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PROGRESS REPORT ON THE IMPLEMENTATION OF REGIONAL COMMITTEE RESOLUTION AFR/RC59/R3 ON ACCELERATED MALARIA CONTROL

Progress Report

CONTENTS

BACKGROUND

1. At the global and regional levels, several resolutions have been adopted and commitments made to scale up malaria control towards elimination in the Region.[1,2,3,4,5,6,7] These resolutions were reinforced by commitments by African Union Heads of State and the UN Secretary General's call for universal access to life-saving interventions.

2. Malaria control is defined as a reduction of the disease burden to a level where it is no longer a public health problem as a result of deliberate efforts. Malaria elimination is an interruption of local mosquito-borne malaria transmission in a defined geographic area.[8] Pre-elimination is attained when there is less than one malaria case per thousand population.

3. The burden of malaria has decreased significantly in several countries in the Region. However, the devastating health and socioeconomic consequences of this scourge remain a matter of great concern. In order to respond to the disease burden and to accelerate progress in meeting malaria-related MDG targets, the Regional Committee at its Fifty-ninth session adopted Resolution AFR/RC59/R3 on *Accelerated malaria control: towards elimination in the African Region.*[9]

4. The resolution urged Member States to scale up malaria control towards elimination through strategic planning, strengthening the capacity of malaria programmes and strengthening the procurement, supply and use of affordable quality-assured essential medicines and commodities.

5. This document summarises the progress made in implementing Resolution AFR/RC59/R3 and proposes next steps for action.

PROGRESS MADE

6. By December 2010, guidelines for malaria programme review and strategic planning had been released and experts in all the malaria-endemic countries trained on their use. As a result 12 countries[10] conducted malaria programme reviews and 17 countries[11] updated their malaria strategic plans between 2009 and 2011. All the 42 malaria-endemic countries[12] in the Region have integrated malaria control in their poverty reduction strategies and health plans.

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1 WHO, *Roll Back Malaria in the African Region: A framework for implementation* (AFR/RC50/12). Brazzaville, World Health Organization, Regional Office for Africa, 2000.

2 Resolution AFR/RC53/R6, Scaling up interventions against HIV/AIDS, tuberculosis and malaria. In: *Fifty-third session of the WHO Regional Committee for Africa, Johannesburg, South Africa 1-5 September 2003, Final report.* Brazzaville, World Health Organization, Regional Office for Africa, 2003 (AFR/RC53/18), pp. 21-22.

3 Resolution WHA58.2, Malaria control. Geneva, World Health Organization, 2005 (WHA 58/2005).

4 Resolution WHA60.18. Malaria Day. Geneva, World Health Organization, 2007 (WHA 60/2007).

5 Resolution WHA64.17. Malaria. Geneva, World Health Organization, 2007 (WHA 64/2011).

6 AU. Abuja Call for Universal Access to HIV, TB and Malaria interventions, African Union, 2006–2010.

7 UN Secretary-General's Statement. World Malaria Day 2008. United Nations. SG Statements.

8 WHO, *Malaria Elimination: A field Manual for low and moderate endemic c*ountries, Geneva, 2007.

9 Resolution AFR/RC59/R3 Accelerated malaria control: Towards elimination in the African Region In: *Fifty-ninth session of the WHO Regional Committee for Africa, Kigali, Rwanda, 31 August-4 September 2009, Final Report*, Brazzaville, World Health Organization, Regional Office for Africa, 2009 (AFR/RC59/19) pp. 9-11.

10 Benin, Botswana, Kenya, Malawi, Mozambique, Namibia, Niger, Rwanda, Senegal, South Africa, Togo and Zambia.

11 Benin, Botswana, Cape Verde, Eritrea, Kenya, Liberia, Madagascar, Malawi, Mauritania, Namibia, Niger, Rwanda, Senegal, Sierra Leone, South Africa, Togo and Zambia.

12 Forty-two out of 46 countries in the Region are malaria-endemic. The non-endemic countries are Algeria, Lesotho, Mauritius and Seychelles.

7. By 2010, 23 countries[13] had adopted a policy to provide Insecticide-treated nets (ITNs) to all persons at risk of malaria. By the end of 2010, 289 million ITNs had been distributed in the Region. In 2010,[14] 35% of children under five years of age slept under an ITN compared to 24% in 2009 and twenty-seven countries[15] reported implementation of Indoor Residual Spraying (IRS). In 2009, 73 million people, about 10% of the population at risk of malaria in the Region, were protected by IRS.

8. Thirty-three countries in the Region have adopted a policy of parasitological testing of all suspected malaria cases. In 2009, 35 % of malaria cases in the Region were confirmed by diagnostic test. By the end of 2009, 11 African countries were procuring sufficient Artemisinin-based Combination Therapy (ACT) courses to treat all the malaria cases in the public sector health facilities.[16] The Affordable Medicines Facility for Malaria (AMFm) subsidy was launched in seven countries[17] in the Region to ensure access to quality ACTs in private sector health facilities.

9. As a result of scaling-up proven malaria control interventions, twelve countries [18] mostly in Southern Africa have recorded more than a 50% reduction in malaria cases and deaths at health facilities.[19] Consequently, the Southern Africa Development Community adopted a plan to further accelerate malaria control towards its elimination. A cross- border initiative known as *Elimination eight* comprising four "frontline" countries and four low-transmission countries[20] was established to promote sustained control and capacity strengthening for transition to pre-elimination. Seven countries[21] are already implementing malaria pre-elimination strategic plans. One experimental vaccine, RTS,S/AS01, is in Phase 3 trials in 7 African countries[22]

10. Countries were supported to mobilize funding from the Global Fund with a success rate of 80% in Round 10 for a total of around US$ 1 billion. The African Union and the Regional Economic Communities have kept malaria high on their agenda, resulting in the launch of the African Leaders Malaria Alliance (ALMA). This has resulted in accelerating the deployment of essential medicines and commodities and improving the monitoring of progress at country level. With the support of Roll Back Malaria partners, Member States developed country road maps for tracking attainment of the 2010 universal coverage and malaria-related MDG targets.

11. Despite the progress made, important challenges remain. Intervention coverage in the Region falls short of the targets set for 2010. Together, 15 countries in the Region account for 80% of malaria-related deaths globally. Malaria continues to represent an important risk to maternal, newborn and child health. An estimated 85% of the malaria deaths are recorded in children under

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[13] Angola, Botswana, Burkina Faso, Burundi, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Ethiopia, Gabon, Gambia, Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar, Mozambique, Nigeria, Senegal, Sierra Leone, Swaziland, Tanzania, Zambia and Zimbabwe.

[14] WHO, *World Malaria Report 2010*, Geneva, World Health Organization 2010.

[15] Algeria, Angola, Benin, Botswana, Burundi, Democratic Republic of Congo, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Kenya, Madagascar, Malawi, Mali, Mozambique, Namibia, Rwanda, Sao Tome and Principe, Senegal, South Africa, Swaziland, Uganda, Tanzania, Zambia and Zimbabwe.

[16] WHO, *World Malaria Report 2010*, Geneva, World Health Organization 2010.

[17] Ghana, Kenya, Madagascar, Niger, Nigeria, Tanzania (including Zanzibar) and Uganda.

[18] Algeria, Botswana, Cape Verde, Eritrea, Madagascar, Namibia, Rwanda, Sao Tome and Principe, South Africa, Swaziland, Tanzania (specifically Zanzibar) and Zambia .

[19] *WHO - World Malaria Report 2010,* Geneva, World Health Organization 2010.

[20] Frontline countries are Angola, Mozambique, Zambia and Zimbabwe. The low transmission countries are Botswana, Namibia, South Africa and Swaziland.

[21] Cape Verde, Botswana, Madagascar, Namibia, Senegal, South Africa and Swaziland.

[22] Burkina Faso, Gabon, Ghana, Kenya, Malawi, Mozambique and Tanzania.

five years of age.[13] Some countries lack capacity and strong district and community-based structures for scaling up key interventions especially in conflict, post-conflict and complex humanitarian crises. Furthermore, weak health information systems hamper consistent tracking of progress. Emerging resistance to artemisinin and insecticides may erode the gains already made.

NEXT STEPS

12. The following are proposed as next steps in the implementation of Regional Committee Resolution AFR/RC59/R3 on accelerated malaria control:

(a) Member States should conduct regular malaria programme performance reviews to inform strategic direction and planning.

(b) Member States and their health and development partners should continue to mobilize adequate public and private resources to sustain acceleration of malaria control and prepare evidence-based and sustainable programme transitions.

(c) Member States should enforce policies and regulations to remove taxes and tariffs on essential medicines and commodities, ban oral artemisinin monotherapies and ensure free or highly subsidized access to essential services by the poor and the most vulnerable groups.

(d) Furthermore, the capacity of the malaria programmes should be expanded including decentralization of key functions to district level and development of community-based health promotion and malaria prevention, diagnosis and treatment services in order to achieve and sustain control.

(e) Where appropriate, programmes should be reoriented from control to pre-elimination and eventual elimination of the disease.

(f) Countries should strengthen surveillance, monitoring and evaluation systems including drug and insecticides efficacy testing and operational research to enhance reporting on disease trends, and coverage and impact of interventions.

13. The Regional Committee noted the progress made and the proposed next steps.