ALMA OVERVIEW REPORT 1ST QUARTER 2017

Introduction

At the end of January 2017, the African Leaders Malaria Alliance (ALMA) Heads of State and Government, meeting under the auspices of the African Union, nominated His Majesty King Mswati III of the Kingdom of Swaziland as the 2017/2018 Chair of the Alliance.

Accepting the chairmanship of the groundbreaking initiative that has demonstrated political commitment, leadership and accountability in the fight against Malaria, His Majesty the King underscored the urgency of the challenge. HM King Mswati III urged his fellow leaders to accelerate action in order to meet the SDG target and the promise of "The Africa we want". The fight against malaria on the African continent has reached a critical phase, with mounting challenges as the target date for attaining the elusive goal of a malaria free Africa rapidly draws nearer.

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Kenya
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Libya
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Malawi
Mali
Mauritania
Mauritius
Mozambique
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Niger
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Rwanda
Sahrawi Arab Democratic Republic
São Tomé and Príncipe
Senegal
Seychelles
Sierra Leone
Somalia
South Africa
South Sudan
Sudan
Swaziland
The Gambia
Togo
Tunisia
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

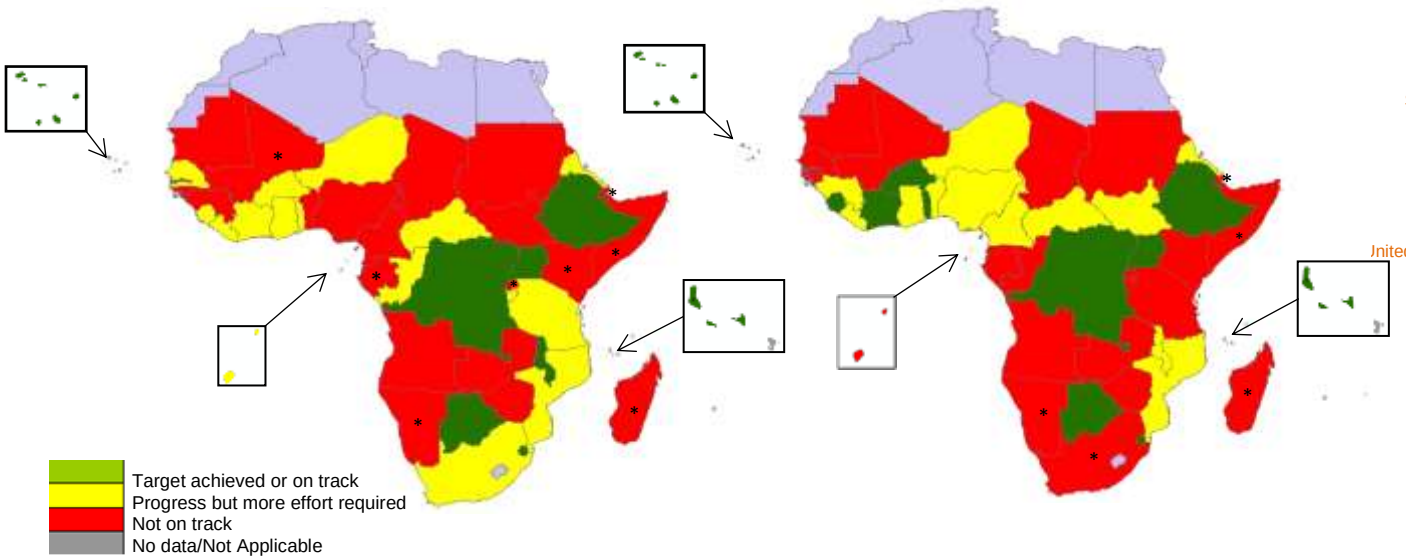
The Sustainability Challenge

The biggest hurdle is sustaining the gains that have already been made, by maintaining the WHO prescribed; over 80% coverage with vector control, as well as surveillance, early detection of outbreaks, and ready access to rapid diagnostic tests (RDTs) and artemisinin based combination therapy (ACTs) at community level.

The 2016 World Malaria Report, documented countries in the region which were experiencing increases in morbidity and mortality. The importance of sustaining the gains made cannot be overemphasized.

Estimated change in malaria incidence rate (2010–2015)

Estimated change in malaria mortality rate (2010–2015)



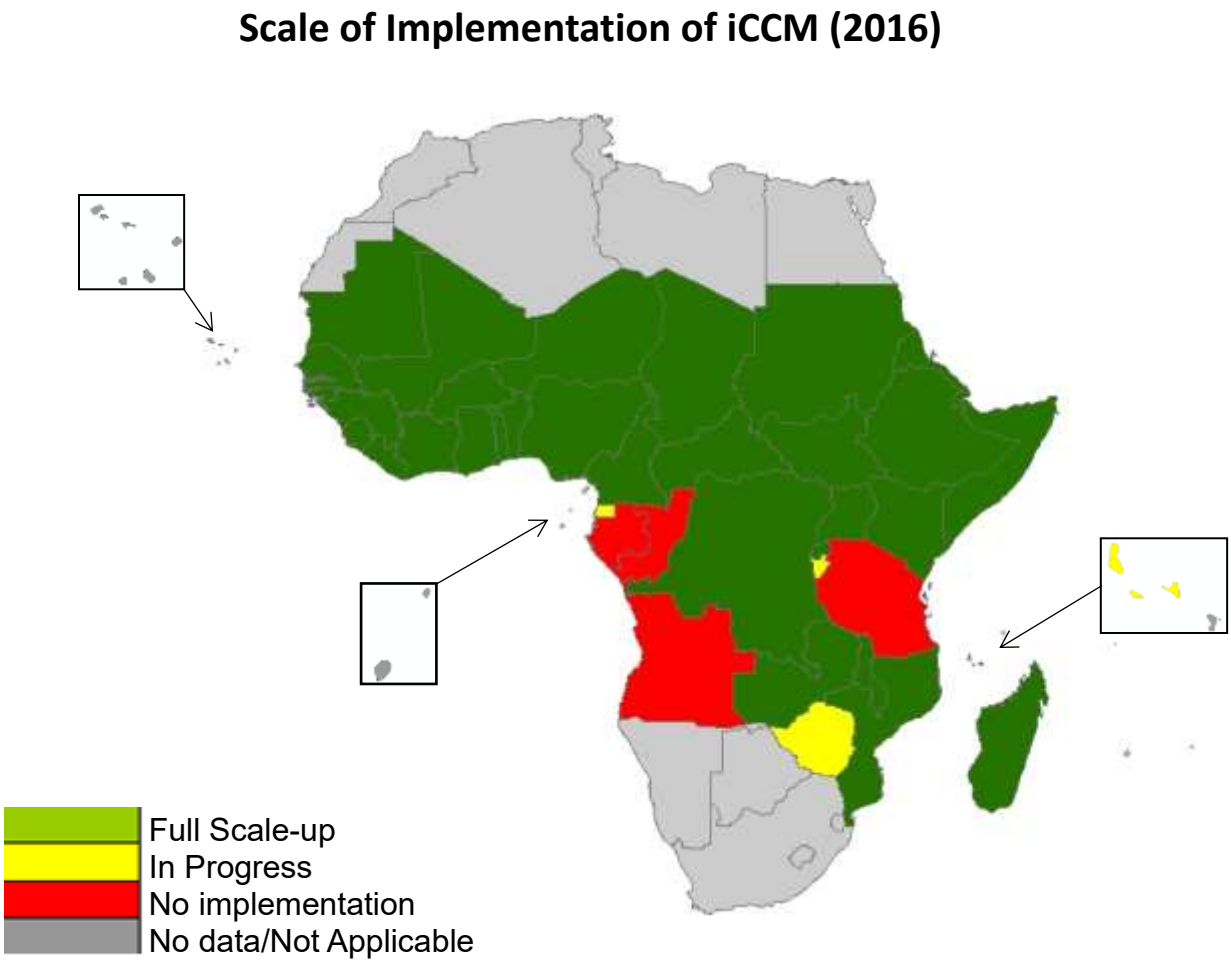
* Country with greater than 20% increase in malaria incidence rate

Source: Quarter 1 2017 ALMA Scorecard

The designation employed and the presentation of material in these maps does not imply the expression of any opinion whatsoever on the part of ALMA concerning the legal status of any country, territory or area of its authorities or concerning the delimitation of its frontiers or boundaries.

Human Resources

Countries' efforts are further hampered by severe shortages of human resources for community case management and surveillance. In addition, shortages in technical expertise in epidemiology as well as procurement and supply chain management compromise the quality of programmes and causes stock outs as well as costly delays in vector control. Even where community case management exists, few countries have been able to fill the vacuum in the programs caused by these shortages.



Source: Quarter 1 2017 ALMA Scorecard

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The filling of these critical gaps consistently must be a priority for all countries.

Funding

Malaria funding in Africa is facing its greatest challenge to date. The Sustainable Development Goals will cost much more to deliver than the MDGs. In fact, WHO has estimated that it will cost up to three times the resources used to deliver the MDG target, to deliver the SDG malaria target.

His Majesty King Mswati III has identified three areas that ALMA member Heads of State and Government and their countries will have to focus on:

1. Domestic Public Financing

AU member countries have already committed in 2014, to digging deeper into their own pockets to finance the SDGs including ending the malaria epidemic. Member countries need to front load the implementation of this resolution, to effect the high return on investment of US$36 for every dollar invested as researched by the Copenhagen Consensus group. This will include not only increased budget allocation, but also allocation of some World Bank IDA resources to malaria to sustain the high coverage levels required to make progress towards elimination. Public financing will have to include where necessary, government bonds.

2. Domestic Private Sector Financing

The ALMA chair has directed the secretariat to work with the private sector to establish a fund for Malaria on the continent. This work has started, and the Fund will be launched by the ALMA chair later in the year. Each country is encouraged to participate once the fund is established, to ensure that it is well funded and delivers results.

3. Donor Funding

The funding from donors such as PMI, DfID, GFATM, The Bill and Melinda Gates Foundation, UNITAID and others, has been an important pillar of the malaria programs throughout Africa. The efficient use of these resources is critical. To facilitate this effectiveness, efficiency and economic use of resources, the Global Fund has required that countries use a portion of their HIV/AIDS, TB, and Malaria allocation to strengthen health systems. Since strong health systems will benefit all three diseases, countries are urged to distribute the health systems funding equitably between the three diseases and ensure that the resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to sustain the gains made in recent years.

Regulatory Environment

WHO has devised guidelines for countries that will ensure that:

- Medicines and health related commodities are of the required quality, safety and efficacy;
- Medicines and commodities are appropriately manufactured, stored, distributed and dispensed;
- Illegal manufacturing and trade are detected and adequately sanctioned;

- Health professionals and patients have the necessary information to enable them to use medicines rationally;
- Promotion and adverting is fair, balanced and aimed at rational drug use;
- Access to medicines is not hindered by unjustified regulatory work.

Failure to observe these guidelines through the setting up of strong regulatory authorities is leading to the use of sub-standard commodities and in countries, particularly in the informal private sector which compromises the impact of malaria interventions. Many countries do not license new drugs rapidly enough, leading to possible increases in avoidable morbidity and mortality. ALMA is working with countries, the AUC and other RBM partners to address this issue.

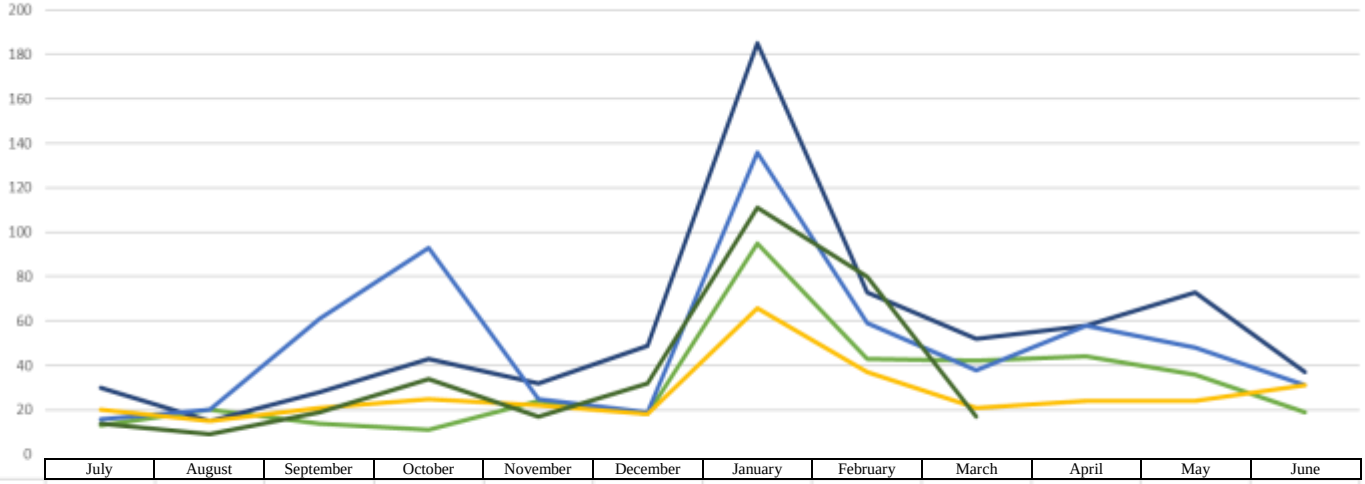
Malaria Outbreaks

Following the upsurges in malaria seen in parts of East Africa following El Niño, the 2017 rainy season has seen malaria outbreaks in several countries across southern Africa. The severity of the outbreaks could have been mitigated with both greater coverage of vector control, as well as early detection and rapid intervention.

The SADC Elimination 8 countries under the leadership of the Minister of Health of the Kingdom of Swaziland, are commended for coming together to assess the severity of the situation, and to agree on measures that will prevent the recurrence of these outbreaks.

The Kingdom of Swaziland is commended for sustaining the high coverage of interventions – including for vector control, effective surveillance and early detection that has seen the country avoid outbreaks even in the midst of this year's heavy rains.

Confirmed Cases by Month per Season



	July	August	September	October	November	December	January	February	March	April	May	June
2012-13	13	20	14	11	24	18	95	43	42	44	36	19
2013-14	30	15	28	43	32	49	185	73	52	58	73	37
2014-15	16	20	61	93	25	19	136	59	38	58	48	31
2015-16	20	15	21	25	22	18	66	37	21	24	24	31
2016-17	14	9	19	34	17	32	111	80	17			

In Swaziland, the cases are within the same range as previous years, and the country has maintained progress towards elimination.

The E8 Ministers are commended for the collective effort which identified the drivers of the malaria outbreaks. ALMA looks forward to continuing to work closely with the Ministers to address these 5 drivers. ALMA will also work with the other sub-regional economic groupings to share these drivers, and support the actions of countries.

Drivers of the Current Situation in the 2016/2017 rainy Season

- Low coverage of indoor residual spraying (IRS).
    - Delayed procurement and recruitment resulted in late start.
    - Inadequate capacity for supervision and microplanning.
    - Most of the countries with the exception of two countries recorded IRS coverage below 80%, which falls below the WHO-recommended standard for impact on control and elimination.
- Late identification of epidemics, and late response.
- Rainfall and flooding.
    - Displaced populations and limited access to health services.
    - Vector (mosquito) densities increased.
- Emerging insecticide resistance, and changing mosquito behaviours.
- Interruption of donor funding.

Conclusion

The fight against malaria has been with our continent since this zoonotic disease, infecting primates, jumped to humans. It is centuries old; but this century it must come to an end.

Even as new tools are being developed, it is critical that control is aggressive; that malaria is controlled; and we reach pre-elimination status even in the most endemic countries on the continent. The tenacity and relentlessness of the effort not only relies on the ownership and persistence of the Head of State and Government; the Minister; and the private sector; but is a product of a determined people.

His Majesty King Mswati III of the Kingdom of Swaziland is leading by example, and wants to take every African country along. This leadership by Africa's Heads of State and Government, working with their Ministers and their people, is what will deliver success.

An Africa free of Malaria.