

SUMMARY REPORT DECEMBER 2017 MALARIA AT THE CROSSROADS

INTRODUCTION

At the turn of this millennium, African countries declared this century “The African Century”. Indeed the continent has achieved unprecedented levels of growth, with tremendous progress in human capital development, as access to education rapidly increased and both domestic and donor support for health targeted key health challenges.

The war against malaria saw unprecedented progress that led to the early achievement of the MDG target. It was not surprising therefore when Africa’s Heads of state and government under the auspices of the African Union, pronounced in the continent’s vision “The Africa we want”: the goal of an Africa free of malaria.

The first two years of the SDG era have presented a defining moment for our continent. The SDGs are much broader than the MDGs, therefore requiring more resources; and the fight against malaria has become tougher as countries battle with competing priorities, the substantial increase in resources required to ramp up the response, as well as the emerging complexity of the post 2015 agenda.

Unfortunately for the continent, the rate of growth has declined and is now described by the International Monetary Fund as “fragile”. Indeed the IMF describes 2016 as a difficult year for many countries, with regional growth dipping to 1.4 percent—the lowest level of growth in more than two decades. The trend has mostly continued into 2017. This does not augur well for the war against malaria

THE MALARIA CHALLENGE

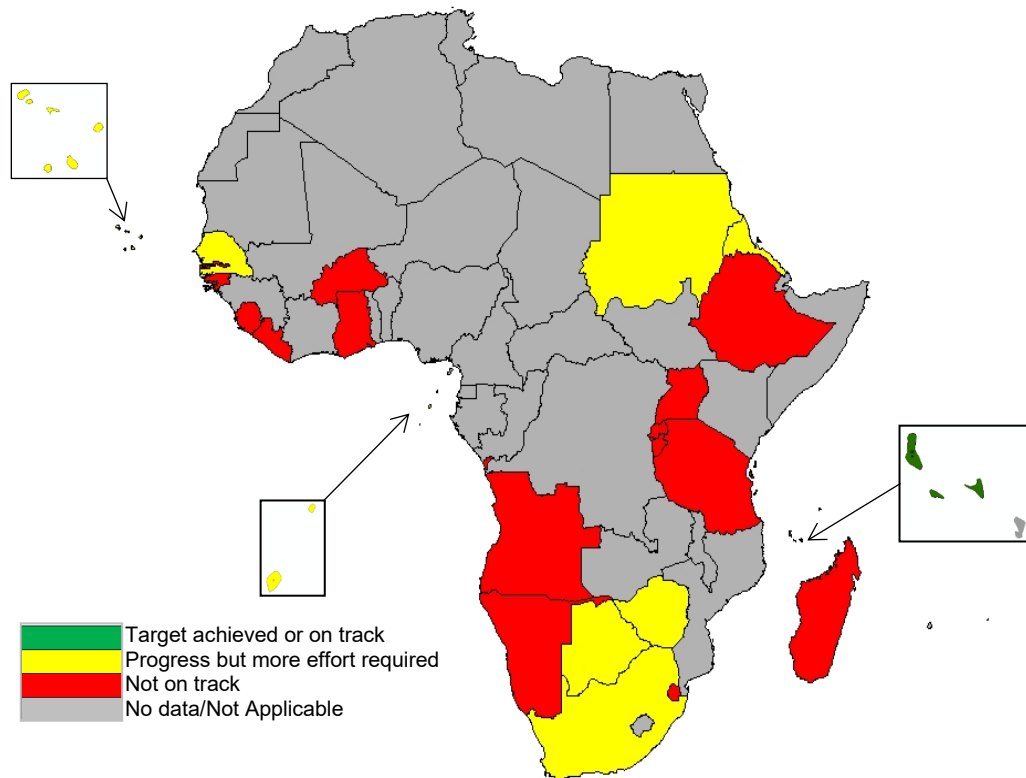
A. INSUFFICIENT COVERAGE WITH EFFECTIVE INTERVENTIONS

The World Malaria Report 2017, covering the 2016 calendar year’s performance, indicates a plateauing of malaria incidence, with 194 million cases. There were 407,000 malaria deaths in 2016 compared to 409,000 in 2015 in the Africa region. By the end of 2016, there has been a steady increase in household access to LLINs, reaching 79.7% of households; though only 61% of the population have access and only 54% actually sleep under a net. Indications are that for malaria incidence and mortality to continue to go down, the percentage of the population actually benefitting from vector control by sleeping under LLINs or in rooms protected through IRS must reach the WHO recommended coverage level of over 80%. Some good news however, is that in 2017, 203 million LLINs were delivered to Africa, significantly more than ever before, and 65 million more than in 2016, with the potential to significantly enhance LLIN coverage.

MEMBERS

- Algeria
- Angola
- Benin
- Botswana
- Burkina Faso
- Burundi
- Cabo Verde
- Cameroon
- Central African Republic
- Chad
- Comoros
- Congo
- Côte d'Ivoire
- Democratic Republic of Congo
- Djibouti
- Egypt
- Equatorial Guinea
- Eritrea
- Ethiopia
- Gabon
- Ghana
- Guinea
- Guinea-Bissau
- Kenya
- Lesotho
- Liberia
- Libya
- Madagascar
- Malawi
- Mali
- Mauritania
- Mauritius
- Mozambique
- Namibia
- Niger
- Nigeria
- 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

Change in Malaria Incidence Rate (2010–2016)



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

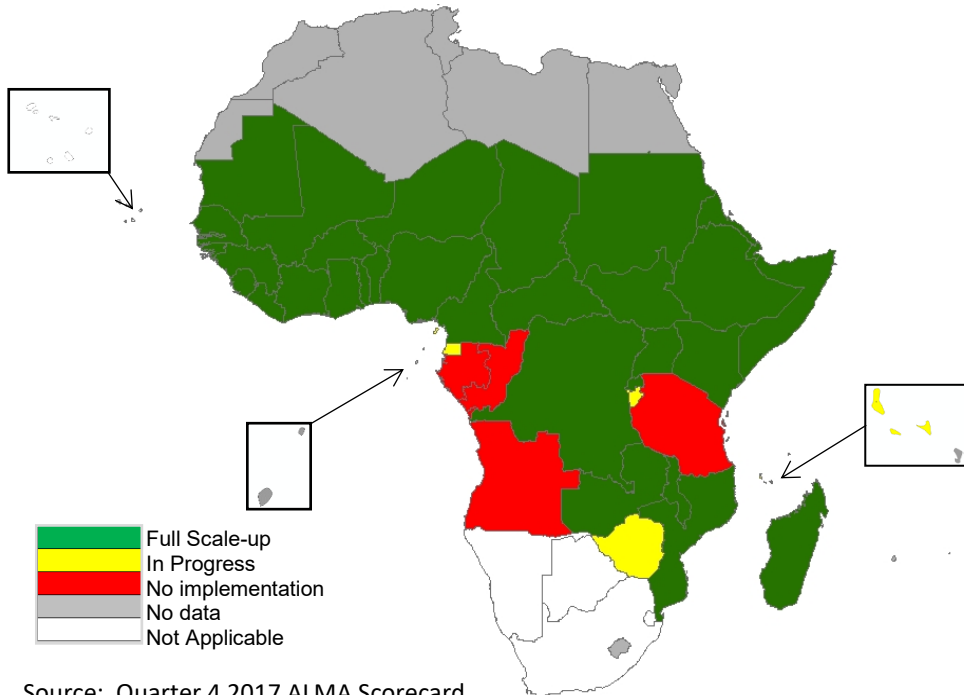
Source: *Quarter 4 2017 ALMA Scorecard*

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

B. REACHING EVERY CHILD FOR DIAGNOSIS AND TREATMENT

Vector control is the first line of defence as it prevents malaria cases in the first place. When this fails, the next line of defence is case management which prevents severe disease and death. Implementation of integrated community case management (iCCM) enhances access to early diagnosis and treatment, especially in children under five years of age. Further scale up of this approach is still required.

Scale of Implementation of iCCM (2016)



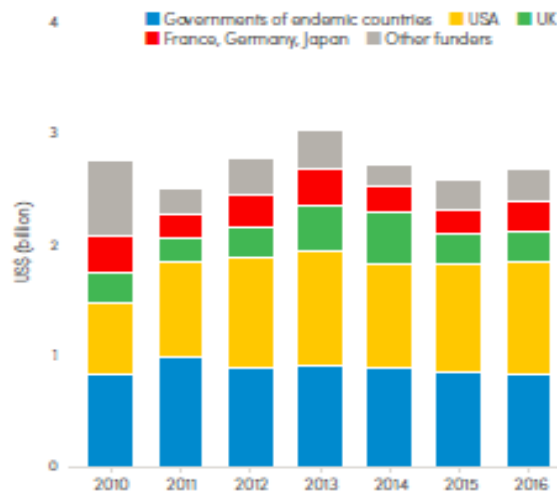
Source: Quarter 4 2017 ALMA Scorecard

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C. ENSURING SUSTAINED FINANCING

The latest research by the IMF demonstrates that health and education spending have typically been protected but not increased in low-income country programmes. The effect of this has been that in most countries as a share of GDP, public sector investments in health have stagnated for more than 25 years since 1988. Malaria financing has seen a similar stagnation in recent years.

Investments in malaria control and elimination by source of funds* (constant 2016 US\$), 2010–2016



Source: WHO World Malaria Report 2017

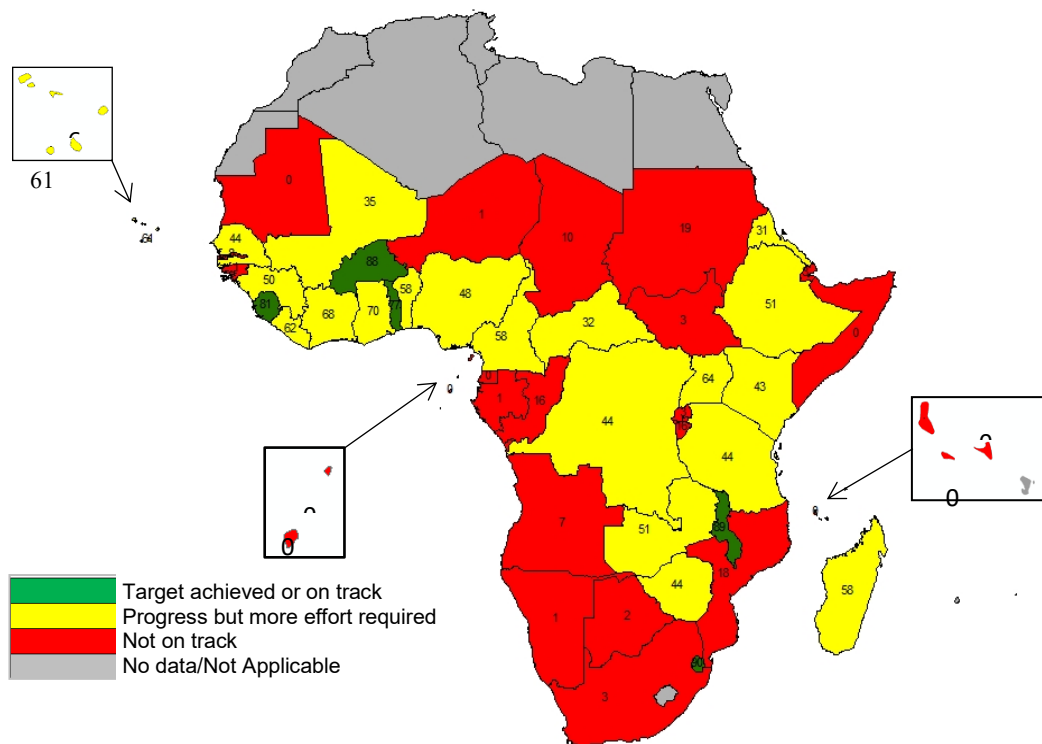
The public sector must increase budget allocation as a percentage of GDP if countries are to make reasonable progress. ALMA will continue to work with countries to improve their efficiency and effectiveness, in malaria, NTDs and RMNCAH management through the use of national scorecards and action trackers; including community engagement.

THE BIGGER PICTURE

SDG 3 – The path to universal coverage and elimination

The Neglected Tropical diseases continue to pose a serious challenge to the health sector. Both malaria and NTDs are critical SDG 3 targets. Working with WHO and the NTD community, the ALMA scorecard for accountability and action now includes a composite NTD indicator that tracks the preventive chemotherapy coverage achieved for lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma. This indicator will prove a useful tool for countries as they work with partners to end the scourge of NTDs in their communities.

**Mass Treatment Coverage for Neglected Tropical Disease
(NTD index, %)(2016)**



Source: Quarter 4 2017 ALMA Scorecard

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HEALTH SECTOR COST CONTAINMENT MEASURES

To assist the action tracking and bottleneck resolution for all national scorecards, ALMA is pleased to tap into private sector research on cost savings measures in health service delivery; some of which could prove very useful in improving efficiency and effectiveness in malaria programme and NTD programme management. These are the areas that can be supported by effective scorecard and action tracker management at country level and at sub regional level:

1. Standardized clinical processes: ensuring that tests for malaria are routine for fever management.
2. Using mobile technology for alerts and notification between communities and health facilities and between different levels of service delivery.
3. Shared services centres – sharing best practice in ICCM
4. Strategic procurement – ensuring timely tendering and procurement as well as quality supply chain management.
5. Achieve economies of scale through subregional bulk purchasing as recommended by SADC health Ministers.

CONCLUSION

The World Malaria Report attributes the stagnation and upsurges in malaria in the region to multiple factors, including low coverage of essential interventions, emergencies, and insecticide resistance, together with a common underlying thread of underfunding. In order to develop and tailor recommendations for each country, country by country analysis will be led by WHO, and ALMA looks forward to working with and supporting countries to address these bottlenecks.

Another cross cutting factor that merits interrogation is the effects of climate change. Malaria cases are on the increase in East Africa and the Sahel, and experts attribute the upsurge to changes in the climate. These experts say that dozens of cutting-edge climate computer simulation systems indicate, on average, a weak wet trend for the Sahel under unabated climate change. At the same time the monsoon winds that blow from the Atlantic Ocean to the continental interior get stronger and extend northwards. These models and reviews demonstrate what may have been anecdotal previously; that the climate in Africa is already exhibiting significant changes, evident by changes in average temperature, change in amount of rainfall and patterns and the prevalence of frequency and intensity of weather extremes. It would be useful know the extent to which these have contributed to the upsurges.

Africa stands at a cross roads. To continue to win the war against malaria, considerably more resources will need to be invested in the fight. Countries will have to work differently and smarter in order to outsmart the mosquito and the plasmodium parasite.

ALMA stands ready to support country, sub-regional and regional efforts in this regard.