

ALMA QUARTER 3 2019 SUMMARY REPORT

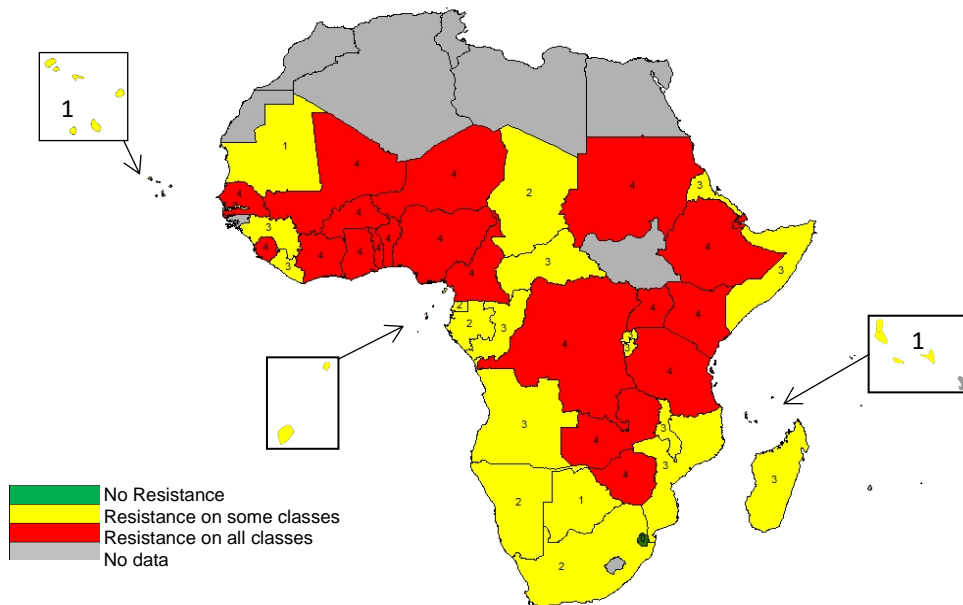
GALVANIZING EFFORTS TOWARDS INCLUSION AND UNIVERSAL HEALTH COVERAGE

The 74th United Nations General Assembly in New York this year focused on the theme “Galvanizing Multilateral efforts for poverty eradication, quality, education, climate change, and inclusion.” As Heads of State and Government gathered to declare their countries’ commitment to these noble aims, communities and families battled an uncompromising wave of disease outbreaks driven by poverty, lack of relevant education, climate change, and the failure to achieve universal coverage with essential interventions.

Some of the urgent health challenges affecting Africa this year include:

- Ongoing malaria upsurges and outbreaks particularly in East Africa, affecting Uganda, parts of Kenya, Tanzania and Burundi. These upsurges have been associated with prolonged heavy rainfall, and the recent flooding in Sudan and South Sudan is likely to worsen the situation. In addition to climatic conditions, as illustrated in the map below, available data suggests that increasing mosquito resistance to insecticides may also contribute to the risk of outbreaks on the continent

Insecticide classes with mosquito resistance confirmed since 2010



Source: Quarter 3 2019 ALMA Scorecard

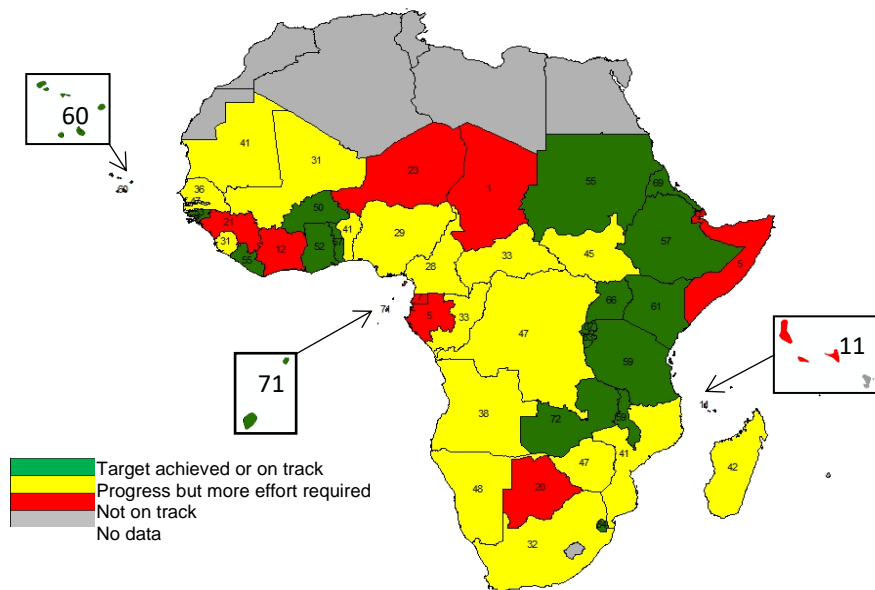
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MEMBERS

- 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
- Eswatini
- Ethiopia
- Gabon
- Ghana
- Guinea
- Kenya
- Lesotho
- Liberia
- Madagascar
- Malawi
- Mali
- Mauritania
- Mauritius
- Mozambique
- Morocco
- Namibia
- Niger
- Nigeria
- Rwanda
- Sahrawi Arab Democratic Republic
- São Tomé and Príncipe
- Senegal
- Seychelles
- Sierra Leone
- Somalia
- South Africa
- South Sudan
- Sudan
- The Gambia
- Togo
- Uganda
- United Republic of Tanzania
- Zambia
- Zimbabwe

- The Democratic Republic of Congo (DRC) is still struggling with the unrelenting Ebola Virus Disease (EVD) outbreak which was declared in August 2018. This is the 10th EVD epidemic to affect the DRC and with over 3,000 cases and 2,000 deaths so far, it is the second largest EVD outbreak on record. Ongoing drivers of transmission include delays in diagnosis and isolation, challenges in reporting, difficulty in accessing insecure areas and under-reporting of community deaths, among others. Given the overlap in risk of transmission and symptoms of malaria and EVD and fragile health system, the presence of Ebola is likely to negatively impact malaria control in the affected areas.
- Adolescent pregnancies continue to be a major problem across the continent. A recent systematic review by Getachew Mullu Kassa, A. O. et al has established that overall, nearly one-fifth of adolescents become pregnant in Africa. This means that without additional effective interventions, the continent will have 6 million teen pregnancies annually by 2030. In addition to low access to sexual and reproductive health services, several sociodemographic factors like residence, marital status, educational status of adolescents and their parents, and access to adolescent SRH communication are associated with adolescent pregnancy. Interventions that target these factors are therefore critical to reducing the scourge of adolescent pregnancy in Africa.
- Rates of stunting amongst children have remained stubbornly high in many African countries. A study by L R Buisman et al found a number of interventions which contribute to reducing stunting: attainment of universal coverage with full immunization and vitamin A (coverage shown in map below), iron supplementation during pregnancy, deworming in children, hand washing and access to clean water to prevent diarrhea, parental education, maternity care (ANC & PNC) and exclusive breastfeeding for the first six months of life (coverage shown below). These interventions should therefore be considered by countries and all stakeholders as a maternal and child health package to address stunting in the affected countries.

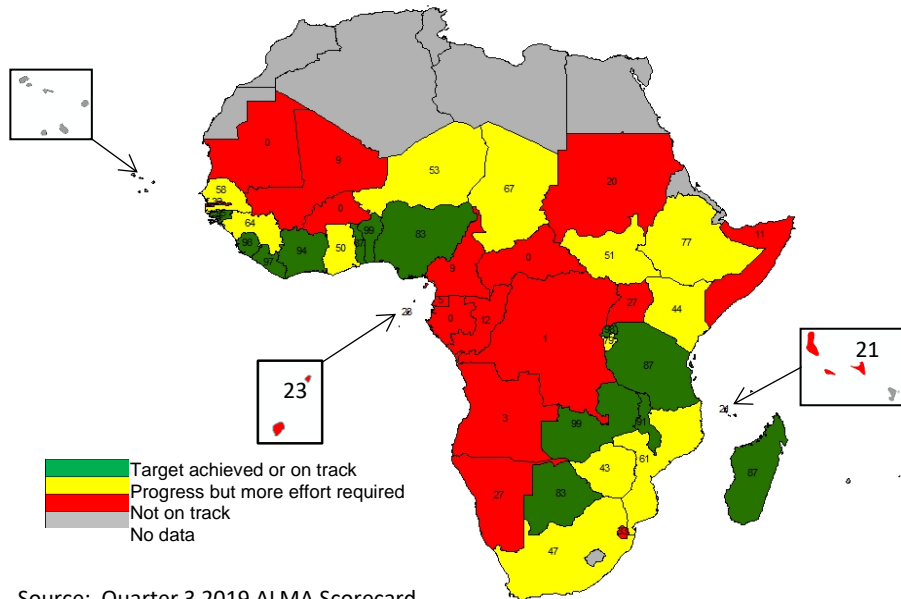
Exclusive breastfeeding (% children < 6 months)



Source: Quarter 3 2019 ALMA Scorecard

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Vitamin A Coverage 2017 (2 doses)

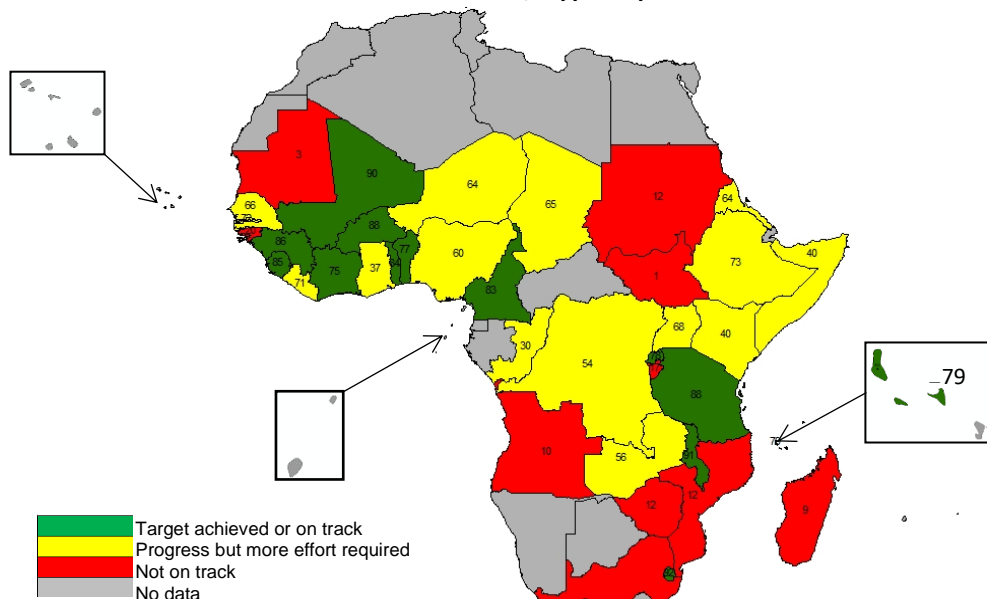


Source: Quarter 3 2019 ALMA Scorecard

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- NTD programmes in many African countries are not adequately prioritized leading to multiple challenges including lack of resources for critical interventions such as preventive chemotherapy, inadequate and poor quality data, lack of policies and guidelines and insufficient advocacy and communication to address prevailing social-cultural barriers to intervention coverage. These challenges are reflected in the sub-optimal performance of mass treatment coverage for NTDs in most countries as shown below.

Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2017)



Source: Quarter 3 2019 ALMA Scorecard

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WALKING THE TALK

There are emerging best practices, illustrating the impact of galvanizing efforts, which should be used to inform direction for African countries to address prevalent problems and to reach the continent's health goals.

- The establishment of Country Multisectoral End Malaria Councils to support acceleration of progress towards malaria elimination. As illustrated by the *Zambian End Malaria Council* which was established in July 2019, malaria councils have great potential to strengthen multi-stakeholders engagement and ownership in the fight against malaria through playing a critical oversight, advocacy, guidance and resource mobilization role in support of effective and full implementation of country malaria strategies. The council, which has energized Zambia's "Malaria Ends with Me" campaign, has already taken action to increase awareness and engagement around malaria at the community-level, address stockouts of antimalarials to protect pregnant women, and establish a fund to mobilise additional resources for the national malaria programme.
- The community scorecard approach in Ethiopia illustrates the power of galvanizing communities to participate in improving health service delivery. The Ethiopian government has put communities at the centre of the country's health reform agenda and through the scorecard process communities and health care providers' have formed a strong partnership for dialogue about shortfalls and remedial action. This process has developed into an effective accountability model which if scaled-up is bound to translate into significant gains in progress towards inclusive quality health care.



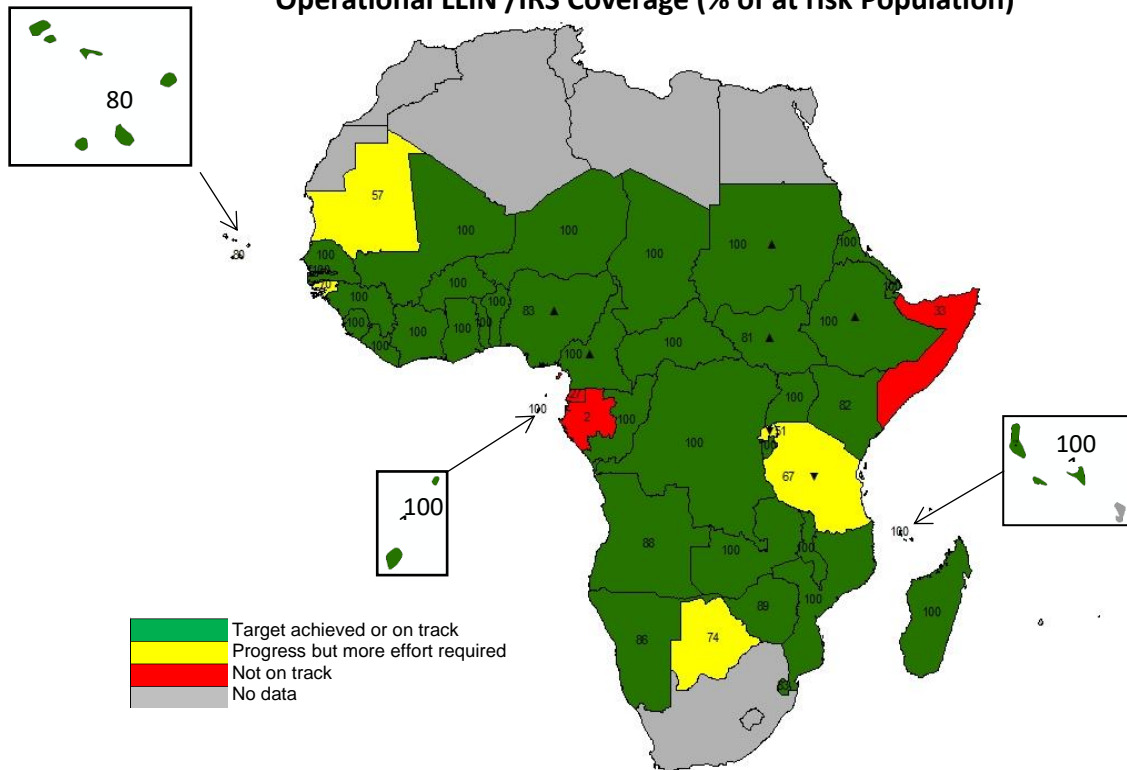
Scorecard discussion at Kotte Kebele a community in rural Ethiopia



Waiting room being built with support from the Community after scorecard feedback

- On the sidelines of the 33rd AU summit in Niger in July 2019, Memoranda of Understanding (MOUs) were signed between the RBM partnership to end Malaria, ALMA and Regional Economic Groups – SADC (Southern African Development Community), ECCAS (Economic Commission of Central African States) and WAHO (West African Health Organization) (on behalf of ECOWAS (Economic Commission of West African States) for cooperation in elimination of malaria. The MOUs provide a framework for collaboration in areas of mutual interest including: facilitating the placing of malaria elimination on the agenda of member states; promoting a supporting policy and legislative environment for malaria elimination; reinforcing accountability among member states to accelerate and achieve regional malaria elimination; intensifying resource mobilization and enhancing advocacy. It is expected that these partnerships will among other things contribute to universal coverage of key interventions such as LLINs/IRS which though generally high is one of the fragile indicators often with hot spots of under-performance as illustrated in the map below.

Operational LLIN /IRS Coverage (% of at risk Population)



Source: Quarter 3 2019 ALMA Scorecard

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- Rwanda has always prioritized NTDs and continuously highlights their control in National Health Sector Strategic Plans. NTD programmes are well integrated in the health system leading to high intervention coverage. For example delivery of deworming medicines for the children aged 1 to 15 years is part of bi-annual Maternal and Child Health (MCH) weeks. The integrated MCH weeks has been shown to be effective for short and long-term health impact. Community Health Workers (CHWs) provide deworming tablets, vitamin A, and other interventions to targeted population at Health Center level and in communities and teachers participate in the administration of deworming tablets in schools. This model optimizes intervention coverage in the setting of limited resources. Additionally, prioritization has enabled better coverage of NTDs within routine monitoring & evaluation systems
- The global End Malaria Council has committed to supporting data transformation, effective partnerships and finding new financing solutions including engaging large institutional investors and capturing novel sources like out of pocket payments and remittances in countries like Nigeria.
- At the global level, countries, and partners from the civil society, academics, health professions, multi-laterals, and the private sector; all saw the need for a unified accountability mechanism for RMNCAH. ALMA will work with partners such as PMNCH & the Independent Accountability Panel (IAP), guided by countries; to be part of the conversation on the way forward. ALMA's experience to date in support of country scorecard management tools at country level (including 40 for malaria, 29 for RMNCAH, 5 for NTDs and 1 for nutrition) will be useful in the design and scaling up of the new UHC accountability framework.

CONCLUSION

As aptly described by His Majesty King Mswati III during his address to the 74th UNGA, the attainment of the SDGs, which include the elimination of major health challenges such as malaria, will require concerted and coordinated multilateral efforts and increased funding to Africa and other developing countries. His Majesty King Mswati III also laid emphasis on the need for specific focus on food security and climate change, among other factors.

The effect of climate change on malaria is a major concern. Variations in climatic conditions, such as temperature, rainfall patterns, and humidity, have a profound effect on the longevity of the mosquito and on the development of malaria parasites in the mosquito and, subsequently, on malaria transmission. This is likely to change malaria patterns including introducing malaria into previously malaria-free areas. A 2014 World Bank report indicates that by 2050, climate change alone might expose some areas in South America, sub-Saharan Africa and China to a 50 percent higher probability of malaria transmission. Climate change also affects other social, economic and environmental determinants, such as poverty, agricultural practices and nutrition, which are determinants of health. There is need for increased commitment to mitigating climate change effects from multiple perspectives by all stakeholders. Failure to address this problem will jeopardize the SDG agenda.

The recently concluded Global Fund Replenishment Conference is cause for renewed optimism for the fight against malaria. The world came together to contribute over US\$14 billion in what the Global Fund described as “an unprecedented show of solidarity.” The commitment of African leadership was clearly demonstrated by the US\$75 million contribution from 23 countries (up from 11 countries in the last replenishment), and the presence at the conference of many heads of state and ministers of health from across the continent. The presence of the highest level of leadership from major health development and funding agencies and generous contributions from host country France and our other governments was an encouraging indication of the shared responsibility in the fight against the world’s largest epidemics of the present time. With this funding, the Global Fund must maintain equitable allocation to the three diseases based on burden.