

## 1<sup>st</sup> QUARTER 2018 SUMMARY REPORT

### INTRODUCTION

In 1971, when the first Commonwealth Heads of Government summit was held in Singapore, the global fight against malaria had reached a turning point. Though a substantial number of countries were on track to eliminate the disease, financial constraints and mosquito resistance to DDT were beginning to raise their ugly heads; limiting both coverage and effectiveness of vector control. This, however was not enough to dampen the commitment as 1971 was the year that Chinese Scientists isolated the active ingredient in the traditional Chinese drug gingham, by extracting artemisinin. Indeed, the progress made was so substantial that in 1974, WHO declared 37 countries, mainly in Europe and the Americas free of Malaria. Very soon thereafter, the global war against malaria slowed down considerably, only to reignite, first with the launch of Roll Back Malaria in 1998, and then further with the launch of the MDGs in the year 2000.

Since 2000, the new global fight against malaria has seen 17 countries eliminate the disease, and deaths cut by 60% whilst saving over 6.8 million lives. However, even with this progress, 90% of the Commonwealth's 2.4 Billion people live in Malaria endemic countries. Even more relevant to Africa, is that 90% of the global burden of malaria is on the African continent.

### A RECOMMITMENT

In January, the ALMA Heads of State and Government met at the time of the AU summit in Addis to recommit to the fight against malaria. Once again warning signals were emerging of financial and insecticide resistance constraints in the new fight to rid the planet of malaria. Reaffirming their decision as African Heads of States and Government to eliminate malaria in Africa in line with the Sustainable Development Goals, and the AU Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030, the Forum recognized countries that continued to be on track. The ALMA Awards for Excellence, focused on the impact in reducing the malaria incidence and also on the progress towards meeting the 2020 milestone of the WHO Malaria Global Technical Strategy. Madagascar, the Gambia, Senegal and Zimbabwe were awarded for reducing malaria cases by more than 20% from 2015 to 2016.

Algeria and Comoros were awarded for being on track to achieve a more than 40 percent reduction in cases by 2020. WHO has since found Ethiopia and Botswana to meet this criteria as well.

On the 18<sup>th</sup> April at the time of the CHOGM; 15 Commonwealth Heads of Government, 10 of whom were from Africa met together with Bill Gates, the UK government, and global malaria partners to recommit to the fight against malaria. The commitments focused primarily on the key Gaps that countries and partners needed to address to meet the WHO Global technical strategy targets and to report a 50% reduction in malaria by the year 2023.

### The Funding Gap

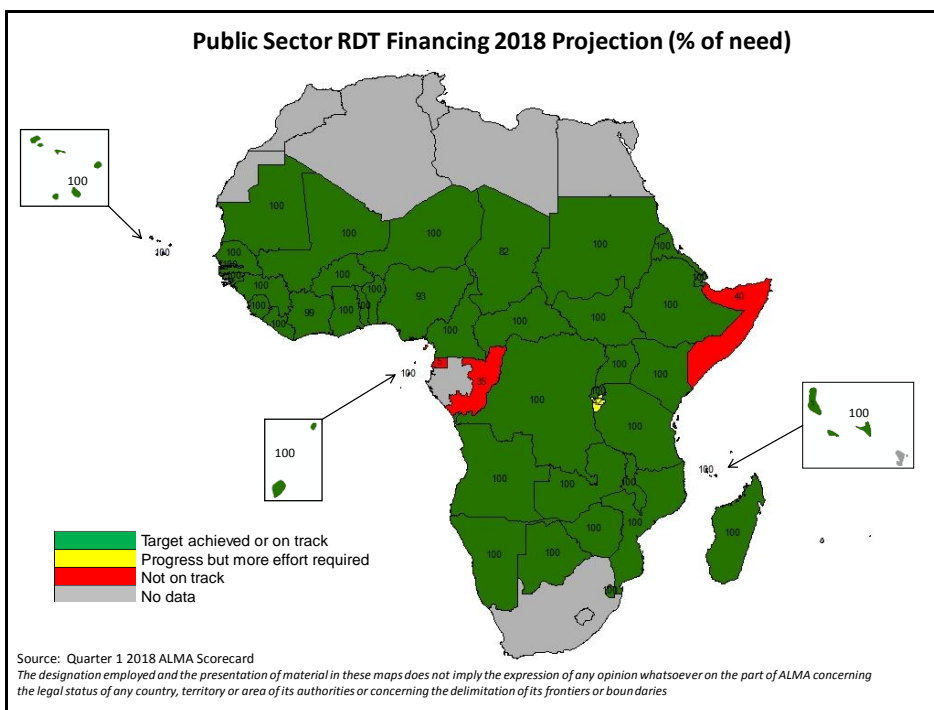
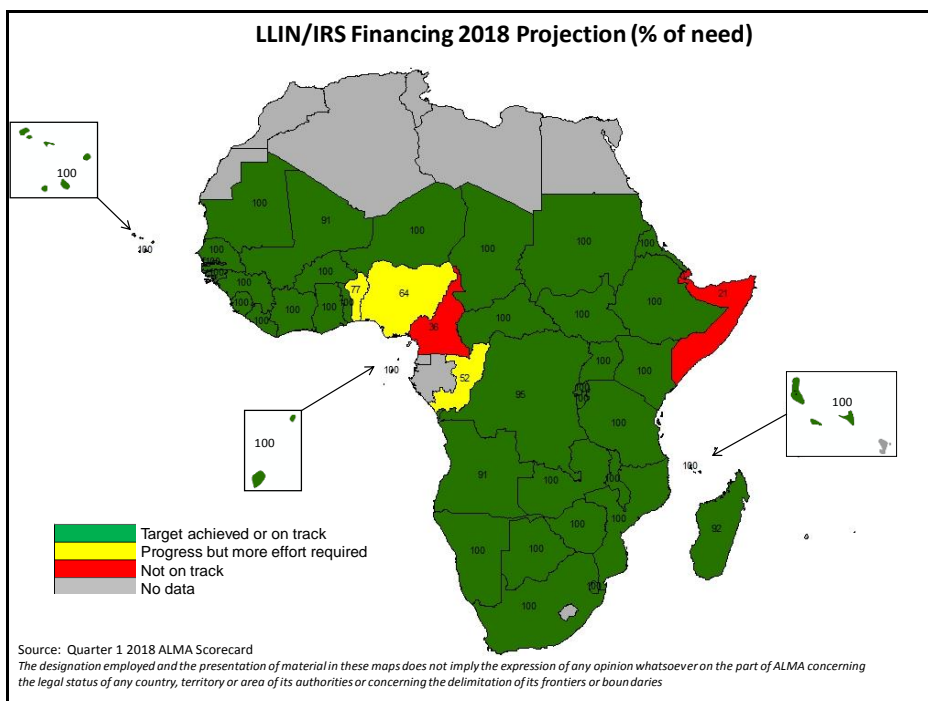
Focusing on current strategies and interventions, the financing gap for the necessary malaria commodities and interventions, such as vector control, early diagnosis and treatment; as well as surveillance and data collection must be filled. Some Heads of State and Government, as well as Bill Gates, underscored the importance of communities and the need to both expand and improve community ownership and engagement.

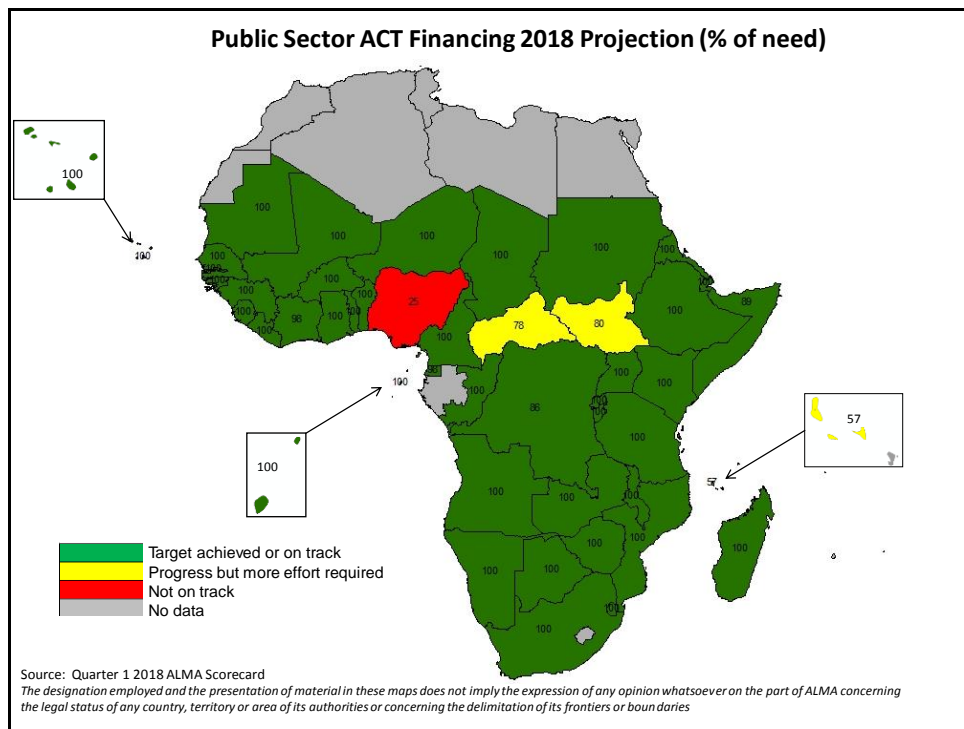
#### MEMBERS

Angola  
Benin  
Botswana  
Burkina Faso  
Burundi  
Cameroon  
Cape Verde  
Chad  
Comoros  
Republic of Congo  
Côte d'Ivoire  
Democratic Republic of Congo  
Djibouti  
Egypt  
Equatorial Guinea  
Eritrea  
Ethiopia  
Gabon  
Ghana  
Guinea  
Kenya  
Lesotho  
Liberia  
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  
Uganda  
United Republic of Tanzania  
Zambia  
Zimbabwe

Countries and partners announced commitments of up to US\$4 billion up to 2020; and yet for African countries which on average cover 30% of the malaria funding, there remains a funding gap between now and 2020 of up to US\$4.5 billion to fully implement the national strategic plans, and US\$1.2 billion to procure and distribute essential commodities.

The most in danger of a rapid decline are 9 ALMA countries that do not have enough resources to fund one or more of the required interventions; vector control, RDTs, ACTs, or adequate surveillance in 2018.

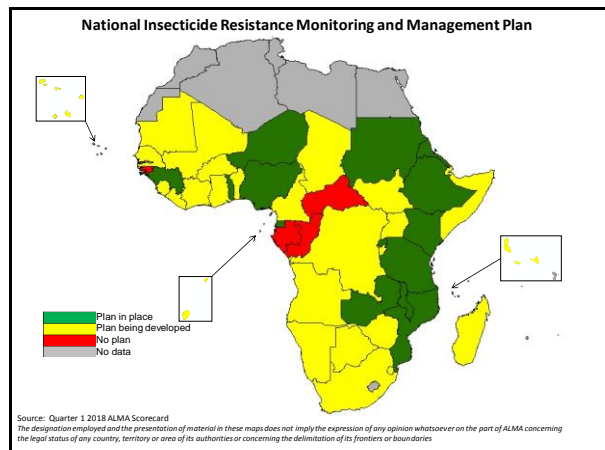
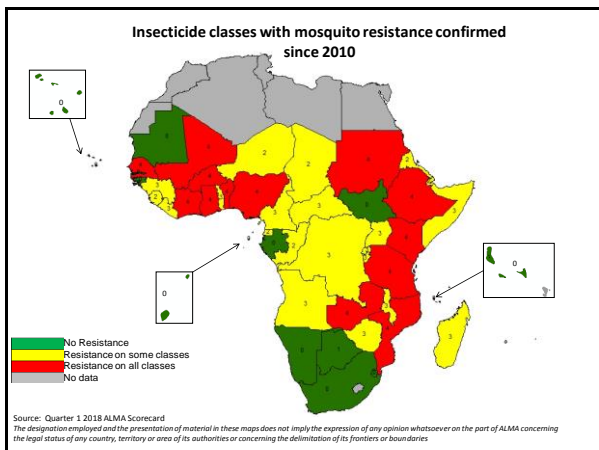




The urgency to increase domestic funding from both the public purse and the private sector cannot be overemphasized. ALMA is working with RBM partners to establish domestic resource mobilization mechanisms that countries can use to help address this gap.

### Insecticide resistance

Resistance to insecticide constitutes a major challenge which is exacerbated by the costliness of the new generations of insecticides. Only 12 ALMA member countries have no reported resistance, or have reported resistance to only one class of insecticides. Only 13 ALMA countries have a National Insecticide Resistance Monitoring and Management Plan in place that is being used.



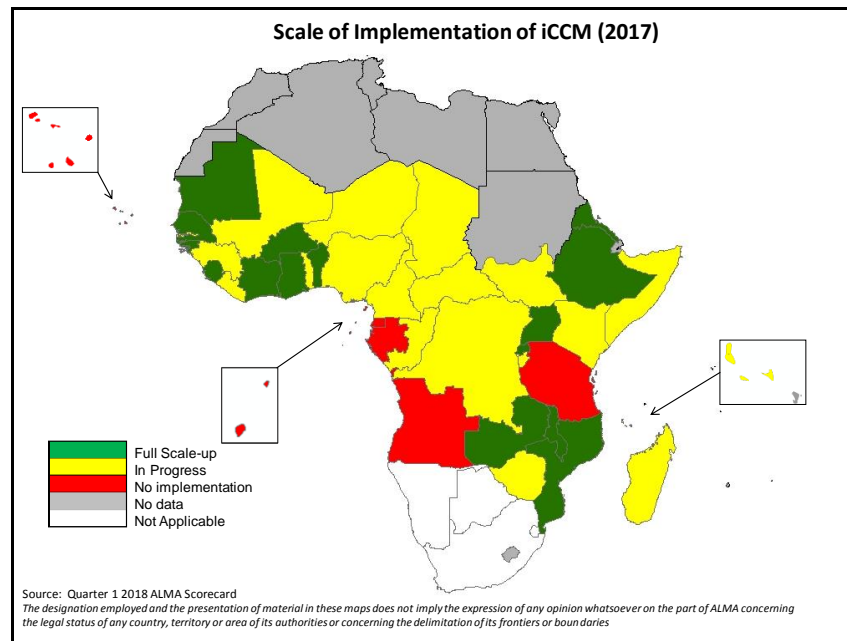
Countries are urged to accelerate completion and use of these plans, since an effective management of resistance is an important priority that will ensure intervention and cost effectiveness. The accelerated introduction of affordable next generation mosquito nets and insecticides remains an urgent priority in order to ensure the impact of vector control is sustained. RBM partners are working on market shaping to make

these commodities more affordable, but additional resources are likely to be required to support the accelerated implementation of these new more effective tools.

## Community Engagement

It's clear that the control and elimination of any disease requires engagement beyond universal coverage with essential interventions, to guaranteeing their effectiveness and impact, through full community ownership and engagement.

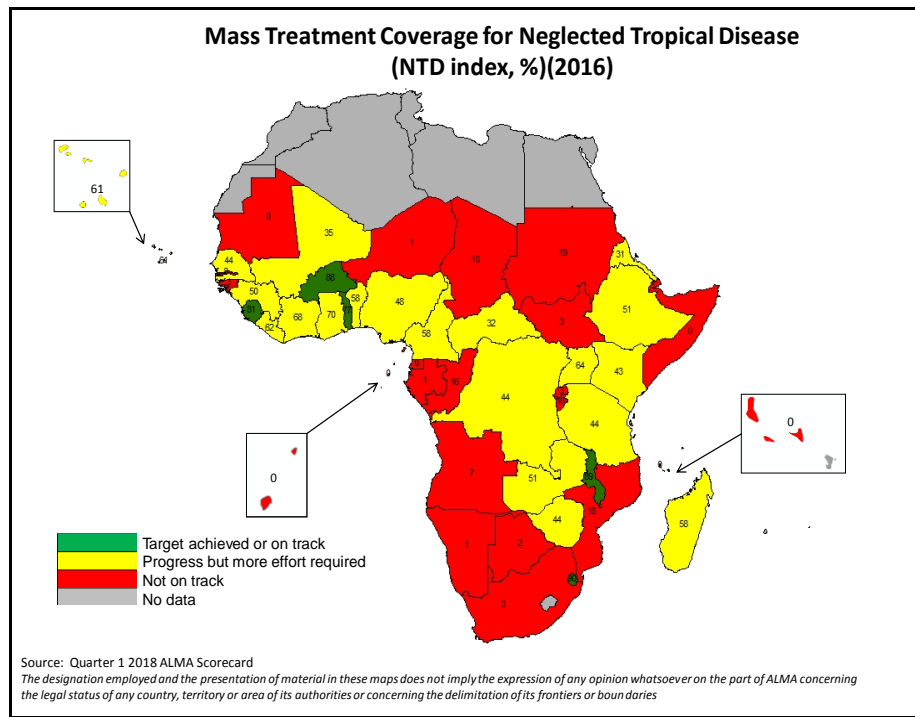
People are the most powerful tool, in the fight against malaria. A tool that requires the full participation of communities is ICCM (integrated community case management). As at the end of 2017, only 13 ALMA countries had fully scaled up ICCM.



Countries are urged to fully embrace and implement this effective community engagement tool, to ensure sustainable malaria control and elimination.

## The NTD Challenge

Community engagement is a critical health systems strengthening pillar for communicable and non-communicable diseases. Countries that have been able to control and eliminate NTDs (Neglected Tropical Diseases), have been able to do so, with community ownership and the strong participation of families and community leaders. Twenty-one ALMA countries have low coverage with treatment for NTDs, despite the low cost of the intervention.



Countries are urged to expand coverage, as mass treatment coverage for NTDs constitutes low hanging fruit for public health, leading to elimination that will free up valuable resources for other health challenges.

## CONCLUSION

This April, the Multilateral Initiative on Malaria's 7<sup>th</sup> Pan Africa meeting was held in Dakar Senegal.

The WHO Director of the Global Malaria Program observed that "...we are confronted with a critical point in malaria control – progress has stalled and there are early signs of reversal..."

In response, for five intensive days, scientists, researchers, and multiple discipline practitioners shared their knowledge and latest results and few tools in research, control and elimination of malaria.

Fred Binka captured the spirit of the multi-stakeholder global soldiers in the fight against malaria, when he underscored the importance of strength and flexibility of the (interventions and tools) vehicles countries and communities use, and how this versatility is critical to reaching zero malaria.

**Zero malaria starts with each one of us.**