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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. This is the second progress report since the Sixty-sixth session of the Regional Committee for Africa adopted the framework for the implementation of the Global technical strategy (GTS) for malaria 2016–2030;[1] the first progress report was presented to the Sixty-eighth session of the Regional Committee.[2] The framework milestones and targets include reducing both malaria case incidence and mortality rates by at least 40% by 2020, then 75% by 2025 and 90% by 2030 from the 2015 baseline values.

2. Member States continue implementing priority actions to achieve set targets.**Error! Bookmark not defined.** These include: (a) ensuring universal access to malaria prevention, diagnosis, and treatment; (b) accelerating efforts towards elimination and attainment of malaria-free status; and (c) transforming malaria surveillance into a core intervention. The framework also has two supporting elements: (a) harnessing innovation, expanding research; and (b) strengthening the enabling environment towards the attainment of set goals and targets.

3. Since the first Regional Committee report, the Region has made progress in implementing the planned activities. However, the COVID-19 pandemic has severely challenged the continuity of health services, but actions were taken to specifically mitigate the effects on malaria service delivery.

## PROGRESS MADE/ACTIONS TAKEN

4. The estimated malaria incidence (per 1000 population at risk) in the African Region declined from 233 to 225.2 between 2015 and 2019, and mortality attributable to malaria (deaths per 100 000 population at risk) from 48.9 to 40.3 over the same period. The percentage of pregnant women that received the recommended three or more doses of intermittent preventive treatment (IPTp) increased from 19% in 2016 to 34% in 2019. About 21.5 million children received seasonal malaria chemoprevention (SMC) treatment in 13[3] countries in 2019, compared to 15 million children in 12 countries in 2016. Coverage of malaria diagnosis among persons with fever who sought care increased from 15% in 2016 to 38% in 2019. Coverage with the recommended artemisinin-based combination therapy (ACTs) increased from 39% in 2015 to 81% in 2019. The percentage of the population at risk sleeping under insecticide-treated nets declined marginally from 50% in 2016 to 46% in 2019. The percentage of the population at risk protected by indoor residual spraying (IRS) remained low (5.7% in 2019 and 5.6% in 2016).

5. ***The 2020 morbidity and mortality reduction milestones*** were not achieved. The Region is off track, by 37% towards the 2020 morbidity reduction milestone, and by 25% towards the 2020 mortality reduction milestone. Seven countries,[4] however, remained on track to reach the 2020 milestones. Although off-track, 17 countries[5] were estimated to have lower malaria case incidence by the end of 2020 when compared with the 2015 baseline. Botswana, Cabo Verde, Eswatini, and Sao Tome and Principe reported zero malaria deaths in 2019 and were projected to maintain that status in 2020. Algeria was certified malaria-free in 2019.

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1 AFR/RC66/R14; Framework for implementing the Global Technical Strategy for Malaria 2016–2030 in the African Region: report of the Secretariat. http://www.who.int/iris/handle/10665/251419

2 AFR/RC68/19.7: Progress report on the framework for implementing the Global Technical Strategy for Malaria

3 Benin, Burkina Faso, Cameroon, Chad, The Gambia, Ghana, Guinea, Guinea-Bissau, Mali, Nigeria, Niger, Senegal, Togo.

4 Botswana, Cabo Verde, Ethiopia, The Gambia, Ghana, Namibia and South Africa

5 Equatorial Guinea, Gabon, Guinea, Guinea-Bissau, Kenya, Malawi, Mali, Mauritania, Mozambique, Niger, Senegal, Sierra Leone, South Africa, Togo, United Republic of Tanzania, Zambia and Zimbabwe.

6. ***Technical support was provided to national programmes and subregional initiatives*** towards enhanced attainment of the framework milestones and targets. This included support to 21 Member States to conduct Malaria Programme Reviews (MPRs)[6] and resource mobilization, especially from the Global Fund; and support to subregional initiatives on malaria elimination, notably the "Elimination-8" and "MOSASWA initiative" by Southern African Development Community (SADC) Member States,[7] the "Sahel Malaria elimination initiative" by the West African Health Organization (WAHO); and the "Great Lakes Malaria Initiative" among East African Community (EAC) countries.

7. The ***high-burden to high-impact*** (HBHI) approach was launched in support of remedial action in the 10 highest-burden countries.[8] Support was provided for ***surveillance strengthening activities*** in 15 countries[9] including review and updating of malaria surveillance guidelines and development of malaria epidemiologic stratification maps. Supplementary guidelines were also produced to drive mitigation of the potential impact of the COVID-19 pandemic on the continuity of malaria services.[10]

8. In the areas of ***innovation and expanding research***, evaluations are ongoing in selected Member States[11] to assess the safety and operational feasibility of RTS,S vaccine. Also ongoing is research on identifying new vector control tools.

9. ***Key issues and challenges*** identified include funding deficits, commodity shortfalls for vector control, delivery capacity gaps and poor use of malaria preventive measures. The COVID-19 pandemic also contributed to suboptimal coverage of vector control.

**NEXT STEPS**

The Member States should:

10. Demonstrate continued political leadership in accelerating the achievement of set milestones and targets through supporting a comprehensive and blended approach that champions the use of disease programmes to drive a multisectoral response that addresses the underlying determinants of malaria morbidity and mortality, and improves national health system efficiencies.

11. Increase levels of domestic funding to fill gaps in malaria financing, especially gaps in investments in malaria research. This will also include enhancing human capacity investments for improved effectiveness.

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6 Angola, Burkina Faso, Congo, Cameroon, Eritrea, Eswatini, Ethiopia, The Gambia, Madagascar, Mali, Mozambique, Namibia, Nigeria, Senegal, Sierra Leone, South Sudan, South Africa, Uganda, United Republic of Tanzania Mainland, Zanzibar and Zambia.

7 Algeria, Botswana, Cabo Verde, Comoros, Eswatini, South Africa, in the WHO African Region.

8 Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda and United Republic of Tanzania; (WMR 2018).

9 Nigeria, Burkina Faso, Cameroon, Uganda, Angola, Mozambique, DRC, Kenya, Senegal, Botswana, Burundi, Zimbabwe, Zambia, Rwanda, The Gambia.

10 WHO HQ 2020; https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/maintaining-essential-health-services-and-systems; https://www.who.int/publications/m/item/tailoring-malaria-interventions-in-the-covid-19-response;

11 Ghana, Kenya and Malawi; The WHO Malaria Vaccine Implementation Programme (MVIP) launched April 2017.

The WHO Secretariat should:

12. Support Member States to improve the analytics-informed problem-solving approach for impact, including enhanced programme review and planning at national and subnational levels, subnational malaria burden stratification to inform the tailoring of interventions, and use of dashboards to monitor progress.

13. The Regional Committee is requested to take note of this progress report.