Overview

In February 2019, PATH and the US President’s Malaria Initiative, in partnership with Zambia’s National Malaria Elimination Programme (NMEP), conducted a stakeholder assessment to explore the ways in which stakeholders’ perceptions of malaria elimination had changed (or had not changed) since 2015, when a baseline stakeholder assessment had been conducted. Stakeholders were asked about Zambia’s malaria targets and objectives, as described in the National Malaria Elimination Strategic Plan 2017–2021 (NMESP), which called for an ambitious push towards national malaria-free status through the elimination of local malaria transmission by 2021. Interviews also aimed to capture views around what was needed to accelerate progress towards national targets, as well as opportunities and barriers—technical, financial, and operational—for increasing the prominence of malaria on the national health agenda. The analysis of stakeholder responses is intended to inform future programme evaluation and strategy development to accelerate progress towards the reduction and elimination of the malaria burden in Zambia.

Methodology

PATH and NMEP staff conducted 85 in-depth interviews with stakeholders in Zambia’s Copperbelt Province, Eastern Province, Lusaka Province, and Southern Province. Stakeholders were defined as key external and in-country actors in organisations based in Zambia with a vested interest in malaria policy or malaria programme implementation. Purposely chosen to represent organisations with varying perspectives, goals, and institutional linkages to the national malaria programme in Zambia, stakeholders were identified and selected from the following six categories:

- **Community stakeholders** who communicate public health messages, promote health-seeking behaviour, and/or deliver malaria interventions in their communities.
- **District stakeholders** who manage the implementation and realisation of the NMESP at the district and facility levels.
- **Provincial stakeholders** who manage the implementation and realisation of the NMESP at the provincial level.
- **National stakeholders**, namely government representatives from the Ministry of Health and NMEP, and donors (country representatives of multilateral and bilateral donor agencies) who can directly or indirectly influence the design of the NMESP.
- **Private-sector stakeholders** whose companies are involved with malaria control and elimination activities for their workers and/or the surrounding communities.
The selected study sites (Figure 1) reflected the varying levels of malaria endemicity across Zambia\(^1\) and a broad range of actors at the national and subnational levels.

*Figure 1. Study locations and Plasmodium falciparum malaria incidence by health facility catchment area in 2018 in Zambia.*

Interviews were conducted in Lusaka Province to capture data from representatives of the Ministry of Health and Ministry of Finance, country representatives of multilateral and bilateral donor agencies, and programme leads and relevant technical staff at the national malaria programme. Additionally, interviews were conducted in Copperbelt Province, Eastern Province, and Southern Province to capture data from provincial health, district health, and facility management teams, as well as community-level influencers, such as community health workers (CHWs), teachers, parents, chiefs, and local faith leaders.

To organise and analyse the content from the interviews, the study team employed the “building block” analytical framework developed by the Bill & Melinda Gates Foundation, which posits that six building blocks—policy, governance, financing, planning and operations, evidence base, and tool development—create a critical pathway towards malaria elimination. A thematic content analysis was conducted using these themes.

**Qualitative results**

Stakeholders generally believed the strategic direction of Zambia’s malaria efforts to be on the right path and were quick to note progress achieved thus far. Overall, stakeholders were supportive of malaria efforts because they recognised the severity of the issue and that, through intense investment, the national programme had demonstrated that it was possible to eliminate the disease. However, there were concerns about achieving malaria elimination in the short term without a strengthened health system, improved coordination and communication amongst partners, and increased support for the human resources required to meet the challenge.

Recommendations are presented on the next page, which are aligned to the six building block categories.

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\(^1\) The most recently published Zambia National Malaria Indicator Survey found that malaria parasite prevalence among children under five years of age was 0.0 percent in Southern Province, 0.1 percent in Lusaka Province, 7.7 percent in Copperbelt Province, and 8.7 percent in Eastern Province in 2018. In comparison, in 2015, malaria parasite prevalence among children under five was 8.6 percent in Southern Province, 2.4 percent in Lusaka Province, 15.2 percent in Copperbelt Province, and 12.7 percent in Eastern Province.
Recommendations

For a full list of findings and recommendations, please refer to the report Opportunities and Barriers for Accelerating Malaria Elimination in Zambia: A Qualitative Assessment of Stakeholder Perspectives.

POLICY

Awareness of, and commitment to, elimination should be sustained through continual investment and programmes to support malaria elimination. Consideration should be given to the feasibility of the 2021 elimination goal, and messaging and the goal itself should be updated as appropriate.

As the malaria burden is reduced, the emphasis must continue to shift from the burden amongst children under five years old to the burden across other at-risk populations. Interventions increasingly should be designed and targeted for other at-risk populations, such as adolescents.

For adolescents, existing platforms for engagement should be leveraged, such as: (a) integration of malaria programming with HIV and reproductive health programmes, (b) school-based delivery, and (c) adolescent-friendly education, such as expansion of "malaria clubs" in schools.

To better target adolescents with messages and interventions to prevent and treat malaria, there is a need to more formally engage the Ministry of Education on the malaria curricula and to include schools in campaigns beyond the current long-lasting insecticide-treated bednet distribution at certain grade levels.

GOVERNANCE

Cross-border partnerships have been established in the Zambezi region. These relationships should be strengthened and expanded to better coordinate interventions across borders and to align concerted malaria elimination efforts regionally.

Private-sector-friendly policies should go beyond the mining companies on the Copperbelt so other large industries can benefit from government bulk purchases of drugs and insecticides.

Discussions with the Chinese government regarding their potential role(s) in support of Zambia’s elimination agenda should continue in order to align funding with the needs of the NMEP.

FINANCING

Increased domestic funding from diverse sources and less reliance on donor funding for malaria work would aid coordination as planning would not be dependent on donor preferences and priorities.

The End Malaria Council—a notable achievement since the original stakeholder report—should focus on specific malaria programming gaps, and provincial-level End Malaria Councils need to be established to access local funding opportunities.

PLANNING AND OPERATIONS

Transportation and logistics

Transportation should be expanded at the community level for referring severe malaria patients (using bicycle ambulances), moving commodities, as well as conducting household malaria testing.

Durable bicycles are critical to the CHW model of following up on positive malaria cases in the community, but there needs to be improved access to bicycle spare parts and repair services for the CHWs to reliably serve their communities.
The logistics management system for commodities should be strengthened, including at the community level, to help ensure adequate forecasting, allocation, and reach of existing resources.

Community health worker and community health assistant capacity

The number of CHWs should continue to be increased to expand access to prompt testing and treatment. The NMEP and its partners are addressing this as training, equipping, and deploying of CHWs are ongoing. An estimated 10,000 CHWs had been trained at the time the interviews took place. The NMEP estimates that 36,000 are required countrywide.

The starter kit for CHWs—a package of essential supplies that includes a T-shirt, a cap, an apron, a bike, registers, and talk time—needs to be standardised across partners.

There continues to be a push for support for CHWs beyond the current starter kit. Increasing the number of community health assistants trained each year and providing them consistent compensation would help to fill the health worker gap.

Community engagement

Messaging must continue to be localised and tailored to the population and geography to ensure intervention uptake and to address barriers (e.g., specific messages to dispel common myths and misperceptions). The audiences need to be expanded to include school-aged children, which could be part of a larger partnership opportunity with the Ministry of Education. In addition, mobile populations, who are often missed during malaria campaigns, need to be included on messaging. Messages for mobile populations should include how they can access services.

As malaria interventions continue to be expanded (e.g., indoor residual spraying and mass drug administration), Zambia can build on its experience of community engagement when introducing a new activity.

Data use

Improved systems and infrastructure for data integration and data use are recommended. Suggestions vary, but these could include improved standardisation of data use and reporting at all levels, as well as automation, electronic tools, and better decision-making tools.

There is a comprehensive and standardised system in place for data review meetings, data quality audits, mentorship, and technical supportive supervision. These elements need to be reviewed to ensure the continued flow of timely and accurate malaria information at all levels.

EVIDENCE BASE

More disaggregated data (by age and gender) are needed to uncover subpopulation patterns to better understand which populations are at risk/high burden, particularly patterns among adolescents, seasonal migrants, and those in cross-border areas. This will help to tailor messaging, campaign intervention timing, and commodity uptake.

More data are needed on intervention coverage and uptake, particularly for insecticide-treated nets, in order to target behaviour change communication efforts and enhance the efficacy of interventions.

Zambia should build on the strong evidence base on indoor residual spraying to collect more data to inform targeted indoor spray delivery (e.g., coverage, timing, frequency, and chemicals).

TOOL DEVELOPMENT

Guidance around where and how to most effectively target environmental improvements, larval source management, and drain clearing should be clarified to maximise impact.