INTRODUCTION

Accountability is about people, and the COVID 19 global pandemic reminds us that the relevance and impact of carrying out a commitment must be measured by outcomes for people: for children, pregnant women and communities. The African Leaders Malaria Alliance has been working through heads of state and government on protecting Africa’s people from malaria for the past 10 years. The alliance does this by squaring the accountability circle. Ensuring that there is effective monitoring of the malaria programme, reviewing the performance of countries, assessing the appropriateness of solutions, and evaluating the outcome oriented action taken by countries, partners and relevant stakeholders.

This year, Africa is grappling with COVID 19, and experts in WHO warn that the worst is still to come.

The impact on the fragile health systems of the continent according to WHO experts, is potentially staggering.

On the 30th April, the WHO Emergency Committee on COVID 19 met, and extended the Public Health Emergencies of International Concern (PHEIC) status of the current global pandemic. The committee recommended that countries " Maintain essential health services throughout a likely extended COVID-19 response. This should include essential prevention for communicable diseases..."
IMPACT OF COVID 19 ON MALARIA

WHO has recommended that malaria endemic countries minimize any disruptions of malaria prevention and treatment during the COVID-19 response. Failure to do so could lead to catastrophic loss of life. Under the worst-case scenario presented in this analysis (Scenario 9 – postponement of LLIN campaigns and a reduction of case management of 75%). The death toll in Africa south of the Sahara would rise from 370,000 in 2018 to 700,000 in 2020 exceeding the total number of malaria deaths reported globally in the year 2000. This would represent a complete reversal of the significant gains we have made over the last twenty years!

The increased burden of malaria patients on the health system would be totally unmanageable, at a time when the health systems will be sorely stretched to receive COVID 19 patients.

THE COUNTRY RESPONSE

MALARIA

The only way to avoid this double tragedy for the continent, is to make sure that the vector control interventions that will prevent the spread of malaria are carried out without interruption. Currently all of the highest malaria burden countries-are making progress towards reducing case mortality by more than 40% this year. The impact of COVID 19 could be an all red map, with not one country making progress and serious regression after a decade of progress.

Twenty-seven countries in Africa, which account for 85% of the malaria cases and deaths in the region, have plans to implement LLINs mass campaigns by the end of 2020. These countries are: Benin, Cameroon, Central African Republic, Chad, Comoros, Côte d’Ivoire, Democratic Republic of the Congo, Eritrea, Ethiopia, Ghana, Guinea-Bissau, Kenya, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Sierra Leone, Somalia, South Sudan, Sudan, Togo, Uganda, United Republic of Tanzania, Zambia and Zimbabwe. These LLINs campaigns as well as the schedules Indoor Residual Spraying, seasonal chemo-prevention for children in the Sahel and prophylaxis for pregnant women must be delivered to communities.
The WHO Emergency Committee on COVID 19 recommends that countries focus on communicable diseases. This includes the biggest killers of women and children such as malaria, pneumonia and diarrhea, as well as the neglected tropical diseases, which have a debilitating impact on poor communities in Africa, pushing them even deeper into poverty. Essential services for pregnant women must also be sustained to avoid excess maternal mortality.

ALMA RESPONSE

The African Leaders Malaria Alliance working under the leadership of His Excellency President Uhuru Kenyatta, the chair of ALMA; has re-engineered the scorecard and management tools development and support strengthening tools for malaria, RMNCAH and NTDs to offer online training and support to countries. In addition, ALMA has worked with countries by:

1. Joining the RBM partnership to End Malaria in advocating for COVID 19 friendly guidelines for LLINs distribution campaigns, seasonal chemo-prevention campaigns, routine prophylaxis for pregnant women, and Intergrated community are management. These guidelines have been produced and disseminated.
2. The ALMA Chair appealing to the development banks to respond positively to the call by Africa’s ministers of finance to suspend debt repayments and wave interests, as well as forgive the debt to the poorest countries.
3. The ALMA Chair appealing to India to allow the manufacturing and export of insecticide for LLINs and IRS, as well as Rapid Diagnostics, and ACTs for African countries.
4. Working with the RBM partners to support countries’ efforts to maintain malaria programmes, including through support to the ministers of health, in resource mobilization, including through the Global Fund, and in monitoring commodity stock outs and working to address them.

CONCLUSION

The world is in the midst of an unprecedented crises. COVID 19 promises to stretch Africa’s fragile health systems to breaking point. At the turn of the century the children’s wards in every highly malaria endemic country were full to overflowing with children suffering from severe malaria.

The return of that disease burden, as well as the burden of vaccine preventable diseases and increased burden of NTDs; on top of COVID 19 patients, would shut the health systems down.

Even as we prepare for, and battle COVID 19, Africa must protect routine programmes that will keep children, women, adolescents and their families healthy and protected from other communicable diseases.

Zero malaria starts with me; and with you.