



**World Health  
Organization**

REGIONAL OFFICE FOR **Africa**

# **WHO AFRO UPDATES – STRATEGIC AREAS OF COUNTRY SUPPORT AND PERSPECTIVES**

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**MAL/TVD WHO AFRO**

# PLAN OF PRESENTATION

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- Framework of implementation of malaria control and elimination (TVD)
- Overview of malaria in the AFRO Region: key targets and milestones
- Major activities
  - ❑ Program reviews and planning
  - ❑ Vector control
  - ❑ Chemoprevention strategies
  - ❑ Malaria vaccine
  - ❑ Case management
  - ❑ Elimination / Prevention of re-introduction
  - ❑ Surveillance and data management
- Challenges
- Other Strategic priorities
- Conclusion

# FRAMEWORK FOR INTEGRATED CEE/TVD

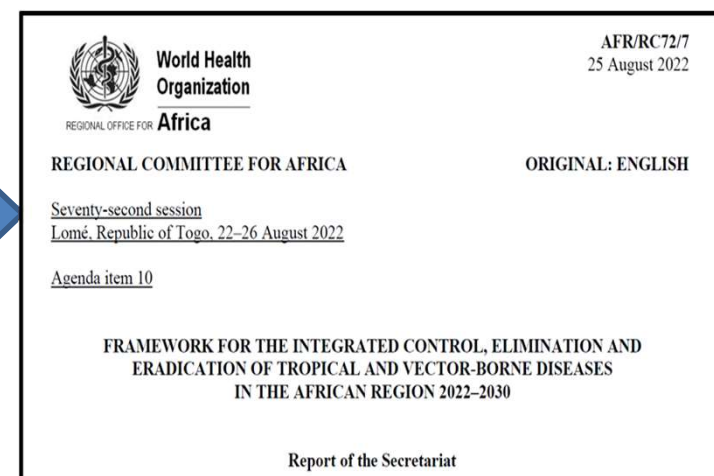
WHO 13th GPW - Triple billion targets

## B 1: Universal Health coverage

### Outcome 1.1. Improved access to essential quality health service

- Output 1.1.1. Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages
- *Output 1.1.2. Countries enabled to strengthen their health systems to deliver on condition- and disease-specific service coverage results*
- Output 1.1.3. Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course

- *Roadmap for the elimination of NTDs 2021-2030*
- *Global Technical Strategy for malaria 2016 – 2030 (21 update)*
- *Global vector control response 2017–2030*



Endorsed by MoH at the 72nd  
Regional Committee in August 2022

# OVERVIEW OF TVD in WHO/AFRO

“Framework for the integrated control, elimination and eradication of tropical and vector-borne diseases in the African Region”:

## Objectives

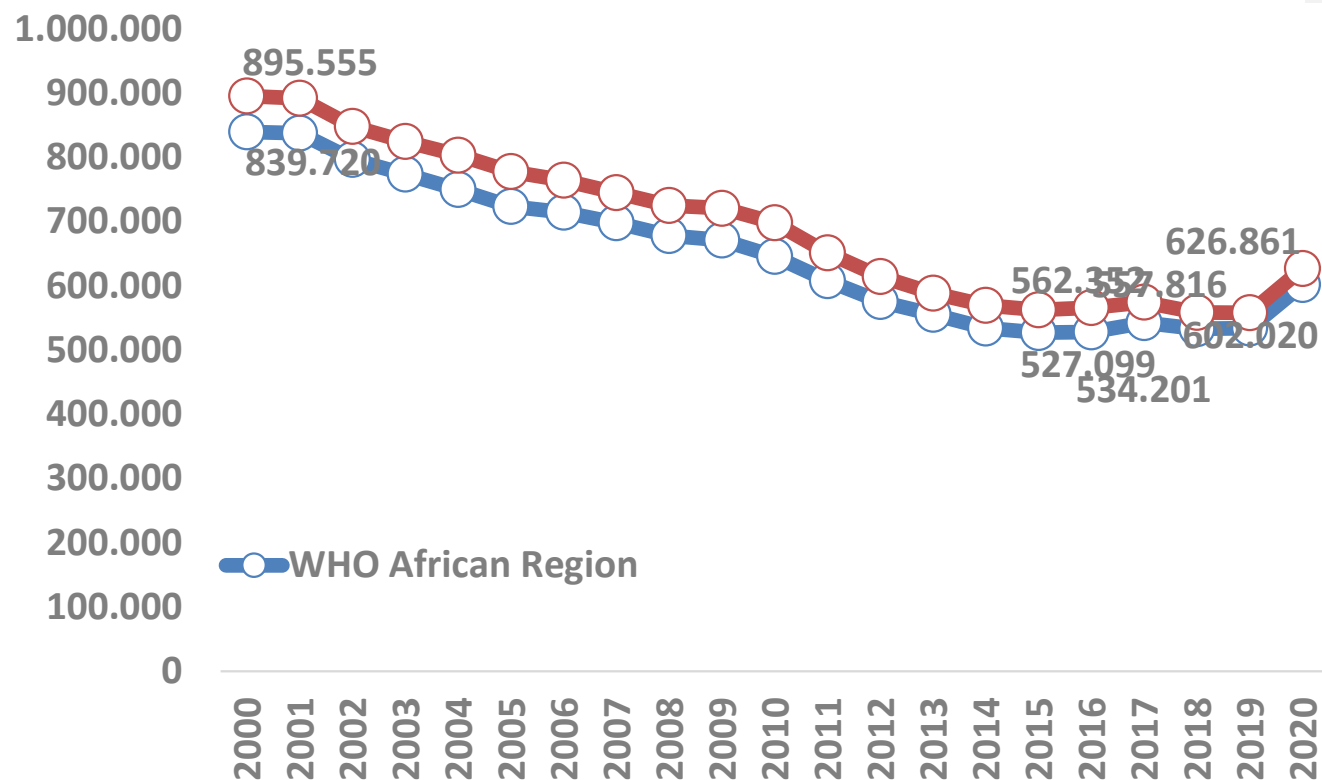
1. Support Member State **health-system-strengthening efforts** to deliver integrated services for tropical and vector-borne diseases.
2. Support **the scaling up** of targeted, integrated tropical and vector-borne disease **interventions**.
3. Strengthen efforts to **prevent and control** tropical and vector-borne disease **outbreaks in the epidemic-prone Member States**.

## Cross cutting targets (2030):

1. All Member States deliver integrated people-centred and context-specific health services towards achieving the set targets.
2. All Member States apply appropriate technologies and analytics for integrated malaria, NTD and VBD decision-making to maximize the impact of interventions.
3. At least one NTD and malaria eliminated in six endemic Member States.

# Overview of Malaria in the African region

## Trends in malaria deaths – global and WHO African Region, 2000–2020



Countries in the WHO/AFRO Region continue to shoulder the heaviest malaria burden representing 96% of deaths **593 thousand deaths in 2021.**

Population in sub-Saharan Africa grew from **665 million** in 2000 to about **1.1 billion** in 2019

Between 2000 and 2019, case incidence in the WHO African Region reduced from **373 to 225 per 1000 population** at risk, but increased to **234 in 2020**, mainly because of **disruptions to services during the COVID-19 pandemic. In 2021, case incidence declined to 229 per 1000 population.** Despite recent increase a slow reduction in cases and recent increases due to disruptions during the pandemic, malaria case incidence and mortality rates are still considerably lower than estimates in 2000

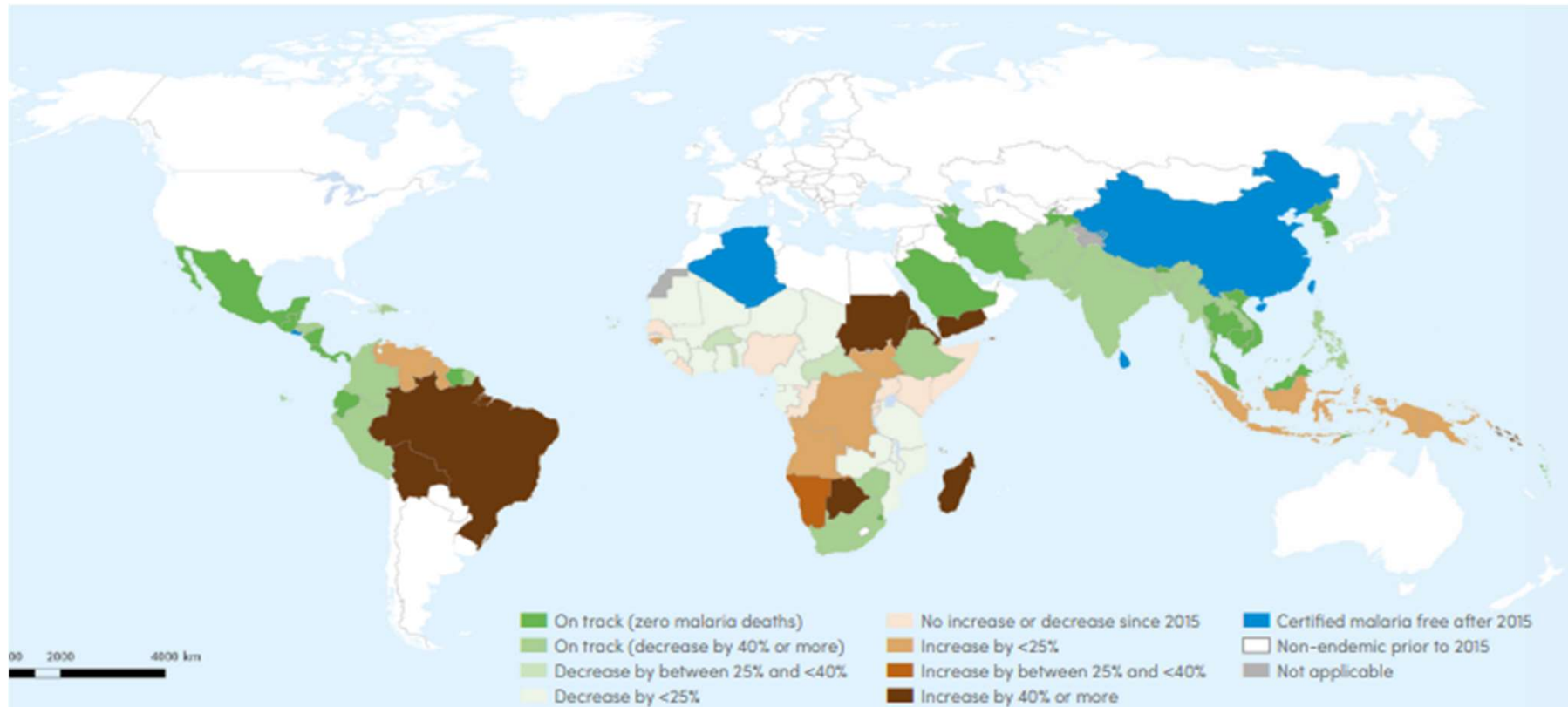
# Overview of Malaria in the African region

- The African Region shoulders the heaviest malaria burden: with (95% of cases and 96% of deaths globally) with **234 million malaria cases and 593 000 of deaths, 78.9% of deaths were in children aged under 5 years** in 2021
- Between 2020 and 2021, reported malaria cases in **HBHI countries<sup>1</sup>** increased from **163 million to 168 million**, while there was a **reduction in deaths from 444 600 to 427 854**.
- 6 countries have been identified for **elimination by 2025** ( E2025 initiative): **Botswana, the Comoros, Eswatini and Sao Tome and Principe, South Africa and Cape Verde** that has reported zero malaria deaths since 2018
- Countries with the **highest risks of malaria outbreaks** sometimes due to humanitarian crises: the Botswana, Namibia, Mozambique, DRC, Ethiopia, Mali, Nigeria, Somalia, South Sudan, the Sudan, Uganda. Djibouti and Ethiopia have also experience outbreaks related to the invasive *An. Stephensi* vector

<sup>1</sup>Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda and United Republic of Tanzania)

# Progress made by countries towards GTS targets

Fig 1: Malaria endemic countries showing progress towards GTS 2020 malaria mortality milestones  
(Source: WMR 2022)



# Progress made by countries towards GTS targets

Progress in malaria control has stalled, and significant increases have been seen in incidence in at least 20 countries and **increases in mortality in at least 10 countries**; the reasons for the slowdown are varied and country specific.

## Adequate reductions in mortality rate ( $\geq 40\%$ )

- Cape Verde
- Eswatini
- Ethiopia,
- South
- Zimbabwe

## Inadequate reductions in mortality rate (5-39%)

- Benin
- Burkina Faso
- Cameroon
- CAR
- Chad
- Côte d'Ivoire
- Equatorial Guinea,
- Gabon
- the Gambia
- Ghana
- Guinea
- Malawi
- Mali
- Mauritania
- Mozambique
- Niger,
- Sierra Leone,
- Tanzania
- Zambia

## No change in mortality

- Burundi,
- Congo
- Kenya
- Liberia
- Nigeria
- Rwanda
- Senegal
- Uganda

## Increase in mortality

- Botswana
- Comoros
- Eritrea
- Madagascar
- Sao Tome and Principe
- Namibia
- Angola
- Democratic Republic of the Congo
- Guinea-Bissau
- South Sudan

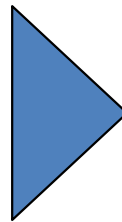


# MAJOR ACTIVITIES – PROGRAM REVIEWS AND PLANNING

- **Coordinate Malaria Programme Reviews**, Mid-Term Reviews, and development of National Strategic Plans.
- **Digitalization** of the Malaria Program review process
- Mobilize **financial and technical resources** to support external review processes (development and revision of partnerships)
- **Constitute a roster of consultants** to be deployed for country support (program reviews, NSP development, grant applications, epidemic response...)

# MAJOR ACTIVITIES – PROGRAM REVIEWS AND PLANNING

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**30 MPR/MTR supported between 2022/2023** followed by Malaria Strategic plans



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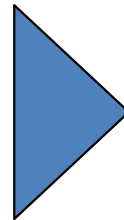
Angola, Benin, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Cote d'Ivoire, DRC, Equatorial Guinea, Ethiopia, Ghana, Guinea, Guinea Bissau, Madagascar, Mali, Mauritanie, Mozambique, Namibia, Niger, Rwanda, STP, Tanzania, Togo, Uganda, Zanzibar, Botswana

**Ongoing: Senegal, Kenya, Nigeria, South Africa**



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Revision of MSP and MPR manuals through stakeholder consultations

Two versions of manuals for MPR/MTR produced in 2010 and 2019 based on lessons learnt from reviews of national malaria strategic plans in the course of time.

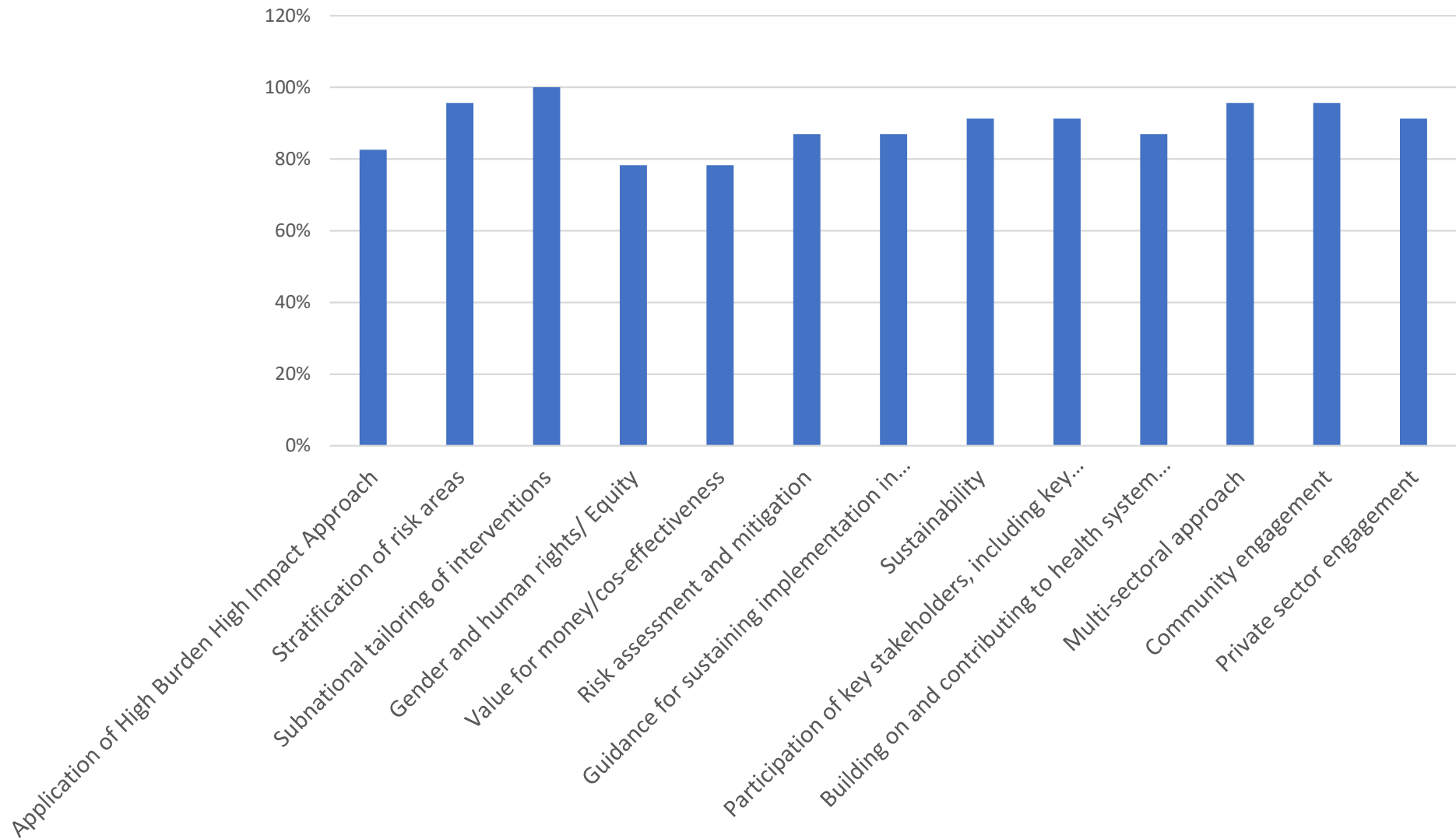
The manual provides orientation on the guiding principles and processes for effective review of malaria programmes and mid-term review of malaria strategic plans.

# MALARIA PROGRAM REVIEW MANUAL OUTLINE

I. PLANNING	Develop the MPR concept note
	Inform MOH senior management on the planned MPR
	Hold a stakeholder meeting to build consensus on MPR 10
	Appoint a review coordinator and establish an MPR Secretariat 10
	Develop MPR protocol
	Mobilize required resources
	Identify and map internal and external MPR team members
II. THEMATIC DESK REVIEW	Assembling information from reports and documents
	Undertaking thematic desk reviews
	Work stream 1: Epidemiological and entomological impact analysis
	Work Stream 2: Programme financing analysis
	Work Stream 3: Programme “capacity to implement” analysis
	Work Stream 4: Analysis of the attainment of programme outcome targets
	Planning external validation of the MPR desk review
	Assembling information from reports and documents
	Undertaking thematic desk reviews
III. VALIDATION	Planning the validation exercise 24
	Prepare a detailed schedule and timeline for the field visits 24
	Preparations for field visits
	Field visit at national level, sub-national levels
	Validation visits to health facilities
	Conclusion Workshop
	Report writing and national level debrief
	Drafting final report
IV. PROGRAMME STRENGTHENING	Dissemination of results (Media event)
	Implementation of recommendations
	Secure MOH approval/signature of the final MPR/MTR report
	disseminate the approved MTR/MPR report;
	update MSP and M&E plan; and
	produce and disseminate updated MSP/M&E Plan.

# STAKEHOLDERS CONSULTATIONS IN 2022

Additional analyses required



# STAKEHOLDERS CONSULTATIONS IN 2022

## Other issues to be addressed during MPRs and MSP development:

- **Alignment** With National Planning Frameworks
- **Assessment of the District Health Management Team** (DHMT)'s capacity to plan, implement, monitor and evaluate delivery of malaria interventions
- **Financial gap assessment and Resource Mobilization**
- HBHI and other assessment tools (**GER, surveillance PSM...**) should be used alongside each other , including the MPR to help develop the MSP and improve the delivery of the strategy

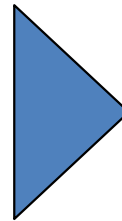
MPR should involve a review of progress towards programmatic goals and targets and a review of broader health system issues

The MPR should be followed by a self-assessment (HBHI, Matchbox, etc) to aid the articulation of strategic actions and goal-setting MSP development

MPR and MTR should not have the same scope of activities

# MAJOR ACTIVITIES – PROGRAM REVIEWS AND PLANNING

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## **Digitalization (Global Fund SSI project):**

**Establish an e-platform to effectively integrate the review and planning of malaria, NTDs and RMNCAH programmes in the WHO African Region, in alignment with WHO's guidance on digital health.**

A completed mock-up of the solution (including landing page, navigation, validation, data security and protection, and knowledge products) and SharePoint for AFRO integrated e-Review and Planning platforms under development

**Training planned in November 2023**

# LINKAGES BETWEEN MPR AND MSPs

- Findings
- Stratification of risks
- Challenges
- Constraints
- Opportunities
- Recommendations



- Developing a strategic framework
- Definition of strategic issues
- Timeframe for the MSP
- Programme vision
- Programme mission
- Programme guiding principles.
- Develop goal(s) for the strategic plan period (SNT)
- Define SMART objectives.
- Describe the required strategies



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**Partnership with RBM to end malaria** for funding MPRs and MSP consultants and in-country activities

**Support from USAID, BMGF and MONACO** grants to support stratification and sub-national tailoring for National Strategies

Support in the elaboration of Funding requests

## OTHER ACTIVITIES – VECTOR CONTROL

- Convened the annual meeting of the African Network on Vector Resistance to insecticides (**ANVR**) in Nov 2022 and action plan of the network is being updated to strengthen regional capacity to respond to biological threats – **Next meeting planned for 22 – 24 November 2023;**
- Contributed to the Sub-regional **technical consultation on the emerging threats of the invasive species, *An. stephensi*** in Addis Ababa in March 2023.
- **Regional strategy to respond to *An. stephensi* in the African region**
- Development of **integrated vector management strategy and vector control needs assessments**. Twenty-nine (62%) Member States updated their IVM strategies in alignment with the GVCR. **Planned: Kenya, Mauritania**
- WHO implemented an **Integrated Vector Management Program in 13 Member States** under a grant funded by UNEP that ended in Dec 2022. Follow-up grant is being planned.
- Collaborated with WHO/EPR Unit to **monitor and follow-up on suspicion of malaria outbreaks spotted in WHO countries** including Botswana, Angola, South Sudan and Angola.

# OTHER ACTIVITIES – VECTOR CONTROL

- Strengthen entomological surveillance to monitor and curb residual disease transmission, insecticide resistance and vector behavior variations, including invasive vector species.
- Support countries in the uptake & deployment of interventions including innovative tools (Dual AI LLINs, IRS, Larviciding...)
- Provide entomology and vector control support for Malaria Programme Reviews, Mid-Term Reviews, and development of National Strategic Plans.
- Support countries on capacity building for adaptation of the *An. stephensi* initiative at country level based on the regional strategy
- Support integration of entomology and vector control data into the DHIS2

## OTHER ACTIVITIES – CHEMOPREVENTION

- Supported the implementation of new interventions in countries such as **SMC in Mauritania**
- Contributed to the **development of technical products on chemoprevention**
- Followed-up and **support to 7 pilot countries implementing Perennial Malaria Chemoprevention (PMC)** through Plus project (Benin, Cameroon, Cote d'Ivoire, Mozambique); **MULTIPLY project** (Sierra Leone, Togo, Mozambique) and ICARIA (Sierra Leone) and **PMC-Effect study in Nigeria** (Osun state)
- Support dissemination of new Malaria guidelines (NMCP meetings, during updating of national treatment guidelines...) in Gabon, Burundi, **Other requests: Kenya, Congo...**
- Support countries in **uptake of new chemoprevention strategies** (PMC, IPTpSc and PDMC) – e.g. Burundi, Ghana...
- Support implementation of community IPTp (Dissemination of evidence; training material, operational guidelines – e.g. **Field guide on community deployment of IPTp with SP** ).

## MAJOR ACTIVITIES – MALARA VACCINE

- Supported the implementation of the **RTS'S Malaria vaccine in pilot countries Ghana, Kenya and Malawi, currently being rolled out to comparator areas**
- Supported preparations of **applications for GAVI funding support for the introduction of RTS,S beyond the 3 MVIP countries** and beyond MVIP areas in the 3 MVIP countries.
- **12 countries supported\* for the first submission (January 2023), :2 in April and 5 in June 2023, making 17 countries in total**

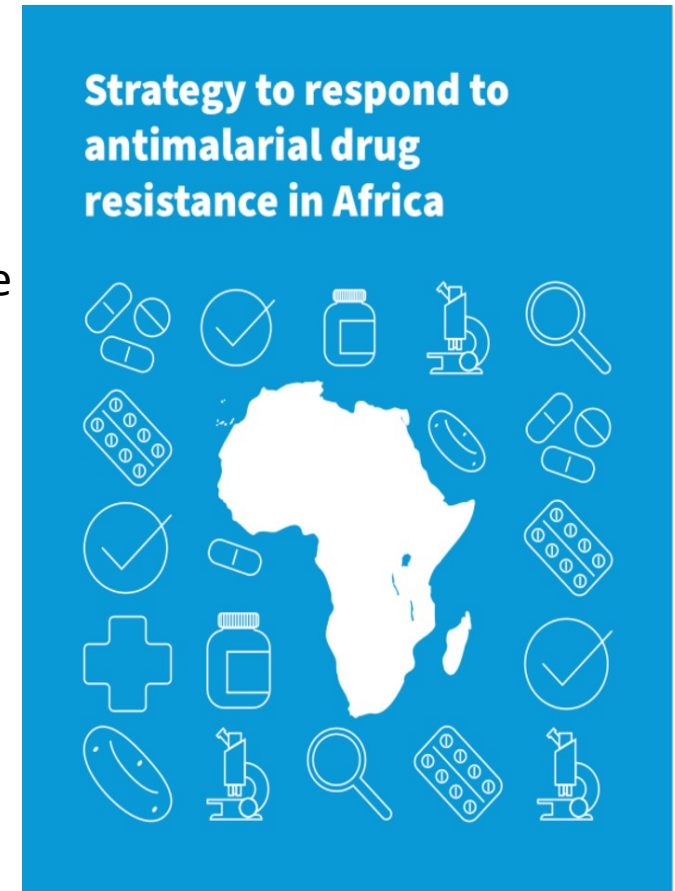
\*Benin, Burkina Faso, Burundi, Cameroon, DRC, Ghana, Liberia, Mozambique, Niger, Sierra Leone, Sudan and Uganda.



## MAJOR ACTIVITIES – CASE MANAGEMENT

In collaboration with GMP contributed:

- to the **development of the strategy to respond to antimalarial drug resistance in Africa** (document launched on 18<sup>th</sup> November 2022);
- reviewing WHO's guidance on the use of rectal artesunate use as a pre-referral treatment of severe malaria (**COMPLETE**);
- Support provided in the conduct of **external competency assessment for malaria microscopist (ECAMM)** through collaborative efforts with designated WHO collaborating centers: Eritrea, **Comoros (planned)**
- Supported **trainings on malaria case management** (Eswatini, Namibia)
- Operationalize strategy to respond to artemisinin drug resistance by strengthening surveillance of antimalarial drug efficacy and resistance (**Rwanda, Eritrea...**);
- Enhance monitoring and reporting of HRP2/3 gene deletion in selected countries



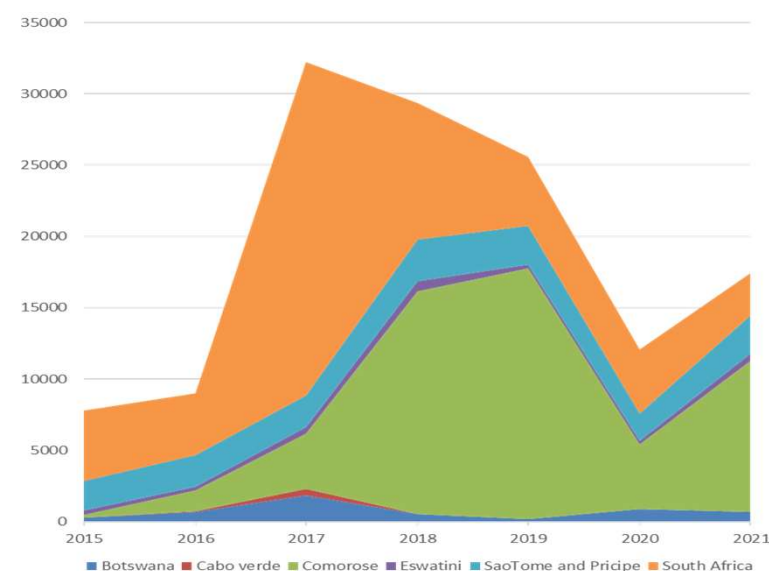
## MAJOR ACTIVITIES – MALARIA ELIMINATION

- Botswana, Cabo Verde, the Comoros, Eswatini, Sao Tome and Principe and South Africa in the African region are among the E-2025 Initiative. However, when compared with 2020, the **Comoros, Eswatini and Sao Tome** and Principe reported an increase in cases in 2021 as compared to the previous years (2022 WMR)

Activities carried out in the countries:

- ✓ **Capacity assessment for program management (MEAT);**
- ✓ **working through SADC to strengthen surveillance capacity and implement cross-border activities;**
- ✓ **Investigation and response to outbreaks(countries) STP, Eswatini, Botswana Namibia, ;**
- ✓ **TOT on malaria elimination conducted**
- ✓ **Training of district staff planned in November 23**

E2020 member states in WHO/AFRO							
	2015	2016	2017	2018	2019	2020	2021
Botswana	284	659	1847	534	169	884	703
Cabo verde	7	49	423	2	0	0	0
Comorose	188	1467	3896	15616	17599	4546	10537
Eswatini	318	250	440	686	235	233	505
SaoTome and Pricipe	2056	2238	2239	2937	2732	1933	2719
South Africa	4959	4323	23381	9562	4821	4463	2958



## MAJOR ACTIVITIES – MALARIA ELIMINATION

- **Consolidation of lessons identified from member states implementing sub-national elimination strategies**
- **Re-orientation of key WCO staff and cohort of resource persons on malaria elimination training package**
- **Enhance the roles regional and Sub-regional initiatives towards the malaria elimination** (Sahel Malaria Elimination Initiative; SADC malaria elimination initiatives such as Massawa and E8; Great lakes Malaria initiative for cross border collaboration in the EAC etc.
- **Continue resource mobilization for malaria elimination (beyond E2025)**
- **Strengthen surveillance and response to outbreaks** (what are the incident management systems in place that need strengthening ???)



## MAJOR ACTIVITIES – SURVEILLANCE, MONITORING AND EVALUATION

- **Development of the 2023 world malaria report**
- **Strengthened surveillance by training WCO countries in AFRO on the use of the Malaria Epidemic Threshold Monitoring tool to identify epidemic prone areas within countries.**
- **Working with PPH to put in place a regional data repository**
- **Strengthen regional capacity on disease risk stratification, sub-national tailoring and modelling**
- **Strengthen regional data repositories to support analytic work**
- **Plan for support to surveillance capacity assessments**

# Ongoing challenges

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- ◆ **Funding reductions coupled with rising costs** are increasing pressure on National Malaria Programmes. Total funding in 2021 was estimated at US\$ 3.5 billion, well below the estimated US\$ 7.3 billion that was required;
- ◆ **Biological threats** (insecticide resistance, HRP2 deletion, antimalarial drug resistance and spread of invasive vectors *Anopheles stephensi*)
- ◆ **Health system challenges**: weak supply chain systems, insufficient health workforce, inadequate infrastructure, insufficient HMIS, financial barriers to health care ... ;

# Other strategic priorities

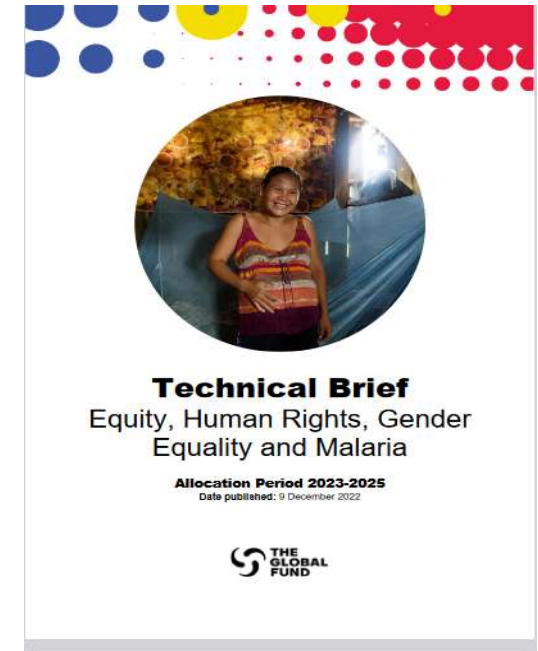
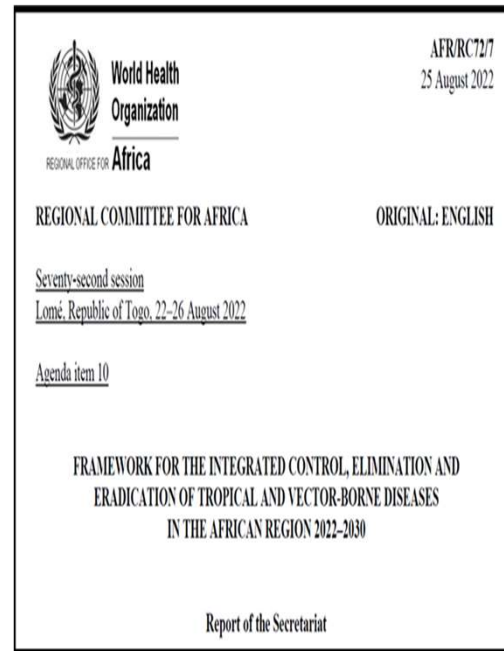
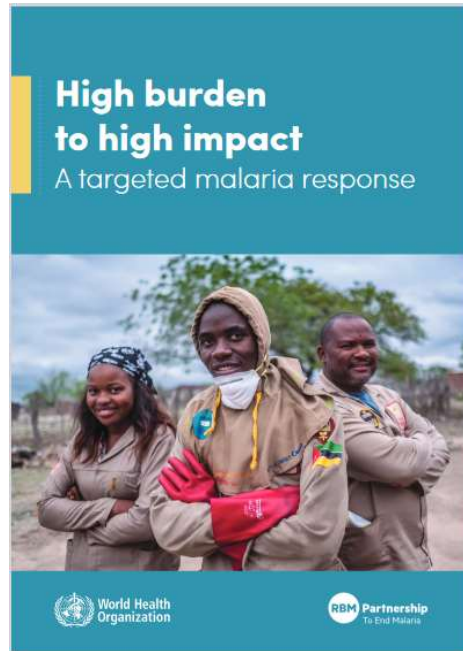
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1. Encourage Governments to ramp up resources for malaria control and build up resilient health systems to accelerate progress ([Advocacy among HBHI countries](#));
2. Intensify resource mobilization by developing proposals to be addressed to different donors ;
3. In collaboration with 3 levels of WHO , revamp institutional capacity support arrangements including strengthen consultant database with subject matter experts, identification and collaboration with regional centers of excellence
4. Harness existing institutional capacities within member states including active participation of local academic institutions and encourage further cross learning among member states (institutional mapping and capacity strengthening) ;
5. Strengthen system resilience , through EPR readiness assessment activities to enhance timely responses to disease outbreaks in epidemic-prone areas

# CONCLUSION

- **Malaria case incidence falling between 2000 and 2019 . However, since 2016, progress has stalled, and significant increases have been seen in incidence in at least 20 countries and increases in mortality in at least 10 countries**
- **The root cause includes steady increases in funding gaps, insufficient human resources and logistical resources for programmatic operations, biological threats and the effects of COVID-19;**
- **To address this situation among other things, WHO is promoting the High Burden High Impact initiative to support countries accelerate progress** by focusing on strengthening political will, increasing the use of strategic information for decision making, providing better guidance and ensuring a coordinated response across stakeholders.

# REFERENCES



- Technical report of selected districts in 3 SADC member states, SADC Elimination 8 initiative; 2021. SADC Secretariat.
- Self-audit of the National Malaria Program using the Malaria Elimination Audit Tool, 2021 ; Government of Nepal , Ministry of health & population. <https://edcd.gov.np/uploads/resource/618be5a19a3b6.pdf>
- WHO Global Malaria Program, Elimination unit. Malaria Elimination audit tool, 2019
- Essential tools for gender, equity and human rights analysis + Assessing policies and programmes

спасибо 谢谢  
**GRACIAS** 谢谢

**THANK YOU**

ありがとうございました **MERCI**

**DANKE** धन्यवाद

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