

2010 Report to ALMA Heads of State and Government

Introduction

Africa's malaria endemic countries carry the bulk of the global malaria burden. During the first decade of the new millennium, the world lost close to 10 million people to malaria; 91% of them in African communities. In September 2009 when African Heads of State and Government established the African Leaders Malaria Alliance (ALMA); they launched a collective, coordinated and effective response to complement national and partner efforts to rid Africa of a health, social, and economic scourge that is impeding Africa's growth and development.

2010 saw both the establishment of an ALMA secretariat and the active engagement of the secretariat in supporting member countries and partners.

Over the past year, ALMA countries have demonstrated ownership of national activities, and guided interventions to overcome challenges that require both national and collective action. The Heads of State and Government have kept malaria high on the development agenda, even as they provided a high level forum for advocacy.

The combined efforts of the Heads of state and Government, partners, the African Union (AU) and the United Nations (UN) are bearing fruit, with the World Health Organization's World Malaria Report 2010 stating that the largest absolute decreases in malaria cases and deaths have been observed in Africa.

Nevertheless; malaria continues to infect around 200 million Africans every year, and is a major killer of children under the age of five years. There were around 650,000 child malaria deaths in Africa in 2009. For Africa's malaria endemic countries, the control of malaria is therefore key to Millennium Development Goals (MDGs) 4 and 5. At the same time, its direct and indirect cost to the economy of Africa continues to be well over 30 billion US Dollars.

This calls for a redoubling of efforts by all stakeholders.

MEMBER STATES

- African Union
- Angola
- Benin
- Botswana
- Burkina Faso
- Cameroon
- Cape Verde
- Comoros
- Republic of Congo
- Democratic Republic of Congo
- Djibouti
- Egypt
- Equatorial Guinea
- Ethiopia
- Ghana
- Kenya
- Lesotho
- Liberia
- Madagascar
- Malawi
- Mali
- Mauritius
- Mozambique
- Namibia
- Nigeria
- Rwanda
- Sao Tome and Principe
- Senegal
- Sierra Leone
- Somalia
- South Africa
- United Republic of Tanzania
- Togo
- Uganda
- Zambia
- Zimbabwe

Harnessing ALMA

To capitalize on the collective authority of the African Heads of State and Government, ALMA in its first year, has been guided by five strategic approaches:

1. The rallying of international partner support for structured, targeted and strategic collaboration
2. Global and regional advocacy and communication
3. Addressing internal and external bottlenecks to universal coverage in-country
4. Promoting the fulfillment of international and national commitments that promote universal coverage with effective interventions
5. Promoting sustainability for ALMA countries.

Each of these five approaches were employed as ALMA developed mechanisms to respond in eight principle areas:

1. Accelerating financing for and promoting the sustainable financing of malaria interventions in partnership with the UN, Ministers of Health, Ministries of Finance, the private sector, bilaterals, development banks, The Bill & Melinda Gates Foundation, the William J. Clinton Foundation, and the UN Foundation.
2. Vector control – distribution and promoting utilization of Long-Lasting Insecticidal Nets (LLINs) and Indoor Residual Spraying (IRS).
3. Demonstration of bulk purchasing of drugs and commodities, starting with LLINs in partnership with UNICEF.
4. Promoting the banning of the production, importation, and use of oral artemisinin-based monotherapies and promoting legislative and regulatory interventions in partnership with the World Health Organization (WHO) and the Roll Back Malaria Partnership (RBM).
5. Elimination of taxes and tariffs on malaria drugs and commodities in partnership with the Malaria Taxes and Tariffs Advocacy Project (M-TAP).
6. Avoiding stock outs, and strengthening Health Management Information Systems (HMIS) in partnership with UNICEF, WHO, Medicines for Malaria Venture (MMV) and private sector partners.
7. Supporting the local manufacturing of all malaria drugs and commodities.
8. Offering technical support to countries in partnership with other partners.

Through working together, ALMA Heads of State and Government are demonstrating that Africa can improve the efficiency and effectiveness of malaria control efforts, to the benefit of all her people.

Achievements and challenges in 2010

ALMA has developed a matrix which at a glance gives information on the progress of member countries in fulfilling the national, AU and UN commitments in malaria. The matrix should be used as a guide to assess progress and what still remains to be done (See attached matrix). Progress over the past year has been mixed, but overall very encouraging.

To guide the progress, the ALMA Heads of State and Government participated in three meetings during the year, and were supported by an active steering committee of Africa's Permanent Representatives to the UN; under the leadership of the United Republic of Tanzania's Permanent Representative to the UN. Various Friends of ALMA played an active role in supporting member countries as well as promoting international commitments.

1. Accelerating Financing of and promoting the sustainable financing of malaria interventions

ALMA has worked with countries and partners to mobilize resources for malaria interventions. ALMA senior technical experts provided support to the development of the Global Fund to Fight Aids, Tuberculosis and Malaria (the Global Fund) proposals for 14 ALMA countries. The Global Fund reports an 88% success rate for these malaria proposals. ALMA senior technical experts continue to offer support as required by countries.

During the year, ALMA invited the Global Fund and the World Bank to use both the July 2010 ALMA Heads of State meeting during the African Union Summit in Kampala and the September 2010 Malaria Panel co-hosted by ALMA, the United Republic of Tanzania, the United Nations Special Envoy for Malaria (UNSEO) and the United Kingdom at the UN MDG Summit as platforms to call for the replenishment of the Global Fund ; as well as the International Development Association (IDA), the World Bank's concessionary window. This call was championed by the Chair of ALMA, His Excellency President Jakaya Mrisho Kikwete of the United Republic of Tanzania; in meetings, interviews with the press, and editorials. Despite these efforts and those of civil society groups and countless partners internationally; new commitments for malaria control increased only slightly in 2010 to US\$1.8 Billion. This is a long way from the amount required for universal coverage with all effective interventions. (The World Malaria report 2010).

ALMA is working with The Bill and Melinda Gates Foundation and the William J. Clinton Foundation and some ALMA member countries to showcase several in-country best practices in sustainable financing for health and malaria. These best practices will be a critical pillar of the June 2011 Stocktaking Meeting to be hosted by the United Republic of Tanzania.

The next step shall be to support countries in rolling out a sustainable fundraising program that will develop and leverage existing relationships and provide a clear and purposeful path for realizing the fundraising goals necessary to achieve the international objective of halting and reversing the incidence of malaria by 2015. The overall strategy will also be to raise awareness by targeting investors and stakeholders in the overall economic development of African nations. An important objective is for best practices (and resulting infrastructure), realized and disseminated through the work of ALMA and its members, to be utilized in solving other challenges that affect the health and well-being of Africa.

2. Vector control –LLINs Distribution, Promotion, and Utilization; and IRS

ALMA has worked aggressively in 2010 in supporting countries to increase coverage with effective vector control interventions. Leveraging the increase in malaria funding in recent years countries can now report tremendous progress in vector control.

Between 2008 and 2010, approximately 290 million LLINs were delivered to African countries enough to cover 76% of the 765 million people at risk of malaria on the continent. Nearly 142 million nets were delivered in 2010, an increase of over 50 million compared to 2009. Household surveys results suggest that up to 80% of the available LLINs are used. (The World Malaria Report 2010).

ALMA is negotiating a memorandum of understanding with partners engaged in this area, so that they can commit to working with countries to achieve 100% LLIN utilization which is so essential to universal coverage, and reduction of morbidity and mortality. ALMA, working in partnership with UNICEF and other key partners, is prioritizing the collection and dissemination of best practices in improving LLIN utilization and plans to share this information at the stock taking meeting.

A key challenge in 2011 is to achieve universal coverage in all African countries and ensure that this coverage is sustained. However, preliminary data analysis suggests that of the approximately 145 million LLINs required in 2011 to achieve universal coverage and replace expired nets; financing for 114 million LLINs has already been secured leaving a gap of just 31 million nets. IRS coverage has expanded from just 13 million in 2005 to just under 100 million in 2010. (AU/RBM roads maps), covering approximately 10% of the at risk population in 2009.

Since current methods of vector control rely predominantly on a single class of insecticides, pyrethroids (the only insecticide for LLINs and the most commonly used for IRS) there is a need for effective management of insecticide resistance. WHO recommends the use of several unrelated insecticides in combination or rotation, including organochlorines such as DDT. Given the very limited arsenal of recommended insecticides, it is advisable to retain DDT for resistance management until suitable alternatives are available. (WHO Position paper on use of DDT for IRS - 2007) The ALMA Heads of State and Government have endorsed this position and promote the use of DDT in IRS where it is still effective.

3. Demonstration of Bulk Purchasing of drugs and commodities - ALMA Tender

On February 1, 2010, ALMA members called for the immediate acceleration of the procurement, shipment and distribution of malaria drugs and commodities, and requested that donors ensure the timely fulfillment of financing commitments. To that end, the ALMA Secretariat worked with the World Bank, Ministers of Health, Ministers of Finance and UNICEF to manage the operational details of the ALMA Order.

By using UNICEF's Procurement Services, countries had the opportunity to review prices and delivery times before making a final decision to proceed with the tender. Countries benefitted when manufacturers increased production based on the UNICEF Long Term Agreement (LTA). Even when countries opted for a local tender process, the suppliers who won the tender were ready to supply without the usual delays. This reduced the time that it typically takes for manufacturers to increase capacity.

Some countries chose to follow through and use UNICEF to procure the LLINs.

These countries cut down considerably on tendering and procurement time, and were able to receive the LLINs within one to two months.

The ALMA tender has procured 24 million LLINs for 5 countries (Democratic Republic of Congo, Kenya, Liberia, Sierra Leone, Zambia) to enable LLIN access to 48 million people, including infants, children and mothers.

The success of the ALMA tender has created an opportunity for capacity building in bulk purchasing regionally in Africa. Working with partner countries, and partners, ALMA, can now establish a bulk purchasing capacity building program for participating countries.

4. Promoting the banning of the production, importation, and use of oral artemisinin-based monotherapy medicines

Artemisinin-based combination therapies remain the only medicines for effective treatment of uncomplicated falciparum malaria for several years to come because alternative treatments are unlikely to enter the market at least until after 2015.

The WHO 2010 World Malaria Report states that globally, 25 countries still allow the marketing of oral artemisinin-based monotherapies. Though this is down from 28 countries at the beginning of the year, the threat of resistance is just as great! In 2010 the RBM re-affirmed the commitment to ending the use of mono-therapies; with Africa's Ministers of Health.

We still have 39 companies (mostly in India) involved in the production and marketing of these medicines, mainly targeting the private sector markets of at least 17 African malaria-endemic countries, which are still actively providing oral artemisinin based mono-therapies to the detriment of the fight against malaria. (The World Malaria Report 2010).

Removal of oral artemisinin-based monotherapies depends on:

1. Effective drug regulation at country level. This regulation and enforcement for the removal of marketing authorizations for oral artemisinin-based monotherapies will make them unavailable in the public and formal private sectors.
2. Making combination therapy affordable, and accessible. The Affordable Medicines Facility-malaria (AMFm) has been developed to fulfill this function.
3. Suspension of import licenses for artemisinin or its derivatives to domestic companies exclusively marketing oral artemisinin-based monotherapies

In partnership with WHO, the UNSECO, RBM and ALMA urge all ALMA countries to ensure that regulatory measures to stop marketing oral artemisinin-based monotherapies and to promote access to artemisinin-based combination therapies (ACTs) are in place urgently.

ALMA's goal is to secure public support for policy action and to celebrate evidence of progress on this critical issue.

5. Elimination of Taxes and Tariffs on Anti-Malaria Drugs and Commodities

ALMA has signed a memorandum of understanding with the Academy for Educational Development (AED), for collaboration with M-TAP's program. Research indicates the continued

application of taxes and tariffs, not only makes anti-malarials more expensive and out of reach of the poor, but delays the clearance and distribution process, and availability of effective tools to combat malaria at community level.

While progress has been made in removing tariffs on anti-malarial medicines and rapid diagnostic tests (RDTs) in 2010, progress is very slow; and most African countries still apply tariffs on LLINs, insecticides and pumps for Indoor Residual Spraying (IRS).

Of the 45 African nations that have a malaria burden, only four countries have completely removed tariffs on all five anti-malarial drugs and commodities. Three other countries have started the process of removing the barriers.

- 28 have removed tariffs on anti-malarial medicines (62%)
- 22 have removed tariffs on RDTs (51%)
- 19 have removed tariffs on LLINs (42%)
- 16 have removed tariffs on IRS pumps (36%)
- 12 have removed tariffs on insecticides for IRS (27%)

6. Avoiding stock outs, and strengthening HMIS

Some ALMA countries have in recent years demonstrated the effective management of stock and their supply chain and the health management information system to avoid stock outs and efficiently enable the monitoring of disease surveillance both nationally and sub nationally.

ALMA has identified these countries' best practices to showcase during the ALMA/RBM/AU Stocktaking Meeting in June 2011 in Dar-es-Salaam.

The need for a high functioning HMIS became evident when an increase in malaria cases was reported in three countries (Rwanda, Sao Tome and Zambia).in 2009. Rwanda's timely and aggressive response to this alert also provides a best practice to be shared with other countries.

7. Offering technical support to countries in partnership with other partners

ALMA has, in accordance with decisions by the Heads of State and Government to ensure the support of countries where required, provided extensive technical support to the following countries: Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Nigeria, Rwanda, Senegal, Sierra Leone, Sudan, Tanzania, Uganda, and Zambia. This critical technical assistance has supported countries as they overcame potentially devastating obstacles. This includes but is not limited to support to apply for or extend the Global Fund grants, and support to the planning for distribution of LLINs, or support in the quantification of gaps and planning for LLIN campaigns.

8. Supporting the local manufacturing of all malaria drugs and commodities

ALMA heads of state and Government have committed to using ALMA as a forum to enhance efforts to strengthen and promote local manufacturing of essential drugs and commodities on the African continent.

In this regard, ALMA has been working with the UNSECO, WHO, The Global Fund, UNIDO, MMV, RBM, ECOWAS, EAC, The Wellcome Trust, SADC and local manufacturers to co-host a

local manufacturing conference on the 30th and 31st May 2011. The conference will be hosted by Kenya, which sponsored a WHO resolution on local manufacturing at the World Health Assembly in May 2010.

The conference aims to arm manufacturers with strategic information and lessons from best practice, as well as providing useful policy guidance for ALMA Heads of State and Government at the June stocktaking conference to be held in June in Tanzania.

Advocacy events and milestones in 2010

ALMA has led and/or sponsored 6 articles and op-eds in major newspapers and publications during 2010, which have helped define the nature of the African malaria challenge and the noticeable advancements being made by African countries under the leadership of their Heads of state and government and policy direction and management of their ministers.

In addition ALMA has partnered with global stakeholders to host five key events.

- Hosted 20 African Heads of State and Government at the African Union Summit for a working session. During this session, the Heads of State approved ALMA's strategic direction for 2010 which included the appointment of an Executive Secretary and investigating innovative methods of malaria control with an emphasis on comprehensive solutions (eg strengthening health systems, sustainable financing, accelerated access to effective malaria prevention and treatment) with a regional focus (eg East Africa Community, Economic Community of West African States, South African Development Community, the Economic Community of Central African States).
- Launched the Friends of ALMA at the WEF Africa to give the business, NGO, multilateral, bilateral and faith sector a platform to link their support to the African Heads of State and Government.
- Hosted more than 20 countries at the ALMA / AU working session in Kampala, Uganda where His Excellency President Jakaya Mrisho Kikwete of the United Republic of Tanzania was installed as the chair of the ALMA. The Global Fund, WHO and the World Bank gave updates on their malaria control commitments and several African Heads of State and Government and Ministers of Health presented on their malaria control progress.
- Convened--in partnership with the UNSEO and the United Kingdom--a high level Malaria Panel during the United Nations Secretary General's Millennium Development Goal Summit. The Malaria Panel featured commitments from several countries and multilateral partners and African Heads of State and Government and Ministers of Health reported on their country's malaria control progress.
- Finally, ALMA hosted a Holiday cocktail reception for the ALMA Steering Committee to review and celebrate progress to date and provide next steps towards achieving zero preventable malaria related deaths by 2015.

During the course of 2010 ALMA produced three Quarterly Reports to Heads of State and Government which detailed the malaria burden and progress by country and continent wide. Prepared in partnership with WHO and RBM, the reports have progressive recommendations that are being pursued.

LOOKING TOWARDS 2011

Supporting African countries to achieve and sustain universal coverage of essential malaria interventions, and achieving near zero deaths from malaria, by 2015; will be the key focus of ALMA over the coming years. This will include support to strengthening HMIS and enhanced monitoring, fundraising, linking countries to key donors, technical assistance and commodity procurement and distribution.

Building on existing successful partnerships and initiatives, ALMA will:

- Confer the first ALMA Awards for Excellence for high performing countries.
- Coordinate two advocacy trips to bring African Ministers of Health and Finance to meet members of the United States Congress and Senate and the United Kingdom Parliament to build relationships and to continue to advocate for critical development issues.
- In May 2011, ALMA, in partnership with the Global Fund and the Government of Kenya will convene a conference to foster efforts to manufacture drugs and commodities in Africa.
- In June 2011 in Dar es Salaam, with ALMA, the United Republic of Tanzania, per His Excellency President Jakaya Mrisho Kikwete's instruction, will convene a Stocking Meeting in partnership with RBM, the government of Tanzania and the African Union. The purpose of the Summit is to review:
 - How Africa fared on the Abuja targets and the United Nations Secretary General's goal for universal coverage with effective malaria interventions by December 31, 2010, and determine the way forward.
 - The plan to sustain financing for malaria interventions.
 - How African countries can boost LLINs utilization.
 - Building ALMA countries' capacity to do monitoring and evaluation.
 - Banning marketing of oral artemisinin-based monotherapies

Conclusion

ALMA Heads of State have issued the "Call to Action" as global leaders in the fight against malaria. They are demonstrating African Leadership in the global fight against malaria, and strengthening their response to the AU and UN commitments that they, as African leaders have made to reach near zero deaths from malaria by 2015.

