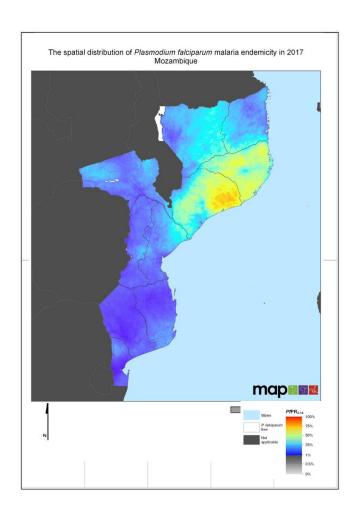
Mozambique ALMA Quarterly Report Quarter One, 2020



Scorecard for Accountability and Action



| M | 0 | ٠, | ri | - | c |
|---|---|----|----|---|---|
| | | | | | |

| Commodities Financed and Financial Control | | |
|---|-----|--------|
| LLIN financing 2020 projection (% of need) | | 100 |
| Public sector RDT financing 2020 projection (% of need) | | 100 |
| Public sector ACT financing 2020 projection (% of need) | | 100 |
| World Bank rating on public sector management and institutions 2018 (CPIA Cluster D) | | 3.1 |
| Insecticide Resistance Monitoring, Implementation a | nd | Impact |
| Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010 | | 3 |
| Insecticide resistance monitored since 2015 and data reported to WHO | | 0 |
| National Insecticide Resistance Monitoring and Management Plan | | |
| Country Reporting Launch of Zero Malaria Starts with Me Campaign | | |
| Scale of Implementation of ICCM (2017) | | |
| Operational LLIN/IRS coverage (% of at risk population) | | 100 |
| On track to reduce case incidence by ≥40% by 2020 (vs 2015) | | |
| On track to reduce case mortality by ≥40% by 2020 (vs 2015) | | |
| Tracer Indicators for Maternal and Child Health and N | ITE | Os |
| Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2018) | | 47 |
| Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2018) | | 56 |
| Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2018) | | 60 |
| % deliveries assisted by skilled birth attendant | | 73 |
| Postnatal care (within 48 hrs) | | |
| Exclusive breastfeeding (% children < 6 months) | | 41 |
| Vitamin A Coverage 2018 (2 doses) | | 64 |
| DPT3 coverage 2018 (vaccination among 0-11 | | 80 |

Malaria transmission is seasonal in almost all areas of Mozambique. The annual reported number of malaria cases in 2018 was 9,320,557 with 968 deaths.

Key



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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, Child and Adolescent health including 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 Mozambique, it will be of vital importance to ensure that the universal coverage campaigns for long-lasting insecticidal nets (LLINs) scheduled for 2020 go ahead in the targeted provinces, whilst taking into account physical distancing, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria. Without the LLIN campaigns, planned indoor residual spraying and sustained malaria case management, there will be an 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 24.8% increase in malaria cases, and a 100.1% increase in malaria deaths in Mozambique. 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 Mozambique will receive US\$751.5 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 Mozambique'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 Mozambique this is calculated at US\$ 200 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Mozambique 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

Mozambique secured sufficient financing to sustain universal coverage of LLINs and ACTs in 2020 and has carried out sufficient IRS and procured sufficient LLINs to achieve 100% operational coverage of vector control in the targeted at risk population. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO. Mozambique has also completed the national insecticide resistance monitoring and management plan. Mozambique has also scaled up implementation of iCCM. Mozambique has responded to the cyclone emergency. The country has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Control and Elimination Scorecard. Mozambique has launched its Zero Malaria Starts with Me campaign. The country is also showing leadership in malaria control through its participation in the High Burden High Impact Approach.

Impact

The annual reported number of malaria cases in 2018 was 9,320,557 with 968 deaths.

Key Challenges

- There is a need to strengthen cross border collaboration with neighbouring countries.
- 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

| Objective | Action Item | Suggested completion timeframe | Progress | Comments - key activities/accomplishments since last quarterly report |
|-----------------|--|--------------------------------|----------|---|
| Address funding | Ensure the GF malaria funding application is submitted by Q2 2020 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years | Q2 2020 | | Deliverable not yet due |

New Key Recommended Action

| Objective | Action Item | Suggested completion timeframe |
|-----------|--|--------------------------------|
| 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 |

RMNCAH and NTDs

Progress

Mozambique has recently increased coverage of ARTs in children as well as skilled birth attendants. The country has significantly enhanced the tracking and accountability mechanisms with the development of the Reproductive, Maternal, Newborn, Adolescent and Child Health Scorecard.

Progress in addressing Neglected Tropical Diseases (NTDs) in Mozambique is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis, schistosomiasis, soil transmitted helminths and trachoma. Preventive chemotherapy coverage in Mozambique is very good for lymphatic filariasis (81%) and below WHO targets for schistosomiasis (60%), soil transmitted helminths (51%) and for trachoma (20%). Overall, the NTD preventive chemotherapy coverage index for Mozambique in 2018 is 47, which represents a very substantial increase compared with the 2017 index value (12).

Previous Key Recommended Actions

Mozambique has responded positively to the RMNCAH recommended action addressing the lack of data on postnatal care and continues to track progress as these actions are implemented.

New Key Recommended Action

| Objective | Action Item | Suggested completion timeframe |
|--------------------|--|--------------------------------|
| RMNCAH1: Impact | Ensure that essential RMNCAH services are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic | Q4 2020 |

¹ RMNCAH metrics, recommended actions and response tracked through WHO

