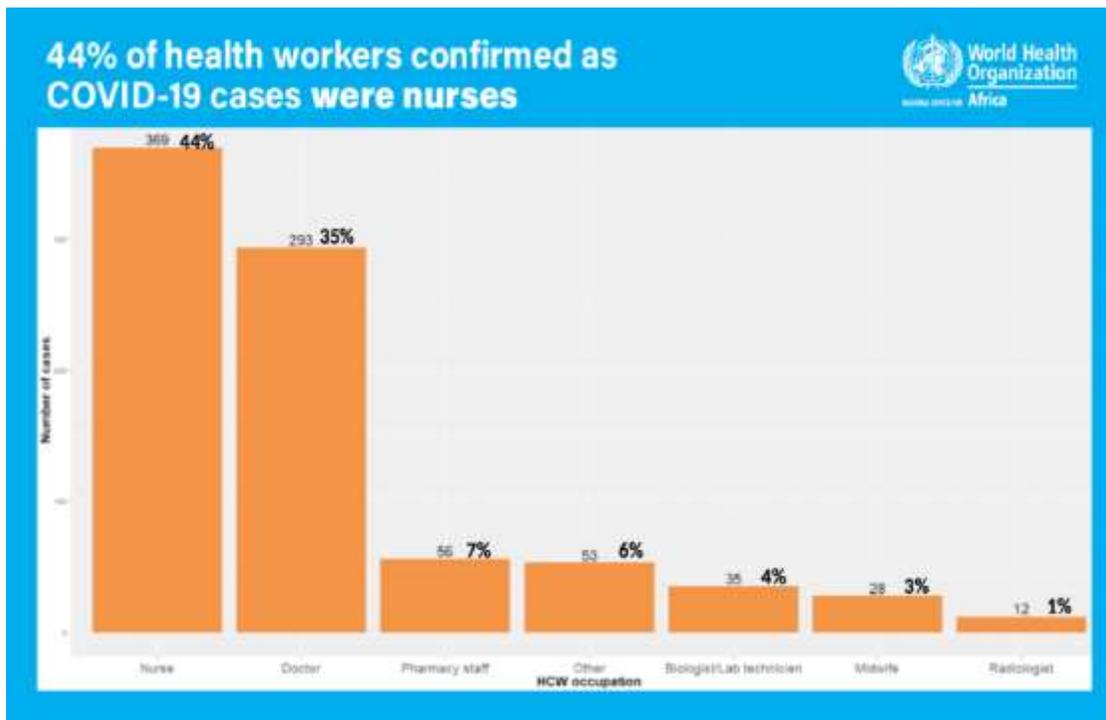


## ALMA SUMMARY REPORT 2<sup>nd</sup> QUARTER 2020

### Introduction – the Choppy waters of a global COVID-19 Hurricane

Africa's first recorded case of COVID 19 was in Algeria on the 25<sup>th</sup> February this year. Four months later, 47 African countries are caught in a storm that is wreaking havoc on our economies. Health, lives, livelihoods and communities' very social fabric are under siege. Africa CDC reported on the 29<sup>th</sup> July that there have been almost 900,000 cases and 19,000 deaths.

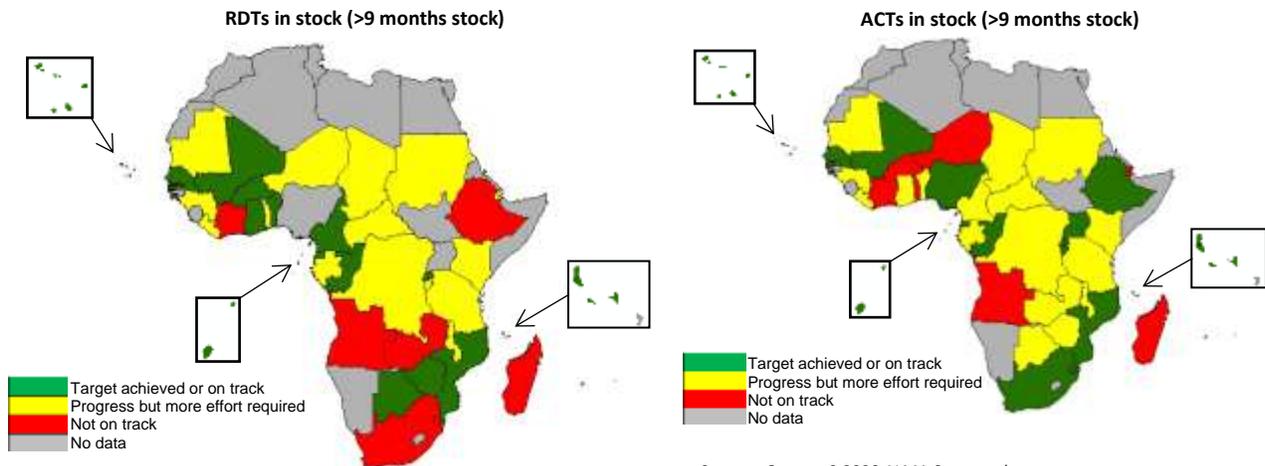
South Africa, the worst hit African country to date, is ranked the fifth in the world in terms of number of infections. The impact on health systems is staggering with over 10,000 health workers infected in 40 countries.



The burden on the health system is compounded by COVID -19 related restrictions triggering supply chain challenges, budgetary cuts, complex challenges with establishing safe triage stations in all health facilities in countries; and global shortages of PPE, drugs and commodities.

If we use malaria as an example, a number of countries have experienced delays in delivery for essential antimalarial commodities including ACTs and RDTs (see maps).

- MEMBERS
- Angola
  - Benin
  - Botswana
  - Burkina Faso
  - Burundi
  - Cameroon
  - Cape Verde
  - Chad
  - Comoros
  - Republic of Congo
  - Democratic Republic of Congo
  - Côte d'Ivoire
  - Djibouti
  - Egypt
  - Equatorial Guinea
  - Eritrea
  - Ethiopia
  - Gabon
  - Ghana
  - Guinea
  - Kenya
  - Lesotho
  - Liberia
  - Madagascar
  - Malawi
  - Mali
  - Mauritania
  - Mauritius
  - Mozambique
  - Namibia
  - Niger
  - Nigeria
  - Rwanda
  - Sahrawi Arab Democratic Republic
  - São Tomé and Príncipe
  - Senegal
  - Seychelles
  - Sierra Leone
  - Somalia
  - South Africa
  - South Sudan
  - Sudan
  - Swaziland
  - The Gambia
  - Togo
  - Uganda
  - United Republic of Tanzania
  - Zambia
  - Zimbabwe



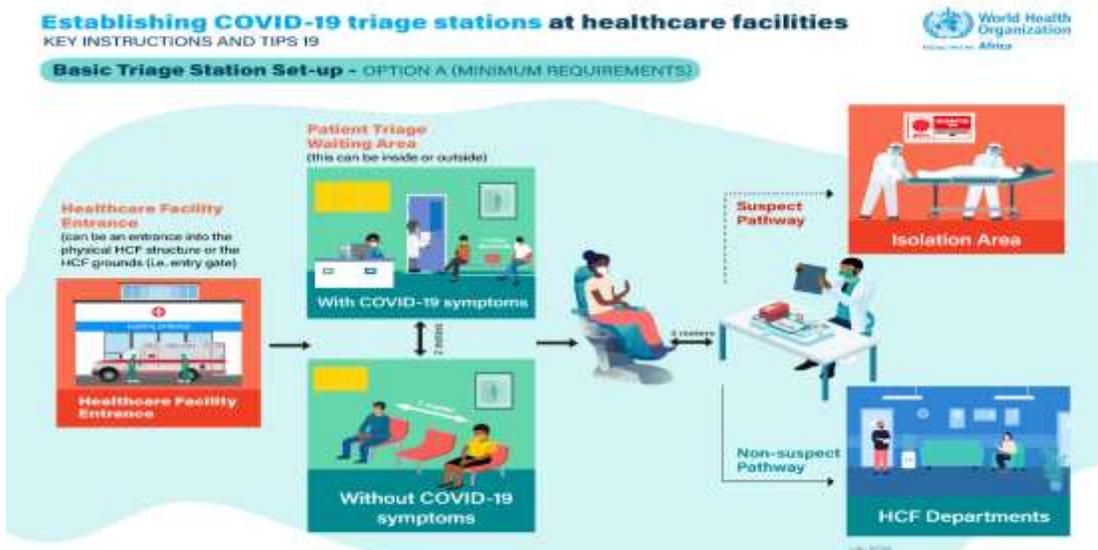
Source: Quarter 2 2020 ALMA Scorecard  
 The designation employed and the presentation of material in these maps does not imply the expression of any opinion whatsoever on the part of ALMA concerning the legal status of any country, territory or area of its authorities or concerning the delimitation of its frontiers or boundaries

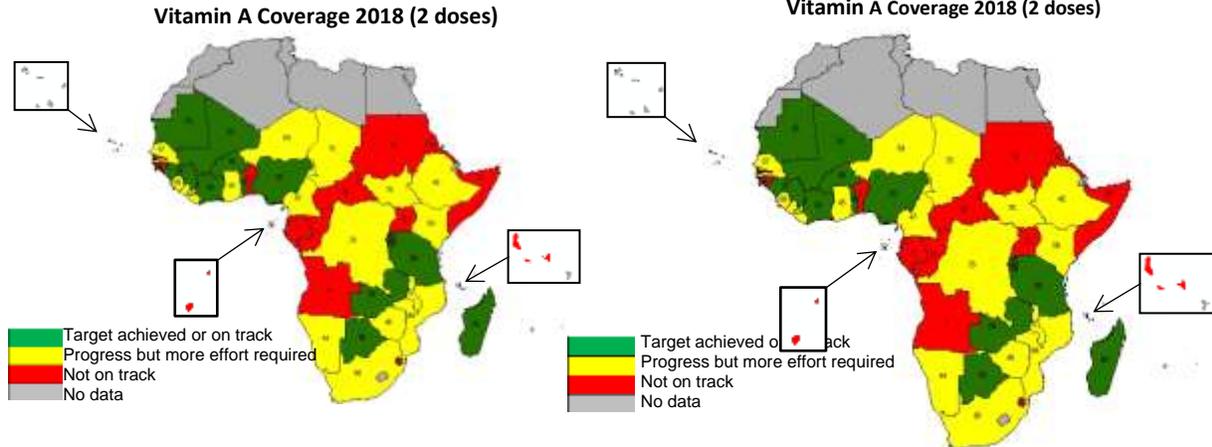
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A global report by the UN Secretary General’s Independent Accountability Panel for Women Children and Adolescents health, launched on the 13<sup>th</sup> July by HE, President Cyril Ramaphosa, President of the Republic of South Africa and African Union Chairperson, captures the true impact of the COVID-19 Storm.

The report states that we could see a big rise in deaths among pregnant women and young children, by 10 to 50%, with disruptions in essential services and supplies. Indeed, the difficulty in sustaining the treatment of neglected tropical diseases, as well as maintaining coverage with maternal and child health services whilst remaining COVID-19 compliant has led to the development of guidelines by WHO.

Complying with the necessary guidelines is not easy. In many cases, more resources such as space, and additional health workers and equipment are required, even in the smallest health facilities.





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## Riding the Storm – A joint effort

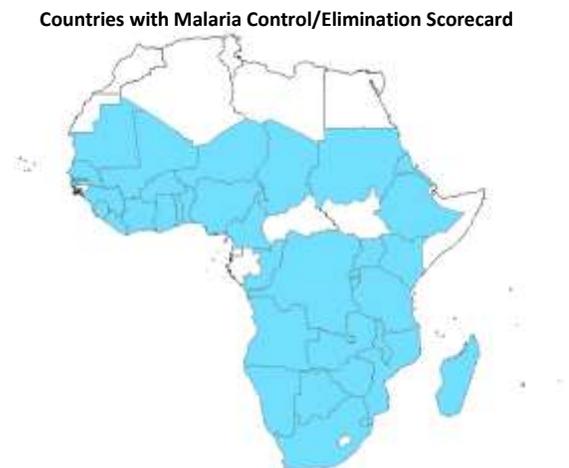
Countries across the African continent have however demonstrated how to sustain essential services against malaria.

Countries and partners have worked together to reprogramme existing resources to address commodity shortages brought on by lock downs and supply chain blockages. Countries have supported each other across the continent. Examples include the collaboration between Namibia, South Africa, and Uganda to accelerate delivery of ACTs to Namibia; and between The Gambia and Senegal to address dwindling supplies of RDTs in the Gambia.

The use of technology has been critical in data collection, and maintaining training programmes as well as virtual supportive supervision and oversight. Indeed, Malaria and RMNCAH scorecards have been maintained and have been used to help enable bottleneck resolution in countries like Ghana, Rwanda, Kenya, and Zambia. Countries have reprogrammed existing resources to procure PPE and hire extra staff. Countries have redesigned their malaria service delivery to become COVID-19 compliant, in countries like Ghana Kenya and Zambia, including COVID-19 compliant campaigns in Benin, Rwanda, Nigeria, Mali, South Sudan, CAR, DRC, Uganda and many others. The Sahel countries are carrying out their seasonal malaria chemoprevention. IRS campaigns are being planned. Infact, the vast majority of the LLIN, IRS and SMC campaigns remain on track in 2020. The one common factor has been intensified community engagement and mobilization, for the promotion of infection control, and reaching vulnerable populations such as displaced persons, and the hardest to reach.



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Source: Quarter 1 2020 ALMA Scorecard  
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Maintaining maternal and child health has been more difficult, but there are some best practices. In Uganda, following a reduction in demand for health services due to COVID and the national lock down, the MOH intensified community mobilization to ensure mothers and children continue to access ANC, PNC, immunization and curative services, including for malaria. Concurrently, infection control efforts continue in all health facilities are ongoing as part of the COVID response. In Mozambique, the country has for example adapted Family planning services by prioritizing long-term family planning methods to reduce patient turnover. Telemedicine and other digital platforms have also been used to offer services without having to leave home.

### All of society response

The full engagement of all stakeholders in the economy has become urgent, as countries appeal to the private sector and individuals to actively support the fight to both control COVID 19 and sustain essential health services.

Countries are accelerating the establishment and scaling up of operations of End Malaria Councils and Funds, across the continent. With heads of state and government guidance and direction, the Councils and Funds engage Politicians, Religious leaders, community leaders, partners, civil society groups, NGOs, the private sector, experts, youth and government, in combating malaria and funding the services. During the month of August, Mozambique and Uganda will be launching their End Malaria Funds, and Eswatini will be opening its Fund Offices. In Zambia, members of the End Malaria Council have used their influence and platform to ensure malaria remains a priority, including through interviews on television and radio and several advertisements to promote awareness of malaria and COVID-19 symptoms so that people would seek testing and treatment.

ABC Health Chairman Mr. Aigboje Aig-Imoukhuede, who also co-chairs GBC Health, recently shared a plan to transform Nigeria’s primary health care sector named ‘The Adopt a Primary Health Facility Program’. The program has the backing of the Private Sector Health Alliance of Nigeria (PSHAN) founded by Aliko Dangote, Jim Ovia and Aigboje Aig-Imoukhuede.

The goal is to establish a chain of Primary Healthcare Centers (PHCs), across Nigeria is 774 Local Government Areas and apply market-based reforms to provide low-cost health services

at decent standards to the poor and vulnerable. The Program design phase is due to be completed by Q3 2020. There is a great opportunity to incorporate Lessons being learnt from the COVID-19 a pandemic. It is hoped the initiative will lead to:

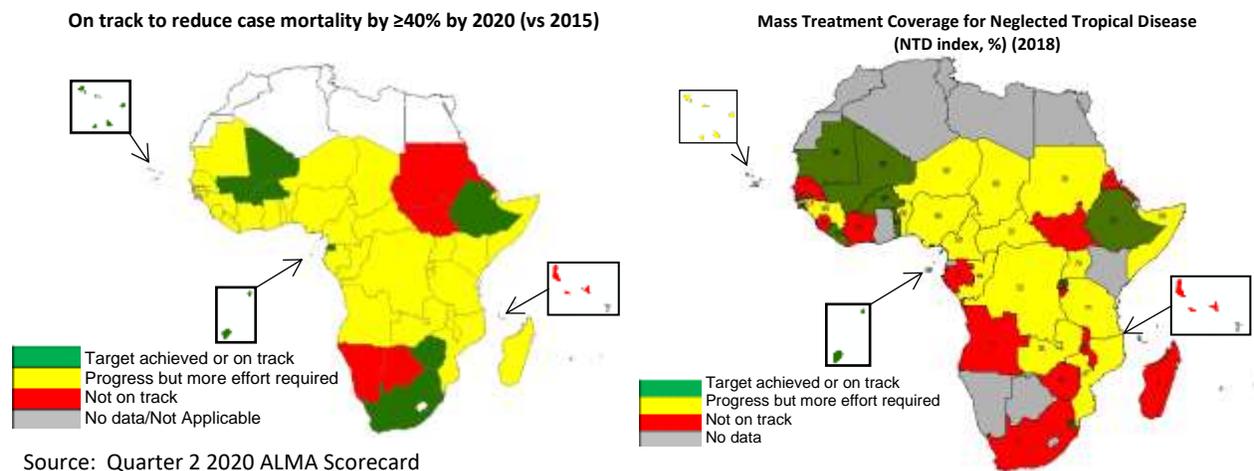
- Reduction in Mortality Rates
- Creation of new jobs, entrepreneurship opportunities and health-focused start-ups
- Improved public sector accountability
- Female gender empowerment
- Increased uptake of Micro-Health Insurance
- Successful Health Policy Reform

COVID-19 creates an opportunity for us all to work smarter and more effectively.

## Conclusion- A new Normal

The global COVID-19 pandemic has put pressure on the global community to work together. At the same time, Africa has been disadvantaged by the fact that its health systems are underdeveloped. Indeed, WHO reports that before COVID-19 hit, progress towards 2030 targets to save the lives of women and children was already lagging by at least 20% or more in most African countries.

Part of the reason is the poor case management of malaria, as well as poor coverage with treatment for Neglected Tropical Diseases.



Source: Quarter 2 2020 ALMA Scorecard

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The lack of adequate manufacturing capacity has also meant the continent has to rely on other continents for drugs and commodities, even as Africa will have to rely on the other continents for the COVID-19 vaccine.

Plans need to be developed and operationalized now; for robust quality health systems and collaborative upgrading of supporting sectors that will enable full African participation in the health value chain for sustainable development; and to guard against the potential devastating impact of the next pandemic.

This must be the new “normal” for Africa. Zero malaria starts with me, and with every one of us; for a Malaria free Africa.