Introduction
The continent is caught in a perpetual storm of emergencies; climate change triggered droughts and floods, long term epidemics of HIV/AIDS, TB and Malaria, new pandemics of COVID-19 and Monkey Pox, crippling burdens of neglected tropical diseases, severe food shortages fueled by global conflict, and markets and political instability resulting in migration and internal displacement of populations. The resultant disruptions of economic growth and development have Africa caught in a constant cycle of poor health, poor learning outcomes, poor earning potential, large youth unemployment, and persistent poverty.

The fights against Malaria and Neglected Tropical Diseases, create a real opportunity, for Africa to harvest low hanging fruit in our fight to defeat the communicable disease adversaries; since the tools used have the potential to strengthen our abilities to overcome the rest of the challenges. The tools currently available to combat both Malaria and Neglected Tropical diseases, have been used by some low and middle income countries to eliminate these diseases. We are learning valuable lessons.

Malaria as a pathfinder illustration
The World Health organization this year, shared 5 core components of a pandemic preparedness, readiness and response plan.

Source: WHO March 2022 Strategic Preparedness, Readiness and Response Plan to end the Global COVID-19 Emergency.

Surveillance and public health intelligence is the backbone of ALMA’s scorecard for accountability and action; and the focus on the use of real-time quality data to inform management, bottle neck analysis, resolution and decision making, as well as the tracking of outcomes.
Effective complete surveillance, strong access to community level rapid diagnostics and early treatment as well as access to a robust quality laboratory support network completes the virtuous cycle of effective public health intelligence that leads to early detection, response and control of outbreaks. Malaria is the ideal pathfinder for this critical component as it can be used again and again to test the strength, speed and completeness of the system. It is for this reason that ALMA tracks public sector rapid diagnostic tests and Malaria treatment financing.

Access to medicines
WHO has identified research development and equitable access to counter measures and essential measures as another core component. Indeed, the African continent experienced a reality check when the 1st world economies prioritized their own people for COVID-19 vaccines and even justified hoarding when they had excess capacity. This made it clearer than ever before that Africa had to invest more in research as well as get its medicines registration and procurement streamlined.

Signed, ratified and deposited the AMA instrument at the AUC

Estimated % of children (0–14 years old) living with HIV who have access to ARVs (2021)
The Treaty has come into effect this year. Now is the time for every African country to walk the talk, by signing onto and ratifying the treaty.

The engagement will ensure that children are not only protected against malaria, but that they also get the HIV treatment they are entitled to and access to essential nutrients like vitamin A supplement and protection through DPT3 vaccination.

For, by and of the People
Making diagnostics and medicines available to communities however is not enough. Communities are the backbone of any effective preparedness, readiness and response strategy against any disease outbreak. The effective engagement of stakeholders across all sectors and active community engagement has been the focus of ALMA over the past 2 years. In addition to supporting with the AUC and RBM Partners the launching of “zero malaria starts with me” campaigns; ALMA is working with countries to build ownership and engagement through the establishment of End Malaria Councils and Funds, with representation from the private sector, civil society, traditional leaders, religious leaders, youth leaders, and government sectors. The
councils bring the country together in monitoring performance, addressing bottlenecks and funding gaps under a robust accountability mechanism that is driven by data and results. All ALMA countries with national malaria control elimination scorecards are urged to launch the campaign and to establish end malaria councils and funds. Countries with scorecards, are also in a position to engage communities more effectively with community scorecards. The scorecards are ideal for use with community health workers. They enable communities to own and effectively practice the social and public health measures required to prevent, control, and eliminate malaria and other disease outbreaks and demand quality services.

Safety and Equity
It is our belief that it is only when people are involved in the way the health systems service them that equity, quality, safety, and effectiveness will be addressed and achieved. The continent is constantly dealing with displaced persons and refugee populations. Not providing for them will make any disease control strategy ineffective.

Malaria and NTDs offer an ideal pathfinder for countries to demonstrate ways of integrating prevention, early detection, and treatment of refugees and displaced persons into the health systems of countries, ensuring effective elimination of these diseases and better handling of pandemic threats. Resilient health systems cannot leave anyone behind.

Conclusion - Coordination and Management.
The glue that holds it all together is effective management and coordination. Coordination is a contact spot! It is the process by which effective management brings together every player’s effort in harmonious symphony, to create a unity of action that achieves a single common shared objective, universal health and well being. This is the purpose of combining our scorecard and action tracking management tools, with end-malaria councils and community engagement. ALMA has demonstrated that malaria is the ideal pathfinder for pandemic preparedness, readiness, and response. Zero malaria starts with me. Zero malaria starts with all of us.