The entire population of Sierra Leone is at high risk of malaria. The annual reported number of malaria cases in 2018 was 1,781,855 with 1,949 deaths.
Malaria
Sustaining Essential Health Services During the COVID-19 Pandemic
The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Adolescent and Child health and malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying, as well as chemoprevention for pregnant women (intermittent preventive treatment in pregnancy). Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For Sierra Leone, we commend the Ministry of Health, in the decision to go ahead with the universal coverage campaign for LLINs, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria. It is of particular note that this guidance was developed based upon the experiences of distributing LLINs in Sierra Leone during the Ebola outbreak. Based on WHO modeling, this decision, allied with sustained malaria case management through the health system will prevent a significant increase in malaria cases and deaths. Under the worst-case scenario, in which all ITN campaigns are suspended and there is a 75% reduction in access to effective antimalarial medicines, WHO estimate that there could be a 29.3% increase in malaria cases, and a 99.6% increase in malaria deaths in Sierra Leone. This scenario would represent a complete reversal in the substantial progress in malaria mortality reductions seen over the last 2 decades.

Global Fund Update
The Global Fund has announced that Sierra Leone will receive US$ 126.2 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2021-2023. The Global Fund has determined the total allocation amount based on Sierra Leone’s disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Sierra Leone this is calculated at US$68.4 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Sierra Leone is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to accelerate progress.

Progress
Sierra Leone has secured sufficient resources to achieve universal coverage of LLINs, RDTs and ACTs in 2020 and has distributed sufficient LLINs to achieve 100% operational coverage of the targeted at risk population. The country has scaled up the implementation of iCCM. Sierra Leone has significantly enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO, and has recently finalised the
insecticide resistance monitoring and management plan. Sierra Leone has launched the Zero Malaria Starts with Me campaign.

**Impact**
The annual reported number of malaria cases in 2018 was 1,781,855 with 1,949 deaths.

**Key Challenge**
- Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.

**Previous Key Recommended Action**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Item</th>
<th>Suggested completion timeframe</th>
<th>Progress</th>
<th>Comments - key activities/accomplishments since last quarterly report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address funding</td>
<td>Ensure the GF malaria funding application is submitted by Q3 2020 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years</td>
<td>Q3 2020</td>
<td></td>
<td>Deliverable not yet due</td>
</tr>
</tbody>
</table>

| Impact | Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic | Q4 2020                      |          | Sierra Leone has completed the LLIN universal coverage campaign and has worked to sustain case management during the COVID-19 pandemic |

**RMNCAH and NTDs**

**Progress**
Sierra Leone has achieved high coverage of the tracer RMNCAH intervention of DPT3 and has recently increased coverage of ARTs in the total population and skilled birth attendants. The country enhanced the tracking and accountability mechanisms with the development of the Reproductive, Maternal, Newborn and Child Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Sierra Leone is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, and soil transmitted helminths. Preventive chemotherapy coverage in Sierra Leone is good for onchocerciasis (76%) and below WHO targets for soil transmitted helminths (73%) and for lymphatic filariasis (61%). Preventive chemotherapy was not implemented for schistosomiasis (%). Overall, the NTD preventive chemotherapy coverage index for Sierra Leone in 2018 is 14, which represents a large decrease compared with the 2017 index value (85).
## Previous Key Recommended Actions

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>RMNCAH¹: Optimise quality of care</td>
<td>Address the falling coverage of vitamin A</td>
<td>Q1 2021</td>
<td></td>
<td>Deliverable not yet due</td>
</tr>
<tr>
<td>RMNCAH¹: Impact</td>
<td>Ensure that essential RMNCAH services are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities</td>
<td>Q4 2020</td>
<td></td>
<td>Deliverable not yet due</td>
</tr>
</tbody>
</table>

Sierra Leone has responded positively to the RMNCAH recommended action addressing low coverage of ARTs in children, and continues to track progress as this action is implemented, with increases in coverage recently observed.

### Key

- **Action achieved**
- **Some progress**
- **No progress**
- **Deliverable not yet due**

¹ RMNCAH metrics, recommended actions and response tracked through WHO