

June 2011 Report to ALMA Heads of State and Government

Achievements and Challenges in 2011

As the global malaria community rallies to achieve zero malaria deaths by 2015, Africa has made significant progress towards the achievement of universal coverage of key malaria interventions. Since 2008, 300 million LLINs have been distributed in Africa, sufficient to achieve 80% coverage of the at-risk population. Additionally, 10% of the at-risk population in Africa is also protected through Indoor Residual Spraying. Malaria diagnosis, particularly through the roll out of Rapid Diagnostic Tests (RDTs), and treatment with Artemisinin-based Combination Therapy (ACTs), including at community level, have also scaled up significantly, with around 160 million RDTs and 283 million ACTs financed in 2011. As we move towards zero malaria deaths in Africa by 2015, it will be essential to further strengthen the funding base to ensure that these impressive gains are sustained and universal coverage is reached. The risk of not maintaining progress by sustaining malaria control is real. Last year, upsurges in malaria were seen in a number of countries as coverage of interventions dropped, illustrating the importance of maintaining coverage.

The ALMA Scorecard for Action and Accountability

The ALMA Scorecard for Accountability and Action has been created in response to a request by heads of state and government for more comprehensive and actionable tracking and reporting. The scorecard establishes an accountability and transparency framework for Heads of State and Governments. It is designed to facilitate a rapid response to emerging issues based on sharing of experiences between country teams and with global partners. It also provides an opportunity to consolidate data across multiple sources to create a comprehensive repository for country data. The first draft of the ALMA Scorecard for Action and Accountability was presented at the African Union meeting in Addis Ababa in February 2011 and was broadly and warmly endorsed by the Heads of State and Government. Since February, there has been extensive dialogue with a number of key Roll Back Malaria partners including African Ministers of Health and malaria control programmes in a number of countries, WHO, the World Bank, DFID, PMI, USAID, and MACEPA, to further refine and automate the ALMA Scorecard for Accountability and Action. The updated ALMA scorecard is being presented in Malabo on 30th June 2011 (see appendix 1).

Interpreting the Scorecard

Key outputs from the ALMA Scorecard for Action and Accountability include the monthly issuance of the Scorecard itself, supported by quarterly country summary reports. These quarterly reports identify key actions required to address bottlenecks and move all countries into the green! Additionally, critical alerts can be issued to Heads of State and Government and Ministers of Health

MEMBER STATES

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

in between reporting periods, when serious bottlenecks requiring immediate action are identified. These critical alerts will trigger immediate country-owned and country-led responses which like the red flags in the score card, will be implemented and managed under the direction of the Head of State and/or Minister of Health as appropriate (see diagram below). Alerts will only be issued for critical issues likely lead to a serious break in malaria programming that require immediate senior level attention. The scorecard will be issued with country reports by the beginning of August; reflecting key actionable updates which reflect progress in malaria control, country by country.

The fight against drug resistance

Hope is in sight as new synthetic drugs are being developed. This must not lull us into complacency. The new technologies will take time to reach the market at an affordable price, and in the meantime, WHO and RBM continue to call for protection of ACTs. Whilst progress has been made by most countries in banning oral artemisinin based monotherapies, and public sector financing of artemisinin combination therapy is encouraging; the fight for the full elimination of oral monotherapies still needs to be won in the private sector, and effective engagement through a rapid scaling up of affordable medicines for malaria is urgent. At the same time countries which still have not banned oral monotherapies, or continue to use them in the public sector, are requested to rectify their situation as a matter of urgency.

A focus on diagnosis and treatment

The RBM global malaria action plan, calls for a renewed focus on diagnosis and treatment, to complement the tremendous progress made by countries, on prevention (see paragraph one above). What is clear is that several regulatory and policy changes need to be in place in order for as much progress to be made in treatment as there has been in prevention. First, taxes and tariffs on RDTs and drugs must be removed to make treatment cheaper, and accelerate the processing of commodities through the ports of entry. Second, community case management as the vehicle for delivering fever management will only work if the enabling policies are in place for community health workers to intervene as required; and enough quality human resources are trained and deployed. Third, universal coverage with rapid diagnosis tests in the private sector is just as important as that of ACTs in the private sector.

Linkages with Women's and Children's health

Community case management will enable more effective treatment for children suffering from malaria, pneumonia, diarrhea and other diseases; etc. This is a great example of the benefits of integrated health care and the centrality of a continuum of care and service delivery. When a mother is monitored during pregnancy, she must not only receive intermittent preventive treatment against malaria and dietary supplement advice, but must be enrolled in PMTCT and if positive must be put on full ARV treatment as recommended by WHO . When a baby is being delivered by a skilled birth attendant or vaccinated and the mother is educated about nutrition and the values of breastfeeding; that is the time when a mosquito net must be distributed, and the mother advised on fever management and the benefits of early diagnosis.

Accelerating Financing for and Promoting Sustainable Financing of Malaria Interventions

The Roll Back Malaria Global Malaria Action Plan estimates that approximately US\$ 2.6 billion over and above country resources; is required annually to achieve and sustain universal coverage of key malaria interventions. (see appendix 2) Taking into account the resources that have already been secured or pledged by donors this leaves a gap of around US\$ 2.2 billion over the next five years to sustain universal coverage. Significant efforts will need to be made in order to ensure that existing pledges are translated into firm commitments and ultimately cash. ALMA is continuing to work with partners who support countries, to address the filling of existing funding gaps. This includes support to the preparation of Global Fund Round 11 proposals, which will be launched on the 15th August 2011. ALMA countries are looking to the World Bank and key bi-laterals including DFID and PMI, to fill agreed outstanding gaps. ALMA is working with partners to identify areas where increased value for money can be achieved for example through procurement efficiencies.

ALMA is already working in Ethiopia, Rwanda, Senegal, Tanzania and Zanzibar with the Clinton Health Access Initiative Foundation (CHAI) to identify best practices in malaria financing at country level, with a view to supporting all malaria-endemic countries to devise appropriate, context-sensitive solutions to sustained financing. ALMA and partners are also actively investigating additional innovative sources including results based financing, risk pooling, health insurance schemes, and the Trust (Solidarity) funds, as well as increased domestic and private sector contributions. Malaria-endemic countries certainly need their traditional donors to stay the course, but new partners and new innovative mechanisms of financing are also required to ensure that the financial gaps are filled.

Elimination of Tariffs on Anti-Malaria Drugs and Commodities

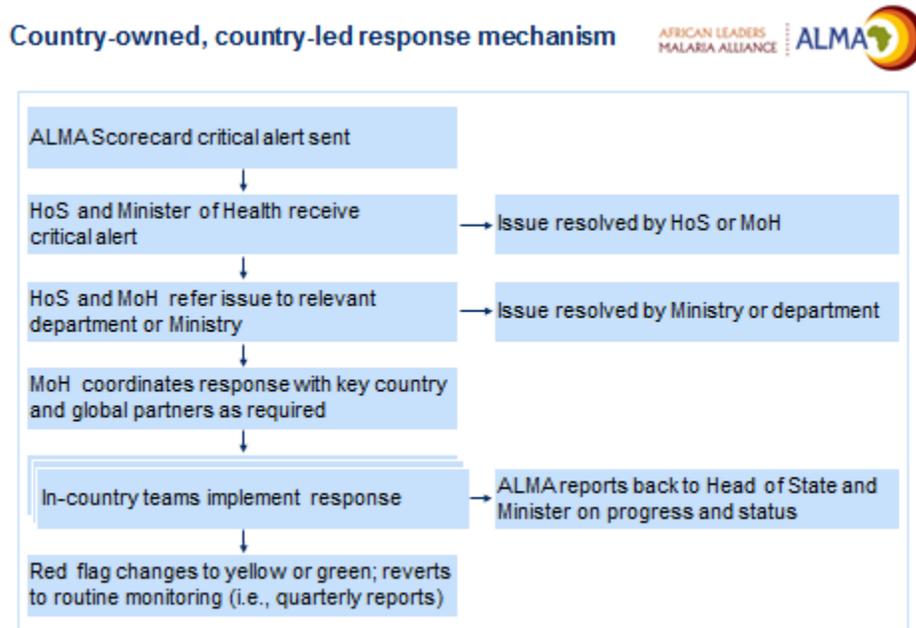
M-TAP, working in partnership with ALMA, has successfully reactivated high-level dialogue and advocacy for tax and tariff removal:

- Five ALMA countries (Angola, Burundi, Ghana, Malawi, and Mozambique) have removed taxes and tariffs on antimalarial commodities and are at various stages of processing this information for inclusion in the global tariff database.
- Five ALMA countries (Cameroon, Madagascar, Rwanda, Liberia and Sierra Leone) are in the process of taking action to remove taxes and tariff. Rwanda, Liberia, and Sierra Leone made public statements about their desire to change policy at the UNGA meeting in September, 2010, while Cameroon and Ghana made announcements at the Ministerial Session of the 20th RBM Board meeting in Geneva in May, 2011.

Tracking the response

Each ALMA member country has a RBM malaria road map to help assess progress. The commission on information and accountability for women's and children's health has recommended better information, tracking and oversight. Embracing engagement and

accountability at the highest level, is reflected in the scorecard, which recognizes and promotes this leadership.



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Supporting the local manufacturing of all malaria drugs and commodities

The Friends of the ALMA convened a forum in Nairobi from 30 to 31 May 2011 to consult on the challenges and potential solutions to the establishment of a world-class Africa-based industry in pharmaceuticals and other medical and vector control commodities. The forum brought together African and international manufacturers, representatives of governments, technical agencies, regulatory bodies and donors. The key recommendations from this forum are:

1. To support the development of national cross-government strategic plans including those relating to economic and financial policy, research & development, education, infrastructure, tariffs, and all other aspects of government policy that support the full and proper development of this industrial sector.
2. To work collaboratively with other African governments and global organizations, and sector experts, to share expertise, develop regional and pan-African partnerships and centers of excellence, to harmonize regulations at a regional or continental level, and to enable mutual recognition of regulatory approvals, in order to support the more effective achievement of a strong Africa-based industry.
3. To negotiate with donors to ensure that a reasonable proportion of donor-funded pharmaceutical industry and other medical and vector control commodities orders and tenders are reserved for national or Africa-based manufacturers and offer a reasonable local production price advantage to such manufacturers who attain international quality standards.

4. To re-affirm commitment to remove tariffs on malaria-related health commodities as expressed in the Abuja Declaration of 2000, and to ensure that this removal of tariffs also includes necessary raw materials needed for their manufacture.
5. To re-affirm their commitment to increase resources for health related Research & Development, including bio-equivalence and centers of excellence, as well as pharmaceutical industry and other medical and vector control commodities development fund.

Appendix 3 of this report indicates proposed actions that countries may consider taking, to foster an environment that boosts local manufacturing.

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 Tender. 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 ALMA Tender. Countries benefitted when manufacturers increased production based on the UNICEF Long Term Agreement. Some countries chose to follow through and use UNICEF to procure the LLINs. In 2010, the ALMA tender accelerated 9 million LLINs to Kenya, Liberia, Sierra Leone and Zambia. This year, 15 million LLINs for the Democratic Republic of Congo and Kenya are under procurement through the ALMA tender. All told, the ALMA tender will enable 48 million people, including babies, children and mothers, to access LLINs. The success of the ALMA tender has created an opportunity for capacity building in bulk purchasing regionally in Africa. ALMA is now working with key partners, including the Bill & Melinda Gates Foundation and Research for Development to look for additional efficiencies in LLIN procurement including the potential for capacity building for participating countries.

Looking Forward

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 throughout the remainder of 2011. This will include support to enhanced monitoring, fundraising and linking countries to key donors and commodity procurement and distribution.

ALMA Heads of State and Government have guided their countries in making great strides in the fight against malaria. Their continued leadership and commitment constitute a resounding affirmation of the African Union and United Nations calls for universal coverage with effective interventions, building up to near zero deaths by 2015.