

ALMA summary report | Quarter 2, 2026

A Big Push towards new technologies reaching communities early



Joy Phumaphi
Executive Secretary
African Leaders Malaria Alliance

ALMA Scorecard for Accountability & Action

Access the quarter 2, 2026 scorecard and country reports.

➔ alma2030.org/quarter-2-2026/



Introduction

Baseline studies across the African continent show a lapse of up to 5 years or more between the time a new medical technology is developed and its introduction in African countries, regardless of how many lives could be saved.

When professor Dr. Corine Ngufor of Benin, led experimental hut trials and entomological evaluations; or when Franklin W Mosha and Dr Jacklin F Mosha from Tanzania, led the pivotal cluster randomized controlled trials on dual active insecticide treated nets; these African scientists shared a common vision; they wanted to address mosquito resistance to mosquito nets treated with a single insecticide, providing trial evidence in order to help develop the next generation of nets, offering significantly stronger protection from malaria for Africa's children, mothers and families as quickly as possible. These dual active ingredient nets are around 45% more impactful than the single (pyrethroid only) nets.

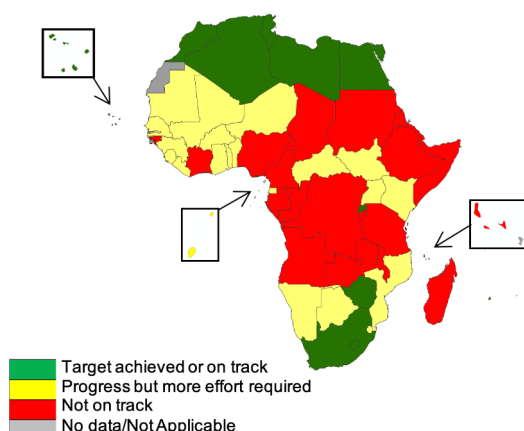
Mosquitoes started showing resistance to the pyrethroid insecticide used on treated nets more than 15 years ago and the work of African scientists was critical in getting the dual insecticide treated nets ready to enter the market and protect communities. The first two dual active ingredient mosquito nets, Interceptor G2 and PermaNet Dual, were pre-qualified in March 2023. Yet even though dual insecticide treated nets have been recommended by WHO for the past 3 years, we still have more than ten countries in Africa where over 20% of their ITNs are still the less effective nets.



Source: Quarter 2 2026 ALMA Scorecard

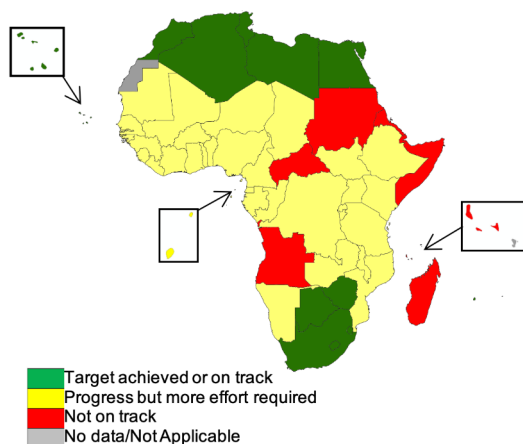
% of vector control in the last year with next generation materials

The Big Push calls for and commits every stakeholder to ensure that malaria infections are avoided and lives saved. This includes shortening the gap between the dates when innovations are fully developed; and when they are prequalified, when they are approved by our country's regulators, and lastly when they are finally introduced in our communities.



Source: Quarter 2 2026 ALMA Scorecard

On track to reduce malaria incidence by at least 75% by 2025 (vs 2015)



Source: Quarter 2 2026 ALMA Scorecard

On track to reduce malaria mortality by at least 75% by 2025 (vs 2015)

The majority of African countries are not on track to reduce case incidence or case mortality to meet the 2030 targets. This must be the biggest motivation for a Big Push to ensure that innovations are introduced in communities as rapidly as possible.

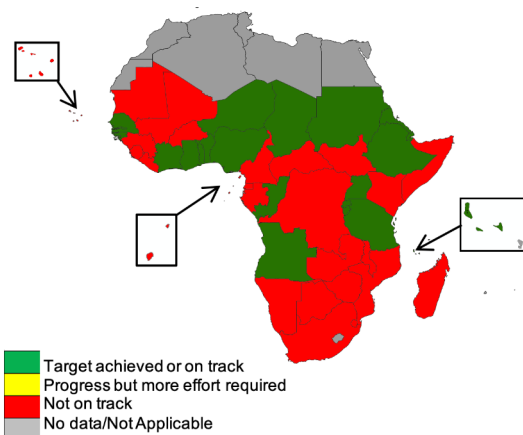
The pre-qualification gap

The length of time that it takes for the World Health Organization to assess a new health product for use has delayed the use of many medicines and medical commodities. WHO is addressing this by introducing several process changes to address the delay. WHO has introduced parallel reviews and policy alignment, with simultaneous assessments. Abridged assessments have been initiated, as well as collaborative registration procedures; potentially enabling accelerated country level access.

To align with local manufacturing, WHO offers technical assistance through local production capacity building, and with process streamlining and structural re-engineering.

The spatial repellents manufactured in Nairobi by SC Johnson were prequalified in 9 months, completing the evaluation ahead of WHO standard twelve-month target timeline. Spatial repellents bridge a critical gap in vector control—offering low-maintenance, year-round protection that is particularly vital for mobile populations, daytime/early-evening exposure, and humanitarian crises.

The next test for WHO will be the prequalification of Ganlum (ganaplacide / Lumefantrine), a non-artemisinin combination given as a sachet of granules, once a day for three days; which was developed by Novartis and MMV with a 97.4% to 99.2% cure rate developed to outpace resistance to artemisinin.



Source: Quarter 2 2026 ALMA Scorecard

Drug efficacy studies conducted since 2019 and data reported to WHO

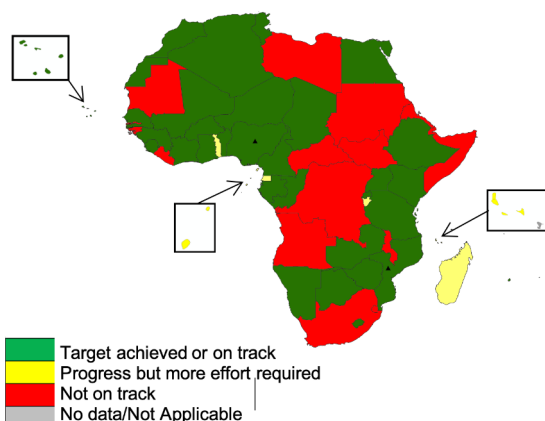
Rapid prequalification, regulatory approval and introduction will help stem the tide of artemisinin resistance that is silently creeping into our communities, unmonitored in 25 countries.

The regulatory gap

Standard national registration for prequalified products takes on average 12 to 48 months. A few African countries are addressing this effectively by accelerating the process. A fitting example is Ethiopia, which accounts for the overwhelming majority (>95%) of all reported *P. vivax* cases in the WHO African Region. When single dose Tafenoquine for vivax malaria was prequalified in December 2024, Ethiopia's Food and Drug Authority (EFDA) had already registered the drug in June 2023, following the positive results of trials in the country.

The African Medicines Agency (AMA) is now charged with the responsibility of pulling together the disparate efforts around the continent to harmonise regulation, to ensure:

- Joint continental assessments and a green book listing products catalogued in the African Registry of continentally listed products
- Mutual reliance frameworks between the national regulatory authorities and WHO, to eliminate redundant dossier reviews
- Harmonised technical guidelines working with the regional economic blocs
- Joint clinical trial oversight
- Quality control and laboratory network of regional centres of excellence, national quality control laboratories



Source: Quarter 2 2026 ALMA Scorecard

Signed, ratified and deposited the AMA instrument at the AUC

Countries are urged to sign, ratify and deposit the AMA instruments, to ensure that all of Africa takes advantage of this opportunity to save African lives. Currently, 16 countries have not signed, and 7 have signed but not ratified.

Conclusion

The fight against malaria will not be won without innovation, research and development and new technologies. African scientists are engaged in the Big Push, stepping up and becoming drivers of the scientific changes and innovations we need. Our scientists are at the forefront of game-changing research that can accelerate us towards malaria elimination, for example, gene drive mosquitoes as well as new transformative malaria vaccines. However, these much-needed tools will only end malaria once they are introduced and rolled out in communities. It is time that we put an end to this delay. Every day we lose 1,200 children under the age of five years, 300 in stillbirths, and 35 pregnant women dying because of malaria. Across the continent 730,000 people are infected every day, with devastating impacts; inhibited cognitive development, reduced learning for schoolchildren, low food production, and increased worker absenteeism across key sectors.

This is the cost in life and livelihood of each day that we delay the introduction of a new tool that could prevent infection, enable early treatment, and save a life.

It is time that all stakeholders are held accountable. The Big Push is about efficiency and effectiveness, saving lives to fuel growth and development. It is the only path that will lead us to zero malaria.

The designation employed and the presentation of material in these maps does not imply the expression of any opinion whatsoever on the part of ALMA concerning the legal status of any country, territory or area of its authorities or concerning the delimitation of its frontiers or boundaries.

