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REPORT OF H.M. KING MSWATI III, HEAD OF STATE OF THE KINGDOM OF ESWATINI, CHAIRPERSON OF THE AFRICAN LEADERS OF MALARIA ALLIANCE (ALMA)

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Glossary

ALMA	African Leaders Malaria Alliance
AU	African Union
AUC	African Union Commission
E8	Elimination 8
EMC	End Malaria Council
EMF	End Malaria Fund
GTS	WHO's Global Technical Strategy for Malaria 2016-2030
HBHI	High Burden High Impact
IPTp	Intermittent Preventative Treatment in Pregnancy
LLIN	Long-lasting Insecticidal Net
NMCP	National Malaria Control Programme
NTD	Neglected Tropical Diseases
NSP	National Malaria Strategic Plan
PC	Preventative Chemotherapy
RDT	Rapid Diagnostic Test
REC	Regional Economic Community
WHO	World Health Organization

Foreword

As you may recall, African Union Heads of State and Government in 2018 requested the African Leaders Malaria Alliance (ALMA) Chair to report to the Assembly annually on the progress in responding to malaria on the continent. I am proud to present the second report to the Assembly, the *2019 African Union Malaria Progress Report*. This report coincides with the end of my term as ALMA Chair. In that capacity, I engaged with fellow Heads of State and Government on malaria elimination and I am confident that African leaders are committed to end malaria by 2030. Now more than ever before we have to take bold action to safeguard the progress that we have made in our battle against malaria. Despite sustained political commitment and collaborative efforts at the highest national, regional, continental and international levels to control and eliminate malaria since the *2000 Abuja Declaration to Roll Back Malaria*, recent reports from WHO warn that if we do not take action now we will back track on the significant progress that has been made. The consequences of not acting now are dire, significant reinvestments will be needed to deal with a rebound of the epidemic.

Despite the ongoing efforts, the magnitude of the disease on the continent is disproportionate, in 2018, of the 228 million cases of malaria worldwide, 213 million or 93% were in the WHO Africa Region. Furthermore, six countries in Africa accounted for more than half of all malaria cases worldwide: Nigeria (25%), the Democratic Republic of the Congo (12%), Uganda (5%), and Côte d'Ivoire, Mozambique and Niger (4% each). Let me take this opportunity to congratulate the Democratic Republic of Algeria for achieving malaria-free certification.

In view of the huge challenges that malaria poses to continental health security and its impact to the broader development agenda, we renewed our commitment to accelerate efforts to address the stalling progress in malaria control and elimination. By the July 2018 *Assembly/AU /Dec.709(XXXI) Decision on the Report of AIDS Watch Africa (AWA)* of the 31st Ordinary Session of the Assembly in Nouakchott, Mauritania we endorsed the Zero Malaria Starts with Me campaign, an initiative that I co-launched with His Excellency President Macky Sall of the Republic of Senegal. In that Assembly Decision we requested the African Union Commission and the RBM Partnership to End Malaria to coordinate with Member States to facilitate the roll out of the Zero Malaria Starts with Me campaign.

In February 2019, by *Assembly/AU/Dec.725(XXXII) Decision on the Report on Malaria* endorsed by the 32nd Ordinary Session of the Assembly of Heads of State and Government in Addis Ababa, Ethiopia, we called upon AU Member States to increase domestic resources to achieve malaria elimination by 2030 in line with the continental targets. We further requested the African Union Commission, the RBM Partnership and ALMA to support additional roll out and implementation of Zero Malaria Starts with Me. Twelve countries have launched the campaign so far, and more are on the cusp. I urge more countries and partners to support further roll out of the campaign in 2020.

To drive action for resource mobilisation in the same 2019 Assembly Decision we further requested Member States, with support of the African Union Commission, Regional Economic Communities, RBM Partnership to End Malaria, ALMA and partners, to accelerate the establishment of national End Malaria Councils and Malaria Funds, to galvanise political commitment and increased domestic investments from the public and private sector. This report highlights the key initiatives that have been launched or are being rolled out across the continent. Indeed these new business models anchored on significant domestic investments will ensure greater domestic policy ownership and a shift from where almost half of the activities and goals of National Malaria Strategic Plans across the continent are externally funded. Furthermore, development assistance for health has levelled off and donor funded programming is neither assured nor sustainable.

There is a real threat that in African countries that have made huge progress and reaching elimination of malaria that the disease will be de-prioritised by both governments and development partners thus heavily impacting on progress made through decades of sustained investment and action. It is therefore encouraging that various African countries are coming up with domestic initiatives that include both the public and private sectors and communities to end malaria for good. The policy direction to control and eliminate malaria on the continent is clear, the targets set are bold and ambitious and well-articulated in the *Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030* (Catalytic Framework) and the World Health Organization's *Global Technical Strategy for Malaria 2016-2030.*

The Catalytic Framework provides a roadmap for Africa to end the three major diseases on the continent by 2030 with emphasis on investing for impact where the disease burden is highest. The three key strategic investment areas are health systems strengthening, generation and use of evidence for policy and programme interventions, and advocacy and capacity building. The RBM Partnership to End Malaria and ALMA will continue to provide support to the African Union to promote increased advocacy, action, resource mobilisation and accountability at various levels including supporting countries to produce Scorecards for Action and Accountability. We cannot achieve the objectives that we have set in the Zero Malaria Starts with Me campaign if we do not create a social movement where

everyone from Heads of State and Government down to community members are aware of their malaria situation and therefore empowered to act.

To end malaria, it is clear that more than ever before we require major action from African countries and from the global community to address the constraints impeding the efficient delivery of existing effective key malaria control strategies and innovations and tools. We should ensure that we put our communities at the centre and encourage them to take action at the grassroots level where the real impact occurs. As *Agenda 2063: The Africa We Want* highlights, communities should be fully engaged in the fight against malaria, demanding their right to health. This requires urgent, effective decentralisation and community-level integration of health services to build sustainability. By defeating malaria only then can we be assured that we reduce the burden on our fragile health systems, contribute to better health sectors in countries thereby contributing to better economies and sustained inclusive growth necessary for the structural transformation of Africa in line with the Aspirations of Agenda 2063 and Agenda 2030.

The Zero Malaria Starts with Me campaign, as this annual progress report highlights, has great potential to push for concerted action to keep malaria high on the political agenda and our collective response on track. The campaign's success, however, will require sustained high-level engagement with governments, the private sector, and civil society to advocate for an increase in external and domestic funding for malaria elimination and increased awareness and ownership at the community level. To succeed, we must address insecticide and drug resistance, prioritise surveillance and ensure interventions reach the most vulnerable populations, including those who regularly cross country borders.

Increased political and financial commitments from malaria-affected countries and development partners will be essential to sustain the momentum. I congratulate AU Members States that contributed to the Replenishment of the Global Fund to End AIDS, Tuberculosis and Malaria. By investing in The Global Fund, we did our part and sent a very strong signal to the international community that Africa is committed to saving millions of lives on the continent and ending these diseases for good.

His Majesty King Mswati III
Kingdom of Eswatini
ALMA Chairperson

Introduction

This report, which was prepared by the African Union, African Leaders Malaria Alliance, and RBM Partnership to End Malaria in accordance with Assembly/AU/ Dec.725(XXXII). It summarises the regional and national status of the "Zero Malaria Starts with Me" campaign. This region-wide campaign was launched on 1 July 2018 by His Majesty King Mswati III (Kingdom of Eswatini) and His Excellency Macky Sall (President, Republic of Senegal) to accelerate progress towards the African Union's target of reducing malaria incidence and death by 40% by the end of 2020 and eliminating it in Africa by 2030.[1]

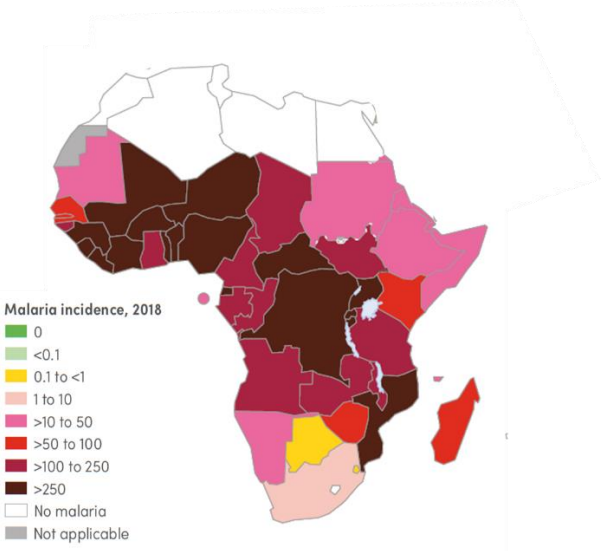
Malaria Status

During 2019, the People's Republic of Algeria was certified malaria-free by the WHO.

Despite this achievement, however, progress against malaria has stalled and it remains a significant threat to the health of people of Africa and the social and economic development of AU Member States. According to the WHO's *World Malaria Report 2019*, the malaria incidence rate in Africa has plateaued since 2015, reflecting slowing progress. In 2018 there were 213 million malaria cases and 380 thousand malaria deaths in Africa. Pregnant women and children under the age of five are at the greatest risk from malaria. *See* Table 1 for summary findings and Figure 1 for a map of malaria incidence from the *World Malaria Report*.

Malaria is also increasingly a problem primarily affecting Africa. In 2018, Africa accounted for 93% of global malaria cases and 94% of global deaths. Accelerating progress is essential to get back on track to eliminating malaria in Africa in the next decade.

Figure 1 - Malaria Incidence in Africa (2018)



[1] Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030.

Table 1 - Key Findings of World Malaria Report 2019

Key Finding	Detail
Malaria is an African Challenge	93% of global malaria cases (213 million) and 94% of global malaria deaths (380 thousand) are in Africa
Progress has been made since 2010	Africa has reduced malaria incidence by 22% and accounts for 85% of the 185 thousand fewer annual malaria deaths since 2010
But progress has stalled	Regional malaria incidence has been stable at 229 cases per 1 000 persons
Action is particularly needed in high-burden states	Ten Member States account for 67% of global malaria cases and 62% of deaths (Nigeria, DRC, Uganda, Cote d'Ivoire, Mozambique, Niger, Burkina Faso, Mali, Angola, Tanzania)
Pregnant women and young children are most vulnerable	29% of pregnancies are affected by malaria and 67% of deaths are children under five
Additional funding is necessary, especially from domestic sources	Only 55% of activities necessary to eliminate malaria globally are funded and 85% of malaria funding in low-income countries is from external sources

Zero Malaria Starts with Me

To accelerate regional and national progress, the Zero Malaria Starts with Me Campaign seeks to promote three key success factors to controlling and eliminating malaria:

- **Political Engagement:** Maintaining malaria high on financing and national development agenda at the highest levels (e.g., the head of state and government, ministers, parliament).
- **Community Engagement:** Promoting individual ownership of malaria through community-level engagement and social and behavioural change communication.
- **Resource Mobilisation:** Mobilising additional resources (in-kind and financial) to close budget gaps under national malaria strategic plans, especially from domestic sources and through innovative mechanisms.

Progress in 2019

In 2019, 7 countries reported formally launching national campaigns bringing the regional total to 12 Member States (see Table 2). The campaign is expected to continue to roll out in additional countries throughout 2020.

Table 2 – Member States Reporting the Launch of the Zero Malaria Starts with Me Campaign

Previously Launched	Launched in 2019
Republic of Senegal	The Kingdom of Eswatini
Republic of Uganda	Federal Democratic Republic of Ethiopia
Republic of Mozambique	Republic of Ghana
Republic of the Niger	Islamic Republic of Mauritania
Republic of Zambia	Republic of Sierra Leone
	United Republic of Tanzania
	Federal Republic of Nigeria

This report summarises activities and best practices from 2019 across the three pillars of Zero Malaria Starts with me.

Key activities from countries that have launched the campaign include:

- **The Kingdom of Eswatini:** His Majesty King Mswati III launched the Zero Malaria Starts with Me Campaign and the national End Malaria Fund in May 2019. The campaign and fund are focused on mobilising resources and community action necessary to eliminate malaria by 2022.
- **Federal Democratic Republic of Ethiopia**: His Excellency Demeke Mekonnen, Ethiopia's Deputy Prime Minister launched the national Zero Malaria Starts with Me Campaign at the beginning of October 2019.
- **Republic of Ghana:** The First Lady launched the national Zero Malaria Starts with Me campaign on World Malaria Day 2019. The country has developed a multisectoral action and resource mobilisation plan to fight malaria. Efforts are underway to reconstitute the Ghana Malaria Foundation and promote parliamentary engagement on malaria.
- **Islamic Republic of Mauritania:** The country launched its national Zero Malaria Starts with Me Campaign with a mass distribution of mosquito nets in July 2018 on the sidelines of the AU Summit.
- **Republic of Mozambique:** On 28 June 2018, His Excellency Filipe Jacinto Nyusi, President of the Republic of Mozambique, launched the ''Zero Malaria Starts with Me'' campaign, following the recommendations of the 31st African Union Summit. The roles and responsibilities of all sectors involved in malaria transmission were defined and recommendations were made on the best strategies to ensure the fulfilment of its role. At the provincial level, governors led a similar multi-sectoral meeting ensuring that malaria is part of their agenda. Local leaders are involved in the distribution of social and behavioural change communications (SBCC) and participate in national LLIN and IRS campaigns. The campaign's logo is included in all SBCC materials, displayed on the back of buses, and all presentations are branded.
- **Republic of the Niger:** The First Lady of Niger launched the campaign in 2018 and serves as the champion of Zero Malaria Starts with Me. The National Malaria Control Programme is piloting a "Zero Malaria Village" and is working with the private sector, donors and local, traditional, regional and national authorities to build support for the fight against malaria.
- **Federal Republic of Nigeria:** The Honourable Minister of Health Prof Isaac Adewole launched the campaign during the 2019 World Malaria Day Celebration. This has been cascaded down all the 36 States and the Federal Capital Territory. The campaign has been focused on resource mobilization and institutional as well as individual responsibilities in accelerating malaria control efforts.

- **Republic of Senegal:** As the first country to launch the Zero Malaria Starts with Me campaign, the country has continued its commitment by organizing pledging ceremonies with mayors and deputies, but also with communities with the launch of the Community Champions project.
- **Republic of Sierra Leone:** The country launched its national campaign on World Malaria Day 2019, the Mayor of Freetown is closely involved as a campaign champion.
- **Republic of Uganda:** The NMCP and Uganda Parliamentary Forum on Malaria, which launched in 2018, developed a strategic plan and malaria scorecard for parliamentarians to address malaria. The NMCP is also working with influential private sector companies and trade groups to implement the *Multisectoral End Malaria Initiative*, which will establish an endowment fund managed by a private board of directors.
- **Republic of Zambia:** H.E. President Lungu and the Minister of Health launched a national, multisectoral End Malaria Council (EMC) and End Malaria Fund. These two entities support the "Malaria Ends with Me" campaign through advocacy, action, resource mobilisation, and accountability. The members of the EMC mobilised vehicles, additional IRS sachets, and community events to support the national strategic plan.
- **United Republic of Tanzania:** During the Southern Africa Development Community (SADC) Malaria Day in November 2019, Her Excellency Ummy Mwalimu, Minister of Health, Community Development, Gender, Seniors and Children launched the Zero Malaria Starts with Me campaign. Tanzanian parliamentarians are already supporting the campaign.

High Burden to High Impact

In November 2018, the RBM Partnership to End Malaria and WHO launched the High Burden to High Impact (HBHI) approach. Like Zero Malaria Starts with Me, HBHI is a country-led initiative that seeks to accelerate progress against malaria in the 10 highest burden African countries and India.

In 2019, eight countries—**Uganda**, **Ghana**, **Mozambique**, **Niger**, **Nigeria**, Burkina Faso, Cameroon, and the Democratic Republic of the Congo (bolded have launched the Zero Malaria Starts with Me campaign)—launched their HBHI approach. Through meetings convened the national malaria programme, political leaders, the private sector, key stakeholders and communities, work plans were developed across four key pillars. The outputs from HBHI align with, and contribute significantly to, political will, community engagement, and resource mobilisation. For example:

- All HBHI consultations resulted in high-level political engagement.
- Most of the countries are engaged in social mobilisation and advocacy through the launching of the Zero Malaria Starts with Me Campaign including appointment of malaria champions. As an example, the First Ladies of the Republic of Niger and the Republic of Ghana are malaria champions, and the advocacy is ongoing with the Organization of African First Ladies for Development regarding future cooperation on the campaign.
- All HBHI countries reviewed their malaria scorecards and most have engaged partners share data and establish data repositories. As an example, the Republic of Uganda signed a data sharing agreement for a malaria data repository and established a dedicated data analytics team while the Federal Republic of Nigeria started the malaria repository establishment process.
- Seven HBHI countries are at an advanced stage for malaria stratification.
- Most countries have revitalised and reconstituted their national RBM Partnership to End Malaria committees including malaria thematic groups and are reviewing/developing malaria technical guidelines customised to local context.

Specific country-level achievements include:

- **Burkina Faso:** Since the launch of the HBHI approach, the NMCP with the support of country partners, are working with the Head of State as the Champion for Malaria Elimination. The country has also carried out advocacy for the creation of a budget line for malaria control and supported the decentralisation of the malaria scorecard for action and accountability to regional level. The country has further integrated malaria surveillance into DHIS2, launched the stratification process and is at an advanced stage to establish a malaria data repository.
- **Republic of Cameroon:** Key achievements include the holding of advocacy meetings to disseminate the HBHI approach for increasing the involvement of stakeholders with a particular focus on political engagement and review of the malaria scorecard for action and accountability. The country has also established a taskforce for the development of a business case and advocacy document for increasing domestic funding, reviewed the country malaria stratification and is establishing a malaria data repository. The country is also working on the finalisation of the revised Malaria Strategic Plan incorporating the HBHI approach. In addition, the country's RBM Partnership to End Malaria committee had their first meeting in September 2019.
- **Republic of Ghana:** Key achievements include the revitalisation of the malaria steering committee and working groups to strengthen partnerships, including the Ghana Malaria Foundation, and the parliamentarian interest groups. The country has also worked to establish the malaria data repository, carried out capacity building of health personnel and developed a framework for harmonisation of partners interventions and support. The country has completed the malaria investment case.
- **Republic of Mozambique:** The country has carried out a malaria gaps analysis to identify priority gaps for partner support as well as strengthening the malaria surveillance system in partnership with in-country partners. Additionally, the country is establishing an end malaria council and fund.
- **Republic of the Niger:** Key achievements include advocacy for high-level political commitment and the translation of this into supporting malaria. For example, the Prime Minister and the First Lady of the Republic of Niger who is the champion for malaria co-chaired the HBHI meeting.
- **Republic of Uganda:** Key actions taken include working with Uganda Parliamentarians to enhance political commitment including with the development of the Malaria Act and enhanced accountability with the creation of the UPFM Scorecard. The country is developing its National Strategic Plan (NSP) based on the new stratification maps and intervention mixes.
- **Federal Republic of Nigeria:** The Federal Republic of Nigeria is working to engage political leaders and policy makers in the malaria programme review process. The rigorous collation and use of existing data have been strengthened to facilitate better planning, and data will be used for improved stratification and to guide intervention mixes. The country has also reviewed the capacity of the National Malaria Elimination Programme at all levels to implement their national strategy.

POLITICAL ACCOUNTABILITY AND COMMUNITY ENGAGEMENT

Accelerating progress against malaria requires that elimination be high on the national and subnational development agendas. Unlike some other diseases, however, malaria has often been viewed as a routine part of life and health, particularly affecting vulnerable populations without strong advocacy—children under five, pregnant women, and rural communities. The Zero Malaria Starts with Me campaign promotes advocacy, individual ownership of, and accountability for the fight against malaria—from the head of state and government to the head of household.

The ALMA Scorecard for Accountability and Action

The ALMA Scorecard for Accountability and Action is a monitoring, accountability and action mechanism to track progress in the fight against malaria, and to support Member States to act systematically to address bottlenecks stalling progress towards malaria elimination. The scorecard and accompanying country reports are shared every quarter with Heads of State and Government, Ministers of Health, National Malaria Programme Managers, and ambassadors to the AU and the UN. Additionally, the scorecard is shared as part of the official documentation of the AU summit (see Annex 3).

The scorecard continues to be used for prompt identification of, and action to resolve malaria control challenges. Over the course of 2019, the scorecard has identified key gaps which have been filled through global fund grant re-programming and Global Fund portfolio optimisation, as well as increased domestic resources and innovative financing approaches. The scorecard action and accountability process has also triggered support to emergencies and upsurges including to Cyclone Idai as well as the upsurge in cases seen in East Africa.

Mosquito resistance to insecticides remains a major vector control challenge across the continent as illustrated by the scorecard. The scorecard has also highlighted sub-optimal reduction in malaria incidence as a problem in approximately half of the endemic countries. If not addressed, this shortfall in burden reduction may jeopardise achievement of the malaria milestones of the Catalytic Framework to end AIDS, Tuberculosis and Eliminate Malaria in Africa by 2030. The HBHI approach and the Zero Malaria Starts with Me campaign are both designed to support countries to achieve the ambitious continental and global targets, and the success of these approaches will be tracked through the scorecards. In quarter four 2019, a new indicator tracking the implementation of the Zero Malaria Starts with Me has been introduced. ALMA will continue to work with government leaders, other in-country stakeholders, regional, continental and global partners to support countries to accelerate reduction of malaria transmission.

The ALMA scorecard also includes tracer indicators for Neglected Tropical Diseases (see Annex 4) and Maternal, Newborn and Child Health indicators.

National and Subnational Malaria Control & Elimination Scorecards

To date, 40 countries have developed national malaria control and elimination scorecard management tools and action trackers (see Figure 2). Scorecard management tools are country-owned and indicators are selected to reflect national priorities and targets set in the country national strategic plans, and facilitate timely identification of performance gaps and stimulate corrective action.

In 2019, the work plan functionality was piloted in two countries (Republic of Zambia and the Republic of South Africa) and leading to major improvement in the operational work plan implementation rate. Regional work plans have been created, improving transparency and communication of bottlenecks between national and regional stakeholders. Prior to implementing the new management tool, the Republic of Zambia had a 36% operational plan implementation rate, which has increased significantly since. The work plan is also being used by the End Malaria Council to track malaria elimination programme activities.

Actions taken as a result to scorecard management tool use:

- **Republic of Zambia:** A review of the malaria scorecard indicated low Intermittent Preventive Treatment in pregnancy (IPTp) coverage nationwide, which suggested systemic bottlenecks. The underlying cause was subsequently identified as a national stockout of sulfadoxine–pyrimethamine (SP) due to lack of raw materials in the country.
- **Republic of Rwanda:** The scorecard showed that there was over-use of Rapid Diagnostic Tests (RDT) compared to microscopy in health facilities. Rwanda RDT use is driven by patient numbers and as a result there were challenges related to delays in microscopy.
- **Republic of South Africa:** In Limpopo, a lack of case investigators was identified as the underlying reason for the low rates of malaria case investigation. Following analysis of the scorecard, a decision has been taken to recruit case investigators in FY 2019/20. There are plans to engage with the Provincial Treasury to ensure that the positions are absorbed into the structure post-2022.

National and subnational malaria control and elimination scorecards are an effective tool for mobilising multi-sectoral stakeholder engagement and promoting ownership over malaria control and elimination—consistent with Zero Malaria Starts with Me. National scorecards and action trackers are integrated into routine national and subnational

health-sector and malaria-specific review mechanisms. The simplicity of the scorecard enables political and technical stakeholders to have a more effective conversation, facilitating multi-sectoral action and accountability. When an indicator is red, or performance declines, this is a call to action for stakeholders to take action to drive improved performance. Additionally, because scorecards show performance at national and subnational level, they can be used to identify areas that require additional resourcing to address service delivery bottlenecks. This has resulted in the enhanced allocation of both domestic and donor resources to fund interventions with key gaps as well as policy change, training and mentoring, and social mobilisation. Enhancing the access and sharing of these scorecards improves community engagement at all levels.

Figure 2 - Countries with National Malaria Scorecards

National End Malaria Councils

There is a growing number of countries across the region implementing country-owned and country-led End Malaria Councils (EMC). EMCs promotes the objectives of Zero Malaria Starts with Me campaign by mobilising multi-sectoral action, resources, advocacy, and accountability to support the national malaria programme and the national malaria strategic plan. Specific objectives include:

- Advocating for malaria to remain high on the national development agenda by serving as malaria champions
- Mainstreaming responsibility for ending malaria across all sectors and at all levels (from national to community level)
- Taking and coordinating action across sectors to fight malaria
- Soliciting financial and in-kind resources to close the NSP budget gap
- Accelerating action through mutual accountability between sectors

To date, eight countries are considering or implementing EMCs (see Table 3).

Table 3 - Countries implementing end malaria councils

Under consideration	Being implemented	Implemented
Republic of Sierra Leone Republic of Ghana	Republic of Mozambique Republic of Uganda Republic of Rwanda Democratic Republic of Congo	Republic of Zambia The Kingdom of Eswatini

EMCs are public-private partnerships that convene influential institutions and leaders (see Table 4) to work collaboratively across sectors to support the NMCP and its partners, and remove barriers they face. To demonstrate political will and the importance of the EMC as a national institution, the members are generally appointed or invited to participate by the Head of State and Government.

Each Council member engages its sector—including competitors, customers, suppliers, and partners—to adopt malaria control and elimination as a sector-wide strategic priority and identifies policies, actions, technical capabilities, and resources the sector can contribute to close gaps and strengthen the malaria programme. These commitments are documented, tracked and reported on during EMC meetings.

Table 4 - Illustrative EMC Members

Public Sector	Private Sector	Community, Religious, & Traditional
Office of the President / Prime Minister Ministry of Health Ministry of Finance Ministry of Education Ministry of Agriculture Ministry of Women and Youth Revenue Authority Association of Mayors	Rotary International Chamber of Commerce & Industry Chamber of Mines Association of Broadcasters Association of Banks Association of Manufacturers Private Companies	Inter-religious Council House of Chief / Traditional Leaders Civil Society Organisations

Each sector is responsible for implementing its commitments and doing so in coordination with the NMCP. The inclusion of the public sector, private sector, and community promotes mutual accountability for fulfilling these commitments. The use of evidence-informed decision-making (e.g., using the national malaria scorecard) is essential to identifying gaps and prioritising efforts to close them. There is no one-size-fits-all model for EMCs and the

structure and function of EMCs must be tailored to the country circumstances.

Case Study: Zambia End Malaria Council

The 2018 AU Malaria Progress Report highlighted Zambia's early progress implementing the first national EMC. In March 2019, the Minister of Health successfully launched the Zambian EMC. The EMC is chaired by the Minister of Health and its members represent a broad coalition of the public and private sectors as well as community leaders. With its multisectoral members, the EMC has successfully begun to enhance political will, community engagement, and resources. As a result of multisectoral engagement, the EMC has successfully mobilised action and resources. Early engagement resulted in:

- The establishment by the members of the EMC of an End Malaria Fund to receive financial contributions
- The Zambia Revenue Authority (ZRA) recognised the high return on investment of a healthier and more productive tax base and, thus, adopted malaria elimination as a strategic objective of its corporate social responsibility (CSR) programme. ZRA subsequently donated television and radio advertising slots to promote positive malaria behaviours, as well as five vehicles that had been previously seized for illegal activities. Two of these vehicles were trucks that were transferred to the NMEC to support the distribution of malaria commodities.
- The EMC members mobilised resources to transport IRS chemicals to North Western Province to close the commodity gap, and arranged for the training of spray operators and implementation.
- Several partners, including PATH, MACEPA, ALMA, and the Ministry of Health have seconded human resources to staff the EMC secretariat and support oversight of the commitments made by the EMC members.
- As a result of the national malaria scorecard being presented during an EMC meeting which indicated a national stockout of SP for IPTp, the partners, Ministry of Health, and private sector committed to procuring and manufacturing antimalarial commodities for pregnant women.
- End Malaria Taskforces have been established in the Copperbelt and Southern Provinces to convene leaders and the private sector at the local level to take action.

For more information about the Zambia End Malaria Council, visit endmalaria.org.zm.

Parliamentary Engagement

Parliamentarians can play an important role in malaria control and elimination because of their unique role in crafting national policies as a body and in committees, passing annual budgets, and representing constituencies at the local and national level. Furthermore, parliamentarians can serve as power malaria champions supporting social and behavioural change communication in communities.

During 2019, several countries engaged members of parliament to increase high-level political will, awareness, and action:

- **Uganda Parliamentary Forum for Malaria (UPFM):** Developed a two-year strategic plan to increase visibility of malaria at the national and constituency levels and implemented a malaria scorecard reporting on key performance indicators by constituency. Members of parliament also met with the leadership of the National Malaria Control Division of the Ministry of Health to receive updates and increase accountability during a seasonal upsurge because of higher-than-average rainfall.
- **United Republic of Tanzania** has demonstrated leadership in strengthening political will and support in the fight against malaria through increased engagement of parliamentarians around malaria data. On 8 November 2019, during SADC Malaria Day, the country launched a malaria scorecard for accountability and action alongside their Zero Malaria Starts with Me campaign. The scorecard management tool significantly enhances the country's ability to track progress of key malaria indicators and take action against bottlenecks. The country will provide scorecard access to members of the group of Tanzania Parliamentarians Against Malaria (TAPAMA), a coalition of 67 Members of Parliament from all political parties aiming to end malaria in Tanzania by 2030 through enhanced political will. Through the scorecard, parliamentarians will be better informed of the malaria situation in their jurisdiction, empowering them to mobilize life-saving support when necessary. What is particularly innovative about the United Republic of Tanzania's scorecard is that members of parliament will have access to the tool through an application on their mobile devices. This is first time an African country institutionalises a mechanism that links parliamentarians with routine malaria data from the health information system. This innovative approach has the potential to serve as a model for how parliamentarians can be empowered to use country-owned data to drive advocacy, action, resource mobilisation and accountability in the fight against malaria.
- **Republic of Zambia:** More than 25 members of parliament attended a workshop organised by the Zambia End Malaria Council to sensitise them to malaria elimination and discuss how they can support the National Malaria Elimination Centre. This engagement resulted in increased media coverage for malaria and political statements from attendees on the importance of ending the disease.
- **Republic of Nigeria:** There has been a robust engagement of the Parliament in Nigeria on Malaria.

This has resulted in the Parliament declaring malaria as an Emergency in the country. Parliament also approved the initiative to access innovative funding through the World Bank, AfDB and IsDB funding mechanism in the IMPACT funding mechanism. More recently the Parliament on 13th November held a Parliamentary Summit on Health where special presentation was made on Malaria.

Community Engagement

Promoting ownership of malaria at the community-level is critical to increasing the utilisation of effective malaria interventions. National Malaria Programmes across the continent have been developing community-based programmes and social and behavioural communications campaigns to promote malaria control and elimination locally. Examples include:

- **Federal Republic of Nigeria:** through the coalition of over 800 Civil Society Organisations (ACCOMIN) introduced a performance-based community accountability and tracking system that has facilitated mobilization of community resources and monitoring of the deployment of the commodities. This has improvement commodity accountability and investment for malaria.
- **Republic of Zambia:** The End Malaria Council organised a march in Lusaka on SADC Malaria Day to raise awareness of malaria. Additionally, the EMC is implementing district-level malaria task forces to engage local leaders to develop local strategies for combatting malaria.
- **The Kingdom of Eswatini:** The National Malaria Programme and End Malaria Fund participated in the national marathon, distributing prizes to the winners and hosting a booth to increase awareness of malaria.

RESOURCE MOBILISATION

Insufficient resources continues to present a significant hurdle to malaria control and elimination. The World Malaria Report 2019 highlighted a global funding gap of US$ 2.3 billion compared to the funding estimates under the Global Technical Strategy. This assessment suggests that between 50-55% of required activities are currently unfunded. Accelerating progress depends on mobilising additional resources, especially from domestic sources.

Global Fund Replenishment

The Sixth Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria resulted in the mobilisation of US$ 14.02 billion. This represents an increase of US$1.8 billion or 15% compared to the previous replenishment. This represents the largest replenishment in the history of the Global Fund and the highest outcome of any health-related global fundraising effort in history. Over 92% of the funding was committed to the Global Fund originated from public donors including 0.5% from African countries. In total, an impressive 24 African countries, most of them first-time donors, committed to contributing USD 76.26 million to the upcoming replenishment cycle (see Table 5), increasing the number of donors from this region by 13 and more than doubling the amount pledged in the last round. This reflects the importance that AU Heads of State and Government place on the Global Fund. It will also allow countries to further scale up their AIDS, tuberculosis and malaria programmes for maximum impact.

Table 5 - Global Fund Commitments by Member States

Country	Commitment (USD mm)
Republic of Benin	$1
Burkina Faso	$1
Republic of Burundi	$1
Republic of Cameroon	$5
Central African Republic	$1
Republic of Chad	$1
Republic of the Congo	$5.5
Republic of Côte d'Ivoire	$1.5
Democratic Republic of the Congo	$6
Republic of Equatorial Guinea	$2.21
The Kingdom of Eswatini	$6
Republic of Kenya	$6
Republic of Madagascar	$1
Republic of Mali	$0.55
Republic of Namibia	$1.5
Republic of the Niger	$1
Federal Republic of Nigeria	$12
Republic of Rwanda	$2.5
Republic of Senegal	$1
Republic of South Africa	$10
Togolese Republic	$1
Republic of Uganda	$2
Republic of Zambia	$5.5
Republic of Zimbabwe	$1

Countries have already received notification of their Global Fund allocation amounts in December 2019, and the majority of countries are due to submit their applications in 2020. It will be of vital importance, especially given the upsurges seen in some countries, that countries retain the malaria split in accordance with their allocation which is determined by the size of the malaria burden in the country. The amount allocated is shown in the ALMA scorecard for accountability and action.End Malaria Funds

Mobilising additional financing, especially from domestic sources, is critical to sustaining and accelerating the fight against malaria. Currently, about 50-55% of the activities under NSP are unfunded. Limited resources prevent NMCPs from scaling operations or providing universal vector control and case management coverage to targeted populations. Additionally, there is an expectation that countries will finance an increasing share of the malaria response, such as through the Global Fund's co-financing requirement. To meet this expectation, countries are implementing End Malaria Funds (EMFs) to mobilise supplemental resources from the government, private sector, philanthropic institutions, and community at large.

EMFs are country-led and country-owned national funds supporting resource mobilisation at the national and subnational level. Like EMCs, these funds are managed by multi-sectoral boards of directors composed of senior leaders from across the public sector, private sector, and community. Eswatini was the first country to launch a national EMF in May 2019 followed soon after by Zambia in October 2019. The Mozambique NMCP and Goodbye Malaria also established an emergency malaria fund following Cyclone Idai. This emergency fund successfully mobilised funding from the UN Foundation to finance IRS spray operators in affected areas. Efforts are underway to establish national funds in Ghana, Mozambique, Rwanda, Uganda, and the DRC.

EMFs are independent entities to mobilise, pool, manage, and distribute financial resources to fight malaria. As independent entities, the funds exist outside of the public finance structure in each country. In most cases, the fund account is kept with a private commercial bank, which also provides investment and accounting services to the Fund on an in-kind basis. This allows for funds to be contributed by the private sector directly to support the NSP. It also enables the participation of non-governmental stakeholders in the management of resources, more flexibility with regard to procurement and contracting, and increased transparency. Each fund is expected to publish quarterly reports based on international best practices summarising the sources of funding, uses of funding, risks, and financial statements. This

transparency will help donors have increased visibility into the operations and challenges faced by the NMCP and its partners.

To mobilise resources, board members solicit all potential sources of funding to invest in the goal of eliminating malaria. By focusing on investing, as opposed to donating, the emphasis is on the return that contributors will receive. Historically, every $1 invested in malaria generated $36 in return. Thus, instead of malaria being an issue of corporate social responsibility, it is a matter of corporate strategy.

The Board of Directors also bear responsibility, on behalf of those that invest in the fund, to maximise the return on investment. They do this by mobilising technical assistance from the private sector to help streamline the operating costs of the NMCP and efficient management of invested resources. Rather than keeping donors at an arm's length, EMFs encourage the private sector to partner with the NMCP to provide guidance on how to scale interventions, manage a distributed workforce, and use technology. Additionally, the Board of Directors ensures that money that is not being used is invested wisely and hedges against currency effects in the international market.

Because these domestic funds operate in parallel to existing sources of funding most will seek to raise funds for 2-3 year rounds that are aligned with the Global Fund grant cycles. Aligning resource mobilisation to the Global Fund allows the country to create a sense of urgency (i.e., to close the gap) and reduce the need for resource intensive and continuous fundraising. For those funds that have launched or will launch soon, the priority will be on mobilising resources throughout 2020 to close the gap from 2021-2023.

Case Study: Eswatini End Malaria Fund

In 2017, His Majesty King Mswati III of the Kingdom of Eswatini called on fellow African leaders to mobilise additional domestic resources to fight malaria and announced that he would launch a national EMF. Eswatini faces an estimated gap of US$5.5 million that needs to be closed to achieve the country's vision of eliminating domestic transmission of malaria by the end of 2022. In May, the international community gathered in Eswatini to witness the fulfilment of this vision.

The EMF resulted from a multi-sectoral effort of the Deputy Prime Minister's interministerial working group. This working group convened staff from the ministries of health, finance, foreign affairs, and information and communications technology. Together, this group prepared the necessary documentation and organised the launch event. The participation of sectors outside of health in the early stages of design and implementation helped mainstream malaria as a priority across other sectors. In particular, the Ministry of Finance allocated significant resources to facilitate the opening of the fund. US$600,000 was pledged by the attendees of the launch event, including seed funding contributions from the Governments of the Kingdom of Eswatini and Taiwan.

The EMF is managed by a multi-sectoral Board of Directors appointed by His Majesty and that is chaired by a senior executive from the private sector. This Board of Directors meets regularly to discuss resource mobilisation strategies, progress, and manage the risks of the Fund. The Board is supported by a small administrative secretariat chaired by the former Global Fund grant manager of the NMCP.

Case Study: Zambia End Malaria Fund

One of the primary objectives of the Zambia End Malaria Council (EMC) is to mobilise additional resources, especially from domestic sources. As a result, the members of the EMC adopted a resolution to establish a national EMF, which officially opened for business in November.

The EMF is organised as a private non-profit company and is managed by a small board of directors appointed by the EMC and with obligations to provide regular updates to the EMC on resource mobilisation. Thus, in effect, the EMF operates as a resource-focused sub-committee of the EMC and all EMC members, regardless of whether they are on the fund's board, remain responsible for mobilising resources. For example, the religious leaders of the EMC arrange weekends of worship where offerings will be collected and invested in the Fund to support local malaria control and elimination initiatives.

Case Study: Mozambique Emergency Relief Fund

Following the devastation of Cyclone Idai in central Mozambique in March, the NMCP and Goodbye Malaria collaborated to establish an emergency relief fund. Goodbye Malaria had a pre-existing, but inactive, foundation incorporated in Mozambique. By repurposing this Foundation to support emergency relief, Goodbye Malaria was able to establish a fund within days, as opposed to months, and mobilise US$150,000 from the UN Foundation to support IRS.

Case Study: Ghana Malaria Foundation

The Ghana Malaria Foundation was established in 2017. However, it subsequently became inactive. Thus, the NMCP and Ghana Health Services, along with its partners are working to reconstitute the Foundation. Where the foundation was previously organised around individuals, the reconstituted foundation will be a true public-private partnership with representation from influential private sector companies, trade organisations, and government ministries.

Other Domestic Resource Initiatives

- **Federal Republic of Nigeria:** The government of the Federal Republic of Nigeria has shown leadership in the fight to eliminate malaria. The country has successfully secured U$360 million from the three development banks; the World Bank, African Development Bank and Islamic Development Bank, to fill key gaps in achieving the ambitious targets of the country National malaria strategy. This also means that the country has achieved the ambitious commitment, made at the 2018 CHOGM London Malaria Summit. This is an exemplary achievement and Nigeria's dedication is a model for other leaders to follow to achieve a malaria-free Africa by 2030. Nigeria also approved and began the first payment of the Basic Health Care Provision Fund, which is derived from 1% consolidated revenue fund. While this fund is for the spectrum of the basic health care in the country, it is one of the bold initiatives of the country to fund health interventions at the community level. The first tranche of $45m has been disbursed.
- **Republic of Uganda:** In response to the need for increased action and funding to accelerate malaria control, the Government of Uganda has committed to mainstreaming anti-malaria activities across all government sectors. To this end, all sectors will include a budget line for malaria control activities starting with the 2020-2021 Financial Year.

REGIONAL COORDINATION

For a country to successfully eliminate malaria, cases coming from neighbouring countries must be detected, tracked, and treated immediately to prevent ongoing local transmission of parasites. To facilitate this, countries increasingly work across borders or through Regional Economic Communities to coordinate efforts and accelerate progress to end malaria.

Coordination within Regional Economic Communities

African countries are further strengthening cross border collaboration as reported in the last African Union Progress Report on Malaria. Increasing engagement and joint implementation of continental policy frameworks with Regional Economic Communities (RECs) is a major priority for the AUC, ALMA and the RBM Partnership to End Malaria. During the African Union's 33rd Summit in Niamey, Republic of Niger, ALMA and the RBM Partnership to End Malaria signed separate MoUs to support the Economic Community of Central African States (ECCAS), the Southern African Development Community (SADC), and the West African Health Organisation (WAHO) to accelerate malaria elimination across their regions. The EAC and the Intergovernmental on Development (IGAD) are in the process of finalising MoUs with ALMA and RBM Partnership to End Malaria. Through the MoUs, ALMA, the RBM Partnership to End Malaria and RECs have formally agreed to work more closely within Africa, in an effort to step up the fight against malaria in these regions. These agreements will strengthen the establishment of close collaboration between bordering countries through regional initiatives in order to ensure the most efficient use of resources, and to prevent the disease from crossing into neighbouring countries (see Table 1).

Table 6 - Priority Areas for REC Coordination

Supporting advocacy to elevate and maintain the elimination agenda at the highest political level within the region
Collaborating on joint data collection and information tracking
Collaborating on the promotion of local manufacturing of essential medicines and commodities for malaria and health
Supporting cross-border initiatives geared towards malaria elimination, such as the Sahel Malaria Elimination Initiative in West Africa and Elimination 8 within SADC
Providing technical support and capacity building to the national malaria programmes in the regions
Intensifying resource mobilisation and promotion of accountability through regional scorecards for accountability and action

Cross-border Coordination

Several countries across the region engage in bi-lateral and multi-lateral malaria initiatives to support the distribution of malaria commodities and mobilise resources. Examples of cross-border collaboration include:

- **SADC / E8:** Southern Africa has a relatively long history of implementing cross-border initiatives to fight malaria. The Elimination 8 (E8) initiative, which was launched in 2009, seeks to develop regional strategies to eliminate malaria in four low-transmission countries—Botswana, Namibia, South Africa, and Eswatini—by 2020 and accelerate elimination in four additional countries—Angola, Mozambique, Zambia, and Zimbabwe. The signing Windhoek Declaration, signed in 2018, placed regional malaria elimination on the agenda of all Member States and called for members to halve malaria by 2023. To achieve this goal, Member States are encouraged to expand data sharing, collaboration and programme implementation increased funding for malaria from SADC country governments, adopt supportive policies for malaria elimination, and the establishment of national malaria elimination taskforces. SADC also hosts SADC Malaria Day each November to promote awareness at the beginning of the annual malaria season in Southern Africa. In 2019, the SADC Malaria Day was held in Tanzania in the presence of all the SADC health ministers, other government officials and key malaria stakeholders.
- **MOSASWA:** Mozambique, South Africa, and Eswatini established the MOSASWA financing mechanism to accelerate malaria elimination in all three countries, with a particular focus on reducing the malaria burden in Southern Mozambique. MOSASWA is a public-private partnership supported by Goodbye Malaria. In 2019, South Africa contributed US$ 6 million to MOSASWA to finance regional malaria control and elimination.
- **Sahel Malaria Elimination Initiative (SaME)** created in West Africa in 2018, includes 8 countries - Burkina Faso, Cabo Verde, Chad, Mali, Mauritania, Niger, Senegal and

The Gambia. The goal of the Sahel Malaria initiative is to accelerate towards the attainment of malaria elimination goals by 2030 in the Sub-region. This regional platform aims to combine efforts on scaling up and sustaining universal coverage of antimalarials and mobilizing financing for elimination. It also aims to fast-track the introduction of innovative technologies to combat malaria and develop a sub-regional scorecard that will track progress towards the goal of eliminating malaria by 2030.

- **SeneGambian Malaria Elimination Initiative:** In 2018, Senegal and The Gambia signed a memorandum of understanding called the Senegambiaan Malaria Elimination Initiative, which enabled a synchronized campaign for universal MILDA coverage between the two countries with the support of FM and USAID. the first-ever cross-border joint distribution of 11 million mosquito nets.
- **Organisation for the Implementation of the Senegal River (OMVS/PGIRE 2):** This cross-border initiative seeks to ensure coverage of critical malaria interventions along the Senegal river, which includes Senegal, Mali, Guinea and Mauritania. This initiative supposed the distribution of more than 4.5 million LLINs contributing to the coverage of 85% of households in the intervention zone in Mauritania, 90% in Senegal, 96% in Mali, 95% in Guinea.
- **Great Lakes Malaria Initiative (Burundi, DRC Kenya, Rwanda, South Sudan, Uganda, Tanzania, DRC):** These seven countries in East Africa are working to develop a regional malaria strategic plan to focus on innovative cross-border collaboration and coordination.

Access to new and innovative commodities

As countries continue to face increasing threats from climate change and insecticide and drug resistance, and with the need to drive progress, new innovative malaria commodities must be developed. Several next-generation commodities and interventions are in the pipeline and are being tested in the region.

Local Manufacturing

Whilst there is a keen interest in developing capacity in Africa for local production of essential malaria commodities, there has been limited progress reported on this endeavor in 2019. A number of bottlenecks have been identified that prevented potential avenues for transfer of technology. These included high labour costs, taxes on imported raw materials, unfavourable foreign currency policies and lack of assurance of regional and international markets. These however, are issues that could be addressed with increased advocacy through Heads of State and Government.

Access to new commodities

Commodities are essential for the diagnosis, treatment and prevention of malaria. For example, sensitive diagnostic tools are needed especially in areas/countries that are nearing malaria elimination. While progress in this area is still underway, the greatest need and progress has been in the area of malaria vector control. This has been so urgent, given the reported widespread of vector resistance to available insecticides. The recommendation from WHO is to rotate the use of available insecticides – instead of waiting until resistance is reported.

To-date, three Next Generation insecticides for IRS have been prequalified by WHO and are now available for use by countries on a rotational basis. Most of these new insecticides are based on a new mode of action for which malaria vectors have not been exposed to previously, decreasing the likelihood of rapid resistance developing. A fourth insecticide will be prequalified by WHO, most likely before the end of Q1 of 2020.

In the area of mosquito nets, two Next Generation Nets have been prequalified and are currently being delivered to countries with an estimated number of about 11 million nets to be distributed in 2019/2020. This does not include PBO nets which are also being distributed in increasingly large numbers.

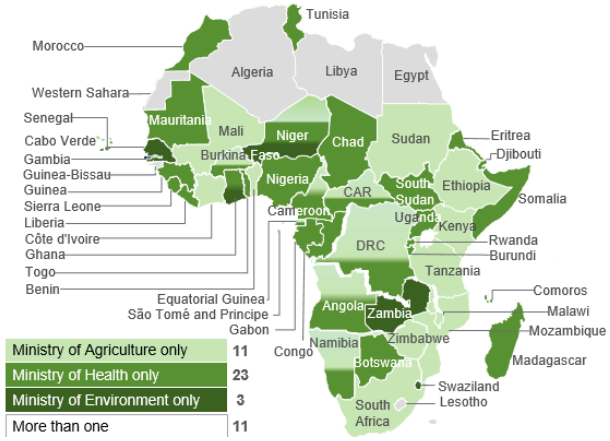
One of the biggest challenges in accessing these new tools is cost. The outcome of this is reduced vector control coverage, which leads to fewer people protected. However, this problem is being addressed through innovative methods of co-payment and market shaping. As new tools become available and through competition, these tools will become more accessible.

Registration

Following the work on mapping the registration landscape of vector control products in Africa, further work has been undertaken jointly with Innovation to Impact (I2I) to review the current situation in Africa. The results of analysis of registration of vector control products by either registration authority or by registration requirements has shown that registration in Africa is indeed very complex (see Figure 3).

The outcome of the assessment has not only established a comprehensive fact-base of vector control registration practices; deepened our understanding of the existing challenges of registration of vector control products; but has also helped to create opportunities to optimise potential access to vector control products in Africa.

Figure 3 - National Registration Authority



In summary, some of the identified challenges in registration of vector control products include:

- Lengthy additional trials requested by local registration authorities – usually ministries of Agriculture when there is already a functional global prequalification procedure by WHO/PQT
- Overlapping mandate to register vector control products i.e. some vector control products (usually nets) are registered by ministries of Health and insecticides registered by other ministries (Agriculture or Environment)
- Weak national capacities to register vector control products resulting in the importation of counterfeit/substandard products. To address lack of capacities therefore requires the need to promote harmonisation through RECs

Taxes & Tariffs

Domestic taxes and tariffs continue to be a barrier to the importation of malaria commodities necessary for vector control and case management. Even if barriers have been removed for finished malaria commodities, tariffs and taxes may continue to apply to import or purchase of raw materials necessary for local manufacturing. This places local products at a disadvantage relative to international commodities, discouraging investment in local products.

Unfortunately, data are not readily available to evaluate changes made in 2019. Heads of State and Government are encouraged to review the commitments made under the 2000 Abuja Declaration and remove unnecessary barriers to market access and local manufacturing.

Innovative Distribution

The Federal Republic of Nigeria conducted a detailed cost analysis of its supply chain and process for mass distribution of LLINs. Based on the findings of this analysis, it was able to reconfigure its supply chain methodology to capture efficiencies, reducing distribution costs from over $2 per net to approximately US $0.80.

Conclusion & Recommendations

The roll out of the Zero Malaria Starts with Me Campaign remains critical in the context of opportunities and challenges to defeat malaria. The establishment of malaria councils and funds heralds translation of political commitment into action. The tools for accountability and action are critical in ensuring that malaria remains high on the political agenda. We need to ensure that we have a robust response to malaria and that depends on domestic investments within resource models that are predictable and sustainable.

To strengthen this progress over 2020, the following are recommended:

Thematic Area	Recommendation
Overall	• **Roll out and implement *Zero Malaria Starts with Me* in additional countries:** To gain a critical mass and awareness of the continent-wide campaign, Zero Malaria Starts with Me should be launched and implemented in additional countries in 2020. • **Develop a monitoring and evaluation framework for *Zero Malaria Starts with Me:*** In 2020 the AUC, RBM Partnership to End Malaria, and Member States will work together to develop a framework for evaluating the implementation, identify gaps, and track and report on progress in the rollout of the Zero Malaria Starts with Me campaign.
Political Accountability & Community Engagement	• **Launch national EMCs to mobilise stakeholders and resources:** With various pioneering countries launching the EMCs, it is critical that additional countries are engaged for additional roll out. • **Support scorecard and action tracker strengthening:** ALMA should continue to support country-owned malaria scorecard management tools to ensure that they are used effectively by Member States to promote accountability and action, shared transparently with key stakeholders, at national and sub-national level.
Resource Mobilisation	• **Increase domestic funding for malaria:** Government leaders and parliament should allocate additional funds (and ensure existing funds are collected and distributed) to support the national malaria programme. • **Launch national End Malaria Funds:** To supplement existing funding, countries should launch national funds to mobilise, manage, and deploy resources to close the budget gaps under their national malaria strategic plans, including from the private sector • **Ensure domestic finances to meet the Global Fund's co-financing requirement:** The African Union and partners will continue to advocate and engage with countries to meet the Global Fund co-financing requirements; countries should ensure that the country disease split is consistent with the Global Fund country allocation.
Cross-border Coordination	• **Enhance sub-regional malaria efforts through RECs:** The RECs, supported by ALMA and the RBM Partnership to End Malaria, should accelerate the implementation of the memoranda of understanding, including the implementation of regional malaria scorecards; promoting innovation to develop next generation commodities and local manufacturing; harmonising the registration processes; and removing barriers to the importation and distribution of malaria commodities. • **Support cross-border surveillance and insecticide rotation:** The problem of vector resistance to insecticides—especially to pyrethroids—is widespread in Africa. Countries should work across borders to monitor insecticide resistance; coordinate the regulation, rotation, and use of insecticides; and openly share data on emerging risks and best practices for preventing or slowing insecticide resistance. • **Reduce taxes and tariffs on raw materials necessary for local manufacturing of malaria commodities:** Member States should evaluate existing trade policies, tariffs, and taxes that apply to raw materials used to manufacture malaria commodities because these discourage capital investment and transfer of technologies.

Annex 1: Update on 2018 AU Decision

Decision	Accomplishments	Challenges
REQUESTS Member States, with support of the Commission, RECs, RBM Partnership to End Malaria, ALMA and partners, to accelerate the establishment of national End Malaria Councils and Malaria Funds, to galvanise political commitment and increased domestic investments from the public and private sector	2 countries implemented EMCs and EMFs 2 countries are in the process of establishing EMCs and EMFs 3 additional countries are developing concepts for EMCs and EMFs	Need strong commitments from Heads of State and Government and other political leaders to support and accelerate the establishment of councils and funds
REQUESTS Member States with the support of the Commission, RBM Partnership to End Malaria, ALMA and partners, to work towards an enabling environment and ensure the availability of affordable, effective, safe, next generation malaria commodities, through regulatory harmonization and support for local production, including innovative initiatives to increase availability and scalability	Region-wide analysis of registration authorities and requirements completed 20 countries have begun using Next Generation insecticides for IRS 6 countries will be using about 10.5 m Next Generation Nets in 2019/2020 and close to 8m in 2021. PBO nets have significantly scaled up in 2019	Local manufacturing continues to face significant challenges including tariffs on imported raw materials, labour costs, complex approval and registration for new commodities, uncertain demand on international markets
ALSO REQUESTS Member States to fully utilize the right to use, to the fullest extent, the provisions contained in the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights and subsequent declarations and articles to promote access to medicines for all	The coming into effect of the Africa Continental Free Trade Agreement which will support local trade and production. There are ongoing negotiations around IPR protocols to include in the AfCFTA. This presents an opportunity to improve harmonisation and incorporate policies that should facilitate innovation, R&D and access to new tools.	Member States' need to revise domestic legislation to incorporate fully TRIPS flexibility and IPR protocols in AfCETA.

Annex 2: List of Countries Reporting Zero Malaria Starts with Me Campaigns & HBHI Countries

Reported Zero Malaria Starts with Me Countries:

1. Kingdom of Eswatini
2. Federal Democratic Republic of Ethiopia
3. Republic of Ghana
4. Islamic Republic of Mauritania
5. Republic of Mozambique
6. Republic of Niger
7. Federal Republic of Nigeria
8. Republic of Senegal
9. Republic of Sierra Leone
10. Republic of Uganda
11. United Republic of Tanzania
12. Republic of Zambia

HBHI countries in Africa:

1. Federal Republic of Nigeria
2. Democratic Republic of Congo
3. Republic of Mozambique
4. Republic of Uganda
5. Burkina Faso
6. Republic of Ghana
7. Republic of Niger
8. Republic of Cameroon
9. Republic of Mali
10. United Republic of Tanzania

ALMA SCORECARD FOR ACCOUNTABI

Third Quarter, 2019

Third Quarter 2019	Commodities financed			Financial control	Monitoring and Management		Implementation	
Country	LLIN/IRS financing 2019 projection (% of need)	Public sector RDT financing 2019 projection (% of need)	Public sector ACT financing 2019 projection (% of need)	World Bank rating on public sector management and institutions 2018 (CPIA Cluster D)	Insecticide classes with mosquito resistance confirmed since 2010	Insecticide Resistance Monitoring and Management (Monitoring since 2015 / National IRM Plan)	Scale of implementation of ICCM (2017)	Operational LLIN/IRS coverage (% of at risk population)
Angola	100	100	100		3	▼		88
Benin	▼ 70	100	99	3.3	4			100
Botswana	100	100	100		1			74
Burkina Faso	▲ 100	▲ 85	▲ 100	3.4	4	▲		100
Burundi	100	100	100	2.3	3			100
Cabo Verde	39	▼ 43	100	4.0	1			80
Cameroon	▼ 88	100	100	3.0	4			▲ 100
Central African Republic	▼ 89	45		2.4	3	▲		100
Chad	100	▼ 68	▼ 83	2.6	2			100
Comoros	100	100	100	2.6	1	▼		100
Congo	94	36	97	2.6	3			100
Cote d'Ivoire	100	100	100	3.3	4			100
Democratic Republic of Congo	100	▼ 65	▼ 69	2.6	4			100
Djibouti	▲ 57	100	100	▲ 3.0	4			100
Equatorial Guinea	▲ 64	8	18		2	▲		27
Eritrea	100	100	100	2.8	3			100
Eswatini	100	100	100		0			83
Ethiopia	100	100	100	3.5	4			▲ 100
Gabon	2	0	80		2			2
Ghana	100	100	100	3.6	4			100
Guinea	91	100	74	2.9	3			100
Guinea Bissau	100	100	100	2.0				70
Kenya	100	100	100	3.4	4			82
Liberia	100	100	100	▼ 2.6	3			100
Madagascar	100	100	100	2.6	3			100
Malawi	100	100	100	3.2	3			100
Mali	▲ 97	100	100	3.0	4			100
Mauritania	100	100	100	3.3	1	▼		57
Mozambique	82	100	59	3.1	3			100
Namibia	100	100	100		2	▲		86
Niger	▼ 90	100	100	3.1	4	▲		100
Nigeria	65	92	27	2.6	4			▲ 63
Rwanda	100	▼ 89	▲ 100	3.8	3			▼ 51
Sao Tome and Principe	100	▼ 63	100	3.2	1			100
Senegal	100	100	100	3.6	4	▲		100
Sierra Leone	100	100	100	3.2	4			100
Somalia	100	100	100	1.8	3			33
South Africa	100	100	100		2	▼		
South Sudan	100	▼ 66	▲ 100	1.4				▲ 81
Sudan	62	100	100	2.1	4			▲ 100
The Gambia	100	100	100	3.0	3	▲		100
Togo	100	100	100	2.9	4	▲		100
Uganda	100	100	96	▲ 3.2	4			100
United Republic of Tanzania	82	100	100	▼ 3.0	4			▼ 67
Zambia	84	51	48	3.1	4			100
Zimbabwe	100	100	100	2.6	4			89
Data Source	RBM Partnership to End Malaria	RBM Partnership to End Malaria	RBM Partnership to End Malaria	World Bank	World Health Organization	World Health Organization	UNICEF	The Alliance for Malaria Prevention & World Health Organization

KEY:

- TARGET ACHIEVED OR ON TRACK
- PROGRESS BUT MORE EFFORT REQUIRED
- NO DATA
- ▲ INCREASE SINCE LAST UPDATE

LITY AND ACTION

AFRICAN LEADERS MALARIA ALLIANCE | ALMA

Impact		Tracer Indicators for maternal and child health and NTDs							Third Quarter 2019
Change in Estimated Malaria Incidence (2010–2017)	Change in Estimated Malaria Mortality Rate(2010–2017)	Mass Treatment Coverage for Neglected Tropical Diseases (NTD Index, %)(2017)	Estimated % of Total Population living with HIV who have access to antiretroviral therapy (2018)	Estimated % of children (0–14 years old) living with HIV who have access to antiretroviral therapy (2018)	Postnatal care (within 48 hrs) / % deliveries assisted by skilled birth attendant	Exclusive breastfeeding (% children < 6 months)	Vitamin A Coverage 2017 (2 doses)	DPT3 coverage 2018 (vaccination among 0-11 month olds)	Country
		10	27	13	50 / 23	38	3	59	Angola
		77	61	44	76 / 76	41	99	76	Benin
			83	38	100 /	20	83	96	Botswana
		88	62	21	85 / 74	50	0	91	Burkina Faso
		17	80	30	85 / 51	83	79	90	Burundi
			89		86 /	60		96	Cabo Verde
		83	52	24	68 / 65	28	8	79	Cameroon
			36	23	40 /	33	0	47	Central African Republic
		65	51	16	27 / 16	1	67	41	Chad
		79	79		62 / 49	11	21	91	Comoros
		30	35	26	91 / 80	33	12	75	Congo
		75	55	40	74 / 80	12	94	82	Cote d'Ivoire
		54	57	25	80 / 44	47	1	81	Democratic Republic of Congo
			30	10	87 /	12		84	Djibouti
			34	14	88 /	7	5	25	Equatorial Guinea
		64	51	37	34 / 5	69		95	Eritrea
		92	86	76	88 / 87	64	33	90	Eswatini
		73	65	59	29 / 17	57	77	72	Ethiopia
			67	57	89 / 60	5	0	70	Gabon
		37	34	20	78 / 81	52	50	97	Ghana
		66	40	20	63 / 57	21	64	45	Guinea
		20	33	8	45 / 48	53	85	86	Guinea Bissau
		40	68	61	62 / 53	61	44	92	Kenya
		71	36	18	61 / 77	55	97	84	Liberia
		9	9	6	62 /	42	87	75	Madagascar
		91	78	61	90 / 42	59	91	92	Malawi
		90	31	18	44 / 58	31	9	71	Mali
		3	54	54	89 / 57	41	0	81	Mauritania
		12	56	60	79 /	41	61	80	Mozambique
			82	78	88 / 89	48	27	89	Namibia
		64	54	52	40 / 37	25	53	79	Niger
		60	53	35	43 / 37	29	83	57	Nigeria
		78	87	63	91 / 43	87	98	97	Rwanda
					93 / 87	71	23	96	Sao Tome and Principe
		66	63	31	88 / 75	36	58	81	Senegal
		85	41	17	89 / 73	31	98	90	Sierra Leone
		40	30	14	5 /	5	11	42	Somalia
		2	62	63	97 / 84	32	47	74	South Africa
		1	16	6	16 /	45	51	49	South Sudan
		12	15	15	78 / 27	55	20	83	Sudan
		72	29	30	67 / 76	47	32	93	The Gambia
		84	60	34	48 / 71	57	87	88	Togo
		68	72	66	74 / 54	66	27	93	Uganda
		88	71	65	84 / 84	59	87	96	United Republic of Tanzania
		56	78	79	83 / 53	72	99	90	Zambia
		12	88	76	78 / 57	47	43	89	Zimbabwe
World Health Organization	World Health Organization	World Health Organization	UNAIDS	UNAIDS	UNICEF/World Health Organization	UNICEF/World Health Organization	UNICEF	World Health Organization	Data Source

D

NOT ON TRACK

NOT APPLICABLE

COUNTRIES WITH A MALARIA CONTROL/ELIMINATION SCORECARD

DECREASE SINCE LAST UPDATE

WITH SUPPORT FROM THE RBM PARTNERSHIP

RBM Partnership To End Malaria

PRODUCED BY WHO ON BEHALF OF ALMA

World Health Organization

Annex 4: Update on Neglected Tropical Diseases

The AU is increasingly prioritising the fight against Neglected Tropical Diseases (NTDs). Since 2018, the ALMA scorecard for accountability and action has included a composite indicator for NTDs, tracking preventive coverage, NTDs have devastated millions of lives for the longest time but, massive coordinated efforts have brought together governments, private sector companies, non-governmental organizations (NGOs) and communities from the most remote areas, proving us that the international community is on the right track, and that elimination is possible. With all nations struggling under the burden of these diseases, increased financial support, stronger political commitment and better tools to prevent, diagnose and treat the diseases are vital to defeat the NTDs. Throughout the African continent, countries have made progresses towards NTD control and elimination.

According to the Expanded Special Project for Elimination of Neglected Tropical Diseases (ESPEN), in 2018, the population requiring Preventive Chemotherapy (PC) for at least one PC-NTD was 590.8 million and 409.1 million people received treatment for at least one PC-NTD, with a coverage rate of 69.2%. Following extensive consultation with various NTD partners including ALMA, in 2016, WHO developed an NTD coverage index using an average (geometric mean) of the percentage of the population covered by PC for NTDs. According to WHO, preventive chemotherapy is defined as the coordinated, regular, systematic, large-scale provision of medicines to all individuals at risk of five NTDs amenable to PC (lymphatic filariasis, onchocerciasis, schistosomiasis, soil transmitted helminths and trachoma).

During the fourth quarter of 2017, ALMA introduced the NTD coverage index on the ALMA Scorecard for Accountability and Action. Since then, the index has been used to track progress towards PC on regular basis with submission of reports to African Heads of State and Government on a quarterly basis. In general, since the index was calculated, it has shown, the overall improved PC coverage.

In 2018, recommended actions to improve NTD coverage index were addressed to 21 countries with underperformance, and, only one country did not provide feedback on the progress. . In 2019, recommended actions were addressed in 29 countries and up to date only one country (South Africa) did not provide any feedback.

During this reporting period, the following challenges that require high-level advocacy were identified:

- No or few NTD indicators reported into the existing health management information system;
- Lack of proper reporting of NTD data and issue of quality of NTD data;
- Lack of national policies and guidelines on NTDs;
- Lack of updated epidemiological data for some NTDs and some NTDs are not well known, not well diagnosed and not reported;
- Limited funds leading to irregularity in organizing Mass Drug Administration in the population in need;
- Limited domestic funds to support the NTD programmes;
- NTDs as vertical programmes are not integrated into the existing health system; and
- Sociocultural barriers and dispersed people not favourable to PC activities

Additional Resources

African Union Assembly, Decision on the Report of the AIDS Watch Africa (AWA), Assembly/AU/Dec.709(XXXI), *available at* https://au.int/sites/default/files/decisions/34634-assembly_au_dec_690_-_712_xxxi_e.pdf.

African Union, Working Group of the Specialised Technical Committee on Health, Population, and Drug Control, *Catalytic Framework to End Aids, TB and Eliminate Malaria in Africa by 2030* (May 2016).

African Union, *Agenda 2063* (2014), *available at* https://au.int/en/agenda2063.

Goodbye Malaria, *MOSASWA Regional Initiative*, *available at* https://www.nandos.com.au/fightingmalaria/spray-season-lift-off.

United Nations, *Sustainable Development Goals* (2015), *available at* https://sustainabledevelopment.un.org/?menu=1300.

WHO, *Global Technical Strategy for Malaria 2016-2030* (May 2015), *available at* https://www.who.int/malaria/areas/global_technical_strategy/en/.

WHO, *World Malaria Report 2019*, *available at* https://www.who.int/malaria/publications/world_malaria_report/en/.

DRAFT DECISION ON THE AFRICA MALARIA PROGRESS REPORT
Doc. Assembly/AU/13(XXXIII)

The Assembly,

1. **ADOPTS** the "2019 Africa Progress Report on Malaria" and the recommendations contained therein;

2. **COMMENDS** the People's Democratic Republic of Algeria for eliminating malaria;

3. **COMMENDS ALSO**:
(i) the Member States that have launched and implemented national "Zero Malaria Starts with Me" campaigns;
(ii) African Heads of State and Government for advocating for sustained and increased domestic financing for malaria; and
(iii) the global community for committing $14.02 billion to the Global Fund to End HIV, TB and Malaria, including the Member States that committed over $75.2 million to the Fund;

4. **EXPRESSES CONCERN** that despite concerted action across Member States against malaria, progress towards malaria control and elimination continues to stall threatening decades of progress;

5. **URGES** the Heads of State and Government of Member States to maintain malaria high on the financing and development agenda, and advocate for and support multi-sectoral actions;

6. **REQUESTS** the Commission, in collaboration with the RBM Partnership to End Malaria and African Leaders Malaria Alliance, to:
(i) support the roll out and implementation of the "Zero Malaria Starts with Me" campaign in additional Member States; and
(ii) implement regional malaria scorecards through the Regional Economic Communities; and

7. **CALLS UPON** Member States to:
(i) expand domestic funding for malaria control and elimination through innovative mechanisms, including end malaria funds, to close budget gaps under their national malaria strategic plans;
(ii) maintaining the country disease split under the country's Global Fund allocation and meet the required co-financing;
(iii) use national malaria scorecards, action trackers and engage stakeholders to align their activities with these tools at all levels to enhance accountability, transparency and action; and
(iv) scale up the implementation national end malaria councils.