



PROJECT DOCUMENT

Project Title: **Decrease of Mortality & Morbidity related to Malaria in Guinea Bissau**

Project ID: **00099429**

Output Number: **00095423**

Implementing Partner: **Ministry of Health (PNDS, CECOME, INASA)**

Start Date: **01/04/2016**

End Date: **31/12/2017**

LPAC Meeting date: **16 August 2016**

Brief Description

(Briefly describe the overall development challenge and the expected results of the project.)

This current project to be supported under the New Funding Model (NFM) at total of 16.4 million Euros is a continuation of previously awarded Global Fund to Fight Against AIDS, TB, Malaria (GF) grants 2013-2016 in Guinea Bissau (GNB), with the United Nations Development Programme (UNDP) selected by the Country Coordination Mechanism (CCM) to act as the grants' principal recipient (PR). The previous GF malaria grants contributed to dramatic achievements in prevention and treatment, as well as to two national long lasting insecticidal nets (LLIN) campaigns of 2011 and 2014, the latter successfully reached an approximate 1.8m target population with over 1m LLINs. The success of the 2014 LLIN campaign led to an African Union award for GNB. Other substantial successes were attained in the reduction of malaria prevalence, in children by over 90% and in adults by over 80% between 2011 and 2014. It also resulted in 96.7% of suspected malaria cases receiving rapid diagnostics tests (RDT) in 2014 (through the case management strategy), and 43.9% of positive cases treated with artemisinin-based combination therapy (ACT) [GF Standard Concept Note for Malaria: GNB 2015].

Although progress has been made, malaria remains the number-one killer in Guinea Bissau. It has been noted that correct and comprehensive case management remains a challenge, and that transmission remains high, at an incidence rate of 58 cases per 1,000 in population (58/1,000) which can range from less than 50 to more than 75/1,000 depending on region and season [INASA 2014]. Henceforth, this current project aims to consolidate and continue activities from previous GF grant rounds to reduce overall burden of malaria morbidity and mortality in GNB.

Five priority strategies of intervention employed by UNDP and its project partners to be delivered in this project with support of this new grant are:

1. Prevention interventions focusing on Vector Control, especially through the universal distribution of long lasting insecticidal nets (LLIN) planned for April 2017
2. Case Management
3. Specific Prevention Interventions for children under 5, and pregnant girls and women
4. Supporting Health System Strengthening activities, including monitoring and evaluation, and procurement and supply management
5. Programme Management

The delivery structure will take on a multi-pronged, coordinated approach with partnerships at the central, regional and community levels, across public and private sectors, to advance evidence-based prevention and curative interventions. UNDP's key implementing partners are three Ministry of Public Health structures, namely the National Health Development Program (PNDS-CG), the Central Medical Stores (CECOME), and the National Public Health Institute (INASA).

These above five interconnected strategies are expected to produce the following project outputs in continued contribution to the National Strategic Malaria Control Plan (NSP) 2013-2017:

1. 95% of population sleeps under a Long-Lasting Insecticidal-treated Net (LLIN) by end of 2017.
2. At least 70% of pregnant women receive at least three doses of directly-observed intermittent prophylactic therapy via Intermittent Preventive Treatment in Pregnancy (IPTp) by end of 2017.
3. At least 85% of children 3-59 months of age are covered by Seasonal Malaria Chemoprophylaxis (SMC) by the end of 2017.
4. Management and coordination capacities are strengthened at the Ministry of Health (MOH), National Program for Health Development (PNDS-CG), the National Malaria Control Programme (PNLP), the Central Medical Stores (CECOME), and the National Public Health Institute (INASA).
5. At least 90% of malaria cases are correctly treated in health facilities according to updated national diagnosis and treatment protocol by the end of 2017.
6. Monitoring and evaluation system is in-place or strengthened.

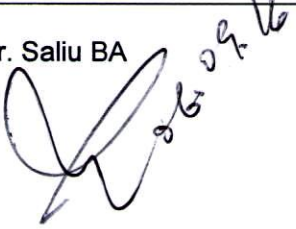


They are further illustrated under the *Results Framework* of the project. It is further assumed, with successful implementation of these strategic areas, that by 2017 the infant mortality rate will be reduced to 88.8 from 166/1,000 (NSP 2013-2017), number of deaths of patients hospitalized for malaria to 0.02 from 0.27/1000, and malaria test positivity rate to 27.4% from 32.5% (NSP 2013 - 2017).

The population health attainments underpinning this project to “Decrease Malaria Mortality & Morbidity in Guinea Bissau”, serve to contribute aligns with Sustainable Development Goals 3, 4, 5, 6, 10, and 17 and with the overall national goal defined by NSP 2013-2017 to “*reduce the malaria burden so it is no longer a public health issue*”. This goal is measured under two overall objectives defined on the basis of the guidelines from the Global Malaria Action Plan (GMAP1) to which GNB has subscribed:

1. Reduce malaria-related mortality to attain a value close to zero at the end of 2015 and maintain it at this level until 2017.
2. Reduce the number of cases of malaria in Guinea Bissau by 75 percent (compared with 2000) by the end of 2015 and maintain it at this level until 2017.

<p>Contributing Outcome (UNDAF/CPD, RPD or GPD): N/A</p> <p>(Contribution towards National Strategic Malaria Control Plan (NSP) 2013-2017 with overall objectives:</p> <ol style="list-style-type: none"> 1. Zero malaria-related mortality 2. 75% malaria case reduction) 	Total resources required:	16,384,304		
	Total resources allocated:	16,384,304		
		UNDP TRAC:		
		Donor:	16,384,304	
	Government:			
Unfunded:	NIL			

Agreed By

Coordinating Mechanism (CCM)	UNDP	Ministry of Health
<p>Mr. Saliu BA</p>  <p>06/08/16</p>	<p>Mr. Gabriel Labao Dava</p> 	<p>Dr. Domingos MALU</p> 



Development Challenge

(1/4 page – 2 pages recommended) Describe the development challenge that the project seeks to address and how it is relevant to national/regional/global development priorities, as relevant. Include evidence to support the analysis, such as data demonstrating the magnitude of the problem and how it affects different population groups (esp. women and men, and minority and other excluded groups) and why it is important for poverty reduction and addressing inequality and exclusion. Identify the immediate, underlying and root causes of the challenge (including capacity limitations) which have been identified in the problem tree analysis feeding into the Theory of Change. Please be specific.

By measure of years of life lost (YLLs) due to premature mortality in Guinea-Bissau, malaria had been the leading cause as far as in 1990 and remaining so in 2013 [IHME 2013]. Its causes for prevalence and impacts which UNDP and its partners seek to address in this proposed project can be contextualized environmentally, systematically, economically, and in a sociocultural lens. (Annex IV: ToC Context (C) 1, 2.1-2.4)

Guinea Bissau's two neighbors have significantly lower incidence rates, with Senegal at 18 cases per 1000 population and Cape Verde in pre-elimination phase (WHO, 2015). Malaria transmission in Guinea Bissau remains relatively higher at a case rate of 58/1000. It varies from less than 50 to more than 75/1000 depending on region [INASA 2014], with Gabu (East), the islands (South West) and Biombo, and the autonomous sector of Bissau (North) as most affected areas. (Annex IV: ToC C1, C2.1) Transmission rate is amplified by a seasonality factor during July to November, when prevalence surges from 44% to 79% by the end of the rainy season. (Annex IV: ToC C1, C2.2) This time-dependent cause for heighten malaria transmission thus requires widespread vector control measures to ensure prevention.

The West Africa region, which hosts five of the countries with lowest Human Development Indices, has about 342 million people at risk of the disease (reported incidence at > 1/1000). And according to WHO's commission on Macroeconomics and Health, where malaria prospers most, human populations have prospered least (Sachs & Malaney, 2002). Global distribution of per-capita GDP shows similar correlation between malaria and poverty, where endemic countries experience lower rates of economic growth (World Bank, 2016). In the context of Guinea Bissau, results of the Poverty Assessment according to DENARP II (ILAP 2/2010) indicate that 69% of Guineans are poor and 33% are extremely poor. The poorest especially do not have adequate access to services. And as medical procedures and drugs need to be paid out-of-pocket (in relation to and despite of the Bamako Initiative and cost recovery mechanism), majority of the poor resorts to self-medication and to soliciting traditional healers, leading to further delay in receiving proper treatment, to diagnostic errors, and to high risk of mortality. Said poverty-driven behaviour in community setting poses threats to disease control and case management. In short, malaria damages economic development potential in a country and its eradication is in synchrony hampered by poor economic outcomes. (Annex IV: ToC C2.4)

In Guinea Bissau, late attendance to clinics for routine antenatal care (ANC) by majority of pregnant women, coupled with weak health services, limit the effectiveness of IPTp when SP are to be administered under direct observation during visits. Attendance rate of 21.7 (INASA, 2014) falls well behind the goal of 80% proposed by the Roll Back Malaria Partnership. New approaches to scale up IPTp are urgently needed to cover this risk-exposed group accounting for 4.5% out of the total population of 1,713,485 (2014), especially as indirect effects of malaria can begin even before birth. Pregnant women are at a higher risk of infection, and malarial pregnancy can result in miscarriages, neonatal and infant mortality, low birth weight and congenital infection. Acute and chronic malaria infections can alter the immune system and the body's response to vaccines, and increase vulnerability to other infections. The Africa Malaria Report states that malaria during pregnancy is estimated to cause between 75,000 and 200,000 infant deaths per year (WHO, 2015).

Gender inequality by social and cultural design also makes access to health care services difficult for high risk groups such as girls and women, who in general have lower levels of literacy (42%) and little decision making power within family structure, despite the fact that IPTp and LLINs are provided for free. These two factors may contribute to the low attendance rate to the ANC visit