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**PROGRESS REPORT ON THE FRAMEWORK FOR IMPLEMENTING THE GLOBAL
TECHNICAL STRATEGY FOR MALARIA 2016–2030 IN THE AFRICAN REGION**

Information Document

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BACKGROUND

1. The Sixty-sixth session of the Regional Committee adopted the Framework for the implementation of the Global Technical Strategy (GTS) for malaria (2016–2030),¹ with the vision of "a world free of malaria." In 2016, an estimated 216 million cases of malaria occurred worldwide,² with 445 000 deaths due to malaria, of which 194 million cases (90%) and 407 000 deaths (91%) were in the WHO African Region.³ The framework adopted⁴ describes priority interventions and actions that the Member States should undertake to accelerate efforts towards set targets in the Region. These include (a) ensuring universal access to malaria prevention, diagnosis, and treatment (Pillar 1); (b) accelerating efforts towards elimination and attainment of malaria-free status (Pillar 2); and (c) transforming malaria surveillance into a core intervention (Pillar 3). The two supporting elements are: (a) harnessing innovation and expanding research; and (b) strengthening the enabling environment.⁵

2. The annual World Malaria Report (WMR) provides information used to monitor progress in the implementation of the GTS in the World Health Organization regions.⁶ Since the adoption of the framework in August 2016, this is the first progress report to the Regional Committee on key achievements, challenges and proposed way forward.

ACTIONS TAKEN

3. Since the adoption of the framework in August 2016, concerted efforts have been made by the Member States with WHO support to align their National Malaria Strategic Plans (NMSPs) to the Regional framework. Twenty-nine (29) Member States⁷ conducted external Malaria Programme Reviews (MPRs) or mid-term reviews (MTRs) of NMSPs. These reviews have informed the update or development of new or updated NMSPs and policies in 19 Member States.⁸ Thirty-two (32) Member States⁹ were supported by the WHO Regional Office for Africa and Roll Back Malaria (RBM) in resource mobilization efforts with the Global Fund.¹⁰

¹ Global Technical Strategy for Malaria 2016–2030 Geneva: World Health Organization; 2015. ISBN 978 92 4 156499 1.

² 95% confidence interval [CI]:196–263 million.

³ World Malaria Report 2017. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO.

⁴ WHO, Framework for implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region (Document AFR/RC66/14): *In: Sixty-sixth session of the WHO Regional Committee for Africa, Addis Ababa, Ethiopia, 19–23 August 2016*, Brazzaville, Congo, World Health Organization Regional Office for Africa, 2016. <http://www.who.int/iris/handle/10665/251419>

⁵ Document AFR/RC66/14; Agenda item 15 during the Sixty-sixth session in Addis Ababa, Federal Democratic Republic of Ethiopia, 19 – 23 August 2016.

⁶ Reports provide information related to the previous year of implementation, thus presenting a lag of one year between the reporting period and launch of the WMR. The 2018 WMR report, containing 2017 trends to be released in last quarter of 2018.

⁷ Benin, Botswana, Cameroon, Central African Republic, Chad, Comoros, Congo, Cote d'Ivoire, Eritrea, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Sao Tome and Principe, South Sudan, Eswatini, Togo, Uganda, United Republic of Tanzania and Zambia.

⁸ Benin, Comoros, Congo, Eritrea, Ethiopia, Gabon, Gambia, Guinea, Guinea-Bissau, Madagascar, Malawi, Mozambique, Niger, Rwanda, São Tome and Príncipe, South Sudan, Eswatini, Togo and United Republic of Tanzania.

⁹ Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Cote d'Ivoire, Democratic Republic of the Congo, Ethiopia, Gambia, Ghana, Guinea-Bissau, Kenya, Liberia, Madagascar, Malawi, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Sierra Leone, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

¹⁰ Estimated monetary value of proposals supported: **US\$ 2 663 097 302.**

4. By the end of 2016, efforts towards the attainment of universal access to malaria prevention and treatment had resulted in 54% of the population at risk in Member States sleeping under insecticide-treated mosquito nets (ITNs) and 5.7% of the population at risk protected by indoor residual spraying (IRS). An estimated 19% of eligible pregnant women received the recommended three or more doses of intermittent preventive treatment in pregnancy (IPTp). Fifteen (15) million children in 12 countries were protected through seasonal malaria chemoprevention (SMC) programmes;¹¹ 87% of suspected malaria cases in public health facilities received a confirmatory test and 19% of under-five children for whom care was sought received a treatment course of artemisinin-based combination therapy (ACT).¹²

5. In furtherance of efforts towards malaria elimination and attainment of malaria-free status, six Member States¹³ in the WHO African Region were identified in 2016 as having the potential of eliminating malaria by 2020. By the end of 2017, five of the identified Member States¹⁴ had malaria elimination-oriented strategic plans. WHO AFRO has continued to facilitate the dissemination of the framework for malaria elimination¹⁵ which was launched in March 2017 by WHO headquarters to guide strategic direction on malaria elimination. Collaborative work with subregional partners and initiatives¹⁶ was undertaken in support of targeted Member States.

6. As part of the efforts to strengthen malaria surveillance systems by the end of 2017, field surveillance assessments were conducted in 14¹⁷ Member States as part of external programme reviews carried out with WHO AFRO support. Several capacity-building events were carried out in a cluster of countries to review data quality and training on the interpretation of findings.

7. As at the end of 2016, to facilitate the rapid update of new tools and innovation, the WHO Regional Director for Africa launched the Malaria Vaccine Implementation Programme (MVIP) to support the uptake of the malaria vaccines in selected Member States¹⁸ through country-led routine immunization.

8. Following an unprecedented period of success in malaria control, progress has stalled, and many countries¹⁹ reported increases in malaria cases at the end of the 2016 malaria transmission season. Several challenges including weak health systems, gaps in uptake of available interventions and low capital investments still hamper efforts towards malaria control and elimination in the Region.

¹¹ About 13 million children who could have benefitted from this intervention were however not covered, mainly due to lack of funding.

¹² Findings from 18 household surveys conducted in sub-Saharan Africa in <http://www.who.int/malaria/publications/world-malaria-report-2017/en/>

¹³ Algeria, Botswana, Cabo Verde, Comoros, South Africa, Eswatini, in WHO, Eliminating malaria, World Health Organization 2016.

¹⁴ Algeria, Botswana, Comoros, South Africa and Eswatini.

¹⁵ A framework for malaria elimination; Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO.

¹⁶ Such as “The Elimination-8” and “Malaria elimination initiative in the Sahel subregion”,

¹⁷ Botswana, Burundi, Central African Republic, Comoros, Eritrea, Ethiopia, Guinea, Guinea-Bissau, Madagascar, Mali, Namibia, Eswatini, United Republic of Tanzania (Zanzibar) and Zimbabwe.

¹⁸ Ghana, Kenya and Malawi.

¹⁹ Burkina Faso, Cameroon, Chad, Cote d’Ivoire, Democratic Republic of the Congo, Ghana, Guinea, Kenya, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, South Sudan, Togo, Uganda, United Republic of Tanzania and Zambia.

NEXT STEPS

9. An urgent and concerted action by all stakeholders is needed with Member States at the forefront of efforts to increase the current levels of total funding²⁰ and increase investments in research and development of new tools.
10. Member States should focus on the following priority actions:
 - (a) The urgent closing of gaps in the coverage of existing tools for the prevention, diagnosis and treatment of malaria cases and prevention of deaths by promoting efficiency in supply chains, community participation and ownership.
 - (b) Focused strengthening of district-level capacity for malaria surveillance.
 - (c) Greater domestic resource investment and funding for malaria control and elimination, taking into consideration the malaria programme review recommendations as a component of broader health system development.
11. The Regional Committee took note of the progress report.

²⁰ From the US\$ 2.7 billion estimated in 2016; this is less than half of the 2020 funding target.