

2021

Malaria Progress Report.



Foreword

The African Union did not achieve the goal of reducing malaria incidence and mortality by 40% by 2020, a key milestone to eliminating malaria in Africa by 2030. Instead, between 2015-2020, malaria incidence declined by 1%. According to WHO estimates, 96% of global malaria cases and 98% of malaria deaths occur on this continent. In 2020, 611,802 Africans died from this disease of which 80% were children under the age of 5. Furthermore, revised estimates by the WHO in the 2021 World Malaria Report indicate that the number of malaria deaths was previously underestimated and the burden is worse than previously understood.

The COVID-19 pandemic is further compounding the challenges of ending malaria. The pandemic continues to put incredible strain on our health systems and economies across the continent. According to the WHO, COVID-19 caused an estimated 47,000 excess malaria deaths in Africa during 2020; although this was significantly less than the worst-case scenario, which predicted that malaria deaths could have doubled. We applaud the tireless efforts of Member States and our partners to sustain life-saving malaria interventions and broader health services. The majority of national malaria campaigns for indoor residual spraying, insecticide treated nets and seasonal malaria chemoprevention took place as planned, and malaria case management was prioritised—including by decentralizing services to well-trained community health workers and accelerating delivery of antimalarials to avoid stock-outs. It is clear from this experience that malaria will be a pathfinder for Pandemic Preparedness and Response as we look ahead.

Ending malaria is an attainable goal if we, the African Heads of State and Government, take decisive action. Since 2000, malaria incidence and mortality have declined by 35% and 57% respectively as a result of political will, innovative financing, and new interventions. Africa avoided 1.35 billion malaria cases and 9.7 million malaria deaths over the past two decades. This is a successful foundation upon which we can build. We must recommit to keeping malaria high on national development agendas, mobilise additional resources (especially from the domestic private sector), empower communities to act, strengthen data and evidence-based governance, accelerate the deployment of new malaria commodities and interventions, and actively engage youth leaders. We must advocate from the forefront for the replenishment of the Global Fund in 2022, which is critical to sustaining life-saving malaria and health services. We must also ensure that we rapidly deploy the new tools to address the growing threats of insecticide and drug resistance.

During 2021, Member States implemented critical multisectoral initiatives to mobilise political will, resources, and communities to combat malaria:

- The 10 countries with the highest malaria burden continued implementing strategies developed through the “High Burden to High Impact” approach. This has resulted in increased political will and multisectoral engagement, and better targeting of interventions through subnational stratification. Based on this success, the approach will be expanded in 2022.
- The Democratic Republic of the Congo and Republics of Malawi, Mali and Namibia launched national “Zero Malaria Starts with Me” campaigns, bringing the total to 23 Member States that have launched such campaigns. These campaigns have been instrumental in sustaining malaria high on national agendas, mobilising domestic resources, and engaging communities to take ownership of the fight against malaria.
- 15 countries have launched or are on track to launch national End Malaria Councils and Funds by the first quarter of 2022. These are driving increased advocacy, action, and resource mobilisation by senior leaders across all sectors.

The time to act is now. Africa’s leaders need to be at the forefront globally and nationally if we are to achieve our goal of eliminating malaria by 2030. We need to advocate for the replenishment of the Global Fund in 2022 and mobilise new coalitions of malaria champions at home and abroad.

Zero Malaria Starts with all of us!



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African Union Commission Chairperson



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Introduction

This report provides an update on the status of malaria on the African continent. It highlights activities undertaken, challenges faced, best practices learned by AU Member States and their partners to sustain malaria services and accelerate progress towards the goal of eliminating malaria in Africa by 2030. This report also provides updates on requests and calls to action made by the African Union Assembly.

The document is organised into five thematic areas:

- **Section 1** provides an update on the status of malaria on the continent, progress towards the targets set in the Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030, and activities taken to mitigate the adverse impact of the COVID-19 pandemic on malaria services.
- **Section 2** highlights how evidence-based tools, such as regional and national malaria scorecards, are being used to drive increased accountability

and action and efforts to enhance the quality and availability of data.

- **Section 3** summarises efforts to mobilise multisectoral advocacy, action and resources to support the fight against malaria, including through the Zero Malaria Starts with Me campaign and national End Malaria Councils and Funds.
- **Section 4** highlights activities being undertaken by the Regional Economic Communities and cross-border initiatives of Member States.
- **Section 5** focuses on the need to ensure access to life-saving commodities, include new tools that are being deployed to address the threats of insecticide and drug resistance and the first malaria vaccine.

Recommendations for Member States are provided at the conclusion of each section.

Section 1. Status of malaria control and elimination

Key updates

- The African Continent is not on track to eliminate malaria by 2030. Africa did not achieve its target of reducing malaria incidence and mortality by 40% by 2020 (6 Member States did achieve at least one of the targets).
- There were an estimated 232 million malaria cases (96% of global total) and 611,802 malaria deaths (98% of global total) in Africa in 2020, an increase of 68,953 malaria deaths compared to 2019 (49,000 of these deaths were attributed to disruptions to malaria programmes and broader health services caused by the COVID-19 pandemic).
- According to revised WHO estimates, the number of malaria deaths is significantly higher than previously understood (e.g., 693,617 additional malaria deaths since 2015), increasing the urgency of controlling and eliminating malaria.
- About 63% of activities in national malaria strategic plans are currently unfunded and there is a need for increased resources and advocacy (especially with the upcoming replenishment of the Global Fund).

World Malaria Report 2021¹

Malaria remains a significant threat to health and social and economic development on the continent. According to WHO estimates for Africa in 2020, there were:

- **Malaria cases:** 232 million (96% of global total), including 16 million additional cases compared to 2019.
- **Malaria deaths:** 611,802 (98% of global total), including 68,953 deaths compared to 2019. 80% of malaria deaths were children under the age of 5.

The burden of malaria is more significant than previously understood, renewing the urgency of ending malaria. WHO revised its methodology for estimating malaria cases and deaths, resulting in significant increases e.g., 2.1 million additional malaria deaths in Africa since 2000, a 19% increase.

Progress towards the African Union's goal of eliminating malaria in Africa by 2030

Africa is not on track to achieve its ambitious goal of eliminating malaria in Africa by 2030. To achieve its objective, the AU set a 2020 target of reducing malaria incidence and mortality by 40% compared to 2015.² According to WHO's estimates, malaria incidence only declined by 1% and malaria mortality increased by 1% between 2015-2020.

15 Member States³ achieved or made significant progress towards the 2020 targets according to the World Malaria Report 2021:

- **Reduced incidence by at least 40%:** The Federal Republic of Ethiopia, the Islamic Republic of Mauritania, and the Republics of Cabo Verde, The Gambia, and Ghana.
- **Reduced incidence by 25-40%:** The Kingdom of Eswatini and the Republics of Equatorial Guinea, Kenya, Rwanda, Senegal and Togo.

1 WHO, World Malaria Report 2021.

2 African Union, Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030.

3 WHO, World Malaria Report 2021. Note that WHO's estimates for malaria cases and deaths may differ from cases and deaths recorded and reported by Member States.

- **Reduced mortality by at least 40%:** The Federal Republic of Ethiopia and the Republic of South Africa.
- **Reduced mortality by 25-40%:** The Republics of Niger, Sierra Leone, and Togo.
- **Zero deaths since 2018:** The Republics of Cabo Verde and Sao Tome & Principe.

Ongoing impact of the COVID-19

WHO estimates that disruptions to malaria prevention, diagnosis and treatment caused by the COVID-19 pandemic contributed to 49,000 additional malaria deaths in 2020 (approximately two-thirds of the increase in estimated deaths).⁴

- At the outset of the pandemic, WHO projected that malaria deaths could double because of interruptions to access to case management and disruptions to insecticide-treated net campaigns.⁵
- The 9% increase in malaria deaths as a result of COVID-19 reflects that the actions taken by Member States avoided the worst-case scenario. Indoor residual spraying, insecticide-treated net, and seasonal malaria chemoprevention campaigns were adapted to ensure COVID-19 safe programming, including switching from fixed-site to door-to-door distribution and ensuring access to personal protective equipment. Stockouts were reduced by encouraging early procurement, split deliveries, and airlifting commodities.

The COVID-19 pandemic has, however, strained the economies of many malaria-endemic countries and threatened the availability of malaria resources. The World Bank noted that “COVID-19 has hit poor and vulnerable countries the hardest, threatening decades of hard-won gains while exacerbating existing inequalities in the poorest countries.”⁶

- There are anecdotal reports of reduced domestic resources from countries for malaria as resources have been diverted to fight COVID-19.
- Business disruptions and lockdowns have reduced tax revenues, reducing the ability of low-income African countries to meet their debt and co-financing obligations (e.g., Global Fund) and to sustain essential services.
- Supply chain bottlenecks increase the cost and complexity of purchasing and delivering life-saving commodities.

Historically, reduced funding and larger budget gaps have increased the risk of malaria resurgence. Therefore, it is of vital importance to advocate globally, regionally, and nationally to sustain malaria funding and for

increased development partner support until there is a broader economic recovery.

Global Fund to Fight AIDS, Tuberculosis & Malaria

Malaria is concentrated in low-income and fragile settings that are uniquely reliant on external financing—especially the Global Fund, which provides 47% of all external financing for malaria.⁷

- For 2021-2023, the Global Fund allocated \$3.58 billion USD for malaria programming in endemic countries in Africa, an increase of \$825 million USD compared to the previous funding round.
- The additional funding has allowed countries to scale up malaria interventions (e.g., insecticide-treated nets, indoor residual spraying, and seasonal malaria chemoprevention for young children) and case management, whilst also working to address key challenges like insecticide resistance.

The Global Fund’s COVID-19 Response Mechanism (C19RM), which was launched in 2020, provides additional funding to Member States to address COVID-19 and to help sustain essential malaria, TB, and HIV services during the pandemic. In 2020, C19RM provided \$617 million USD to 43 Member States and one regional initiative (MOSASWA). Support was provided to 51 and three regional initiatives (E8, IGAD, MOSASWA) in 2021:

- Mitigating COVID-19 Impact on HIV, TB, and Malaria Programmes: \$214 million USD
- Reinforcing the National COVID-19 Response: \$1.7 billion USD
- Urgent Improvements to Health and Community Systems: \$342 million USD
- COVID-19 Diagnostic Tests: \$564 million USD
- COVID-19 PPE: \$374 million USD
- COVID-19 Therapeutics: \$400 million USD

Additionally, the Global Fund has approved \$146 million USD in grant flexibilities to support the COVID-19 response across 46 countries and four regional initiatives.

Despite this support, only 63% of the resources needed to fully implement country national malaria strategic plans for malaria funding requirements are available.

- This includes gaps between now and the end of 2023 of 85 million insecticide-treated nets, 213 million ACTs, and 86 million rapid diagnostic tests.⁸
- These gaps are likely to increase because of COVID-19’s impact on commodity, delivery, and implementation costs.
- WHO estimates that costs will increase also as new innovations and interventions are introduced, including next-generation mosquito nets to address

4 WHO, World Malaria Report 2021.

5 WHO, Global Malaria Programme, *The Potential Impact of Health Service Disruptions on the Burden of Malaria: A Modelling Analysis for Countries in Sub-Saharan Africa* (Apr. 2020).

6 World Bank, *COVID-19 is hitting poor countries the hardest. Here's how World Bank's IDA is stepping up support* (Jan. 2021)

7 WHO, World Malaria Report 2021, Annex 5-C.

8 RBM Partnership to End Malaria, CRSPC Gap Analysis & Tracker (Dec. 2021).

the threat of insecticide resistance, expanded seasonal malaria chemoprevention, and the RTS,S malaria vaccine.

The Global Fund replenishment will take place in 2022. It is of vital importance that the replenishment secures the necessary resources to sustain malaria programming on the continent. To ensure the replenishment's success, Member States are encouraged to renew their commitments during the Global Fund replenishment and advocate for the global community to sustain and expand its support for the fight against HIV, TB, and malaria.

High Burden to High Impact

In 2018, WHO and the RBM Partnership to End Malaria launched the "High Burden to High Impact" (HBHI) approach.

- This effort targets the 11 countries that have the highest malaria burdens globally, 10 of which are Member States.
- HBHI is a consultative process through which countries identify actions to strengthen political will, the use of strategic information to drive impact, improved guidance and strategies, and multisectoral coordination.

During 2021, the HBHI countries continued implementing priority activities, including establishing national End Malaria Councils and Funds, subnational stratification to better target malaria interventions, and advocacy initiatives to ensure that malaria remains high on the national development agenda. In light of its success, other Member States are encouraged to implement the HBHI approach.

Section 2. Digitalisation and scorecards for accountability & action

Key messages

- Member States have implemented 40 national and subnational malaria scorecards, 29 RMNCAH scorecards, 8 NTDs scorecards, and 3 nutrition scorecards and 5 Member States have implemented or are implementing community-level scorecards to drive accountability and action and the use of real-time data for effective programme management.
- 13 Member States have published national scorecards via the ALMA Scorecard Hub.
- National malaria data repositories are being implemented to enhance data quality and timeliness.

ALMA Scorecard for Accountability & Action

The **ALMA Scorecard for Accountability and Action**⁹ tracks progress across key performance indicators related to malaria, neglected tropical diseases (NTDs), and reproductive, maternal, newborn child and adolescent health (RMNCAH) services. These include indicators for financing, coverage of essential services, status of stock outs and campaigns. Beginning in Q4 2021, the scorecard also began reporting on COVID-19 vaccinations across Member States.

ALMA distributes the scorecard and accompanying country reports to Heads of State and Government, Ministers of Health and Finance, African ambassadors to the African Union Commission and the United Nations, and key malaria partners. The scorecard and accompanying recommended actions encourage Member States to systematically address bottlenecks affecting progress.

Key actions triggered by the scorecard during 2021 include:

- Member States procured malaria and other life-saving commodities earlier to account for longer delivery times due to supply chain bottlenecks, split orders, and airlifted supplies to ensure timely delivery, therefore minimising stock outs.
- National campaigns for indoor residual spraying and distribution of insecticide-treated nets went

ahead as scheduled, but with new approaches (e.g., door-to-door distribution) to protect workers and prevent the spread of COVID-19.

- Heads of State and Government and Ministers of Health worked to sustain malaria, RMNCAH, and NTDs on national development agendas, despite the focus on addressing the COVID-19 pandemic.

A copy of the Q4 2021 ALMA Scorecard for Accountability and Action is provided as an annex to this report.

Neglected Tropical Diseases

In 2017, ALMA introduced a Neglected Tropical Diseases (NTDs) composite indicator into the ALMA scorecard. Specific NTDs recommended actions are incorporated into the quarterly reports sent to countries, highlighting what is necessary to drive action and impact where performance is not on track. Since December 2020, ALMA, the WHO, ESPEN, and Uniting to Combat NTDs have recommended actions to advocate for sustaining NTD interventions during the COVID-19 pandemic. These include sustaining mass drug administration (MDA), vector control, and morbidity management and disability prevention (MMDP), and ensuring that NTD medicines with risks of expiry were utilized.

Regional malaria scorecards

In 2020, the AU Assembly called for the implementation of "regional malaria scorecards through the Regional

⁹ In 2011, the African Heads of State and Government requested a scorecard to strengthen tracking and accountability for malaria across Member States.

Economic Communities.”¹⁰ During 2021 and continuing in 2022, ALMA and the RBM Partnership to End Malaria are supporting the implementation of malaria scorecards with the Regional Economic Communities (RECs). These scorecards will help drive accountability and action at the regional level, including through regional forums of Heads of State and Government and Ministers of Health and Finance.

National scorecards and management tools

In the 2020 Decision on the Report on Malaria, the African Union called on Member States to “use national malaria scorecards, action trackers and engage stakeholders to align their activities with these tools at all levels to enhance accountability, transparency and action.”¹¹

National malaria scorecards and action trackers are effective management tools that support a systematic and evidence-based approach to monitoring national priorities, identifying performance gaps, and taking timely corrective action to enhance impact.

- **National and subnational scorecards** track quarterly performance of priority indicators selected from national malaria strategic plans. These scorecards can be used by leaders across all sectors, nationally and sub-nationally, to identify gaps and bottlenecks that require further intervention in order to achieve national targets.
- **Action trackers** log activities taken to address operational bottlenecks identified using the scorecard and workplan tools.

To date, 40 Member States have implemented malaria scorecards, action trackers and workplans. Scorecards, workplans and action trackers have also been implemented for RMNCAH (29 countries), NTDs (8 countries), and nutrition (3 countries).

Figure 1 - Status of national malaria, RMNCAH, NTDs, and Nutrition Scorecards



During 2021, Member States made significant progress in the use of national malaria scorecards and action trackers:

- More than 20 countries received technical assistance on national malaria scorecards.
- 110,628 actions were tracked (75% increase).
- 21 countries have connected national HMIS systems to the online scorecard platform, enabling 9 million data points to be tracked on national scorecards (62% increase).
- A total of 520 workplans have been developed (57% increase).

Illustrative examples of best practices by Member States in 2021 include:

- The **Republic of Rwanda** has made significant progress in institutionalising its integrated malaria/neglected tropical diseases (NTDs) scorecard and reproductive, maternal, newborn, child and adolescent health (RMNCAH) scorecard. These scorecards are included in national strategic plans as key performance and management tools and are published publicly. The scorecards are used for routine supervisions and to facilitate bottleneck analysis and action, even at the community and health-facility levels. For example, an increase in malaria cases on the malaria/NTD scorecard prompted a decision to reallocate commodities to health centres with high numbers of cases.
- The **Republic of Zambia** uses its malaria scorecard and workplan to track progress at national and subnational levels. The use of the workplan increased the timeliness implementation of planned activities. Zambia also uses the malaria scorecard to report to national and provincial End Malaria Councils so they can act when new gaps are identified.
- The **United Republic of Tanzania** trained 90 parliamentarians on how to use the national malaria scorecard to assess the malaria situation within their constituencies and support timely actions. A mobile application was launched to enable parliamentarians to access the scorecard and action plans from their personal devices.
- The **Republic of Ghana** incorporated routine, community-generated feedback into the national health management information system, enabling the production of scorecards for a broader set of stakeholders across the country. Ghana mobilized \$3.2 million USD from the French government to scale up the use of scorecards and train the media to disseminate data and drive accountability.
- The **Republic of Mali** used its scorecard to monitor essential services during the disruptions due to COVID-19. During Q1 2021, the division for Planning and Statistics, relevant ministry programs,

10 African Union, Decision on the Report on Malaria, Doc. Assembly/AU/13(XXXIII) (2020).

11 African Union, Decision on the Report on Malaria, Doc. Assembly/AU/13(XXXIII) (2020).

and partners reviewed the impact of COVID-19 on RMNCAH services. Each month, a technical working group reviewed the barriers to accessing services and any gaps in the continuum of care across the country. Findings were then shared with the Ministry of Health's cabinet to drive strategic decision-making and implementation of pandemic response policies.

- The **Republic of Kenya's** RMNCAH scorecard is decentralized to the county level and shared with key county stakeholders including politicians and technical teams. The digital scorecard includes data descending all the way down to health facility level, making it possible to identify and resolve issues in a targeted way.

Community Scorecards

Community engagement is essential to improving health outcomes, enhancing social accountability, and empowering individuals to actively participate in health systems strengthening. To support this, Member States are implementing community-level scorecards to strengthen community ownership of health outcomes and digitise additional information on the accessibility and quality of care.

- Community scorecards gather quarterly feedback on the quality of health services (e.g., wait times, facility infrastructure, availability of medicines).
- These scorecards are developed through community dialogues during which scores are assigned to indicators.
- For government, partners, and decision-makers, community scorecards serve as a regular feedback mechanism to understand the perceptions of consumers of health services and to address citizen concerns.
- Communities have successfully allocated land for new health facilities, financed the renovation of health facilities, addressed water scarcity issues, created community health insurance schemes, and mobilized resources for ambulances and other emergency vehicles.

For example, the **Federal Republic of Ethiopia's** community scorecard, which has been rolled out to 55% of districts, helps monitor the Ministry of Health's flagship initiatives including the Woreda (District) Transformation and Primary Health Care Improvement Programmes. The initiative has led to increased contributions from community members and improvements to service delivery.

Several other Member States are implementing community scorecards including the **Republics of Ghana, Kenya, Malawi and Zambia**.

National Malaria Data Repositories

To enhance the availability and quality of health data, Member States are implementing national data repositories.

- These repositories are being supported by WHO, US PMI, and other partners.
- Data related to the malaria burden, vector control, and case management will be captured in closer to real-time.
- Data from the repositories will help inform strategic planning, such as subnational stratification and improved targeting of malaria interventions as developed under the High Burden to High Impact (HBHI) approach.

During 2021, the **Federal Republic of Nigeria** launched its national malaria data repository and similar repositories are being developed in other HBHI countries.

ALMA Scorecard Hub

In February 2021, H.E. President Uhuru Kenyatta launched the ALMA Scorecard Hub (scorecardhub.org). The Scorecard Hub provides a platform for countries to share scorecards, case studies and other best practices publicly. It also provides other free resources, such as online courses, and technical assistance to support with capacity building at subnational and community level to enhance data driven decision making and accountability.

Figure 2 - Engagement through the Scorecard Hub



Recommendations

- Strengthen capturing of quality data, including from the community-level, and implement national malaria data repositories to support evidence-based accountability and action.
- Further integrate national malaria scorecards, workplans, and action trackers into governance systems at all levels (national down to the community level).
- Sensitise the media, parliamentarians, and leaders across other sectors to the national malaria scorecard and publish the scorecard on the ALMA Scorecard Hub.

Section 3. Multisectoral advocacy, action & resource mobilisation

Key messages

- 23 countries have launched national “Zero Malaria Starts with Me!” campaigns, including the DRC, Malawi, Mali, and Namibia which launched in 2021.
- 15 countries are on track to announce or launch End Malaria Councils & Funds (EMCs) by Q1 2022 and an additional 9 are in the planning process. EMCs have successfully mobilised multisectoral advocacy, action, and millions of USD to support national malaria programmes.
- At the direction of H.E. President Uhuru Kenyatta, ALMA launched a continental Malaria Youth Strategy and the Republic of Kenya launched the first “Youth Army” to mobilise young leaders to champion the fight against malaria.

Zero Malaria Starts with Me

In 2018, the African Union and RBM Partnership to End Malaria launched the continent-wide “Zero Malaria Starts with Me” campaign. This campaign calls on stakeholders across all levels to champion the fight against malaria and for:

- Malaria to remain high on the national development agenda;
- Communities to be engaged and empowered to take action; and
- Additional resources to be mobilised, especially from the domestic private sector, to support the implementation of the national malaria strategic plan.

In 2020, the African Union called upon ALMA and RBM to “support the roll out and implementation of the...campaign in additional Member States.”¹² To date, 23 Member States have launched national Zero Malaria Starts with Me campaigns, including the **Democratic Republic of the Congo** and the **Republics of Malawi, Mali, and Namibia** in 2021.

End Malaria Councils & Funds

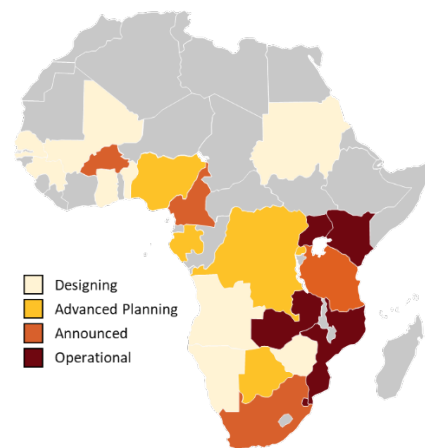
End Malaria Councils and Funds (EMCs) are country-led and country-owned mechanisms that champion multisectoral initiatives (e.g., “Zero Malaria Starts with Me”) by mobilising advocacy, action, resources, and accountability for the fight against malaria from all sectors.

- EMCs are composed of senior leaders drawn from influential institutions (e.g., ministries and parastatals, private companies, CSOs, religious organisations).
- These leaders collaborate with the NMCP to remove operational bottlenecks and resource gaps limiting the implementation of the national malaria strategic plan. They do so by engage their sectors to advocate for malaria to be a priority and identify what resources and capabilities can be mobilised.
- The leaders then meet quarterly to review the status of malaria and mobilised commitments.

In 2020, the African Union has called for the rapid “scale up the implementation national end malaria councils” and H.E. President Uhuru Kenyatta set a target of establishing

15 national EMCs by Q1 2022. 15 countries are on track to announce or launch EMCs by Q1 2022 and an additional 9 are in the process of planning EMCs.

Figure 3 - Status of End Malaria Councils & Funds



EMCs across the region played a significant role in addressing resource gaps and operational bottlenecks, including:

- **Zambia’s End Malaria Council & Fund** mobilised more than \$1 million in financial and in-kind commitments from the private sector to support mass drug administration across 12 priority districts.
- **Mozambique’s Fundo da Malaria** mobilised more than \$3.5 million in commitments from individuals and companies. Some of these resources were used to procure PPE for IRS teams, maintain vehicles, transport staff and commodities, and support a mass media campaign. The leadership of the Fund also supported a community-based communications campaign in partnership with two civil society organisations to train and distribute key messages on malaria prevention and treatment through religious and community leaders.
- **Eswatini’s End Malaria Fund** provided backstopping funding for staff salaries and fuel for the IRS campaign and procured antimalarials to avoid a nationwide stockout. The fund helped channel \$100,000 USD in unused COVID-19 resources to support malaria. The Fund also organised roundtable events with Youth leaders

12 African Union, Declaration on the Report on Malaria, Doc. Assembly/AU/13(XXXIII) (Feb. 2020).

and private sector executives to sensitise them to the burden and multisectoral impact of malaria.

- **Malaria Free Uganda** supported the training of pharmacy and health centre workers on best practices for testing and treating malaria, organised a high-profile national bicycle race to raise the visibility of malaria, engaged with senior executives from 100 companies to sensitise them to the need to take action to end malaria, and partnered with the Zero Malaria Business Leadership Initiative to mobilise a matching fund to incentivise private sector resource mobilisation.
- **Kenya's End Malaria Council** supported the mapping of private companies that could locally manufacture malaria and other health commodities, organised a media campaign to support social & behavioural change communications, and established an innovative funding mechanism to enable individuals and companies to contribute resources directly to the DNMP.

Countries are also implementing EMCs at subnational levels, including the **Republics of Namibia and Zambia**. Subnational EMCs convene senior leaders from across all sectors to drive advocacy, action, resource mobilisation, and accountability. For example, subnational EMCs in Zambia have supported advocacy and resource mobilisation for the mass drug administration campaign being conducted in targeted districts across four provinces.

Zero Malaria Business Leadership Initiative

To support private sector resource mobilisation, Speak Up Africa and the Ecobank Foundation launched the Zero Malaria Business Leadership Initiative (ZMBLI). This initiative is private sector-led and engages other companies and high net worth individuals at the national level to contribute resources to support the NMCP. To date, ZMBLI has been launched in the **Republics of Benin, Ghana, Senegal, and Uganda**.

This campaign complements other multisectoral initiatives, including Zero Malaria Starts with Me and national EMCs. In 2021, for example, the Ecobank became a member of Malaria Free Uganda and has pledged \$100,000 USD in matching funds to support the Fund's private sector resource mobilisation activities.

Youth Engagement and National Malaria Youth Armies

The African Union agenda recognizes the importance of youth participation, involvement, and representation in the development of the continent—including for the control and elimination of malaria. H.E. President Uhuru Kenyatta, as Chair of ALMA, called for the establishment of national “Youth Armies” to galvanise a movement of youth to support the fight against malaria.

During 2021, significant progress was made by ALMA and Member States to fulfil this call to action:

- ALMA published the **first regional Malaria Youth Strategy** to provide a framework for engaging youth leaders across Africa to act against malaria and support expanded access to UHC.
- A continent-wide **ALMA Youth Advisory Council** was established with 11 youth leaders across Africa and one representing the diaspora. This council provides guidance on how to mobilise youth and to engage and sensitise existing youth structures to join the fight against malaria. The Council supported the “Draw the Line Against Malaria” campaign on World Malaria Day in April 2021; and hosted an intergenerational dialogue on youth innovation to eliminate malaria on International Youth Day.
- The **Republic of Kenya** launched the first national Youth Army. This initiative convenes young leaders from all 47 counties to champion malaria control and elimination.
- The **Kingdom of Eswatini** hosted a youth indaba, in partnership with the national End Malaria Fund, and is in the process of establishing a national Youth Army.
- The **Republics of Uganda and Zambia** are in the initial stages of developing plans for similar Youth Armies, also in consultation with the NMCP and with support from the national EMCs.
- Initiatives supported by Speak Up Africa convened more than 70 youth leaders in the **Republics of Sierra Leone and Liberia** to advocate for malaria and NTDs to be a priority.

Recommendations

- Continuing implementing national Zero Malaria Starts with Me campaigns, including developing multisectoral strategies to advocating for malaria to remain high on the national development agenda, that communities are engaged and empowered to take action, and that sectors are engaged to mobilise financial and in-kind resources.
- Establish national End Malaria Councils and Funds to support the mobilisation of commitments for advocacy, action and resources from each sector.
- Identify and engage existing youth structures that could adopt malaria control and elimination as a strategic priority and serve as a national Youth Army.

Section 4. Regional and cross-border coordination

Key updates

- The Regional Economic Communities (RECs) are implementing regional scorecards and action plans, including the Great Lakes malaria initiative which launched in 2021 (EAC).
- Sub-regional initiatives (e.g., Sahel, MOSASWA) continue to support critical cross-border coordination and collaboration.

Malaria knows no boundaries. The cross-border movement of mosquitoes and people presents a consistent challenge for combatting malaria. Therefore, it is essential that leaders work across borders to coordinate campaigns, share data, and implement best practices and initiatives to eliminate malaria.

Regional Economic Communities

To ensure that malaria remains a development priority amongst the Regional Economic Communities (RECs), ALMA and the RBM Partnership to End Malaria have signed memoranda of understanding with SADC, ECOWAS, ECCAS, EAC, and IGAD to support the mainstreaming of malaria at Head of State and Government, ministerial and technical levels.

Key highlights from 2021 include:

- **SADC:** Heads of States and Government signed the Windhoek Declaration on Eliminating Malaria in the SADC Region and Ministers of Health approved the Operationalization Plan for the Windhoek Declaration on malaria elimination in the SADC region. A SADC Malaria report is produced annually and the SADC Ministers of Health approved the SADC Regional Malaria Elimination Strategy and its implementation plan. Additional collaboration is conducted through the Elimination 8 initiative, including through the SADC Elimination 8 Ministerial Subcommittee, which is composed of the Ministers of Health from the **Kingdom of Eswatini and Republics of South Africa, Mozambique, Zambia, Angola, Namibia, Botswana, and Zimbabwe.**
- **ECOWAS:** Mobilised additional resources to support malaria coordination through the WAHO Secretariat. Additional efforts have been made to finalise the strategy for the Sahel region.
- **ECCAS:** With support from the RBM Partnership to End Malaria, ECCAS developed a Regional Malaria

Strategic, which is under validation by Members States and partners.

- **EAC:** Members established the Great Lakes Malaria Initiative to support regional coordination, including mobilising resources for the EAC secretariat. The Great Lakes Malaria Initiative developed and launched a regional malaria strategy and scorecard.
- **IGAD:** Working on developing a regional workplan, including through a regional consultation meeting with representatives of NMCPs.

Cross-border Initiatives

Member States continue to also undertake other cross-border malaria initiatives:

- The **Republics of Senegal and The Gambia** coordinate vector control campaigns and surveillance activities across their shared borders. The **Republic of Senegal** is also working to coordinate cross-border activities with The **Republic of Mali** and **Islamic Republic of Mauritania.**
- The **Sahel Malaria Elimination** initiative in West Africa seeks to coordinate resources and the implementation of annual SMC and IRS campaigns across 8 countries in the Sahel.
- The **Republic of South Africa** has contributed \$4 million USD in blended financing from the government and private sector via the MOSASWA mechanism to support malaria elimination initiatives in the **Republics of South Africa and Mozambique** and the **Kingdom of Eswatini.**
- The **Isdell:Flowers Cross-border Malaria Initiative**, a private philanthropy-led initiative, has supported coordination in hard-to-reach regions along the borders of the **Republics of Angola, Namibia, Zambia, and Zimbabwe** and facilitated the cross-border sharing of best practices.

Recommendations

- Continue rolling out and implementing malaria scorecards and coordinated workplans at the regional level through the RECs.
- Include malaria as a standing agenda item in forums of Heads of State and Government and Ministers of Health and Finance at REC level.
- Identify and support opportunities for increased cross-border coordination, especially for the implementation of vector control and disease surveillance initiatives.

Section 5. Access to life-saving commodities

Key updates

- Whilst Member States have taken proactive action to mitigate supply chain bottlenecks caused by the COVID-19 pandemic, disruptions remain a threat to the ability of Member States to sustain malaria interventions and broader health services.
- Increasing insecticide and drug resistance is a major threat to the effectiveness of the life-saving tools used to prevent and treat malaria, suggesting a need to scale up the deployment of next generation commodities.
- The approval of the first malaria vaccine means that countries have an additional tool to help combat malaria in combination with existing interventions (e.g., IRS, ITN, SMC).
- The higher cost of new tools will require both additional resources and enhanced data to support better targeting and allocation of these commodities.

The introduction of, and increased access to, life-saving malaria commodities and interventions, including insecticide-treated nets (ITNs), indoor residual spraying (IRS), rapid diagnostic tests (RDTs), Artemisinin-based combination therapy (ACTs), and seasonal malaria chemoprevention (SMC), contributed significantly to the progress made against malaria over the past two decades. Sustaining access to these interventions and deploying new ones is essential to eliminate malaria.

Threats to existing commodities

There are several emerging threats:

- Several member states have reported evidence of malaria parasites that are partially resistant to existing antimalarials (e.g., in Burkina Faso, Republics of Angola, Rwanda, Uganda); however, further study is necessary.
- There are an increasing number of Member states that have identified mosquito resistance to the insecticides used for ITNs and IRS. 22 Member States have reported evidence of mosquitoes that are resistant to the 4 classes of insecticides primarily used for vector control, and another 12 reported resistance to 3 classes of insecticides.
- Malaria parasites have begun to mutate such that they no longer produce the protein detected by RDTs, rendering these tests less effective at identifying cases of malaria.
- The durability of existing ITNs also continues to be a challenge. Whilst WHO-approved ITNs should provide three years of protection, NMCPs raised concerns about the durability in the field and an increased risk of malaria upsurges during the third year after the national universal ITN campaigns.
- The *Anopheles stephensi* mosquito, which was first identified in Djibouti in 2012 and now in other countries of the Horn of Africa, poses an increasing threat especially in urban areas.

Countries across the region are implementing several solutions to try to mitigate these threats:

- 31 countries have prepared national insecticide resistance monitoring plans.

- Countries are increasingly deploying PBO nets, which are treated with an additional chemical (piperonyl butoxide). Approximately 40% of nets distributed in 2021 were PBO nets.
- Countries are piloting next generation ITNs with dual active ingredients.
- Countries are deploying IRS with next-generation insecticides.

The efficacy of these solutions has been demonstrated in several Member States:

- **Republic of Mozambique:** The use of PBO nets reduced malaria incidence by 50% where used. The use of IG2 nets also contributed to a statistically significant reduction in malaria incidence compared to standard ITNs.
- **The Republic of Rwanda:** Reported that PBO nets enabled 5 districts and IG2 nets enabled 4 districts to move from moderate to low malaria burden.
- **The Republic of Malawi:** Identified similar results during the first year of introducing PBO nets.
- **United Republic of Tanzania:** A two-year study of four types of ITNs, including existing pyrethroid long-lasting insecticidal nets, found that PBO and chlorfenapyr-treated nets were both more effective than existing ITNs and that chlorfenapyr-treated nets were the most cost-effective alternative reducing malaria incidence by 45%.¹³

Malaria Vaccine

In 2021, WHO recommended the first malaria vaccine, RTS,S/AS01, for the prevention of *P. falciparum* malaria in young children living in regions with moderate to high transmission of malaria.¹⁴

- The approval of the vaccine was based on implementation studies in the Republics of Ghana, Kenya and Malawi, where it reduced hospitalizations from severe, life-threatening malaria by 30%.
- The vaccine is provided in 4 doses to children between 5 to 17 months of age or in 5 doses as part of a seasonal strategy in areas with highly seasonal malaria transmission.

13 Jacklin F. Masha et al., Effectiveness and Cost-effectiveness of Three Types of Dual Active Ingredient Treated Nets Compared to Pyrethroid Long Lasting Insecticidal Nets Against Malaria in an Area with Pyrethroid-resistant Mosquitoes in Tanzania: A For Arm, Cluster-randomised Trial (Dec. 2021), preprint available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3889366.

14 See WHO, WHO Recommends Groundbreaking Malaria Vaccine for Children at Risk (Oct. 2021)

- WHO and partners continue to support efforts to assure accelerated malaria vaccine access and a healthy malaria vaccine market, in addition to other malaria commodities.

Local Manufacturing

H.E. President Uhuru Kenyatta, as Chair of ALMA, has called for the increased manufacturing of malaria commodities in Africa. Although the vast majority of malaria commodities are used on the African Continent, nearly all of them are manufactured outside of Africa in Europe, Asia, and North America. Increasing local manufacturing of malaria commodities will promote economic development and the resilience in the supply chains.

Several activities were undertaken during 2021 to promote local manufacturing of malaria commodities:

- The Center for Global Development, NEPAD, United Nations Commission for Africa, and ALMA organised a roundtable discussion on Pharmaceutical Manufacturing and Supply Chain Resilience in Africa.
- NEPAD and ALMA facilitated discussions with various development partners to support the

ongoing implementation of the Pharmaceutical Manufacturing Plan for Africa.

- Several African countries proposed a resolution on strengthening local production of medicines and other health technologies to improve access, which was endorsed during the 74th World Health Assembly.
- The Kenya End Malaria Council and the Division of National Malaria Program (DNMP) and ALMA conducted a mapping of the Kenyan private sector to identify companies with the capacity and readiness to manufacture malaria and other health commodities.
- The Eswatini End Malaria Fund is exploring opportunities for project financing to establish a factory for packaging malaria commodities and provide a new source of funding for the National Malaria Program.

Additionally, the new African Medicines Agency recently launched under the African Union provides a new mechanism to support local manufacturing and access to commodities. To date, 18 countries have ratified the treaty for this new agency, whose implementation will continue in 2022.

Recommendations

- Mobilise additional resources, invest in market-shaping initiatives, and undertake pooled procurement to help address the higher costs of next generation commodities and new interventions such as the RTSS vaccine.
- Establish a mechanism for monitoring the durability of mosquito nets and engage donors, partners, manufacturers and communities to ensure nets are durable.
- Continue to strengthen surveillance programmes to enhance data quality and availability for insecticide, diagnostic and artemisinin resistance.
- Use drug, diagnostics and insecticide resistance surveillance and other data to tailor the right mix of interventions, including new nets and insecticides, at the local level including through subnational stratification. To maximize the impact of limited resources on reducing malaria cases and deaths.
- The introduction of the RTS,S vaccine in Member States should be considered in the context of existing national strategic plans, existing interventions (e.g., LLINs, IRS, SMC) and the availability of resources for all malaria tools.
- Develop a national strategy for local manufacturing of malaria and other health commodities
- Engage the private sector (e.g., via End Malaria Councils and Funds) to identify companies that could support the local manufacturing of malaria commodities
- Ratify the African Medicines Agency Treaty and support its implementation in 2022
- Addressing barriers to local manufacturing through the African Continental Free Trade Agreement framework, Regional Economic Communities, and with national regulators
- Create innovative financing approaches to drive market demand for locally manufactured products