

2022

Malaria Progress Report.



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Glossary

ALMA

African Leaders Malaria Alliance

AMA

African Medical Agency

AYAC

ALMA Youth Advisory Council

CHW

Community health workers

EMC / EMF

End Malaria Council or End Malaria Fund

Gavi

Public-private global health partnership with the goal of increasing access to immunisation in poor countries.

HBHI

High Burden to High Impact

IRS

Indoor residual spraying

ITNs

Insecticide-treated nets

MNCH / RMNCAH

Reproductive, maternal, neonatal, child and adolescent health

NTDs

Neglected tropical diseases

RDTs

Rapid diagnostic tests

RECs

Regional Economic Communities

Foreword

Progress against malaria remains stalled, and most Member States remain off-track to achieving the African Union’s goal of eliminating malaria in Africa by 2030. Africa continues to bear the highest malaria burden. According to the WHO’s World Malaria Report 2022, 96% of all malaria cases (238 million cases) and 98% of all malaria deaths (603,877 deaths) occurred in Africa in 2021. Nearly 77% of malaria deaths were among children under the age of 5. While 8% of deaths in children under the age of 5 globally are due to malaria, 17% of deaths in under 5 children in Sub-Saharan Africa are due to malaria. This burden undermines our collective social and economic development and is a barrier to achieving the objectives of our Agenda 2063. We know from experience, however, that significant progress is achievable when there is strong political will, country ownership, strong partnership, adequate resources, and a shared sense of urgency. Since 2000, malaria incidence and mortality have declined by 37% and 59%, respectively. As a result, 1.5 billion malaria cases and 10.6 million malaria deaths have been avoided over the past two decades in Africa.

While the COVID-19 pandemic is not yet behind us, we congratulate the efforts of Member States to sustain malaria interventions and ensure access to essential malaria services despite the many challenges they have faced. Last year’s report noted a significant increase in malaria deaths caused partly by the COVID-19 pandemic, low coverage of malaria interventions, and biological threats. Malaria mortality increased by 7.4% in 2020, but declined by 3.4% in 2021. The vast majority of planned vector control campaigns have been completed, Member States have adopted new approaches for deploying interventions, and effort has been made to strengthen health systems including the supply chains. After witnessing the surge in innovation and an emphasis on health across all sectors, we have an important opportunity to harness this energy for the fight against malaria. Investing in ending malaria has a high return on investment (26-to-1) and these investments, such as for community health workers and enhanced disease surveillance, will strengthen our health systems’ capacity and resilience to respond to future epidemics and pandemics. **Malaria is a clear pathfinder for pandemic preparedness and response.**

While we welcome the global community’s pledge of US\$15.7 billion to replenish The Global Fund, we are concerned that this fell short of the replenishment’s US\$18 billion target. Jumpstarting progress against malaria requires that Member States have sufficient resources to deploy tailored, locally appropriate, life-saving interventions at scale based on malaria transmission settings. Existing and pledged resources are insufficient to fully support malaria programmes—especially as Member States confront global inflation, supply chain disruptions, and other economic shocks, such as the crisis in Ukraine. Mobilising additional resources, including from the domestic public and private sectors, must be a priority for getting back on track to ending malaria.

We are grateful to have witnessed twenty-seven Member States launch “Zero Malaria Starts with Me” campaigns and twelve launch and announce End Malaria Councils and Funds. In 2022, Burundi, Cabo Verde, Cameroon, and South Sudan each launched their Zero Malaria Starts with Me campaigns and Guinea, Nigeria, and Rwanda announced or launched high-level malaria councils. These country-led initiatives help sustain malaria high on the development agenda, mainstream malaria as a priority across all sectors and levels and mobilise millions of dollars of resources for malaria programmes and their partners. Accelerating the implementation of these and other similar initiatives in every malaria-endemic Member State must be a priority. When everyone joins the fight against malaria, we can end this disease once and for all.

Urgent actions is also needed to confront a growing number of threats to our goal of eliminating malaria. The malaria parasite is becoming resistant to antimalarials and mutating to evade detection by rapid diagnostic tests. The mosquitoes that transmit malaria are becoming increasingly resistant to insecticides. The *An. stephensi* mosquito, which transmits malaria in urban areas, has migrated from south Asia and the Middle East. Collectively, these threats reduce the effectiveness of the tools we have to combat malaria, increase costs, and increase the likelihood of malaria resurgence.

We remain committed to lead from the front to achieve the continental targets we set for ourselves. Zero Malaria Starts with all of us!



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African Union Commission



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Malaria Status Update

Progress against malaria remains stalled and is not on track to achieve the African Union's goal of eliminating the disease by 2030

According to the WHO, there were an estimated 238.3 million malaria cases (96.3% of global cases) and 603,877 malaria deaths (97.6% of global deaths) in Africa in 2021.¹ Four Member States alone account for nearly half of the global malaria cases: Nigeria (27%), the Democratic Republic of the Congo (12%), Uganda (5%), and Mozambique (4%).

Across the continent, 1.2 billion individuals are at risk of malaria infection. Among this population, there were 194 cases per 1,000 persons and 49 deaths per 100,000 persons. Compared to 2000, this represents a 37% reduction in malaria incidence and 59% reduction in malaria mortality. Over the past two decades, 1.5 billion malaria cases and 10.6 million malaria deaths have been avoided in Africa.

As reported in last year's report, progress has stalled, and the African Union is not on track to control and eliminate malaria by 2030.² Since 2015, malaria incidence has declined by 4.5% and mortality by 5.6%, well short of the African Union's interim goals of 40% reductions by 2020 and 70% by 2025. Seven of the 45 Member States reporting malaria incidence have achieved a 40% reduction in malaria incidence or mortality.³ Significant gains will need to be made to get the continent back on track.

The Global Fund replenishment mobilised US\$15.7 billion, less than the US\$18 billion target

The Global Fund is the largest and most important funding mechanism for the fight against malaria, TB, and HIV/AIDS. It provides a significant proportion of international financing for malaria.

The global community pledged US\$15.7 billion to The Global Fund in the 7th replenishment for 2024-2026. These resources are critical to sustaining health services,

however, they were significantly less than the replenishment target of US\$18 billion. This target was estimated as the minimum required to get the world back on track to end HIV/AIDS, TB and malaria, build resilient and sustainable systems for health, and strengthen pandemic preparedness—saving 20 million lives. After accounting for donor conditionalities and exchange rates, US\$4.18 billion will be allocated to malaria, an increase of just 2.7% compared to the 6th replenishment (2021-2023).⁴

The lower replenishment will impact the ability of countries to sustain malaria services (especially with inflated procurement and delivery costs) and to get ahead of growing threats of insecticide, drug, and diagnostic resistance. Countries must make hard decisions on targeting malaria interventions for maximum impact and explore opportunities to leverage additional public and private domestic resources, such as through End Malaria Councils and Funds (see below).

Member States Commitments to the Replenishment

While the replenishment did not achieve targets, it included record contributions by AU Member States. In total, US\$62.4 million was pledged by 18 Member States.⁵ This demonstrates the political will of African leaders to defeating malaria, TB, and HIV/AIDS.

The Kigali Summit on Malaria & NTDs called for renewed political and financial commitments

In June 2022, His Excellency President Paul Kagame of the Republic of Rwanda convened the *Kigali Summit on Malaria & Neglected Tropical Diseases* ("NTDs"), on the sidelines of the Commonwealth Heads of Government Meeting.

This summit built upon the 2018 London Summit, which set a target of reducing malaria cases and deaths by 50% by 2023. Recognising that the majority of the Member States are not on track to achieve this target, especially following the challenges of the COVID-19 pandemic, the Kigali Summit served as an opportunity

¹ WHO, World Malaria Report 2022 (note that 2021 is the most recent year for which data is publicly available).

² AU, Catalytic Framework to End AIDS, TB and Eliminate Malaria.

³ Ethiopia, The Gambia, Ghana, Mauritania, Rwanda, South Africa, and Zimbabwe. Additionally, Algeria, Cabo Verde, Egypt, Morocco have all eliminated malaria or reported no malaria cases or deaths. WHO, World Malaria Report 2022.

⁴ The Global Fund, Preliminary Allocation by Disease Area (Nov. 2022)

⁵ The Global Fund, List of Donors and Pledges (Sept. 2022), available at https://www.theglobalfund.org/media/12328/core_seventh-replenishment-pledges_list_en.pdf.

to focus political will and resources towards the goal of eliminating these diseases by 2030.

Participants included Heads of State and Government, including His Majesty King Charles III and His Excellency Mokgweetsi Masisi, President of the Republic of Botswana; Ministers of Health; global leaders including Dr. Tedros Adhanom Ghebreyesus and Her Excellency Amina Mohammed; and representatives of civil society, the private sector, youth, philanthropies, and development partners. In total, US\$4.2 billion was pledged to support the scaling-up of existing interventions and development of new medicines and tools for combatting malaria and NTDs.⁶

Pledges made during the Kigali Summit

- **Country domestic resource commitments:** US\$2.1 billion (linked to The Global Fund)
- **Private Sector Pharmaceuticals:** US\$1.2 billion from GSK and US\$250 million from Novartis
- **Philanthropy:** US\$140 million from the Bill & Melinda Gates Foundation and US\$161 million from The END Fund
- **End Malaria Councils & Funds:** US\$100 million from Eswatini, Kenya, Mozambique, Uganda, and Zambia. Also, Nigeria announced an End Malaria Council and Rwanda announced the Integrated Disease Control Council & Fund, which will support multiple diseases including malaria and NTDs

The Kigali Declaration on NTDs

The Kigali Declaration on Neglected Tropical Diseases was launched during the summit. The Kigali Declaration builds on the 2018 London Declaration on NTDs and calls on the global community to prioritise NTDs and increase funding for mass drug administration. It has been signed by Heads of State and Government, development partners, philanthropies, and global ambassadors.⁷

The High Burden to High Impact approach continues to strengthen political will and multisectoral commitments in the ten highest-burden member states

The *High Burden to High Impact* (“HBHI”) approach was launched in 2018 by the WHO and RBM Partnership to End Malaria to help the highest-burden countries to get back-on-track in the fight against malaria. In 2022, the partners assessed the HBHI approach’s effectiveness in serving the highest-burden countries. While still ongoing, initial findings suggest high satisfaction with the conceptual approach and recommend continued

implementation and expansion of the approach to other malaria-endemic countries.

Preliminary best practices identified by the HBHI assessment

- 3 countries have launched End Malaria Councils & Funds to mobilise multisectoral advocacy, action and resources (see below)
- Parliamentarians have been sensitised to the burden of malaria (including through malaria scorecards) and engaged to champion malaria in national policymaking, budgeting and in their communities
- Several countries have used data to develop subnational stratifications to better target interventions to maximise impact
- Countries are accelerating the deployment of next-generation commodities (e.g., PBO nets, dual-insecticide nets) to address the challenges of insecticide resistance

Once the evaluation is completed, and lessons learned are incorporated into the approach to enhance its effectiveness, it is expected that the approach will be extended to all countries in Africa to help the continent get back on track.

The AIDS Watch Africa Experts Consultative Committee Meeting provided a platform to present on the status malaria ahead of the AU Summit

In June 2022, ALMA took part in the 2022 annual session of the Aids Watch Africa Experts Consultative Committee Meeting organised by the AU Commission in Dakar, Senegal. This meeting took stock of progress against HIV/AIDS, TB and malaria and recommended key policy actions for consideration by the AU Summit in February 2023. The meeting was an opportunity for ALMA to present the Malaria Status Report to experts from Member States and set the scene for countries’ presentations on innovation in malaria control.

Strengthening Member States’ capacity to defeat malaria will enhance broader Pandemic Preparedness & Response

The COVID-19 pandemic and other disease outbreaks (e.g., Ebola) have contributed to increased awareness and political will for addressing health crises. In response, the global community is working to strengthen health systems to be better prepared for the next disease outbreak, and address existing health threats (e.g., malaria, HIV/AIDS, TB and NTDs).

Malaria is uniquely positioned as a pathfinder for pandemic preparedness and response.

⁶ The Kigali Summit on Malaria & NTDs, Outcome Statement of the Kigali Summit on Malaria & NTDs (June 2022), available at <https://malariantdsummit.org/>.

⁷ Uniting to Combat NTDs, The Kigali Declaration (June 2022), available at <https://unitingtocombatntds.org/kigali-declaration/>.

Through investments in malaria prevention, diagnostic testing, and treatment, countries and development partners have an opportunity to strengthen health systems, including expanding community health worker programmes, enhancing digital tools for disease surveillance and detection, sharing real-time data, increasing the capacity of national laboratories, improving supply chains and logistics for health commodities, and implementing standard operating procedures to respond to outbreaks in real-time.

Community Health Workers (“CHWs”) are uniquely positioned to strengthen the fight against malaria and the pandemic preparedness and response. Having a robust and well-trained network of CHWs within the primary health care system can provide quality data and early warning for disease outbreaks by expanding the reach of disease surveillance into communities, including those that are hard to reach. CHWs also reduce the burden on health facilities and remove barriers to accessing health care services by testing, treating, and triaging cases and educating at-risk populations on health issues within their communities. In several Member States, CHWs are equipped to perform malaria case management and prevention, manage other childhood illnesses (e.g., pneumonia), and support other key areas (e.g., nutrition). As trained and trusted community members, CHWs are well-positioned to sustain health services, especially where there are lockdowns or other situations that raise fear about going to health facilities.

Member States face complex operating environments that disrupt essential malaria and health services

Eliminating malaria will require sustaining and expanding life-saving interventions in complex operating environments. Technical experts highlighted increasing numbers of displaced populations and refugees, constitutional and security challenges, internal and external macroeconomic forces, and climate change as threats to their ability to deliver malaria services.

Use of Data for Accountability & Action

Access to quality, real-time data is important for driving decision-making and action. Improving data quality and availability, including by pooling data into malaria repositories, and using data to drive action and accountability, through scorecard management tools enables policymakers, health administrators, and partners to systematically identify and respond to upsurges, and operational bottlenecks. Use of Subnational data has enabled countries to undertake subnational stratification and target malaria interventions to maximise impact.

ALMA Scorecard for Accountability & Action

Since 2011, the *ALMA Scorecard for Accountability & Action* has tracked performance against key indicators across malaria-endemic countries in Africa. These indicators cover malaria financing, resistance to life-saving interventions, availability of commodities, and the development of key strategies. At the request of the African Heads of State and Government, the scorecard also includes tracer indicators on MNCH and NTDs.

The ALMA Scorecard is produced each quarter and shared with senior political leaders including Heads of State and Government, Ministers of Health and Finance, ambassadors at the African Union and United Nations, and key malaria partners. Each member state also receives recommended actions developed by ALMA and other partners to systematically address gaps and bottlenecks. During 2022, the overall response rate to recommended actions was over 90%. The scorecard continues to drive action, including enhanced resource commitments, addressing emergencies and upsurges, facilitating commodity procurement and intervention deployment, and enhancing the availability and quality of data.

Indicators recently added to the ALMA Scorecard

- Signing of the African Medicines Agency Treaty
- COVID-19 vaccinations coverage (performance has increased across 45 countries)
- Stock-outs of malaria commodities (reduced by >70%)
- Status of IRS and ITN campaigns (>80% of ITN campaigns and >90% of IRS campaigns are completed or on-track)
- Drug resistance monitoring
- Malaria interventions for refugees and internally displaced populations

Regional Scorecards

Regional Economic Communities have been supporting regional scorecards (e.g., ECOWAS/WAHO support for the Sahel Scorecard and the Elimination 8 scorecard for several SADC member countries).

In 2020, the AU Assembly directed the Regional Economic Communities (“RECs”) to take action to enhance regional and cross-border collaboration, including by implementing regional malaria scorecards.

As a result, two additional malaria scorecards have been developed—the EAC’s Great Lakes Malaria Initiative Scorecard (2021) and ECCAS (2022)—and an additional scorecard for ECOWAS has been drafted.

National Scorecards

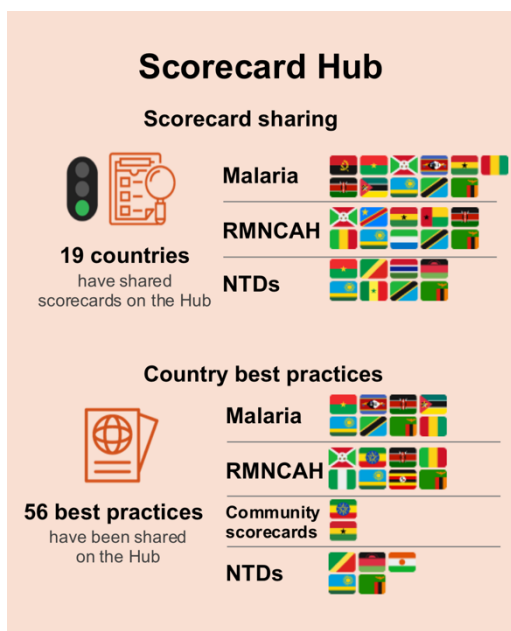
Countries across the region are implementing national and subnational malaria, RMNCAH, and NTD scorecards to drive accountability, action, and resource mobilisation. These scorecards use data from routine health information management systems to report on targets and objectives set in national strategic plans. To strengthen governance and accountability, these scorecards are supported by action trackers and workplans. To date, forty-one countries across the region have developed malaria scorecards, 30 countries have developed RMNCAH scorecards, 17 have developed NTD scorecards, and 4 have developed nutrition scorecards.

During 2022, national malaria scorecards helped:

- **Identify operational bottlenecks, prompting action by national malaria programmes and their partners.** For example, Guinea’s scorecard indicated a decrease in ITN delivery to children and pregnant women. This prompted an urgent response to mobilise nets leading to a 71% increase in delivery to children.
- **Mobilise additional resources for the fight against malaria.** Following a stockout of malaria medicines due to long delivery times associated with the COVID-19 pandemic, Eswatini worked with its multisectoral End Malaria Fund to mobilise resources to procure replacement stocks, increasing the number of severe cases receiving treatment from 67% in 2021 to 100% in 2022. Kenya similarly used its scorecard to advocate for a tax waiver on malaria commodities to make them more affordable and easier to replenish. The increased availability of commodities and helped to improve testing rates from 69% to 87% in 2022.
- **Mobilise community and other leaders.** In May 2022, Rwanda trained CSOs on how to use the scorecard to advocate at the district and health facility levels. This led to an increase in net delivery from 64% in June to 100% in September 2022.

- **Strengthen data availability and quality.** In early 2022, Tanzania’s Ministry of Health and Social Welfare launched an investigation into data showing that there was an over consumption of malaria medicines. This investigation revealed that doses were being misreported, leading the country to update its national data collection tools.

Under the guidance of its Chair, ALMA launched the Scorecard Hub to provide an online platform for countries to publicly distribute national and subnational scorecards and share best practices. Presently, 19 Member States share national scorecards on malaria, NTDs, and RMNCAH via the Scorecard Hub. Additionally, 56 best practices have been published from across 17 countries, which have been viewed by more than 58,000 visitors. The Scorecard Hub also provides online trainings for countries with more than 2,700 certificates having been awarded to health officials, partners, youth, and other community members.



ALMA has developed a maturity framework to guide the institutionalisation, transparent sharing, and multisectoral use of national scorecards. This framework tracks scorecard usage from “initiated” through to “institutionalised.” Member states have made significant progress along the maturity framework since 2019, prompting the introduction of a new “advanced” level of maturity, which builds on already institutionalised scorecards by promoting increased high-level political engagement and incorporation of scorecards into training of health workers. Member states can conduct a rapid maturity assessment of their scorecards using the tools available on the Scorecard Hub. Countries and their partners are also committing significant resources to the operationalisation of their scorecards, with over US\$10 million committed to support RMNCAH scorecard institutionalisation.

National NTD Scorecards

17 member states have developed national NTD scorecards, including Botswana, Burkina Faso, Ethiopia, The Gambia, Guinea-Bissau, Kenya, Senegal, and Zanzibar which launched their scorecards during 2022. These scorecards have been used to mobilise additional funding and partner support for national NTD programmes and to expand coverage of mass drug administration. For example, 50 members of Niger’s Parliament were trained on the national NTD scorecard, resulting in a commitment to increase public funding and community sensitisation for these diseases.

Community Scorecards

Community engagement has been identified as a key determinant of health outcomes. To promote community ownership and participation in health, several member states are implementing community-level quality of care scorecards. These scorecards, which collate input from community members, measure the accessibility and quality of care available through local health facilities. The development of the scorecards promotes a community-level dialogue that identifies systemic, operational, and logistical barriers to accessing essential health services to come up with joint action plans to drive improved performance.

As a result of the community scorecard process, countries have renovated and constructed new health facilities, acquired land for facilities, resolved issues of water scarcity and distribution, constructed health facility washrooms and structures for community health workers and midwives, addressed medicine stock out issues through local initiatives and more. These interventions directly address health systems gaps identified by the community and help to enhance government’s ability to leverage local knowledge and resources to strengthen the health system. Local governments in Ghana have used direct citizen feedback to inform resource allocation in the planning and budgeting process.

In 2022, ALMA organised a tour with the Ministries of Health of Kenya, Mali, Rwanda, Sierra Leone, Tanzania, and Zambia to visit Ghana to learn from its implementation of the community scorecard. These countries have either already started implementing community scorecards or are planning to implement them soon. This provides a good opportunity to capitalise on South-South knowledge exchange on how to best empower communities to play a more active role in strengthening the community.

Community scorecards also strengthen community-led monitoring, which is a crucial pillar in community systems strengthening. The tool is of particular relevance in complex operating environments where communities are vital stakeholders in service delivery, particularly in instances of natural disaster, armed conflict or civil unrest, weak governance, climate change-related crises or mass displacement.

Multisectoral Advocacy, Action, & Resource Mobilisation

Heads of State and Government are well-positioned to champion multisectoral initiatives, such as launching End Malaria Councils and Funds. Experience shows that malaria control and elimination benefit significantly when all sectors take responsibility for ending malaria. Each sector (i.e., government, the private sector, philanthropy, civil society, and the community) have unique experience, capabilities, influence, assets, and resources that can help overcome operational bottlenecks and resource gaps. Mobilising local resources across sectors is of particular importance to overcoming budget gaps to get back-on-track towards the 2030 targets.

The Zero Malaria Starts with Me campaign is a framework for multisectoral advocacy, action and resources

Since 2018, countries across the African Region have been implementing the *Zero Malaria Starts with Me* campaign.⁸ This campaign promotes multisectoral advocacy, action and resource mobilisation as key success factors for malaria control and elimination.

Objectives of the Zero Malaria Starts with Me

- Advocate for malaria to remain high on the national development agenda
- Empower communities to act
- Mobilise financial and in-kind resources, especially from the domestic private sector

During 2022, Burundi, Cabo Verde, Cameroon, and South Sudan launched the campaign, bringing the total number of countries that have launched to twenty-seven. Likewise, Senegal and Uganda launched the “Zero Malaria Business Leadership Initiative” in partnership with the Ecobank Foundation to mobilise private sector advocacy and resources (with 60 million CFA pledged).

Countries with Zero Malaria Starts with Me Campaigns

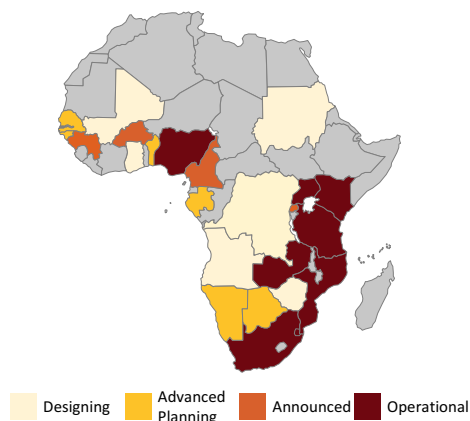


End Malaria Councils & Funds mobilise commitments from across sectors

End Malaria Councils & Funds (“EMCs”) are country-owned and country-led mechanisms to mobilise multisectoral advocacy, action, resources, and accountability for the fight against malaria. EMCs are composed of senior leaders drawn from government (e.g., Ministers), the private sector (e.g., CEOs), civil society, and communities (e.g., Chiefs, clergy). These leaders receive quarterly updates on operational bottlenecks and resource gaps and then mobilise commitments from their sectors to address these gaps.

To date, twelve countries have launched or announced EMCs with another thirteen in progress. Several have also integrated EMCs into national strategies as the primary mechanism for mobilising multisectoral advocacy, action and resources.

Status of End Malaria Councils & Funds



EMC Launches & Announcements

- The Hon. Minister of Health from Guinea announced a plan to establish an EMC on World Malaria Day 2022
- Rwanda announced its EMC during the Kigali Summit on Malaria & NTDs in June 2022
- H.E. President Buhari launched the Nigeria End Malaria Council, which is chaired by Mr. Aliko Dangote, in August 2022
- South Africa is scheduled to launch the End Malaria & NTDs Fund on World NTD Day in January 2023

⁸ More information and toolkits are available at <https://zeromalaria.africa/>

To date, EMCs have mobilised more than US\$28 million to support national malaria strategic plans. The total amount mobilised during 2022 was US\$14 million (a 25% increase). This support includes financial and in-kind contributions from across all sectors.

- **Zambia’s End Malaria Council** mobilised a US\$6 million commitment from the Rotarian Malaria Partners to support community health workers and launched a partnership with the Zambia Football Association to support social and behavioural change communications
- **Mozambique’s Fundo da Malaria** convened a parliamentary forum on malaria to sensitise lawmakers on the importance of controlling and eliminating malaria
- **Malaria Free Uganda** trained more than 6,000 health workers on malaria testing and treatment through a partnership with the private sector and has worked with the Uganda Parliamentary Forum on Malaria to support advocacy
- **Kenya’s End Malaria Council** entered into a partnership with S.C. Johnson to support vector control (including an initial pilot of drone-based larval source management), communications, and local manufacturing of health commodities (e.g., catalytic funding to support manufacturers seeking pre-qualification for mRDTs)
- **Eswatini’s End Malaria Fund** procured antimalarials, supported the development of a transition and sustainability plan with the Global Fund, and supported the distribution of insecticide-treated mosquito nets

During the Kigali Summit on Malaria & NTDs, the chairs from EMCs in Eswatini, Zambia, Mozambique, and Kenya announced a joint pledge to mobilise US\$100 million to support their countries’ national malaria programmes. To this end, several EMCs are actively working to mobilise additional resources to support universal net campaigns scheduled for 2023, including operational support for the distribution of nets in Zambia and Uganda.

**EMCs support
Zero Malaria Starts with Me**

EMCs support other multisectoral initiatives, including the Zero Malaria Starts with Me campaign and Zero Malaria Business Leadership Initiative (“ZMBLI”), which is supported by Ecobank and Speak Up Africa. For example, the Managing Director of Ecobank Uganda has joined the Board of Malaria Free Uganda and has pledged US\$120,000 to support private sector resource mobilisation.

Member states are recruiting youth to champion the fight against malaria

Youth⁹ are an important constituency under the African Union’s development agenda. African youth account for 60% of the population, representing the largest segment of the population. Their passion, innovation, and creativity have vast potential to contribute significantly to the fight against malaria.

In 2022, through the implementation of the ALMA Youth Strategy,¹⁰ youth have proven to be critical stakeholders for advocacy, action, and resource mobilisation in the fight against malaria. Youths participated high-level meetings and some activities which including:

Examples of Youth Activities During 2022

Advocacy

- The Kigali Summit on Malaria & NTDs: advocated for renewed and urgent political commitments, action and resources (including attracting the attention of the Director-General of the WHO)
- “Break the Bias” campaign on International Women’s Day: highlighted the burden and impact of malaria on youth and gender
- The 35th Ordinary Session of the AU Assembly: engaged with Heads of State & Government on the importance of meaningful youth participation in malaria elimination

Capacity Building

- Hosted a workshop on effective use of social media in malaria advocacy at the Commonwealth Youth Forum
- Participated in the launch and dissemination of the AU Youth Malaria Conversation Guide

Resource Mobilisation

- Participated in meetings organised by the Global Fund Advocates Network in the lead up to the 7th Replenishment of The Global Fund

Community Action

- Tanzania: Youth champions participated in a community biolarvicide spraying in Dodoma on World Malaria Day
- Central African Republic: Organised community events for World Mosquito Day to remove breeding sites for mosquitoes

At the urging of the ALMA Chair, member states are establishing national campaigns to coordinate youth as the next generation of malaria leaders. During 2022, Eswatini and Zambia became the second and third countries to launch national “malaria youth armies” (along with Kenya, which launched in 2021) and efforts are underway to establish similar initiatives in at least six additional countries.

⁹ The AU defines “youth” as 18-35 years old.

¹⁰ ALMA, Youth Strategy 2020-2030, available at <https://scorecardhub.org/youth/alma-youth-strategy-2020-to-2030/>.

Malaria disproportionately affects women, so it is important that their voice is heard

There is a growing focus amongst malaria stakeholders, development partners, civil society organisations, and donors on assessing and addressing malaria through a gender equity framework. Malaria disproportionately burdens women who are at increased risk during pregnancy and often carry the greatest share of caretaking responsibilities. Imbalances in gender equity, access to employment, and freedom of movement also limit the ability of women and girls to take action to protect themselves and others against malaria.

Progress has been made across several forums, such as the promotion of malaria messaging as part of the “Break the Bias” campaign on International Women’s Day. Women leaders from government, faith-based communities, the private sector, and youth participated in a mass and social media campaign. Together they called “for a gender inclusive fight against malaria.” Youth leaders also organised an online conversation titled “Celebrate women’s achievement, raise awareness against bias, and take action for equality” with key messaging on recognising women’s achievements and increasing visibility, while calling out inequality.

Countries establishing EMCs and EMFs have prioritised diverse representation and gender equity as important factors. For example, the Nigeria End Malaria Council, which launched in August 2022, includes leaders representing women’s civil society and religious organisations. Ms. Thandile Nxumalo (Chair of the Eswatini End Malaria Fund) and Rev. Dr. Felicidade Chirinda (Chair of Mozambique’s Fundo da Malaria) used the Kigali Summit as an opportunity to highlight the burden of caretaking responsibilities on the economic and educational attainment of women.

Regional & Cross-border Coordination

Malaria and the mosquitoes that transmit it do not recognise national borders. Furthermore, the region is increasingly interconnected with significant cross-border movement across the continent. Thus, an effective malaria response often requires cross-border collaboration and coordination.

Regional Economic Communities are developing scorecards and strategies

Under the African Union's development framework, increased roles and responsibilities for social and economic development have been devolved to the Regional Economic Communities ("RECs"). As part of this devolution, the AUC has instructed the RECs to develop strategies, plans, and tools (see scorecard section above) to more effectively coordinate malaria control and elimination at the regional level. RECs provide a mechanism for joint planning and implementation of activities in member countries. This includes harmonisation of policies and plans and joint-implementation and monitoring of interventions.

During 2022, the RECs took significant steps forward towards enhanced regional coordination:

- **East African Community ("EAC"):** There is work on joint coordination including establishing technical working groups, joint monitoring through the Great Lakes Malaria Initiative, and reporting to EAC Ministers of Health. There is also work underway on developing a draft regional framework for communication, advocacy, and community engagement.
- **Economic Community of Central African States ("ECCAS"):** Developed a regional malaria strategic plan for 2022-2025 in collaboration with member states and partners. This plan has been validated by the ECCAS Ministers of Health.
- **Economic Community of West African States ("ECOWAS"):** Developed the Sahel Malaria Elimination Initiative Resources Mobilization Plan for advocacy in mobilizing funds over a 5-year period. WAHO in collaboration with partners launched the ECOWAS Parliamentarians Network on Malaria Control and Elimination in March 2022. Strong engagement of the Ghana Parliamentarian network in May 2022 mobilised public sector resources for the indoor residual spraying in two districts and the inauguration of the parliamentary caucus on malaria in July 2022.
- **Intergovernmental Authority on Development ("IGAD"):** Identified and is in the process of implementing priority malaria activities in the IGAD region including a regional malaria status report and scorecard.

- **Southern African Development Community ("SADC"):** During 2022, SADC produced a comprehensive report on the status and barriers to malaria control and elimination across Southern Africa. This report was presented during the SADC ministers meeting. Coordination by SADC and the E8 Secretariat continues to help harmonise policies on malaria elimination and has contributed towards progress on joint monitoring of these policies. SADC continues to have multisectoral advocacy during its malaria week each November as a means of highlighting the malaria season and key areas for action in Southern Africa.

Malaria does not recognise borders, so member states are working across them

Mosquitoes that transmit malaria do not recognise national boundaries. Furthermore, the cross-border movement of people in border communities—for seasonal labour, migration, and as a result of instability and conflict—presents unique challenges for malaria control and elimination. As a result, many AU member states are working with their neighbours to coordinate malaria interventions and planning across borders.

Example cross-border initiatives

- Cross-border collaboration, including joint-planning and implementation or interventions, has been established along the Rwanda-Tanzania and Uganda-Kenya borders.
- Joint implementation of cross-border interventions among Eswatini, Mozambique and South Africa (via MOSASWA/LSDI2) continued in 2022 with funding from the 3 countries, Global Fund, and additional funding from South Africa and private funding via Goodbye Malaria for interventions in Southern Mozambique.
- Senegal and The Gambia organised a synchronised campaign to distribute ITNs in all cross-border villages during 2022. This initiative employed a shared digital platform using tablets to capture, harmonise, and visualise campaign data.
- Senegal and Guinea-Bissau entered into a Memorandum of Understanding to coordinate interventions along their border.
- Sudan and Egypt are collaborating to address vector control for the *An. gambiae* mosquito

Access to Life-Saving Commodities

The introduction of a variety of malaria commodities contributed significantly to progress against malaria since 2000. Innovations such as insecticide treated nets, rapid diagnostic tests, ACTs, and new insecticides have protected hundreds of millions of people across this continent and helped avoid an estimated 1.5 billion malaria cases and 10.6 million malaria deaths. Therefore, it is essential that member states have access to critical, life-saving commodities to sustain malaria services and accelerate progress. Further investment in research and development and expanding capacity for the development of new interventions and local manufacturing in Africa is also essential to ensuring access to life-saving commodities.

Existing malaria interventions face a growing number of threats

Threat / challenge	Solutions
<p>Mosquito resistance to existing insecticides: Resistance to the insecticides commonly used to combat malaria is widespread. According to the Q3 2022 ALMA Scorecard for Accountability and Action, all but two countries have reported resistance to at least one class of insecticide with twenty-two reporting resistance to four classes.</p>	<p>Implement insecticide-resistance strategies and new commodities: To address insecticide resistance, Member States should implement insecticide resistance strategies including introducing next generation nets and insecticides, expand investment in surveillance, support research and development into new products in collaboration with academic institutions and the private sector, and support market-shaping for next-generation commodities.</p> <p>In 2022, more than 50% of mosquito nets distributed in Africa were Piperonyl butoxide ("PBO") nets or dual insecticide nets. The use of the dual insecticide nets in Tanzania and Malawi has led to significant decreases in malaria cases by more than 40%. Countries are also using new insecticides for indoor residual spraying (actellic and Clothianidins).</p>
<p>Malaria parasites partially resistant to existing antimalarials: This has been reported in Burkina Faso, Republics of Angola, Rwanda, and Uganda. Countries need to continue to monitor antimalarial efficacy to subsequently help in updating national treatment policies/guidelines, including the introduction of new antimalarials.</p>	<p>Expand surveillance and invest in research: Addressing drug resistance will require ongoing surveillance to detect resistance, introduction of new antimalarial medicines, and investment in pharmaceutical research and design. A strategy to respond to antimalarial drug resistance in Africa was launched in November 2022 by WHO in collaboration with partners. The goal of the strategy is to respond to antimalarial drug resistance in Africa - to minimize the threat and impact of antimalarial drug resistance of Plasmodium falciparum parasites in Africa.</p>
<p>Malaria parasite mutations prevent detection: When such mutations develop, the parasites no longer produce the protein essential for detection by malaria rapid diagnostic tests (mRDTs). This results in failure to diagnose and treat malaria cases accurately and appropriately.</p>	<p>Monitor for mutations and deploy alternative tests where necessary: There is a need to routinely monitor and report these mutations, and where detected, roll out mRDTs that are still able to detect the parasites. Overcoming this threat will require increased surveillance of mosquitoes to detect whether existing commodities are capable of identifying the parasite, as well as transitioning to mRDTs capable of detecting the mutated mosquito in areas where they are detected.</p>
<p>High costs for next-generation commodities: Prices for new tools and products such as new vector control commodities (e.g., new nets and insecticides) and new malaria medicines and diagnostics are generally higher than those in currently in use.</p>	<p>Support market-shaping for new commodities: Partners are supporting market shaping strategies that have resulted in price reductions allowing countries to better access these new tools and products. However, these new tools are still more expensive than traditional commodities, and additional resources must be found to ensure their roll out continues.</p>
<p>Reduced net durability: Countries are reporting issues of net durability including net survivorship, fabric integrity and insecticidal activity. This implies that nets are wearing out or not providing adequate protection throughout their expected 3-year lifespan.</p>	<p>Work with manufacturers to monitor and improve net durability: Countries should work to improve maintenance and use of nets and monitor durability in the field. Manufacturers need to use the generated data from countries to improve both the physical integrity and chemical binding of insecticide to nets while procurers may need to recognise the cost implications of this.</p>
<p>Supply chain disruptions & bottlenecks: Supply chain challenges during COVID-19 contributed to delays in delivery of commodities, especially for IRS. This has led in some cases to lower operational coverage, as well as spraying outside the season.</p>	<p>Procure earlier and explore pooled purchasing: To address these challenges, countries have worked with international partners to procure on their behalf and then refund the partner after concluding their lengthy tendering processes. Botswana and Namibia used this approach in 2022. Other countries are exploring pooled procurement strategies.</p>
<p>Increased reports of <i>Anopheles stephensi</i> in Africa: This Asian malaria vector species has already been reported in Djibouti, Ethiopia, Somalia, Sudan and Nigeria over the past decade with the potential to increase malaria transmission - especially in urban areas.</p>	<p>Increased surveillance and regional coordination: Countries are being supported to aggressively monitor this species as part of a broader vector surveillance system; use the generated data to mount integrated control measures; and to identify the role of this species in malaria transmission. A sub-regional technical consultation on the emerging threat of the invasive species is planned to be held during Q1 2023.</p>

New innovations and interventions are under development

Overcoming the challenges that countries currently face (see above) will require innovations in new nets, insecticides, antimalarials, diagnostics and improved use of digital data especially in the mapping and deployment of alternative interventions (e.g., larval control using drones). Development of these innovations will require significant investments in research and development and working in partnership with the Innovative Vector Control Consortium (“IVCC”), Medicines for Malaria Venture (“MMV”) and international manufacturers. For example, IVCC is working with various manufacturers to explore the possible introduction of nets using a new insecticide to which there is very limited known resistance. Alternative vector control technologies (e.g., attractive targeted sugar baits) will also soon enter the market. Rapid entry and access of international markets of these new tools will also require implementation of harmonized/coordinated registration procedures, following pre-qualification as promoted by WHO, as well as investment in market-shaping by donors and key funding mechanisms, such as The Global Fund.

In October 2021, the WHO issued a recommendation for the RTS,S/AS01 vaccine to be used for the prevention of *P. falciparum* malaria in children living in sub-Saharan Africa and in other regions with moderate-to-high transmission. In December 2021, Gavi approved US\$155.7 million in initial funding for the deployment of the malaria vaccine beyond the pilot countries (i.e., Ghana, Kenya, Malawi) between 2022-2025. Twenty-nine countries have expressed interest and support is being provided to twenty countries¹¹ from WHO AFRO and EMRO regions to develop funding applications to Gavi. The first introduction of the RTS,S/AS01 malaria vaccine in non-pilot countries may occur at the end of 2023 or in early 2024.

Another vaccine, the R21/Matrix M by the Oxford group, is another promising malaria vaccine with 80% efficacy after 12 months of follow-up. Opportunities to locally manufacture this vaccine in Africa need to be explored.

Local manufacturing can enhance regional resilience and growth

It is crucial that African governments leverage local innovation, working closely with all sectors to achieve scalability and equitable access and boosts investments to discover and develop the next generation of malaria commodities. There are concerted efforts to promote local production of health commodities in Africa to ensure their affordability, accessibility and long-term sustainability, as well as support regional economic development. This has been prioritised following the severe supply-chain disruptions due to COVID-19. However, the widely documented challenges to manufacturing life-saving local commodities in Africa remain.

One significant barrier to local manufacturing is attaining WHO pre-qualification status. Consultations with technical experts and private sector companies revealed that the high cost of this process discourages investment in local manufacturing capabilities. As a result, there is a suggestion for countries to provide catalytic financing or other incentives to encourage companies to pursue pre-qualification and to work collaboratively with the WHO to support this process.

As a continent-wide regulator, the new African Medicine Agency (“AMA”) provides a much-needed mechanism to support local manufacturing and access to commodities. As of 2022, Member State’s signature and ratification of the AMA Treaty are tracked in the *ALMA Scorecard for Accountability and Action*.

Work is also underway by the African Constituency Bureau for The Global Fund to develop recommendations for its 2023-2028 Strategy NextGen Market Shaping framework. This framework will support the development of interventions with a goal of achieving equitable access to quality assured health products and services.

Additional progress from 2022 includes:

- ALMA, the AUC and AUDA-NEPAD continue to collaborate on the implementation of the *Pharmaceutical Manufacturing Plan for Africa*
- Dissemination of recommendations for harmonisation of vector control registration and national regulatory review processes via the RECs
- The AUC Vector Control Working Group is working to implement a joint workplan on registration and local production
- Ongoing efforts to promote local manufacturing (including strengthening of infrastructure) at a national level, including technology transfer to produce next generation nets in Tanzania and WHO prequalification for mRDTs and market access in Kenya

¹¹ Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Cote d’Ivoire, Ethiopia, Guinea, Liberia, Mozambique, Niger, Nigeria, Sierra Leone, South Sudan, Sudan, Togo, Tanzania, Uganda and Zambia