

### Scorecard for Accountability and Action



#### Metrics

Policy	
Signed, ratified and deposited the AMA instrument at the AUC	
Malaria activities targeting refugees in Malaria Strategic Plan	
Malaria activities targeting IDPs in Malaria Strategic Plan	
Zero Malaria Starts With Me Launched	
End Malaria Council and Fund Launched	
Resistance Monitoring, Implementation and Impact	
Drug efficacy studies conducted since 2019 and data reported to WHO	
Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010	1
Insecticide resistance monitored since 2020 and data reported to WHO	
% of vector control in the last year with next generation materials	
ACTs in stock (>6 months stock)	
RDTs in stock (>6 months stock)	
On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)	
On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)	
Tracer Indicators for Maternal and Child Health and NTDs	
Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2024)	3
% of Neglected Tropical Disease MDAs Achieving WHO Targets	50
National Budget Allocated to NTDs	
Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2024)	
DPT3 coverage 2024 (vaccination among 0-11 month olds)	75
Climate Change and VBDs in NDCs	

Most of the population of Comoros is at risk of malaria. Transmission is perennial on the Island of Grand Comore and unstable throughout the zones of Anjouan and Mohéli. The annual reported number of malaria cases in 2024 was 55,277 and 3 deaths.

#### Key

	Target achieved or on track
	Progress but more effort required
	Not on track
	No data
	Not applicable

## **Malaria - The Big Push towards 2030**

Africa is at the centre of a perfect storm that threatens to disrupt malaria services and undo decades of progress. Countries must act urgently to both prevent and mitigate the adverse effects of the ongoing global financial crisis, decreasing ODA, increasing biological threats, climate change, and humanitarian crises. These threats represent the most serious emergency facing malaria in 20 years and will lead to malaria upsurges and epidemics if not addressed. To get back on track and eliminate malaria, US\$5.2 billion is needed annually to fully finance country national malaria plans, and urgently fill gaps created by the recent reductions in ODA. Extreme weather events and climate change present a significant threat. By the 2030s, 150 million additional people will be at risk of malaria because of warmer temperatures and increased rainfall. Countries must also take action to confront the threats of insecticide and drug resistance, reduced efficacy of rapid diagnostic tests, and the invasive *Anopheles stephensi* mosquito which spreads malaria in both urban and rural areas. The malaria toolkit continues to expand. WHO has approved the use of dual-insecticide mosquito nets that are 43% more effective than traditional mosquito nets and will address the impact of insecticide-resistance. WHO have also recently approved the use of Spatial Repellents. New medicines for treating malaria and two malaria vaccines for children have also been approved with an increasing number of countries deploying these new tools. Malaria can serve as a pathfinder for primary health care strengthening, climate change and health, and Universal Health Coverage. Countries must work to sustain and increase domestic resource commitments including through multisectoral End Malaria and NTD Councils and Funds, which have raised over US\$218 million to date.

A recent report by ALMA and MNM UK, “The Price of Retreat,” highlights the expected impact of malaria between 2025-2030 on GDP, trade and key sectors for development in Africa. If Comoros cannot sustain malaria prevention due to reductions in malaria financing, this would lead to a GDP loss of US\$1 million between 2025 and 2030. However, if we mobilise the necessary resources and achieve a 90% reduction in malaria, in Comoros there will be a US\$13.6 million increase in GDP.

### **Global Fund Allocation**

The Global Fund allocation for Comoros for Grant Cycle 8 is US\$5.3 million for HIV, tuberculosis, malaria, and health systems strengthening for 2027-2029. The malaria component has been allocated US\$4 million. The allocations to the individual disease components are not fixed, and can be adjusted at country level. Comoros is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to sustain coverage as much as possible.

### **Progress**

The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO. WHO has identified Comoros as being a country with the potential to eliminate local transmission of malaria by 2025.

In line with the priority agenda of the ALMA chair, President Advocate Duma Gideon Boko, the country has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Elimination Scorecard, however this scorecard is not yet publicly shared on the ALMA Scorecard Hub. The country should consider establishing an End Malaria Council and Fund to enhance domestic resource mobilization and multi-sectoral action.

## Impact

The annual reported number of malaria cases in 2024 was 55,277 and 3 deaths.

## Key Challenges

- Insufficient human resources and a limited number of partners to implement malaria control activities.
- Gaps in funding to allow larger scale IRS.

## Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Impact	Work to address the increase in malaria incidence and mortality since 2015, and the lack of progress in reductions in malaria deaths which means that the country is not on track to achieve the 2025 target of a 75% reduction in malaria incidence and deaths	Q4 2026		The revised National Strategic Plan (2025–2027) aims to reduce incidence by 2030. The plan's priorities include vector control, diagnosis and treatment, surveillance and alert, epidemic response and communication and community engagement in order to achieve the target.

## Reproductive, Maternal, Newborn, Adolescent and Child Health

### Previous Key Recommended Actions

Comoros has also responded positively to the RMNCAH recommended action addressing lack of data on ART coverage in children and continues to track progress as actions are implemented.

## Neglected Tropical Diseases





### Progress

Progress in addressing Neglected Tropical Diseases (NTDs) in Comoros is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis and soil transmitted helminths. Preventive chemotherapy coverage in Comoros is zero (0%) for soil transmitted helminths and 100% for lymphatic filariasis which is under surveillance only. Overall, the NTD preventive chemotherapy coverage index for Comoros in 2024 is 3, which is the same as in 2022 index value (3). The country did not reach soil transmitted helminthiasis WHO MDA coverage target. Comoros has created a budget line for NTDs and has included Vector-borne diseases in the country Nationally Determined Contributions.

### Previous Key Recommended Action

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
NTDs	Work to increase the coverage of the targeted preventive chemotherapy NTDs and reach WHO targets.	Q4 2026		Deliverable not yet due

### Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due