

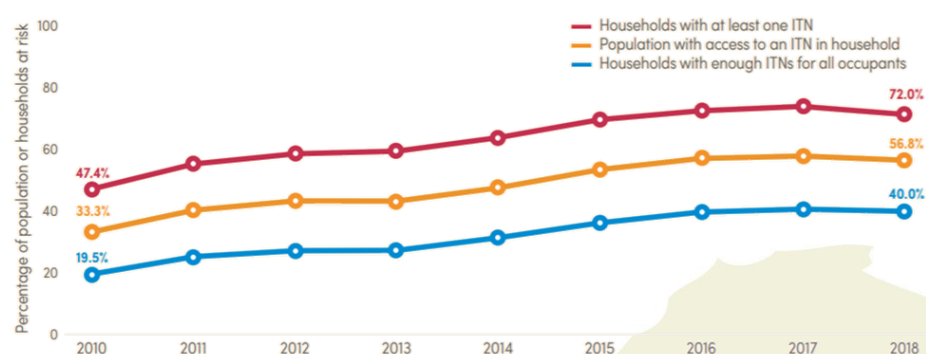
A Recipe for Success: Focusing on Women and Children

INTRODUCTION

The *2019 World Malaria Report* observes that though there has been a reduction in Malaria deaths in the African Region from 533 000 in 2010 to 380 000 in 2018, however, the rate of reduction has slowed over the past three years. A major contribution to this has been a stagnation in funding for malaria, as well as a failure to achieve universal coverage of life saving malaria interventions including vector control, case management at health facility and community level, IPT and seasonal malaria chemoprevention. For example, there has only been a very modest increase in the coverage of LLINs since 2015 and indoor residual spraying has dropped by 60% globally (from 5.3% coverage in 2010 to 2.4% coverage in 2018) and 55% in the African Region (10.1% in 2010 to 4.5% in 2018).

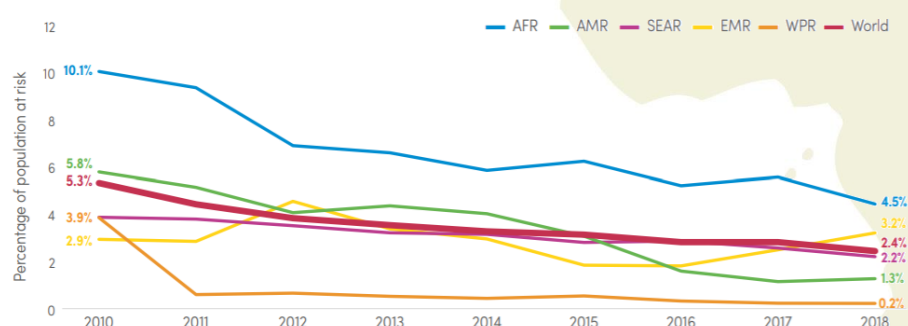
- MEMBERS
- Angola
 - Benin
 - Botswana
 - Burkina Faso
 - Burundi
 - Cameroon
 - Cape Verde
 - Chad
 - Comoros
 - Republic of Congo
 - Democratic Republic of Congo
 - Côte d'Ivoire
 - Djibouti
 - Egypt
 - Equatorial Guinea
 - Eritrea
 - Ethiopia
 - Gabon
 - Ghana
 - Guinea
 - Kenya
 - Lesotho
 - Liberia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

Percentage of population at risk with access to an ITN, and percentage of households with at least one ITN and enough ITNs for all occupants, sub-Saharan Africa, 2010–2018 Source: ITN coverage model from MAP^a



ITN: insecticide-treated mosquito net; MAP: Malaria Atlas Project.
^a <https://map.ox.ac.uk/>

Percentage of the population at risk protected by IRS, by WHO region, 2010–2018 Source: NMP reports and IVCC data.



AFR: WHO African Region; AMR: WHO Region of the Americas; EMR: WHO Eastern Mediterranean Region; IRS: indoor residual spraying; IVCC: Innovative Vector Control Consortium; NMP: national malaria programme; SEAR: WHO South-East Asia Region; WHO: World Health Organization; WPR: WHO Western Pacific Region.

This points to an urgent need for renewed focus on malaria control and elimination to protect the most vulnerable and make the required progress to meet the African Union and ALMA goal of an Africa free of malaria.

This will require renewed effort to ensure better implementation and additional funding including from International and domestic sources, including the private sector. The recent successful replenishment of the Global Fund means that many of our countries will have more funds available for malaria control than ever before over the next three years. We must ensure that these resources are well spent. We must target our resources to increase coverage and enhance impact, ensure that data and surveillance are prioritised as core Interventions and inform our programming in real time, fast track the introduction of new technologies and commodities, especially those addressing resistance and ensure that the Zero Malaria Starts with Me campaign is rolled out continent wide,

Remarkable accelerated progress has been achieved before.

By the middle of the last century in 1948, a Nobel Prize was awarded to Paul Müller who discovered DDT and its use in the control of diseases such as malaria. Indeed, several countries were able to use DDT to effectively eliminate Malaria in the 1950s and 1960s.

This century has seen a good start with a Nobel Prize in 2015 being awarded to Tu Youyou, who managed to extract artemisinin, inhibiting the malaria parasite. Drugs based on artemisinin have dramatically increased the survival rate of many.

Where to start

Despite the successes against malaria since 2010, communities in the highly endemic countries are continuing to experience massive productivity losses due to malaria; reduced learning potential amongst their children, born of severe cognitive impairment, anaemia and stunting. These communities have come to accept it as a norm to experience frequent deaths of under-fives and mothers. Let us use this new decade to change this!

Women and children

The SDGs call for an end to poverty (and other deprivations); and recognizes that good health and well-being reduce inequality, and spur economic growth.

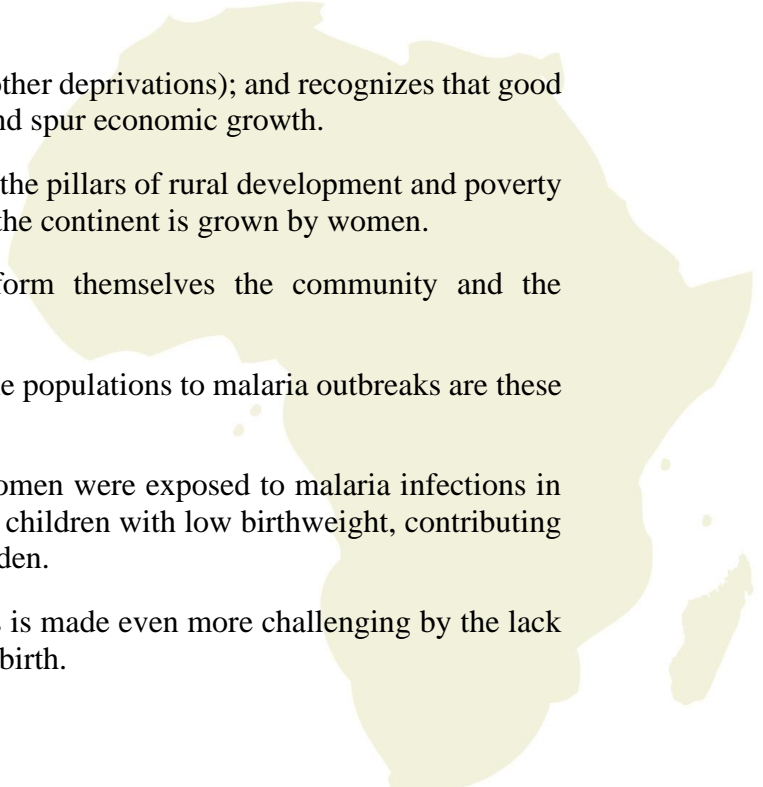
For all our countries in Africa, women are the pillars of rural development and poverty reduction. Over 70 percent of the food on the continent is grown by women.

Children who survive and thrive transform themselves the community and the continent.

The harsh reality is that the most vulnerable populations to malaria outbreaks are these women and children.

It is estimated that 11 million pregnant women were exposed to malaria infections in 2018. These women gave birth to 872 000 children with low birthweight, contributing 16% of the countries' low birth weight burden.

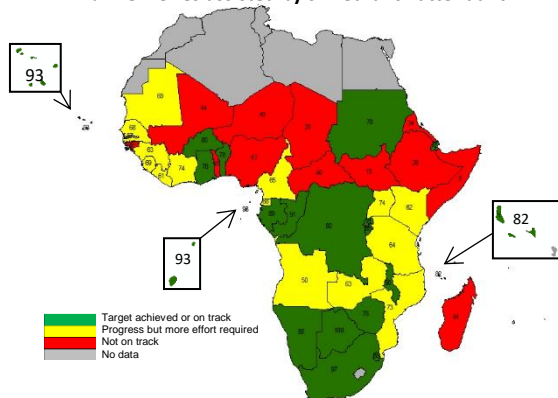
The vulnerability of women and newborns is made even more challenging by the lack of universal access to skilled attendants at birth.



At the same time, it is estimated that approximately 140 million children in Africa overall, contracted malaria in 2018. millions of these children suffered severe anaemia.

It is clear that many under-fives are even more vulnerable because they are not protected. Children who test positive for malaria are more than 50% more likely to have anaemia. 63% of all children with malaria have either severe or moderate malaria. The rate of anaemia in children without malaria is 32%.

% Deliveries assisted by skilled birth attendant

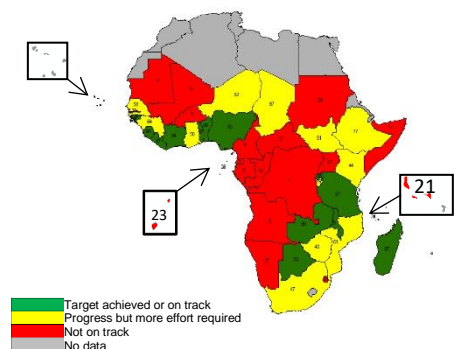


Source: Quarter 4 2019 ALMA Scorecard
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Another vulnerability which could be avoided occurs due to the low implementation in Africa’s Sahel sub-region, of seasonal malaria chemoprevention (SMC). In 2018, only 17 million children, out of the 26 million targeted, were treated per SMC cycle. The good news for 2020 is we believe this important intervention is now fully funded! It is time to Implement!

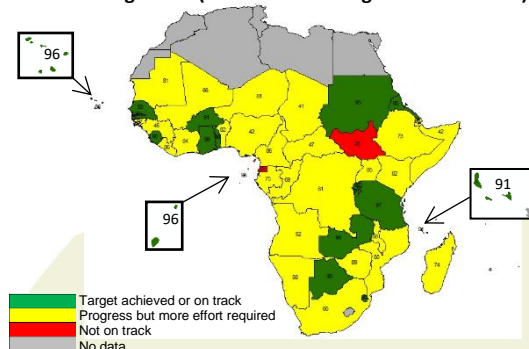
Breastfeeding continues to be a challenge for many communities, and childhood development is also compromised by low vitamin A coverage and vaccination levels that don’t meet the WHO standard for herd immunity.

Vitamin A Coverage 2017 (2 doses)



Source: Quarter 4 2019 ALMA Scorecard
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DPT3 Coverage 2017 (vaccination among 0-11 month olds)

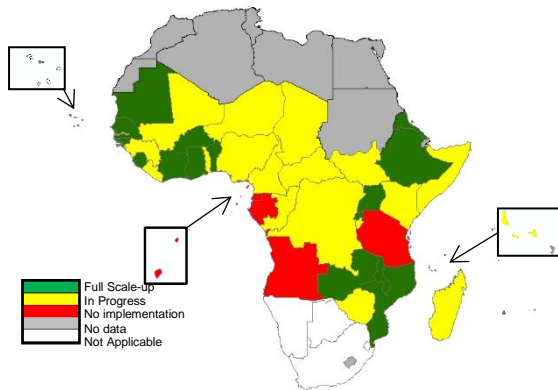


Source: Quarter 4 2019 ALMA Scorecard
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Reaching every woman and every child

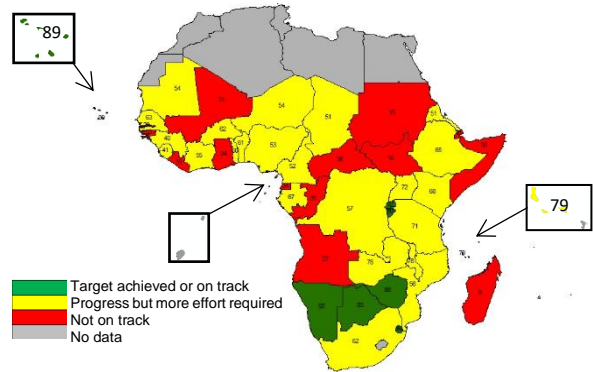
Integration of services for women as well as integrated community case management (iCCM) for children has been found to be an extremely effective delivery platform for comprehensive services, to women and children.

Scale of Implementation of iCCM (2017)



Source: Quarter 3 2019 ALMA Scorecard
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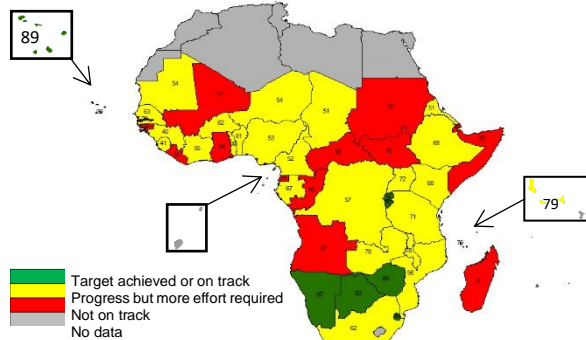
Estimated % of Total Population living with HIV who have access to ARVs (2018)



Source: Quarter 4 2019 ALMA Scorecard
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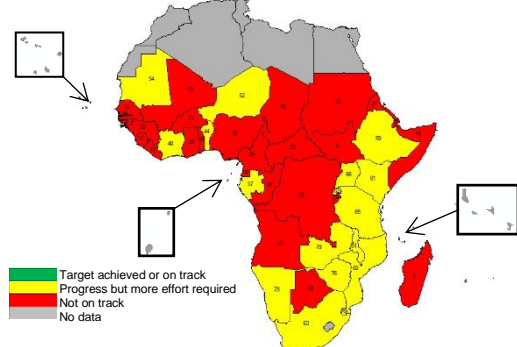
Some of the most vulnerable children are those that were born HIV positive, yet the coverage with ARVs for children is much lower than for adults.

Estimated % of Total Population living with HIV who have access to ARVs (2018)



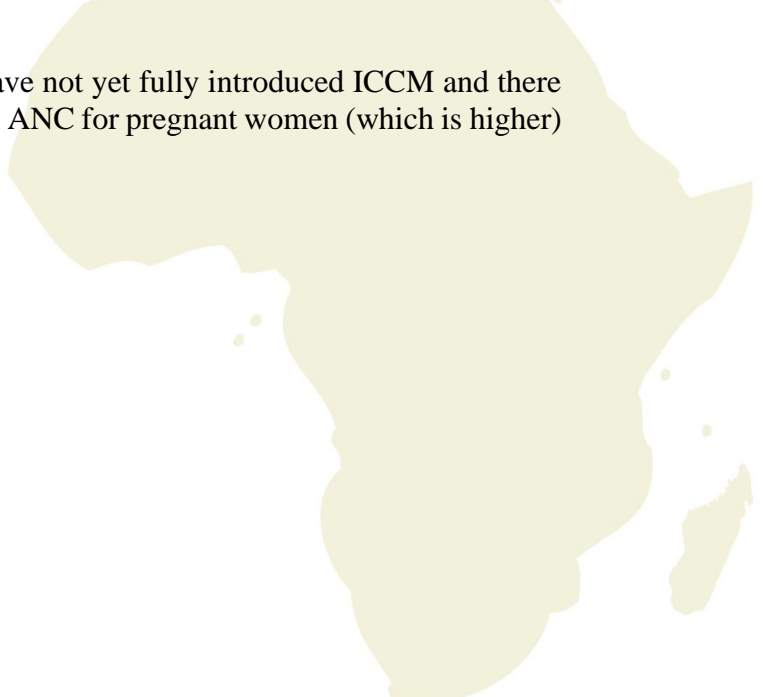
Source: Quarter 4 2019 ALMA Scorecard
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Estimated % of children (0–14 years old) living with HIV who have access to ARVs (2018)



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Despite this experience, many countries have not yet fully introduced ICCM and there is a huge difference between coverage with ANC for pregnant women (which is higher) and coverage with IPT (which is low).



Country comparison of coverage of ANC4 and IPTp3 in moderate and high transmission sub-Saharan Africa, 2018 Countries in red typeface are those where prevalence of exposure to malaria infection during pregnancy was >20% in 2018. Source: WHO estimates.

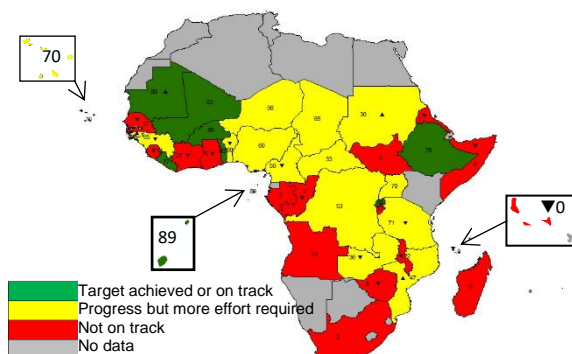
	IPTp3 coverage		
	<20%		>60%
Coverage of 4 or more ANC visits	<ul style="list-style-type: none"> Somalia South Sudan 		
		<ul style="list-style-type: none"> Central African Republic Chad Niger 	
>50%	<ul style="list-style-type: none"> Eritrea Rwanda Sudan Uganda 	<ul style="list-style-type: none"> Benin Côte d'Ivoire Kenya Madagascar Malawi Nigeria Senegal Togo 	<ul style="list-style-type: none"> Burkina Faso Burundi Democratic Republic of the Congo Mali Mozambique United Republic of Tanzania Zambia
	<ul style="list-style-type: none"> Angola Congo Equatorial Guinea Liberia Mauritania Zimbabwe 	<ul style="list-style-type: none"> Cameroon Gabon Guinea-Bissau 	<ul style="list-style-type: none"> Gambia Ghana Sierra Leone

ANC4: 4 or more antenatal care visits; IPTp3: third dose of intermittent preventive treatment in pregnancy; WHO: World Health Organization.

The vulnerability of women and children extends to Neglected Tropical Diseases. For example, in 2013, approximately 7 million pregnant women in Sub Saharan Africa were infected with hookworms and were at high risk of severe anaemia, higher mortality, low birth weight and increased infant mortality for their newborns.

Women in Africa account for about 80% of Disability-adjusted Life Years linked to trachoma-related blindness. Lymphatic filariasis causes women's disability and disfigurement leading potentially to lost production and work opportunities and losing marriage prospects, social exclusion and stigma.

Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2018)



Source: Quarter 4 2019 ALMA Scorecard
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Conclusions

Addressing the challenges that face women and children is the key to universal coverage and winning the fight against Malaria, NTDs and under five ill-health.

1. Countries are requested to use their Global Fund malaria allocations to achieve huge impact over the next three years. We have more resources than ever before, now we must make it count in this new decade, our decade to end malaria!
2. Countries are urged to establish national malaria councils, to oversee the implementation of their national strategies, and mobilize domestic resources to cover the 3 billion US dollars annual resource gap.
3. Countries are urged to integrate prevention and treatment of programs for Malaria, NTDs and HIV/ AIDS with existing programmes such as ICCM,

Maternal and child welfare clinics, to ensure that no women and children are left behind

4. Accountability works in a synchronized environment, where the government and partners use a common system to monitor progress and identify bottlenecks, as well as implement resolutions. Countries and partners are urged to use a common Monitoring and evaluation mechanism under country leadership to ensure efficiency and effectiveness in Malaria control and elimination.

Countries are encouraged to enhance the use of their country malaria scorecards, to ensure that everyone is aware of their malaria situation and able to take action!

Zero malaria in Africa is possible and starts with all of us.

