



PROGRESS ON MALARIA CONTROL IN COUNTRIES

WHO in an era of transformation



World Health
Organization

African Region

Against all odds

2015–2021

- ✓ **Cabo Verde** applied for malaria elimination certification after three consecutive years of zero indigenous cases
- ✓ **21 countries** recorded decreases in cases and deaths
- ✓ **Zimbabwe (-68%), Ethiopia (-64%) and South Africa (-49%) achieved or surpassed the -40%** global target for reductions in malaria deaths



Measuring progress towards global targets for elimination of malaria

Malaria burden targets

-40%
by 2020

-75%
by 2025

-90%
by 2030

Significant reductions in malaria cases (2015–2021)

Mauritania -71%

Rwanda -53%

Ethiopia -70%

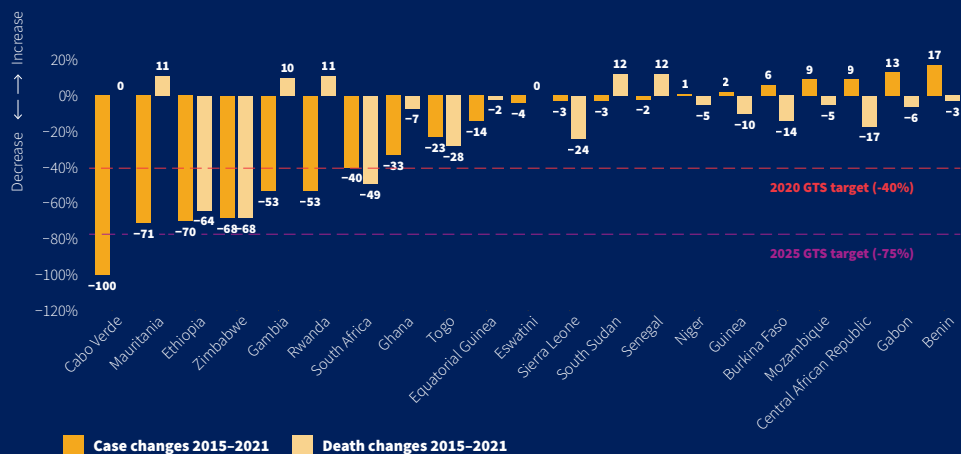
South Africa -40%

Zimbabwe -68%

Ghana -33%

The Gambia -53%

Changes and reductions in malaria cases and deaths in 21 key countries from 2015–2021



Progress stalled in high-burden countries

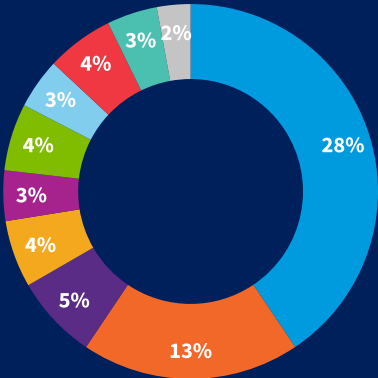
Despite varied progress in reducing malaria cases and deaths across 21 Member States, statistics from the periods 2015–2016 and 2017–2018 showed that overall progress towards rolling back the disease in the WHO African Region was stalling in the 10 high-burden countries.

These countries are Burkina Faso, Cameroon, the Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda and the United Republic of Tanzania.

Percentage of malaria cases and deaths in high-burden countries in the Africa Region in 2018

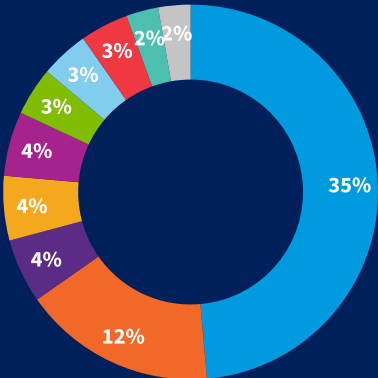
Percentage of malaria cases in HBHI countries 2018

- Nigeria
- Niger
- DR Congo
- UR Tanzania
- Uganda
- Mali
- Mozambique
- Cameroon
- Burkina Faso
- Ghana



Percentage of malaria deaths in HBHI countries 2018

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WHO changes track

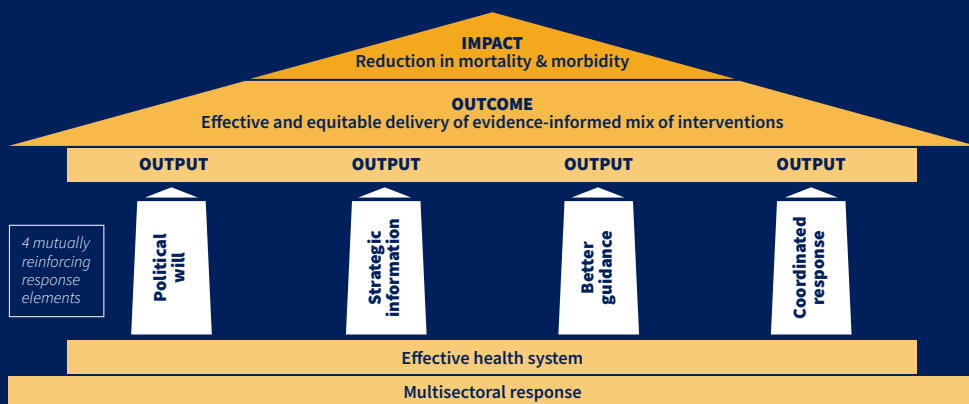
To counter the threat, the WHO has turned the spotlight on the 10 high-burden malaria countries in the Africa Region since 2018, implementing various activities and interventions for effective malaria control to get back on track, and ultimately move towards elimination of the disease.

This included joining forces with the RBM Partnership to End Malaria to craft the High Burden High Impact (HBHI) approach, a targeted mechanism to help the highest-burden countries get back on track towards achieving the global targets.

- **The HBHI approach, launched in Tanzania in November 2018, aligns with the smart technical focus area of the Transformation Agenda in the African Region.**
- **It is a targeted approach to driving down malaria cases and deaths more rapidly.**
- **The strategy comprised four primary response elements: political will to reduce malaria deaths; strategic information to drive impact; a coordinated national malaria response; and improved guidance, policies and strategies.**

HBHI approach framework and interrelationships based on key elements.

Source: WHO GMP and RBM Partnership to End Malaria



Four key response pillars



Strong political will to reduce malaria deaths:

Support for malaria and accountability of stakeholder commitment and action, dependent on an empowered political structure fully committed to fewer malaria deaths.



Expected results: Financing and resource mobilization to increase malaria awareness, through targeted communication and active community participation.



Strategic information to drive impact:

Evidence from operational national malaria data repositories, along with country-level situation analyses and reviews of existing malaria programmes, was key to optimize interventions.



Expected results: The most effective interventions possible to maximise results, including strategic and subnational operations plans, all guided by monitoring and evaluation of impacts.



Better guidance, policies and strategies:

Global guidelines, based on the best available evidence were a non-negotiable, and should take account of country needs and leave space for innovation.



Expected results: More countries adopting global policies and adapting these to local needs to help guide intervention mixes and prioritization efforts.



Coordinated national malaria responses:

To achieve clarity on the financial and technical contributions of stakeholders and partners, and of processes that need coordination in respect of roles, responsibilities and timelines.



Expected results: Systematic coordination and alignment of partner support and funding, to avert overlaps and address gaps.

Guiding principles



Country-owned and led

The strategy also aligns with the targets of the Global Technical Strategy for Malaria 2016–2030, the health-related Sustainable Development Goals (SDGs), and national health goals, strategies and priorities.



High-burden settings

Because high-burden settings account for the majority of cases and deaths globally, the focus must be on high-burden countries in order to achieve optimal impact from interventions.



Reduce cases, deaths

The strategy must be able to demonstrate impact, with an intensified approach to reducing deaths from malaria, while ensuring progress is on track to reach the Global Technical Strategy targets for reducing malaria cases.



Packaged interventions

It is characterized by packages of malaria interventions, optimally delivered through appropriate channels, including a strong foundation of primary health care.

“We need to change course and improve how we combat malaria, particularly in those countries with the highest burden. The status quo will take us further off track and have significant negative socio-economic consequences beyond malaria.”

Dr. Tedros Adhanom Ghebreyesus, WHO Director-General

Notable achievements by WHO and partners in HBHI countries 2018–2021

Moving the needle:

- High-level task forces/councils in **Cameroon** and the **DRC** to drive advocacy via social media; technical and financial support to **Mali**, and social and behaviour change communication strategies for **Mozambique** and **Uganda**.
 - Malaria training and response activities in **Niger**, **Nigeria** and **Uganda**.
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Evidence generation platforms:

- An integrated data repository with interactive dashboard and capability for monitoring data quality, accompanied by staff training in **Burkina Faso**, **Cameroon**, the **DRC**, **Ghana**, **Mozambique**.
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Leaving no stone unturned:

- Malaria control integrated into regional and district operational plans in **Mali**, and trainings on updated guidelines in **Cameroon**, the **DRC**, **Mali**, **Mozambique**, **Nigeria**, and **Tanzania**.
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All hands-on deck:

- Improved procurement process in **Burkina Faso**, completed advocacy plans for **Cameroon** and **Mali**, and restructuring and malaria management capacity building in the **DRC**, **Mali** and **Nigeria**.
- Strengthened coordination mechanisms and networks in **Mozambique** and **Uganda**, and improved access to malaria services in **Tanzania**.

The COVID-19 setback



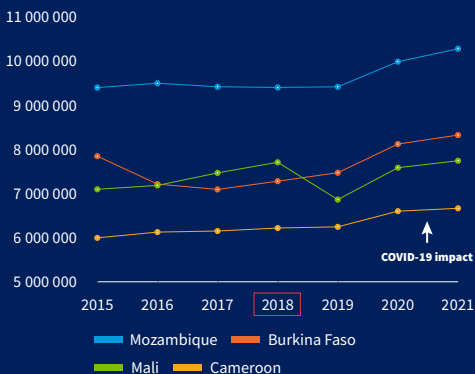
Despite the solid foundation WHO has been laying to reinvigorate the battle against malaria using the HBHI approach since 2018, malaria became one of the concerning casualties of the COVID-19 pandemic.

The service disruptions that resulted especially hurt the high-burden malaria countries, which found themselves facing a prolonged triple challenge – mitigating the immediate health impacts of COVID-19, reducing disruptions to essential services, and managing the overall health of their populations within the broader economic disruptions

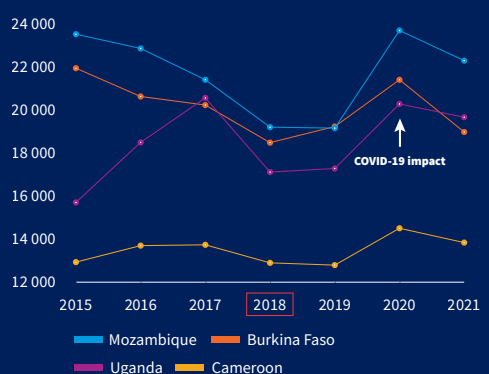
What was already a dire situation became even more critical, with most of the previous gains being reversed and planned implementation activities stalled. By the end of 2021, several countries had still not regained pre-pandemic progress levels, including Burkina Faso, Cameroon and Mozambique.

Malaria trends in some HBHI countries indicating increase in malaria cases and deaths highlighting impact of COVID-19 in 2020

HBHI countries cases highlighting impact of COVID-19 in 2020



HBHI countries deaths highlighting impact of COVID-19 in 2020



Success despite the odds

Ghana: Putting people first



When 46-year-old Ghanaian mother of five Mary realized that her daughter had given her newly washed long-lasting insecticide treated bed net to a friend, she was furious. But it was a real fear of losing her protection against malaria that fueled her response.

“I remember the fever, the profuse sweating and chills that shook my entire body. And I never want to go through that again,” she said, adding that since being given the net to sleep under, she hadn’t ever again contracted malaria.

Ghana is one of the high-burden African Region countries that has adopted WHO’s malaria treatment policy, revising, and adapting theirs every time this is reviewed. The country has done the same for policies related to the treated nets, indoor spraying, and larvae source management, while all its policy documents on malaria are up to date and being implemented.

In real terms, WHO’s support to Ghana between 2015–2021 has contributed to protecting over 12.8 million people using indoor spraying, treated 30.7 million people with Artemisinin-based combination therapies (ACTs), and facilitated the delivery of 58 million insecticidal nets and 36.6 million rapid diagnostic test kits.

Meanwhile, Mary’s daughter Elizabeth, 24, said she was especially grateful for the protection that the nets give her seven-year-old son, Leo. Since using the net, neither of them had fallen ill with malaria, except for when they travelled without the net.

“Before the nets were given to us free of charge, I was sick all the time. Now I can never imagine sleeping without it,” she said.



Key lessons

- **Even small interventions can be successfully upscaled, improving knowledge, experience and capacities, when malaria control is prioritized by political leaders.**
- **Countries that speedily adopted WHO malaria treatment policies and guidelines have done better.**
- **Studies to quantify parasitic prevalence, regional variation and transmission, which WHO has supported since 2017, have helped identify gaps in response efforts, guided the tailoring of interventions, and improved intervention mixes and resource mobilization.**
- **Partnerships, including with WHO, the US President's Malaria Initiative and the US Agency for International Development, including The Global Fund, have made a significant contribution to technical needs, and improved accountability and governance.**
- **Consistency is key. Consistent efforts in malaria prevention, control, good surveillance and investments always pay off.**



Next steps

“Ending malaria requires a shared responsibility to financing, and efficient utilization of resources in the high burden countries to scale up existing interventions and introduce innovative tools.”

Dr. Matshidiso Moeti, WHO Regional Director for Africa

- **Going forward, continued implementation and acceleration of the malaria High Burden High Impact approach is critical, along with the realignment of resources for greater impact in order to achieve full recovery to pre-pandemic levels, and to ultimately bring malaria under control.**



- **Promote the utilization of innovative techniques such as risk stratification of malaria transmission to plan, prioritize and tailor interventions for effective control towards malaria elimination in Member States.**
 - **Focus on countries with the highest burden of malaria disease, especially the DRC and Nigeria, which account for 47% and 41% respectively of global malaria cases and deaths.**
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Cité du Djoué, P.O. Box 06, Brazzaville, Republic of the Congo
Telephone: +(47 24.1) 39100 | +(242) 770 0202 | Fax: +(47 24.1) 39503

www.afro.who.int | afrocommunications@who.int

Twitter: @WHOAFRO | Facebook: www.facebook.com/WHOAFRO