sex; malaria as proportion of all outpatient and inpatient cases disaggregated by age and sex; crude death rate and malaria-specific death rate with total population and population at risk denominators, respectively. Each of these indicators should be disaggregated by districts and regions in order to identify the higher burden areas for priority actions.

3.3. Review of the previous MSP – a summary of the effectiveness of implementation of the past MSP usually extracted from the MPR or MTR report or from any related review focusing on the previous MSP. Specifically, it should describe:

- An overview of the previous MSP achievements in line with the MPR findings;
- Status of programme financing (including financial implementation of the MSP by objective);
- Key challenges and weaknesses; main programmatic gaps in terms of interventions and resources.

ANNEX 1: **ANNOTATED TABLE OF CONTENTS OF AN MSP** continued...

4. Strategic framework

This is a description of the vision, mission, goal and objectives:

4.1. Vision

4.2. Mission

4.3. Strategic directions and policy priorities

4.4. Goal(s) and objectives
- Goal(s);
- Objectives;

4.5. Strategies and key activities.

5. Implementation framework

5.1. MSP work plan

5.2. Implementation arrangements
- Planning and implementation mechanisms;
- Partnership coordination system;
- Procurement and supply management system;
- Financial resource management;
- Risk management and mitigation.

5.3. Budget of the MSP
- Budget summary – the budget summary will be presented by both intervention and cost category;
- Resource mobilization plan – this should include a budget gap analysis and plan for filling funding gaps.

6. Monitoring and evaluation framework

6.1. Performance framework

6.2. Data management system

6.3. M&E coordination mechanisms

7. Annexes

ANNEX 2: **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 plans; from comprehensive health planning to disease-specific or programme planning; from a 10–20 term time horizon to the five-year plan, the three-year rolling plan and the annual 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 therefore not surprising that even a cursory glance at actual country processes as well as at the literature reveals an interchangeable use of terms such as policy, plan, strategy and programme.

  There seems to be lack of consensus on and consistency in the way that core terms are used, reflecting a diversity of approaches and levels at which the planning process is undertaken, as well as countries' different aims. In any given country, the variation between different products and the terminologies used is largely determined by regional and national particularities, by the political culture and history, and by the concrete challenges faced. Therefore the intercountry and interregional diversity in terminology and in practice must be acknowledged.

  Meanwhile, it remains important to have a common understanding of terms used in this manual, with definitions proposed below:

- **Activities:** actions required to deliver an intervention or service.

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

- **Efficiency:** better use of resources to achieve results.

- **Equity:** the 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 terms of cases, deaths or transmission.

- **Guiding principle:** a rule or ethical standard that guides the work of the programme.

- **Indicator:** a measurable or tangible variable that helps assess the goals, objectives and targets, and shows changes over time.

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

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

- **Objective:** A statement of a desired future related to the expected outcomes the malaria programme hopes 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 within the goals/objectives and the primary approaches to attaining the goals/objectives.

- **Plan:**

  – **Strategic plan:** A process of organizing decisions and actions to achieve particular goals and objectives within a policy. It outlines precise priorities and activities as well as the means to achieve them.

  – **Implementation plan:** a detailed three-year rolling action plan that converts the specific objectives into targets/milestones, details interventions and activities with relevant timeframes and sequences, responsible people and resource allocation.

  – **Business plan:** an approach to presenting the implementation plan (related to the strategic framework) as a funding proposal for resource mobilization. It helps situate the implementation plan in a broader context and presents it in a more attractive way.

  – **Action plan or work plan:** detailed annual plan that guides the day-to-day work.

- **Situation analysis** is the process of analysing 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 of or assumptions (SWOT analysis) about the existing health delivery systems and the malaria programme. A situation analysis also assists planners in determining existing problems and ascertaining how existing resources may be deployed to alleviate them.

- **Strategy:** The approach to implementing an intervention or a combination of interventions in order to maximize their impact on malaria cases and death.

ANNEX 2: **DEFINITION OF TERMS** continued...

- **Stratification:** Malaria stratification is the 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); distribution and susceptibility of malaria parasites and vectors; environmental variables (e.g. temperature, rainfall, altitude and breeding sites); operational variables (e.g. coverage of malaria control measures); sociocultural 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 in stratification over time can also help to illuminate areas at higher risk for epidemics.

- **Targets:** an intermediate result intended to further an objective that a programme seeks to achieve.

- **Vision:** a statement expressing a picture of a desired better future.

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

ANNEX 3: **EXAMPLE OF A FIVE-YEAR IMPLEMENTATION PLAN**

MALARIA: A FIVE-YEAR STRATEGIC IMPLEMENTATION PLAN																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Objective	Strategies	Main Activities	Timeline					Responsible	Costing Assumptions	Total Cost	Total Cost by Year					Total Available	Source of available funding	Total Funding Gap
			Year 1 FY	Year 2 FY	Year 3 FY	Year 4 FY	Year 5 FY				Year 1 FY	Year 2 FY	Year 3 FY	Year 4 FY	Year 5 FY			
Objective 1	Strategy 1.1	Activity 1.1.1																
		Activity 1.1.2																
		Strategy 1.1 Total																
	Strategy 1.2	Activity 1.2.1																
		Strategy 1.2 Total																
		Objective 1 Total																
Objective 2	Strategy 2.1	Activity 2.1.1																
		Activity 2.1.2																
		Strategy 2.1 Total																
	Strategy 2.2	Activity 2.2.1																
		Activity 2.2.2																
		Strategy 2.2 Total																
		Objective 2 Total																
GRAND TOTAL																		

Note: FY = Financial Year

ANNEX 4: **EXAMPLE OF A MALARIA PROGRAMME PERFORMANCE FRAMEWORK**

ITEMS	INDICATORS	BASELINE			ANNUAL TARGETS					REMARK
		VALUE	YEAR	SOURCE	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	
GOALS	**IMPACT INDICATORS**									
Morbidity	Annual Parasite Incidence									
	Malaria parasite prevalence									
Mortality	Malaria death rate									
OBJECTIVE 1:	**OUTCOME INDICATORS**									
	Proportion of the population who slept under an LLIN									
	Proportion of pregnant women who received at least 3 doses of IPTp									
OBJECTIVE 2:	**OUTCOME INDICATORS**									
	Proportion of suspected cases tested									
	Test positivity rate									
	Proportion of cases confirmed									
OBJECTIVE X:	**OUTCOME INDICATORS**									
	Percentage of expected health facility reports received and complete (with core indicators)[8]									
	Proportion of foci investigated									
	Proportion of cases investigated and classified									

[8] With outpatient malaria cases, inpatients and deaths received at national level

ANNEX 5: **EXAMPLE OF CORE MALARIA INDICATORS FOR AN MSP**

INDICATOR	OPERATIONAL DEFINITION	SOURCE	FREQUENCY	LEVEL OF MEASUREMENT	RESPONSIBLE
Impact					
Annual Parasite Incidence					
Malaria parasite prevalence					
Malaria death rate					
Outcomes					
Proportion of the population who slept under an LLIN					
Proportion of pregnant women who received at least 3 doses of IPTp					
Use of ITN among children under 5 the previous night (%)					
Use of ITN among pregnant women the previous night (%)					
Proportion of suspected cases tested					
Test positivity rate					
Proportion of cases confirmed					
Percentage of expected health facility reports received and complete (with core indicators)[9]					
Proportion of foci investigated					
Proportion of cases investigated and classified					

[9] With outpatient malaria cases, inpatients and deaths received at national level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