



PHIM | PUBLIC HEALTH INSTITUTE
of MALAWI

YEAR 1 PROGRESS REPORT MALAWI EMERGENCY PREPAREDNESS AND RESPONSE (EPR) ROADMAP 2023-2025



Table of Contents

04 ACRONYMS



06 BACKGROUND



07 INTRODUCTION



08 SURGE



21 PROSE



28 TASS



35 CHALLENGES



35 LESSONS LEARNED



35 WAY FORWARD



36 ACKNOWLEDGEMENTS



ACRONYMS

AMR	Antimicrobial Resistance
Africa CDC	Africa Centers for Disease Control and Prevention
AOP	Annual Operational Plan
AVoHC	African Volunteers Health Corps
CDC	Centers for Disease Control and Prevention
CMST	Central Medical Stores
COVID-19	Coronavirus Disease 2019
CPAR	Canadian Physicians for Aid and Relief
CSO	Civil Society Organization
DHIS	District Health Information System
DoDMA	Department of Disaster Management Affairs
EBS	Event Based Surveillance
EMT	Emergency Medical Teams
EOC	Emergency Operations Center
EPR	Emergency Preparedness and Response
FCDO	Foreign, Commonwealth & Development Office
GOM	Government of Malawi
GTFCC	Global Task Force on Cholera Control
HSJF	Health Sector Joint Fund
HSSP	Health Sector Strategic Plan
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
IMS	Incident Management System
IPC	Infection Prevention and Control
JEE	Joint External Evaluation
JRA	Joint Risk Assessment
KfW	Kreditanstalt für Wiederaufbau Bank (Germany)
M&E	Monitoring & Evaluation
MDF	Malawi Defense Forces
MOU	Memorandum of Understanding
MOH	Ministry of Health
NAPHS	National Action Plan for Health Security

NHEROP	National Health Emergency Response Operations Plan
NIPH	Norwegian Institute of Public Health
OHSP	One Health Surveillance Platform
OPC	Office of the President and Cabinet
PATH	Program for Appropriate Technology in Health
PHE	Public Health Event
PHEOC	Public Health Emergency Operations Centre
PHEMC	Public Health Emergency Management Committee
PHIM	Public Health Institute of Malawi
POE	Point of Entry
PROSE	Promoting Resilience of Systems for Emergencies
QA	Quality Assurance
QMS	Quality Management system
QI	Quality Improvement
RCCE	Risk Communications and Community Engagement
RRT	Rapid Response Team
SimEX	Simulation Exercise
SMT	Senior Management Team
SOP	Standard Operating Procedure
SPAR	State Party Self-Assessment Annual Report
STAR	Strategic Tool for Assessing Risks
SURGE	Strengthening and Utilizing Response Groups for Emergencies
TA	Traditional Authority
TASS	Transforming African Surveillance Systems
TOT	Training of Trainers
TWG	Technical Working Group
UNJP	United Nations Joint Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water Sanitation and Hygiene
WCO	WHO Country Office
WHO	World Health Organization
WHO AFRO	The World Health Organization Regional Office for Africa

BACKGROUND

Malawi is a landlocked country and occupies a land area of approximately 46,066 square miles of which 9,425 square miles are Lakes Malawi, Malombe, and Chirwa. From North to South, the country is 560 miles long and varies in width from 50 to 100 miles. The country is bordered to the East and South-West by Mozambique, to the North-West by Zambia, and to the North by Tanzania.

Malawi is vulnerable to the impacts of extreme weather events given its location along the Great Rift Valley, rapid population growth, unsustainable urbanization, climate variability and change, and environmental degradation among others. The most common weather-related shocks affecting Malawi include floods, drought, stormy rains, and hailstorms, most of which happen on an annual basis. Over the past five decades, Malawi has experienced more than 19 major floods and 7 droughts, with varying frequencies, magnitude, and scope over the years. For example, the Tropical Cyclone Idai of 2019 heavily affected Chikwawa, Nsanje, Phalombe and Zomba districts with 11,194 households being affected, 15,000 livestock of different species destroyed.

In January 2022 Moderate Tropical Storm Ana affected 20 districts and 193,558 households were affected of which 22,364 households were displaced. In March 2022, Tropical Cyclone Gombe affected 1 million people and seven deaths were reported. Cyclone Freddy hit the Southern region of Malawi between 11-13 March 2023, bringing strong winds and torrential rains and causing substantial flooding and mudslides. The extent of damage was substantial and widespread across many districts in the south. Some 2,267,458 people were affected across the many flooded areas, representing 523,564 households. There were 2,178 recorded injuries, and more than 1,000 people lost their lives. Flooding is most common in low altitude areas along the lakeshore areas and the Shire Valley.

In addition to the natural disasters, epidemics are another area of concern. Malawi has been affected by infectious diseases such as Cholera, Typhoid, Measles, Polio and COVID-19. This is also applicable to zoonotic diseases such as



Rabies and neglected tropical diseases such as Schistosomiasis and Trypanosomiasis. The recent protracted cholera outbreak in Malawi resulted in 59,376 cases and more than 1,772 deaths (CFR = 3%). Interventions have been put in place to address the morbidity and mortality resulting from these diseases through WASH measures, immunization and other preventive measures including a strong surveillance system for the detection and monitoring of diseases. However, the country's vulnerability to such epidemics is still high and contributes to significant loss of life and health. They impose great strains on an already fragile health system.

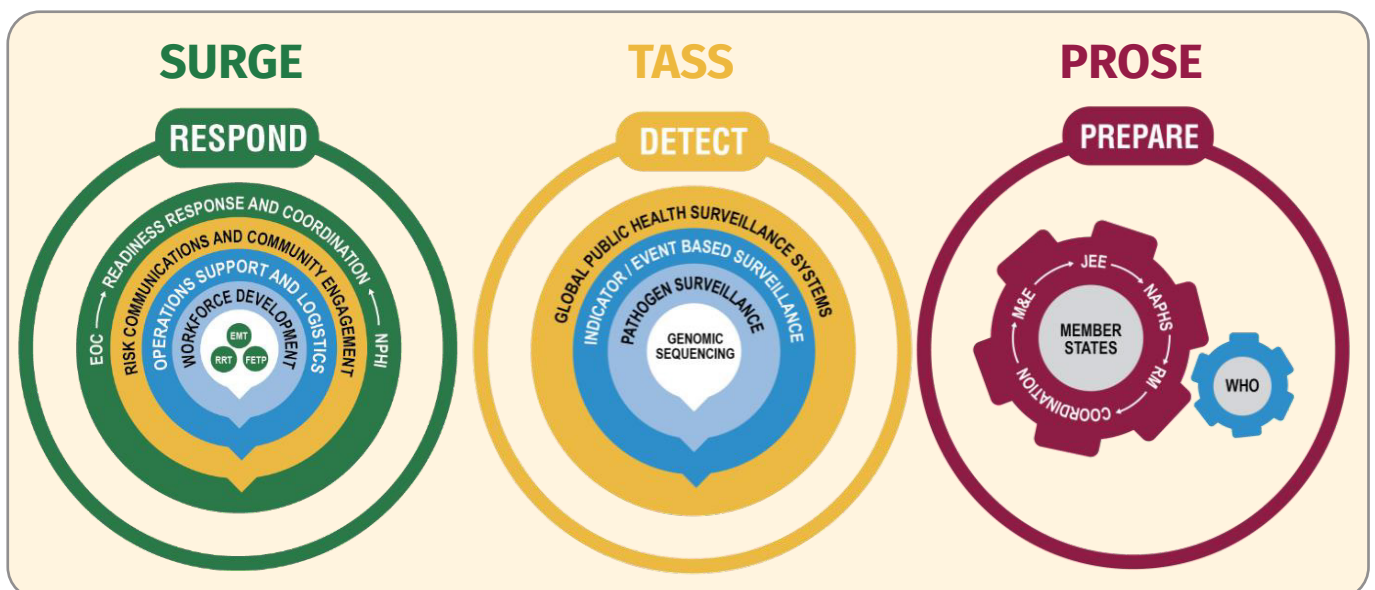
INTRODUCTION

The African region continues to face immense public health emergencies including disease outbreaks and humanitarian disasters. The region responds to an average of one hundred occurrences annually. The past three years have shown us just how fragile our emergency preparedness and response systems are. The COVID-19 pandemic has underscored the importance of strengthening emergency preparedness and response and made it at the forefront of global health policy dialogue. The global human and economic toll brought about by the protracted pandemic exceeds all modern disease outbreaks in terms of the scope, extent, and persistence of its effects, and has been reported to undermine decades of gains made in public health and poverty reduction.

In the recent past, Africa has become more inter-connected than ever before, with free trade across countries and open borders allowing the large-scale movement of people, animals and goods. While this is good on the economic front, it also amplifies the risk of spread of communicable diseases. The world is also increasingly witnessing

the consequences of climate-related health emergencies including severe drought, floods, and storms, all of which test the elasticity of health systems especially in Africa, whose systems are already brittle. The weakness of the health system in the region cuts across all functional areas including financing, governance, human resources, operations logistics and supplies, as well as service delivery.

The World Health Organization Regional Office for Africa (WHO AFRO), in accordance with recommendations from various WHO committees and the new global architecture to strengthen Health Emergency Preparedness and Response (HEPR2), has developed three flagship programmes to support Member States in the African region to prepare for, detect and respond to public health emergencies. The EPR flagship initiatives include PROSE- Promoting Resilience of Systems for Emergencies; TASS - Transforming African Surveillance Systems and SURGE - Strengthening and Utilizing Response Groups for Emergencies.



Year 1 Progress Report

Malawi Emergency Preparedness and Response (EPR) Roadmap

A scoping mission was conducted in Malawi from 19th to 23rd June 2023 in Lilongwe to provide orientation on the Flagship Initiative. The mission brought together 150 participants both at strategic and technical levels from different government ministries and agencies, development partners, NGOs, Civil Society Organizations, as well as institutions of higher learning. In this meeting, situation analysis of the Emergency Preparedness and Response (EPR) landscape in Malawi was done, operational gaps identified, priority setting, and identification of critical activities was conducted. From there, a 2-year EPR Flagship roadmap was developed and validated. A Memorandum of Understanding (MoU) was later signed between the Ministry of Health and WHO Malawi Country Office (WCO), and the EPR Roadmap was formally launched in October 2023.

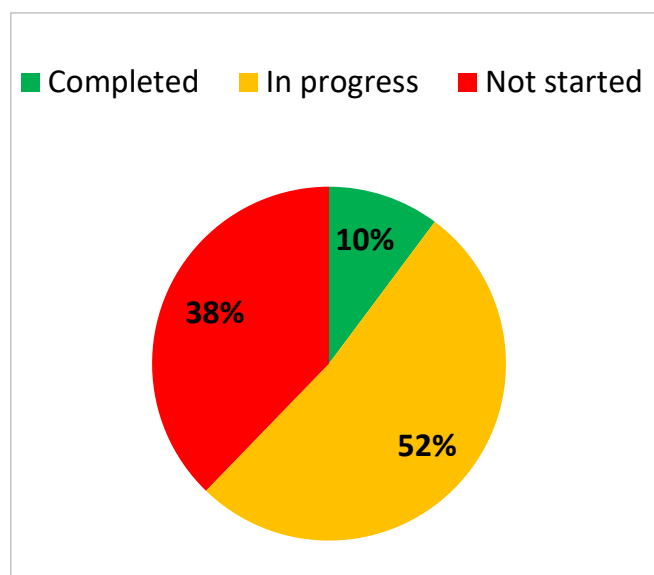
This report presents progress that has been made One Year after the launching of the EPR Flagship Roadmap.

1. STRENGTHENING & UTILIZING RESPONSE GROUPS FOR EMERGENCIES (SURGE)

The SURGE Flagship Initiative has four pillars: Workforce Development; Response Readiness and Coordination; Operations Support and Logistics (OSL); and Risk Communications and

Community Engagement (RCCE). To date 10% of activities under the SURGE Initiative have been completed, while 52% are on-going, and 38% have not started.

Figure 1: Status of implementation of SURGE activities



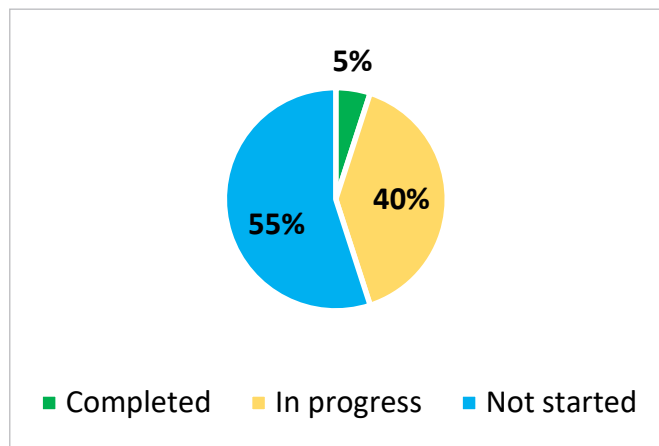
1.1. IMPLEMENTATION STATUS OF ACTIVITIES UNDER WORKFORCE DEVELOPMENT

Under Workforce Development, out of twenty prioritized activities, 1 activity has been completed, 9 are in progress, while 10 are yet to be initiated (Table 1).

Table 1: Implementation Status of Activities Under Workforce Development

Activity	Status	Remarks
Establish selection committee (10 people) for identification of AVoCH-SURGE experts	Completed	
Training of 200 AVoHC SURGE Experts	In progress	63 AVoHC SURGE Responders trained with AFRO support. Funding mobilized from USAID for the next cohort of 70
Conduct SIMEX (Across all the regions and multisectoral)	In progress	Mpox Tabletop Exercise conducted
Integrate Monitoring, Evaluation, Accountability, and Learning (MEAL) in all workforce interventions	In progress	
Establish a taskforce to review SOPs and guidelines on PHE	Not started	
Review, customization and validation of SOPs to Malawi context	In progress	On-going, emergency-specific
Dissemination of SOPs and guidelines (zonal)	In progress	On-going, emergency-specific
Create modules for online training platform	Not started	
Engage training institutions on inclusion of PHE modules in pre-service training	Not started	
Adaptation of modules and learning materials in public health emergency and response	Not started	
Training of academic staff on public health emergency and response	Not started	
MEAL for inclusion of public health emergency modules to pre-service training curriculum	Not started	
Establishment of a PHE fellowship program	Not started	
Mapping existing specialized experts in relation to PHEs for reserve workforce	In progress	Potential Incident Managers identified, on-going for other experts
Engage managers & experts (50) on PHEs	Not started	
Work with interministerial taskforce for mobilizing resources for SURGE workforce	Not started	
Interministerial task force meetings for resource mobilisation	Not started	
Map-out potential sources of funding for SURGE workforce	In progress	
Engage treasury to support filling in of authorized PHE positions and SURGE work force	In progress	
Engage donors to support PHE and SURGE work force	In progress	Support from USAID (AVoHC-SURGE) and FCDO (EMT) capacity building

Figure 2: Implementation Status, Workforce Development



AVoHC SURGE Training:

To improve the surge capacity, Malawi seeks to train 200 multisectoral and trans-disciplinary experts skilled in emergency and humanitarian response and readily available to be deployed for public health emergencies. To achieve this, a 10-member selection committee was constituted with specific Terms of Reference (ToR) for the identification of these surge experts. Between October and November 2023, the first cohort

of 63 AVoHC SURGE responders were trained in Malawi. The participants were drawn from ten ministries: Ministry of Health; Ministry of Homeland Security; Ministry of Agriculture; Ministry of Defence; Office of the President and Cabinet; Ministry of Information and Digitization; Ministry of Energy; Ministry of Water and Sanitation; Ministry of Gender and Social Welfare; and the University of Malawi. The team was multidisciplinary and comprised of: epidemiologists, public health specialists, physicians, nurses, laboratory professionals, disaster risk reduction experts, social welfare officer, psychologist, environmental health expert, Logistics, veterinarian, law enforcement, defense, etc. The modules covered were Public Health Emergency Operation Centers (PHEOC); Rapid Response Teams (RRT); Humanitarian Overview and Introduction to the Health Cluster; and Gender-Based Violence (GBV) and Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRESEAH). The experts have since been deployed to respond to disease outbreaks and floods in Malawi. Funding has been received from USAID to conduct the next cohort of AVoHC SURGE training, targeting 70 participants.





1.2. IMPLEMENTATION STATUS OF ACTIVITIES UNDER READINESS AND RESPONSE COORDINATION

Under Readiness and Response Coordination, out of forty one prioritized activities, 5 activities have been completed, 25 are in progress, while 11 are yet to be initiated (Table 2).

Figure 3: Implementation Status, Response and Readiness Coordination

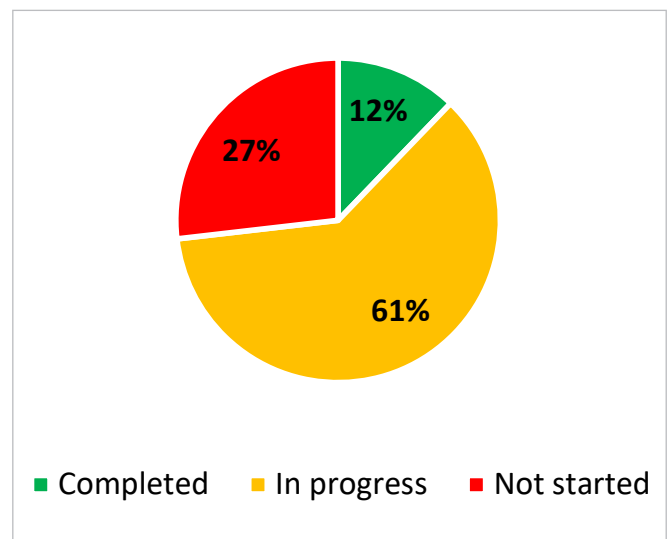


Table 2: Implementation Status of Activities Under Response Readiness and Coordination

Activity	Status	Remarks
Develop SOPs for deployment of Response Teams	Not started	Will be conducted in November 2024 with funding from USAID
Develop protocols and guidelines for some high risk hazards	In progress	COVID-19, measles, polio and cholera guidelines in place;
Mpox guidelines under development More guidelines to be developed in Dec 2023 (USAID funding)		
Develop protocols procedures and guideline on involvement of the Malawi Defense Force (MDF) and other sectors to respond to emergencies	Not started	Will be conducted in Jan 2025 with funding from USAID

Year 1 Progress Report

Malawi Emergency Preparedness and Response (EPR) Roadmap

Activity	Status	Remarks
Print SOPs, Guidelines, Protocols and Jobaids	In progress	FCDO (HSJF and UNJP), NIPH and USAID funding
Dissemination Workshop for SOPs, Guidelines, Protocols and Jobaids	In progress	FCDO (HSJF and UNJP), NIPH and USAID funding
Mobilize and allocate PHE finances timely for readiness and response.	In progress	To date, CDC, FCDO (HSJF and UNJP) and USAID funding has been secured
Maintain districts PHEOC infrastructures (building, furniture) and equipment (ICT materials)	In progress	Two district PHEOCs infrastructure support under CDC-CoAg funding
Strengthen human workforce (trainings, recruitments) for the PHEOCs	In progress	1st Phase of AVoHC Surge Training of 63 responders of a target of 200; Training of EMTs; Funding received from AFRO, UNJP and USAID to cascade PHEOC training to districts
Strengthen data standards and information system (purchase license for the data systems)	In progress	With WHO support, Arcgis Pro, ArcMap and Power BI licenses have been bought
Develop Simulation Exercise plan	In progress	Funding from USAID to develop PHEOC emergency management training and exercise plan
Conduct simulation exercises.	In progress	Mpox Table top exercise conducted
Second simex planned for December		
Conduct a workshop on operational readiness for national and district preparedness and response officers	In progress	Readiness workshops conducted for El Nino, Mpox and cholera
Conduct IMT meetings at national level	Completed	This is done when IMS is activated
Conduct IMT supervisions to the districts	Completed	This is done when IMS is activated
Conduct IMT meeting at district level	Completed	This is done when IMS is activated

Activity	Status	Remarks
Conduct IMT supervisions to the health facilities	Completed	This is done when IMS is activated
Develop protocols for transferring high risk patients.	In progress	World bank supported drafting of the protocols. Currently awaiting finalization which will include Health Service Delivery Committee review, SMT review, followed by endorsement and printing
Procure communication devices (satellite phones) for the ambulance system	Not started	
Map 32 isolation centers for infectious conditions.	In progress	5 central hospitals have been mapped already for isolation
Establish isolation centers for infectious conditions (Nsanje, Chikwakwa, Balaka, Karonga)	Not started	
Refurbish accident and emergency departments.	In progress	World bank through the Department of Road Traffic and Safety built Dedza, Ntcheu, Balaka and Lisungwi A & Es, and refurbished Queen Elizabeth Central Hospital Adult Emergency and Trauma Centre (AETC).
Establish Health emergency, critical and operative care system (intra-hospital and pre- hospital) at the district health level	In progress	WHO supported Emergency Care System Assessment (ECSA) at the National level. Also, a 44-member EMT has been trained, with 30-member Basic Emergency care training planned for Sep 2024, and EMT ToT training scheduled for Oct 2024 with FCDO funding.
Train ambulance users on the communication devices usage	Not started	

Year 1 Progress Report

Malawi Emergency Preparedness and Response (EPR) Roadmap

Activity	Status	Remarks
Standardization of patient records to improve data management at all points of care	In progress	Patient records developed, reviewed, and submitted to digital health. They need piloting before being circulated for use
Advocate funds to cater for all IPC/WASH activities	In progress	Funding received from FCDO and KfW (Health Sector Joint Fund [HSJF])
procure IPC/WASH supplies and consumables	In progress	Some IPC/WASH supplies procured through funding from KfW (HSJF)
Train Healthcare workers and Security Officers (Police, MDF, Immigration) on IPC	In progress	4 Officers trained in IPC as part of AVoHC SURGE training
Conduct IPC mentorship and support supervision (national)	In progress	on going activity, planned to be conducted quarterly with support from FCDO
Conduct IPC mentorship and support supervision (districts)	In progress	on going activity, planned to be conducted quarterly with support from FCDO
Procurement of 10 water quality rapid test kits	Completed	9 potable testing machines were handed over to Central Water Lab in the Ministry of Water and Sanitation
Procurement and Installation of water tanks in kiosks	Not started	
Support implementation of community led total sanitation (CLTS) and school led total sanitation (SLTS) at district level	In progress	Community-Led Total Sanitation (CLTS) initiatives have been launched in Blantyre and Lilongwe supported by different partners including UNICEF, CPAR, world Vision and World Relief.
Procure mobile toilets for response	Not started	
Identify /map coordination structures at all levels (National and subnational)	In progress	

Activity	Status	Remarks
Develop Terms of Reference for IHR National Focal Point (NFPs) for One Health	In progress	TORs, SOPs and Communications protocol have been developed for all the sectors. Pending approval by SMT. Currently developing One Health SOPs
Conduct workshops and trainings for One Health coordination teams nationally	In progress	
Conduct coordination meetings at national level	In progress	This is on-going, with plans for regular IDSR data review with the Public Health Emergency Management Committee (PHEMC)
Conduct supportive supervision to district coordination meetings	In progress	
Conduct workshops and trainings for coordination teams at district (RRTs, IMS, PHEMC)	Not started	Will be done in collaboration with UNICEF (with funding from FCDO), and USAID
Conduct coordination meetings at district level	Not started	Will be done in 6 districts in collaboration with UNICEF (with funding from FCDO)
Train the Search and Rescue teams (MDF, Police)	Not started	

Emergency Medical Teams

Emergency care is an integrated platform to deliver time-sensitive health care services for acute illness and injury across the life course. Its effective organization extends from care at the scene through transport and emergency unit care, and it ensures continuity and access to early operative and critical care when needed. It is an essential element of universal health coverage as it is often one's first point of contact with the health system. The gap in HR identified during previous public health emergencies in Malawi with limited expertise in the emergency management of patients remains prominent. In line with strengthening emergency response, strengthening health systems and bridging the existing capacity gaps, the MOH/Clinical Department in collaboration with WHO aims to conduct a training/capacity building on the Basic Emergency Care Course (BEC) targeting 30 Clinicians from the prioritized districts prone

to public health Emergencies including floods and outbreaks. A Training of Trainers is also planned, targeting 15 Trainers. Funding has been received from FCDO to support these activities. This builds on previous trainings, where a pool of 44 EMT providers were trained, and have since been deployed to respond to various emergencies in the country, including flooding on Nkhotakota District. To support Nkhotakota district, a 13-member National EMT was deployed on for a period of 21 days. The EMT was Type 1, but due to referral challenges as a result of damaged roads, the EMT handled both EMT Type 1 and Type 2 services, including Oligohydramnios, obstructed labor, uterine rupture, infant respiratory distress syndrome, rib fractures, Galeazzi fracture, and compression of L2 vertebrae. The team had more than 400 consultations per day, and 8,093 consultations cumulatively.



1.3. IMPLEMENTATION STATUS OF ACTIVITIES UNDER RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

Under RCCE, out of 39 prioritized activities, 4 activities have been completed, 15 are in progress, while 20 are yet to be initiated (Table 3).

Figure 4: Implementation Status, RCCE

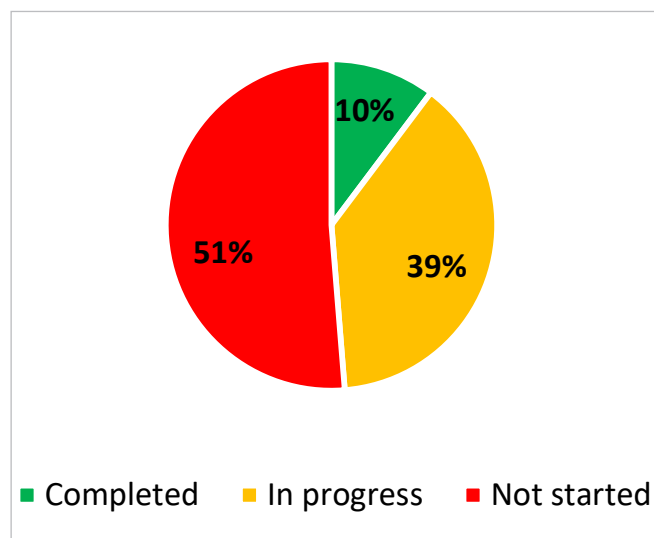


Table 3: Implementation Status of Activities Under RCCE

Activity	Status	Remarks
Desk review for Resource Mobilization Plan	Not started	
Breakfast meetings with corporate partners	Not started	
Desk review for Multi-hazard RCCE strategy	Completed	With funding and technical support from AFRO
Consultations with stakeholders for Multi-hazard RCCE strategy	Completed	With funding and technical support from AFRO
Working sessions for Multi-hazard RCCE strategy	Completed	With funding and technical support from AFRO
Consensus building for Multi-hazard RCCE strategy	In progress	New funding received from AFRO. Activity on-going, with input from Service Delivery and Health Promotion TWGs as well as the MoH SMT
Dissemination of Multi-hazard RCCE strategy	Not started	New funding received from AFRO will support dissemination
Development of tools and SOPs for strengthening RCCE TWGs	Not started	
Conducting quarterly coordination meetings with partners at national and district level	In progress	Done in collaboration with WHO and UNICEF

Year 1 Progress Report

Malawi Emergency Preparedness and Response (EPR) Roadmap

Activity	Status	Remarks
Supportive supervision	In progress	Done in collaboration with WHO and UNICEF
Mass media (including strengthening Social Media presence)	In progress	Done in collaboration with WHO and UNICEF
Rolling out the community feedback mechanism and rumour tracking	In progress	Done in collaboration with WHO and UNICEF
Conduct infodemic ToT trainings	Completed	This was completed with support from UNICEF
Cascade infodemic management trainings at district level	In Progress	Done in collaboration with WHO and UNICEF
Conduct lessons learnt and knowledge management workshops	In Progress	With funding from AFRO
Conduct trainings on RCCE documentation	In progress	With funding from AFRO
Scoping and conducting RCCE trainings with media houses on P.H. emergencies	In progress	With funding from AFRO
Documentation of impact stories	In progress	With funding from AFRO
Desk review for capacity building	Not started	
Needs assessment for capacity building	Not started	
Consultations with stakeholders for capacity building	Not started	
Conducting RCCE training (HPOs, Coordinators, AEHOs) in P.H. emergencies (National level)	In progress	UNICEF is supporting this on-going activity
Conducting RCCE training (HPOs, Coordinators, AEHOs) in P.H. emergencies (District level)	In progress	With funding from AFRO, WHO is supporting this on-going activity
Procuring RCCE Equipment: TVs	Not started	
Procuring RCCE Equipment: Laptops	Not started	
Procuring RCCE Equipment: Radios	Not started	
Procuring RCCE Equipment: Health education band equipment	Not started	
Procuring RCCE Equipment: Electronic billboards	Not started	
Procuring RCCE Equipment: Mobile Van	Not started	

Activity	Status	Remarks
Procuring RCCE Equipment: Motorcycles (Mobility for districts)	Not started	
Procuring RCCE Equipment: Printers	Not started	
Curriculum development and reviews (KUHeS, LUANAR, UNIMA, MUBAS, UNILLIA, MZUNI, MUST, CU, MCHS, CHAM Colleges and others)	Not started	
Research and development (surveys, implementation studies)	Not started	
Mapping of influential and relevant gatekeepers	In progress	
Conduct capacity building sessions (volunteers, HSAs)	In progress	
Training of national leaders, CSO networks, all sector committees, parliamentary committees, faith based organisations, religious councils (CADECOM, QUADRIA, MIAA, MAAM, EAM,) youth networks, academia (KUHeS, LUANAR, UNIMA, MUBAS) and other gatekeepers on RCCE during public health emergencies (National level)	Not Started	
Training of local leaders, district CSO networks, district council service committees, district executive committees, community based organisations, faith based organisations, youth networks and other gatekeepers on RCCE during public health emergencies (District level)	Not Started	
Support The District RCCE teams to conduct community mobilization activities	In progress	
Training of hospital and health centre management committees, governance structures (Area Development Committee, Village Development Committee), community health structures (Community Health Action Groups, Village Health Committees and other structures) on their roles and responsibilities on RCCE during public health emergencies	Not Started	

1.4. IMPLEMENTATION STATUS OF ACTIVITIES UNDER OPERATIONS SUPPORT AND LOGISTICS (OSL)

Under OSL, out of 5 prioritized activities, no activity has been completed, 2 are in progress, while 3 are yet to be initiated (Table 3).

Figure 5: Implementation Status, RCCE

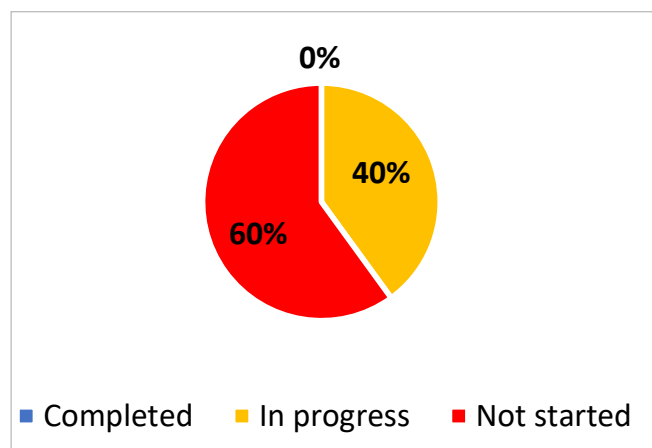


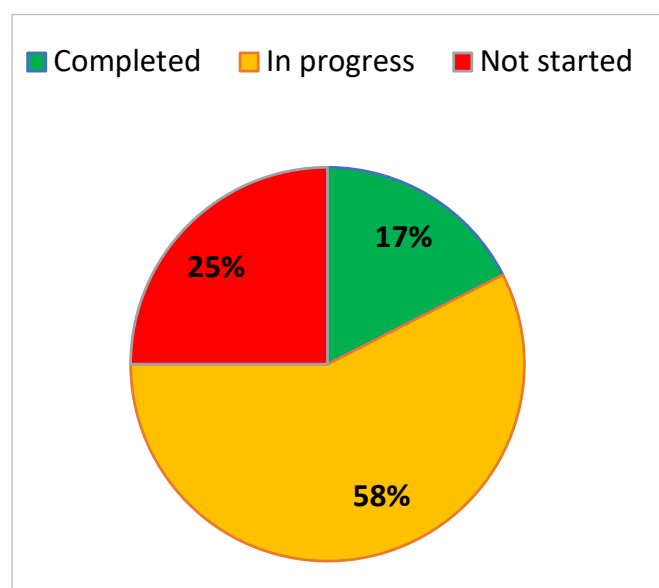
Table 4: Implementation Status of Activities Under OSL

Activity	Status	Remarks
Identify Select 12 health logisticians to be trained on Emergency Response	Not started	
Pre-Position of Emergency stock Availability and Reduction of Extended lead times. Reverse logistics, and stock piling	In progress	WHO has supported with pre-positioning of medical supplies with support from KfW
Multi-modal Vehicle for transportation with fully equipped VHF and HF Radios (Ambulances)	Not started	
Development of guidelines, SOPs to facilitate utilization of the Private Partners, cross boarder support through DODMA	Not started	Planned for January 2025 with funding from USAID.
Expansion of warehousing capacity in additional 3 regions (Blantyre, LLilongwe, Mzuzu)	In progress	Central Medical Stores (CMST) is expanding capacity in Lilongwe from 12,000 cubic meters to 30,000 cubic meters

2. PROMOTING RESILIENCE OF SYSTEMS FOR EMERGENCIES (PROSE)

The PROSE Flagship Initiative has four pillars: Evidence-based Plans, Policies, and Legislations; Systems and Tools to strengthen IHR; Workforce Development; and Sustainable and Predictable Financing. To date of 40 prioritized activities, 17.5% (7) have been completed, 57.5% (23) are on-going, and 25% (10) have not started.

Figure 6: Status of implementation of PROSE activities



2.1. IMPLEMENTATION STATUS OF ACTIVITIES UNDER EVIDENCE-BASED PLANS, POLICIES, AND LEGISLATIONS

There are 6 activities prioritized under this pillar, of which 4 are in progress and 2 are yet to be started as depicted in Table 5 below.

Figure 7: Implementation Status, Evidence-based Plans, Policies, and Legislations

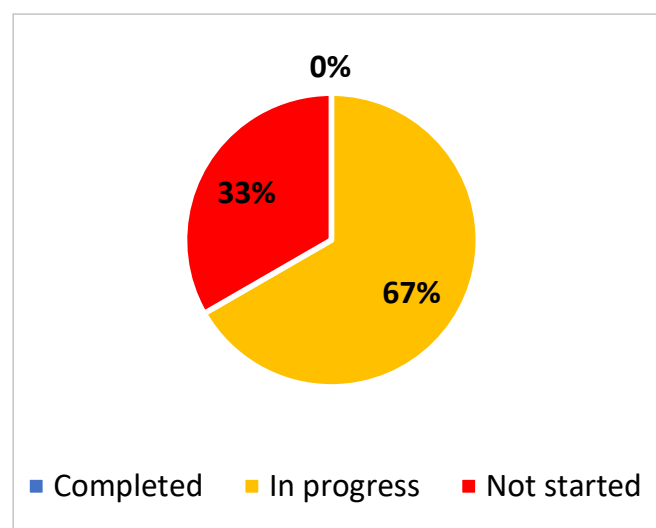


Table 5: Implementation Status of Activities Under Evidence-based Plans, Policies, and Legislations

Activity	Status	Remarks
Present for adoption, the Public Health Bill	In progress	Commision has submitted the report, awaits Office of the President and Cabinet (OPC) and Parliamentary processes

Year 1 Progress Report

Malawi Emergency Preparedness and Response (EPR) Roadmap

Activity	Status	Remarks
Conduct dissemination workshop on cholera elimination plan	Not started	
Develop/Review guidelines for alternative pathways for providing essential health services and mechanisms for ensuring that health services remain at adequate levels of quality, including clear referral pathways	In progress	
Develop guidelines for adherence to ethics during emergency responses	Not started	
Conduct consultative meetings on comprehensive reflection of EPR agenda in the HSSP III	In progress	Dialogue on district implementation plans started where EPR has provided generic activities to be incorporated at district level

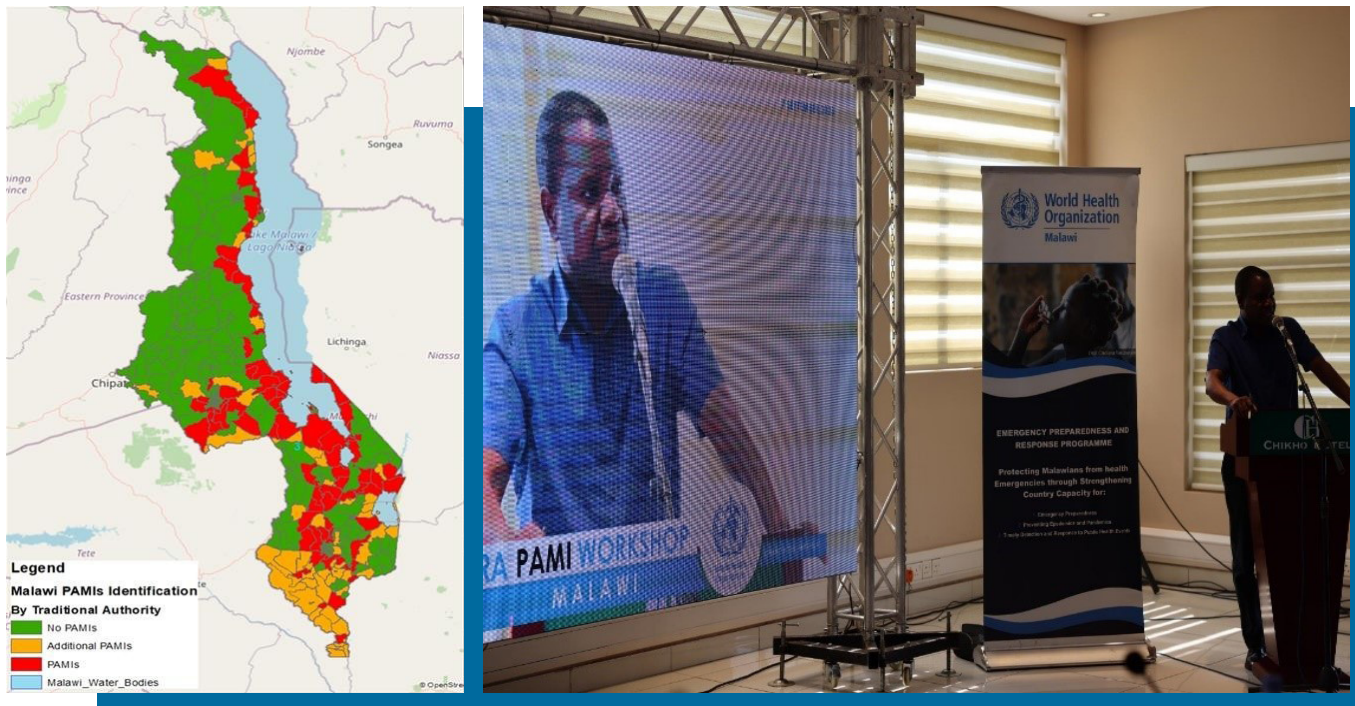
Identification of Priority Areas for Multi-Sectoral Interventions (PAMI) for Cholera

Malawi has been experiencing frequent cholera outbreaks since it reported the first case in 1973. The most significant outbreaks occurred in the cholera seasons of 1998/1999 and 2001/2002. The worst outbreak occurred recently in 2022/2023 with 59,376 cases and 1,772 deaths (3%CFR). These outbreaks have been common around lake Chilwa in Machinga, Zomba and Phalombe, the Lower Shire in Chikwawa and Nsanje and Lakeshore districts from Mangochi up to Karonga.

Malawi is vulnerable to cholera due to poor WASH the situation which is worsened by frequent weather events, such as cyclones, storms, floods, landslides, and droughts. Four Cyclones namely Idai, Anna, Gombe, and Freddy experienced within a space of 5 years

from 2019 caused serious damage to WASH infrastructure and health facilities, worsening the risks and occurrence of cholera.

The WHO and Global Task Force on Cholera Control (GTFCC) launched Ending Cholera – a Global Roadmap to end cholera by 2030. To develop this plan, countries are required to come up with PAMIs. The identification of PAMIs is the initial step towards formulating the National Cholera Plan according to GTFCC. The process of coming up with the PAMIS started in November 2023. The PAMIs were identified in a multi-sectoral workshop, followed by a validation workshop which led to the identification of 118 Traditional Authorities (TAs) as PAMIS in 20 districts in Malawi. With support technical and financial support from WHO, Malawi became the first country in the region to develop PAMIs, and development of the National Cholera Control Plan are at advanced stages.



2.2. IMPLEMENTATION STATUS OF ACTIVITIES UNDER SYSTEMS AND TOOLS TO STRENGTHEN IHR

Under Systems and Tools to strengthen IHR, there were 29 prioritized activities. Of these, 7 have been completed, 16 are in progress, while 6 have not been initiated (Table 6).

Figure 8: Implementation Status, Systems and Tools to Strengthen IHR

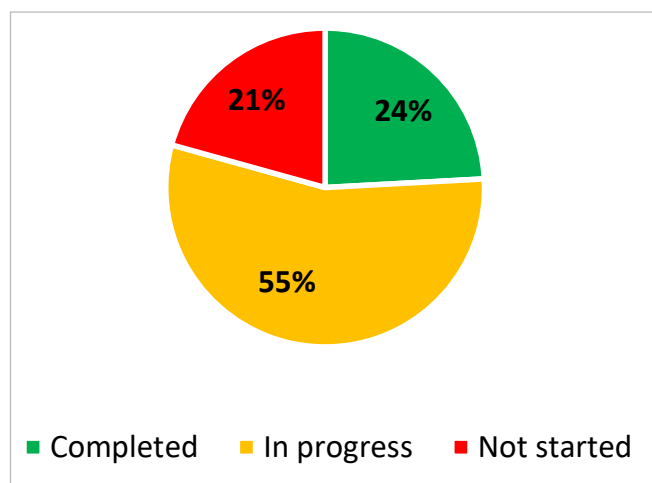


Table 6: Implementation Status of Activities Under Systems and Tools to Strengthen IHR

Activity	Status	Remarks
Finalise IHR policy	In progress	

Year 1 Progress Report

Malawi Emergency Preparedness and Response (EPR) Roadmap

Activity	Status	Remarks
Develop a One-Health Strategy	In progress	Orientation meetings held with PHIM, and Department of Animal Health, pending with Department of Environmental Affairs
Disseminate One health strategy and conduct stakeholder sensitization	Not started	
Conduct supervision on implementation of the One-Health Strategy	Not started	
Develop a workplan for One Health and multi-sectoral engagement and do capacity building based on the needs in the One Health Strategy	In progress	National Briding Workshop is scheduled for Jan 2025 with support from WHO and USAID
Develop a national biosafety and biosecurity plan	In progress	Being done in collaboration with US CDC
Conduct Workshop on Zoonotic Disease Prioritization	Completed	Done in collaboration with Africa CDC,US CDC,FAO and COHESA
Conduct dissemination workshop on multi-hazard contingency plan (NHEROP) to national and sub-national levels	In progress	Dissemination done at Health Service Delivery TWG, and will be cascaded to districts with funding from USAID
Review National multi-hazard contingency plan (DoDMA)	In progress	Annual review process commenced in September
Conduct STAR at the sub-national level	Not started	Will be conducted in Feb 2025 with funding from FCDO for 6 UNJP and USAID for remaining districts
Develop a transitional costed operational plan (AOP) of priority activities extracted from draft NAPHS	Completed	With funding from WHO
Disseminate the AOP	Completed	With funding from WHO
Develop and digitize the country disaster risk calendar	In progress	Will be finalized in Mar 2025 after risk profiling with funding from USAID

Activity	Status	Remarks
Start planning to conduct a new JEE (2024)	In progress	Initial processes have started, JEE mission planned for Nov 2024 with support from USAID, ECSA-HC, and WB. JEE planned for Dec 2024
Development and validate a costed NAPHS following the next JEE (2024)	In progress	Planned for the first quarter of 2025 with support from USAID
Conduct SiMeX to test resilience of the health system	In progress	With support from WHO and World Bank, a table top exercise was conducted to test the PHEOC Handbook with Mpox as the scenario; One planned for Feb 2025 with support from FCDO (targeting 6 UNJP districts)
Conduct technical working session to compile State Party Annual Report (SPAR);	Completed	WHO support
Conduct JRA	Not started	To be conducted in Dec2024 with funding from USAID
Disseminate PHIM strategic plan	In progress	
Develop indicators for country emergency preparedness and health system resilience	In progress	
Conduct operational and implementational research	In progress	Protocol development for a study on cholera is underway
Conduct quarterly review on implementation of agreed actions from the High-Level Emergency Ministerial meeting on Cholera Epidemics and Climate-Related Public Health Emergencies held in March 2023	Not started	Advocay meeting held with PHIM Director. To schedule with support from PHIM Technical officers
Conduct district trainings on IHR core capacities	In progress	Funding from AFRO and FCDO (UNJP)
Conduct risk assessments in PoE	Completed	Done in the 6 designated POEs, led into development of contingency plans, joint financial support IOM, ECSA-HC and WHO

Year 1 Progress Report

Malawi Emergency Preparedness and Response (EPR) Roadmap

Activity	Status	Remarks
Develop and disseminate PoE specific Public Health emergency contingency plans	Completed	Completed for 6 POEs. Dissemination meeting held on 6 August 2024
Conduct joint cross border simulation exercise with neighbouring country to test PoE contingency plans	Not started	
Conduct IHR core capacity assessments in designated PoE	Completed	
Train PoE staff in designated PoE on IHR implementation	In progress	One session conducted for ... PoEs
Develop M& E plan for implementation of IHR in designated PoE	In progress	

2.3. IMPLEMENTATION STATUS OF ACTIVITIES UNDER WORKFORCE DEVELOPMENT

Under Workforce development, 3 activities were prioritized with 2 in progress and 1 not started (Table 7).

Figure 9: Implementation Status, Workforce Development

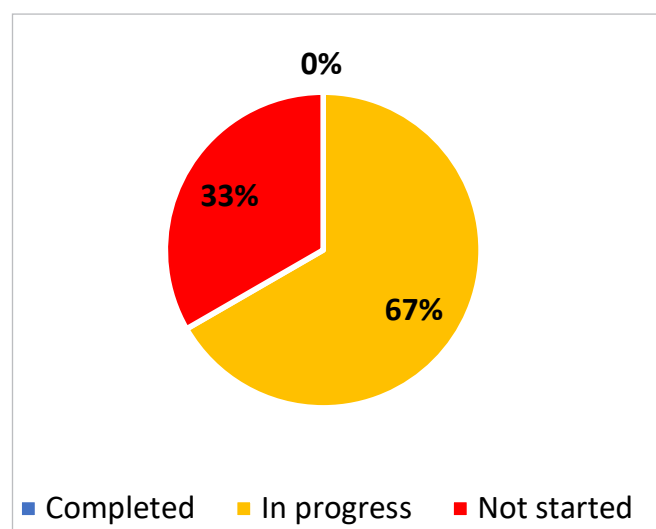


Table 7: Implementation Status of Activities Under Workforce Development

Activity	Status	Remarks
Train districts teams on PHEOC	In progress	With funding from AFRO and FCDO (6 UNJP districts)
Conduct district trainings on IHR core capacities	In progress	Funding from AFRO and FCDO (UNJP)
Conduct Baseline Risk Assessment for Biosafety and Biosecurity to facilities (One Health)	Not started	

Development of the Annual Operations Plan for the National Action Plan for Health Security

A National Action Plan for Health Security (NAPHS) is a country-owned, multi-year, planning process that can accelerate the implementation of IHR core capacities and is based on the One Health and whole-of-government approach for all hazards. From the NAPHS, Annual Operations Plans (AOPs) are developed. Malawi recognizes the importance of safeguarding its population against health emergencies and pandemics, as well as promoting global health security. It is against this background, that the MoH through the Public Health Institute of Malawi (PHIM),

with funding from WHO organized a five-day workshop in September 2023, where various stakeholders from different ministries were called upon to participate in the development of the 2023-2024 AOP. The development of the 2023-2024 AOP was informed by the National multi-hazard plan, the EPR Flagship priorities, the 2019 Joint External Evaluation (JEE), IHR MEF tools including cholera and Cyclone Freddy AAR, and the country's health emergency situation, in alignment to the Health Sector Strategic Plan III (HSSP III). The groups produced plans to be implemented within 6 months at a cost of USD 1,366,071.25. The choice of 6 months was pegged on the 2024 JEE taking place within 6 months of the AOP.



2.4. IMPLEMENTATION STATUS OF ACTIVITIES UNDER SUSTAINABLE FINANCING

Two activities were prioritized under sustainable financing. One activity is in progress and one is yet been initiated.

Figure 10: Implementation Status, Sustainable Financing

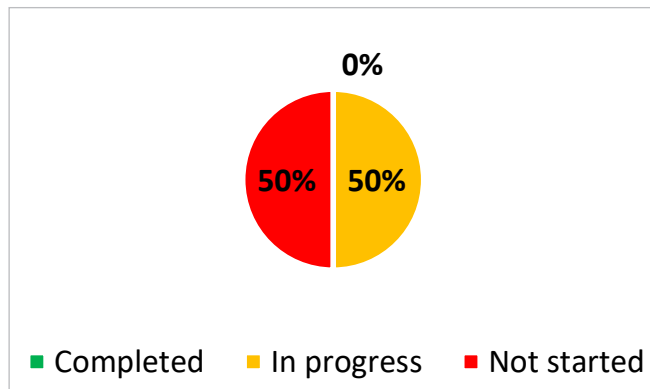


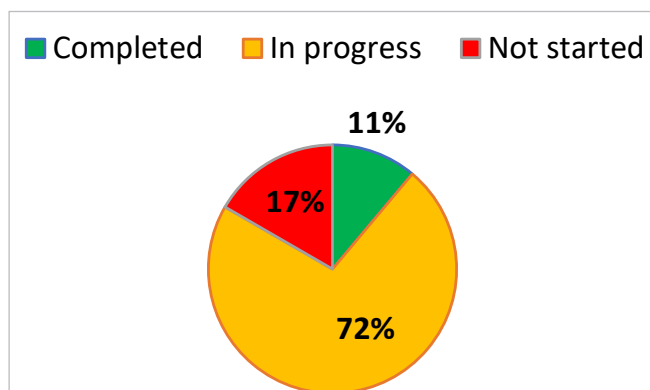
Table 8: Implementation Status of Activities Under Sustainable Financing

Activity	Status	Remarks
Establish the national contingency fund for emergencies with local contributions	In progress	Disaster risk Management trust Fund is provided for under the Disaster risk Management act of 2023
Map sustainable funding mechanisms for emergencies	Not Started	

3. TRANSFORMING AFRICAN SURVEILLANCE SYSTEMS (TASS)

The TASS Flagship Initiative has five pillars: Integrated Disease Surveillance and Response (IDSR); Cross-border surveillance; Water Quality and Environmental Surveillance; Data Management Systems and Use; and Laboratory Capacity. Overall, TASS has 36 activities that were prioritized, of which 4(11%) have been completed, 26 (72%) are progress, while 6 (31%) have not started (Figure 10).

Figure 11: Status of implementation of TASS activities



3.1. IMPLEMENTATION STATUS OF ACTIVITIES UNDER IDSR

Figure 12: Implementation Status, IDSR

Under IDSR, 2 out of 9 activities have been completed, while 7 are in progress.

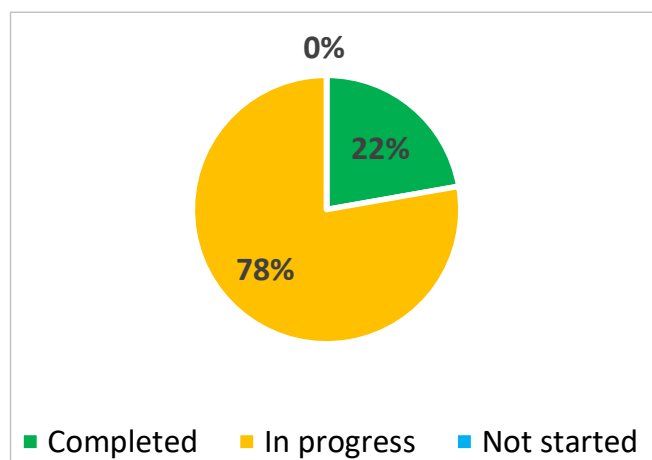


Table 9: Implementation Status of Activities Under IDSR

Activity	Status	Remarks
Train surveillance officers (at all levels) in IDSR using One Health Surveillance approach	In progress	With funding from Global Fund and World Bank, 17 districts are fully trained in IDSR. Training for the remaining 12 districts is on-going. Periodic refresher trainings are conducted, prioritizing districts with low reporting timeliness and completeness rates. Additional funding from FCDO (HSJF, and UNJP [6 districts]) has been secured.
Train trainers (ToT) in Event Based Surveillance (EBS)	Completed	With financial and technical support from WHO, World Bank
Develop standard operating procedures (SOPs) for eIDSR equipment management	In progress	The Digital Health Division (DHD) is developing a system called “Medical Equipment Management Information System” (MEMIS) which will include SOPs on device management including gadgets used for reporting OHSP and eIDSR. DHD is currently in the process of recruiting a consultant for the same. The activity is supported by PATH

Year 1 Progress Report

Malawi Emergency Preparedness and Response (EPR) Roadmap

Activity	Status	Remarks
Orient health workers (HCWs) in EBS	In progress	With funding from AFRO, Global Fund, World Bank and FCDO 7,132 HCWs in all districts have been trained in EBS. Cascading within districts is on-going
Train community volunteers and community leaders in EBS	In progress	2,025 Community volunteers and leaders trained in 5 districts with funding from AFRO. Additional funding secured from Global Fund, FCDO for 6 UNJP districts
Print and distribute Guidelines, reporting tools, training manuals and job aides to all facilities	In progress	Funding secured from FCDO for 6 UNJP districts
Conduct integrated supportive supervision and mentorship activities for priority diseases across all pillars at district level (IDSR and EBS)	In progress	Funding from Global Fund, WB, FCDO (HSJF) and USAID
Conduct quarterly One Health Surveillance (IDSR) review meetings	In progress	Funding from FCDO (HSJF) and USAID
Train surveillance officers in epidemic intelligence from open sources training	Completed	Refresher courses planned with funding from FCDO (HSJF)

3.2. IMPLEMENTATION STATUS OF ACTIVITIES UNDER CROSS-BORDER SURVEILLANCE

For cross-border surveillance, 3 activities were identified, of which 2 are in progress and 1 has not started.

Figure 13: Implementation Status, Cross-border Surveillance

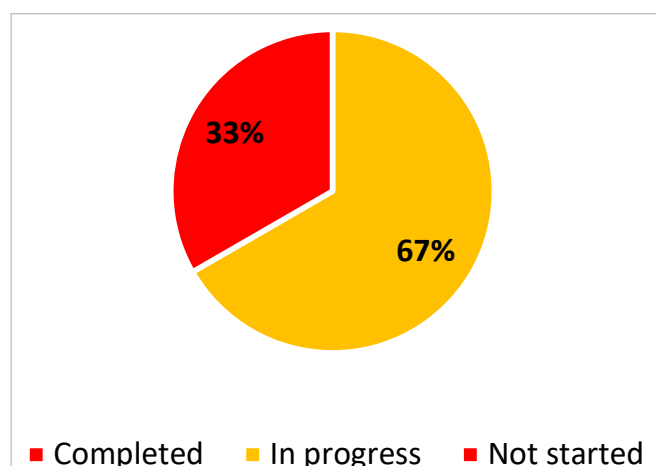


Table 10: Implementation Status of Activities Under Cross-border Surveillance

Activity	Status	Remarks
Develop protocols for information sharing for cross border surveillance	In progress	
Regular (quarterly) cross border meetings, and joint planning for cross border surveillance zone committees	In progress	Karongo, Dedza, Mwanza, Mchinji, Mulanje and Nsanje districts quarterly cross-border having meetings. National cross-border collaboration meeting for Cholera control in Malawi and Mozambique was done in July 2023
Training and capacity building activities for cross border surveillance zone committees	Not started	

3.3. IMPLEMENTATION STATUS OF ACTIVITIES UNDER WATER QUALITY AND ENVIRONMENTAL SURVEILLANCE

This pillar had 10 activities. Of these, 1 activity has been completed, 6 are in progress, and 3 have not started (Table 11).

Figure 14: Implementation Status, Water Quality and Environmental Surveillance

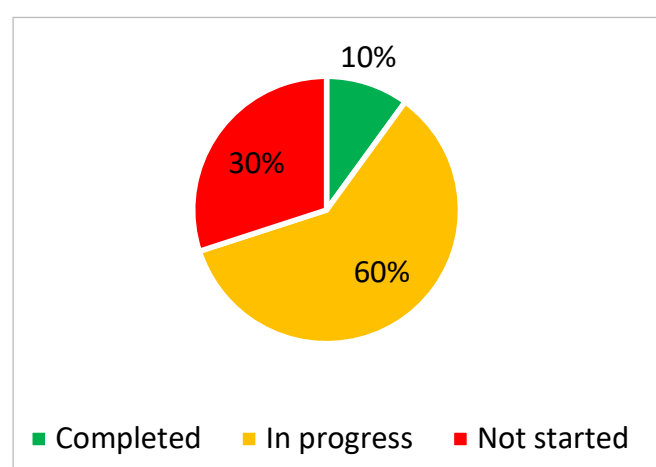


Table 11: Implementation Status of Activities Under Water Quality and Environmental Surveillance

Activity	Status	Remarks
Conduct desk research to review and develop SOPs for virus and bacterial examination in potable and environmental water samples	Completed	With funding from WHO. Pending dissemination
Conduct drinking water sources sampling in selected water points	In progress	This is an on-going activity.

Year 1 Progress Report

Malawi Emergency Preparedness and Response (EPR) Roadmap

Activity	Status	Remarks
Conduct environmental surveillance for pathogenic bacteria, parasites and viruses in major rivers using grab method to identify virus circulation	In progress	This is an on-going activity
Conduct sampling and laboratory analysis for chemical pollutants in drinking water sources and environmental samples	Not started	
Liaise with reference laboratories devoted to water virology for hands-on viral isolation, monitoring and maintenance of public health laboratories through exchange visits.	Not started	
Conduct capacity building activities in virology through local and/or international training and scientific visits or study tours.	Not started	
Refurbish and renovate a virological laboratory unit at Central Water Laboratory	In progress	Funding identified from the Fleming Fund as part of AMR strengthening
Procure laboratory equipment for environmental surveillance	In progress	WHO procured potable water test kits. Additional funds identified from Fleming Fund as part of strengthen AMR
Conduct on-site microbial identification and enumeration for pathogenic and indicator organisms for gastroenteritis	In progress	On going through WHO and UNICEF support
Conduct on-site sanitary inspections for waste disposal, sewage and sanitation facilities in affected areas	In progress	On going through WHO support

3.4. IMPLEMENTATION STATUS OF ACTIVITIES UNDER DATA MANAGEMENT SYSTEMS AND USE

Of 7 prioritized activities under data management and use, 1 has been completed, 4 are in progress, and 2 have not been started.

Figure 15: Implementation Status, Data Management and Use

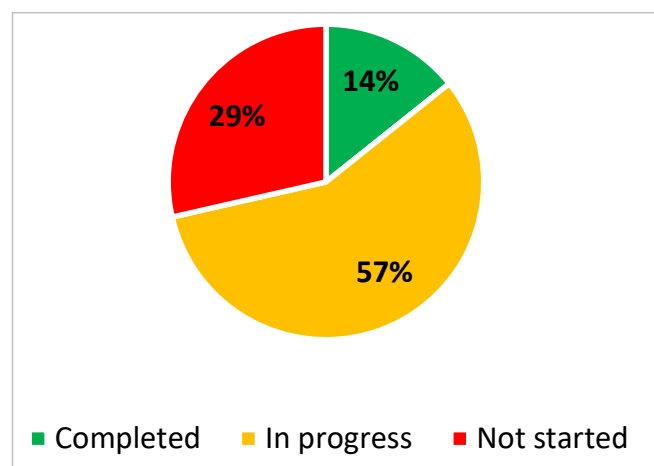


Table 12: Implementation Status of Activities Under Data Management and Use

Activity	Status	Remarks
Procure and distribute data collection tools (smartphones, mifi, data bundle, laptops, basic phones, sola chargers) to data and surveillance officers	In progress	WHO supports purchase of data bundles for surveillance officers and data managers
Train data team on data collection using OHSP (ToT) for animal and environment	Not started	
Conduct technical sessions for system integration	In progress	PHIM in collaboration with the Taskforce for Global Health and WHO has held discussions with the animal and environment sectors on system integration
Train data team on data collection using cascading of OHSP on animal and environment.	Not started	
Conduct stakeholder consultation meetings across all pillars	In progress	Stakeholder consultation meetings are held bi-weekly
Train national level staff in integrated outbreak analytics (IOA)	Completed	This was done through a WHO-UNICEF collaboration
Establish an Emergency Information Management System (EIMS) using software and tools for real-time data and information visualization	In progress	With World Bank support, PHIM has recruited Data Managers and Surveillance Officers to support information and data management for disease outbreaks. Exploring use of SORMAS for outbreak analytics

3.5. IMPLEMENTATION STATUS OF ACTIVITIES UNDER LABORATORY CAPACITY

Seven activities were identified as a priority of laboratory capacity strengthening. All the 7 activities are on-going as shown in Table 12 below.

Table 13: Implementation Status of Activities Under Laboratory Capacity

Activity	Status	Remarks
Training on identification of priority pathogens, including AMR for one health	In progress	Training of on pathogen identification done in collaboration with US CDC and Malawi Liverpool Wellcome Trust. Furthermore, MoH is receiving support from the Fleming Fund to strengthen AMR for One Health
Procure Equipment, Reagents/supplies for testing, fuel & drones for sample transportation for one health	In progress	With funding from World Bank, WHO is procuring supplies for Genomic Sequencing for MoH.
Conduct training on sample collection, testing and referral for health providers at primary health facilities for one health	In progress	This has been done for Cholera and Mpox
Conduct Training on New ISO15189;2022 for Laboratory staff to conform to international standards	In progress	Collaboration with US CDC
Conduct supportive supervision and mentorship to facilities on Quality Management system (QMS) including AMR for one health	In progress	MoH is receiving support from the Fleming Fund to strengthen AMR for One Health. WHO and FAO also received funding from USAID to support AMR for One Health
Conduct Risk Assessment for biosafety and biosecurity to facilities for one health	In progress	Funding from USAID to conduct Risk Assessment for biosafety and biosecurity to facilities for One Health. FAO is also funded for the same and has initiated some assessments
Procure services on Equipment service maintenance for detection/diagnosis of priority pathogens or diseases for one health	In progress	CERF application submitted and it included equipment service maintenance

CHALLENGES

Inadequate funding to cover all the activities

Some donor funding comes ear-marked for specific EPR activities that were not identified as priorities in the EPR Roadmap

Competing priorities for time, especially with outbreaks, floods and drought response, as well as other activities outside of the EPR roadmap

Staffing challenges, making it difficult to implement activities as planned

WAY FORWARD

Advocate for appointment of the Steering Committee

Continue with joint planning and implementation for EPR Roadmap activities

Continue with resource mobilization to ensure all activities are eventually funded

Continue with high level advocacy for the EPR Roadmap at with government authorities as well as with donors and partners

Conduct a formal review of the EPR Roadmap at the end of Year 2

LESSONS LEARNED

Government ownership is vital in implementation of the EPR Roadmap, as evidenced in Malawi where compared to other countries implementing the 3 EPR flagship initiatives, great strides have been made within just one year of implementation.

High level advocacy is important for pushing forward activities in the EPR Roadmap as evidenced in Malawi. Through high level advocacy, Global Fund and World Bank has funded MoH to carry out some of the EPR Roadmap activities with technical support from WHO and other partners.

Continuos resource mobilization is important to be able to implement activities in the EPR Roadmap. WHO has been able to secure funding from various sources to support implementation of the roadmap. These include FCDO through the United Nations Joint Programme (UNJP); The Health Sector Joint Fund (KfW and FCDO); USAID; and WHO AFRO. WHO has also supported the country to apply for the Pandemic Fund and CER, aimed at addressing some of the priority activities in the 2-year roadmap.

Partner coordination is paramount to maximize synergies and avoid duplication of resources. MoH is working with WHO, Africa CDC and other partners including US CDC, UNICEF, Malawi Liverpool Wellcome Trust, FAO, COHESA, etc. in the implementation of activities in the roadmap.

Aligning of workplans with PHIM workplan helps in ensuring that the EPR roadmap activities are prioritized by all stakeholders.

It is important to conduct an annual performance reviews of the 2-year roadmap. For Year One, we have conducted an informal review..

ACKNOWLEDGEMENTS





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Malawi