



# 2020 AFRICAN UNION MALARIA PROGRESS REPORT



## Charting a Path to Ending Malaria in Africa

This past year presented unprecedented challenges that touched and affected every aspect of life and every person around the globe.

We are inspired by the response to COVID-19. People adopted new behaviours to protect themselves and their communities, like wearing masks and physical distancing. Public-private partnerships developed, in just one year, vaccines that could rid the world of COVID-19.

Now we, global and African leaders, face a choice: Do we simply put this health crisis behind us and move on? Or do we continue to invest and apply the lessons learned to strengthen health systems and accelerate the elimination of other preventable diseases like malaria?

To us, the choice is clear.

At the outset of the global pandemic, the WHO predicted that malaria deaths could almost double, killing 769,000 Africans and reversing two decades of progress. Thankfully, our malaria endemic countries and partners responded:

- Close to 180 million mosquito nets were distributed door-to-door and indoor spraying of insecticides went ahead as planned.
- More children than ever were protected by Seasonal Malaria Chemoprevention.
- Our health workers worked tirelessly to ensure that testing and treatment were sustained and that life-saving commodities were available.

Although malaria cases and deaths are still projected to increase in 2020 as a result of COVID-19 pandemic, the doubling of malaria deaths has been avoided.

We call on our fellow African leaders and our many partners to champion the four priorities articulated by H.E. President Kenyatta as Chair of African Leaders Malaria Alliance

1. Increase coordination and engagement on malaria through Regional Economic Communities.
2. Improve the quality of health data and expand access through regional and national malaria scorecards sharing the data freely to inform and empower individuals and communities to act.
3. Launch national End Malaria Councils and Funds to convene senior leaders across all sectors to champion malaria and mobilise action, resources, and accountability.
4. Recruit and engage a new generation of youth to combat malaria.

As a result of actions taken during 2020, we have already laid a solid foundation for this agenda. Each of the RECs are developing workplans to address malaria at a regional level. Joining Eswatini and Zambia, Mozambique and Uganda launched End Malaria Councils and Funds, and several more are in progress. Countries used their national scorecards to assess the impact of COVID-19 on the delivery of malaria services. We commend those Member States and leaders for their efforts despite the challenges they faced.

With zeal and renewed urgency, we commit that “Zero Malaria Starts with Us.”



**H.E. Moussa Faki Mahamat**  
African Union Commission Chairperson



**H.E. President Uhuru Kenyatta**  
Republic of Kenya  
ALMA Chair



**Dr. Abdourahamane Diallo**  
The RBM Partnership to End Malaria  
CEO

## Malaria Status Update

### World Malaria Report 2020

Since 2000, 1.2 billion cases of malaria and 7 million deaths have been averted in Africa. Nevertheless, malaria remains a significant threat to health and development. According to WHO's *World Malaria Report 2020*, there were 215 million malaria cases and 384,000 malaria deaths in Africa in 2019 and the malaria incidence rate in Africa has plateaued since 2015. Africa is not on track to achieve its 2020 target of reducing malaria incidence and mortality by 40% and the goal of eliminating malaria by 2030.

### COVID-19 Response

The COVID-19 pandemic placed an incredible strain on health systems across Africa, which sought to maintain routine health services despite the added burden. At the beginning of the pandemic, WHO estimated malaria deaths in Africa could double to 769,000. This would have represented a reversal in the substantial progress seen over the last two decades. To prevent this, WHO, the RBM Partnership to End Malaria, ALMA, and the African Union emphasised the critical need to ensure the continuity of malaria prevention, testing and treatment whilst adhering to COVID-19 preventative guidelines and protocols. Likewise, countries in Africa accessed US\$625 million from the Global Fund to sustain malaria, TB and HIV programmes during the pandemic.

Countries responded with leadership:

- 30 countries reorganised national indoor residual spraying and universal coverage campaigns, delivering ~180 million insecticide-treated nets mostly door-to-door, whilst protecting workers and communities against the spread of COVID-19.
- Workers were authorised to travel despite lockdowns so indoor residual spraying campaigns could be implemented.
- More children than ever before, over 20 million, received seasonal malaria chemoprevention

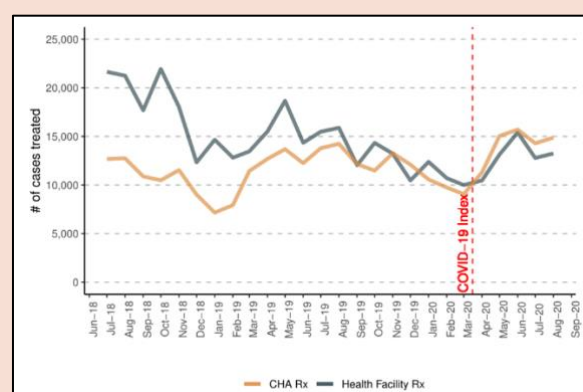
- Vulnerable and high-burden communities were prioritized.
- Case management was sustained and stock-outs avoided by air-freighting medicines.
- Existing resources were reprogrammed and new resources were mobilised to procure PPE for workers.
- Advocacy and communications were intensified to ensure malaria remained high on the national agenda and that communities continued to seek care.
- Case management was decentralized to the community level where possible.

Thanks to these efforts, the doubling of malaria deaths was avoided.

### Community Health Workers at the forefront

Five years ago, the Republic of Liberia experienced significant disruptions to malaria services as a result of the Ebola epidemic, which caused malaria treatment to decrease by about 60%. To avert a similar situation, the Ministry of Health drew on best practices from the Federal Democratic Republic of Ethiopia and the Republic of Rwanda to expand integrated, community-based solutions for malaria prevention, diagnosis and treatment. 3,800 Community Health Assistants were trained and deployed to cover 80% of the country's rural population. These assistants educate people about the risks of malaria and conduct testing and treatment for uncomplicated cases.

**The Result:** Community Health Assistants treated 50% of cases nationwide during the COVID-19 pandemic, enabling the Republic of Liberia to sustain high levels of malaria treatment.



## Zero Malaria Starts with Me

In 2018, the African Union and the RBM Partnership to End Malaria launched the “Zero Malaria Starts with Me” campaign. This campaign calls for all persons to take personal responsibility for ending malaria and to:

- Advocate for controlling and eliminating malaria to remain high on the national agenda;
- Engage and empower communities to take action; and
- Mobilise additional resources, especially from the domestic private sector.

To date, 19 African countries<sup>1</sup> have launched national Zero Malaria Starts with Me campaigns, including seven that launched during 2020:

- **The Republic of Rwanda:** Launched its national campaign in March 2020. During the launch, the Honourable Minister of Health Dr. Daniel Ngamije noted that the campaign will strengthen community-led initiatives including those of community health workers who treat 57% of all malaria cases.
- **The Republic of Cote d'Ivoire:** During the Expo Santé Afrique, Cote d'Ivoire launched the “Zero Malaria Starts with Me” campaign. This was an opportunity to engage political leaders at all levels, mobilise resources and funding, including from the private sector, and empower communities to take ownership of malaria efforts and hold leaders accountable in the fight against malaria.
- **The Republic of Chad:** Launched the “Zero Malaria Starts with Me” campaign during the celebration of the 2020 World Malaria Day. Currently, the country is planning the implementation of a decentralised campaign.
- **The Republic of Kenya:** His Excellency President Uhuru Kenyatta launched the Zero Malaria Starts with Me campaign and national malaria scorecard in October 2020. The country also committed to scaling up messaging and the distribution of information, establishing a Youth Army, and

creating an End Malaria Council to champion malaria across all sectors.

- **The Republic of Benin:** The Honourable Minister of Health Dr. Benjamin Hounkpatin launched the Zero Malaria Starts with Me in November 2020. The Zero Malaria Business Leadership Initiative, spearheaded by Ecobank, the RBM Partnership, and Speak Up Africa, launched alongside the campaign to mobilise private sector action and investment.
- **The Republic of Gabon:** The Honourable Minister of Health Dr. Guy Patrick Obiang Ndong launched the “Zéro Palu! Je m'engage” campaign in December reflecting the country's commitment to ending malaria.
- **Burkina Faso:** Several regional leaders recorded public service announcements on malaria prevention broadcast on national TV and local radio networks to mark the launch of the Zero Malaria Starts with Me Campaign.

During 2020, we also witnessed a number of initiatives launched to support the campaign:

- Ecobank and Speak Up Africa, in cooperation with the African Union Commission and the RBM Partnership, launched the Zero Malaria Business Leadership Initiative, a private sector effort to mobilise resources and malaria champions, initially rolled out in the Republic of Benin, Burkina Faso, and the Republic of Senegal.
- A media coalition was launched in the Republic of Sierra Leone to train journalists on malaria control and provide a platform for disseminating critical information.
- The Republic of Ghana launched its media coalition in September 2020 to drive advocacy and promote the distribution of malaria information.
- The RBM Partnership supported a communications strategy to drive high-level political and policy advocacy, resource mobilisation and accountability efforts. This included comprehensive social, print and digital messaging around major summits and

<sup>1</sup> Burkina Faso, Republics of Benin, Chad, Côte d'Ivoire, Gabon, Ghana, Kenya, Mozambique, Niger Rwanda, Senegal, Sierra Leone, Uganda, Zambia, Kingdom of Eswatini, the Federal Democratic Republic of Ethiopia, the Islamic Republic of Mauritania, the Federal Republic of Nigeria, and the United Republic of Tanzania.

national campaign launches featuring Africa's prominent athletes and artists.

To accelerate progress, the RBM Partnership will launch the youth-focused *Draw the Line Campaign* to support Zero Malaria Starts with Me on the sidelines of the AU Summit.

## High Burden to High Impact

In November 2018, the RBM Partnership to End Malaria and the WHO launched the High Burden to High Impact (HBHI) approach. HBHI, like Zero Malaria Starts with Me, is a country-led initiative in the ten highest burden African countries.<sup>2</sup>

Despite COVID-19, all HBHI countries have:

- Submitted Global Fund applications aligned with costed national strategic plans that will allow for accelerated scaling-up of impactful interventions.
- Maintained the implementation and scale-up of malaria control interventions as planned, taking into account COVID-19 prevention measures.
- Increased awareness of malaria, including implementing Zero Malaria Starts with Me to foster communities' active participation in malaria prevention.
- Regularly updated and used their malaria scorecards to drive accountability and action, and most have engaged partners to share data and establish data repositories.

Nine countries have completed their malaria stratification allowing better targeting of interventions for maximum impact and three have initiated the creation of country-owned and country-led End Malaria Councils and Funds,

with both the Republics of Mozambique and Uganda launching Funds in 2020.

To support these efforts, HBHI countries secured an additional US\$500 million for the 2021-2023 Global Fund compared to the previous cycle.

The National Malaria Control Programmes, in collaboration with the RBM partnership, WHO, and partners, have monthly co-ordination calls of each HBHI country to track the implementation of malaria interventions to sustain continuity of services and identify additional needs, including technical assistance and partner support for malaria elimination.

## Leadership, Governance & Oversight for Sustainability

### ALMA Scorecard for Accountability & Action

The *ALMA Scorecard for Accountability and Action* tracks quarterly progress in the fight against malaria. ALMA distributes the scorecard and accompanying country reports to Heads of State and Government, Ministers of Health and Finance, African ambassadors to the African Union Commission and the United Nations, and key malaria partners. The scorecard encourages Member States to act systematically to address bottlenecks affecting progress. Countries through the country quarterly report mechanism report quarterly on actions taken to address malaria and Neglected Tropical Diseases; and improve reproductive, maternal, newborn, child, and adolescent health services.

### Neglected Tropical Diseases Coverage Index on the ALMA Scorecard for Accountability & Action:

In 2018, ALMA added the Neglected Tropical Diseases (NTDs) Coverage Index to the scorecard to track the coverage of commodities to prevent five key NTDs.<sup>3</sup> This has resulted in countries committing increased resources and elevating NTDs on the agenda. Six countries<sup>4</sup> have also developed national NTD scorecards to drive outcomes:

- The Republic of Congo mobilised US\$170,000 to support the NTDs programme
- The Republic of Namibia developed new indicators for monitoring NTDs and integrated these into the national Health Management Information System
- The Republic of Zambia's scorecard was an effective tool to mobilise resources for NTDs

<sup>2</sup> Burkina Faso, Republics of Cameroon, Ghana, Mali, Mozambique, Niger, Uganda, the Democratic Republic of the Congo, the Federal Republic of Nigeria, and the United Republic of Tanzania.

<sup>3</sup> Trachoma, lymphatic filariasis, onchocerciasis, schistosomiasis, and soil-transmitted helminths.

<sup>4</sup> Republics of Congo, The Sudan, Zambia, Namibia, Malawi, and Niger.

Key actions triggered by the scorecard include:

- Countries and partners secured emergency funds and supplies to address upsurges.
- Concerted efforts by Heads of State and Government, Ministers of Health, partners, and ALMA to ensure countries, particularly in Southern Africa, were prepared for the 2020 spray season through regular dialogue with the manufacturers and procurement agencies.
- US\$370 million in additional funding was secured for high-impact interventions (e.g., insecticide-treated nets, indoor residual spraying, and seasonal malaria chemoprevention) through the Global Fund's portfolio optimization process.
- During the COVID-19 pandemic, countries responded to recommended actions in the country reports to sustain malaria and broader health programming (see above).

## National and Subnational Malaria Control & Elimination Scorecards

Forty countries have developed country-led malaria control and elimination scorecard management tools to drive action and accountability. These tools—which include scorecards, action trackers, and workplans—support a systematic and evidence-based approach to monitor national priorities, identify performance gaps, and take timely corrective action. These tools use data from existing health information systems. Example actions taken based on scorecards include:

- **Burkina Faso:** The scorecard identified frequent stock-outs of Rapid Diagnostic Tests. The NMCP worked with partners to establish a specialized committee to find solutions and developed a plan of action for collecting data in insecure areas.
- **The Federal Democratic Republic of Ethiopia:** The scorecard is used to track the impact of COVID-19 on essential health services and is shared with regions and partners weekly for discussion and problem solving. The scorecard helped detect an acute shortage of health workers that led to the hiring and assigning of new staff. It also informed development of guidelines on the management of paediatric patients during the COVID-19 pandemic.

- **The Republic of Kenya:** The scorecard was used to support mitigation of the impact of COVID-19 on malaria services. An analysis showed a decline in malaria cases accessing health facilities. This led to the Director General for Health directing all County Health Executives to ensure continuity of malaria health services and initiated a county engagement forum to discuss how to ensure that patients continue to visit health facilities.
- **Federal Republic of Nigeria & Republic of Mozambique:** Governors and community leaders receive quarterly malaria scorecards and are engaged to develop community-level strategies for combatting malaria. Dissemination of national and subnational malaria scorecards enables communities to understand risks, gaps, and challenges and to take action to address them.
- **The United Republic of Tanzania:** The scorecard revealed an issue with false positive malaria tests, which was addressed through increased supervision and mentorship of health workers. One region saw a decline in mosquito net distribution. This resulted in urgent communications and distribution of insecticide treated nets, leading to a 50% increase in coverage.
- **The Republic of Zambia:** The scorecard showed low coverage of preventive treatment to protect pregnant women. As a result, the Minister of Health engaged the US President's Malaria Initiative, which procured drugs to restore high coverage.

Several countries have expanded access and use of these tools to a range of country stakeholders (e.g., the End Malaria Council in the Republic of Zambia, Members of Parliament in the United Republic of Tanzania, Sub-national regional political and civil society leaders in the two countries.). This has improved coordination and encouraged others to take responsibility for the fight against malaria.

## National End Malaria Councils & Funds

National End Malaria Councils (EMC) and End Malaria Funds (EMF) convene senior leaders from all sectors—government, private sector, civil society (including religious and traditional leaders)—to champion malaria. EMCs and

EMFs serve as forums where the NMCP can escalate operational and financial bottlenecks for assistance. In response, members advocate for malaria to remain high on the national agenda, mobilise action and resources to support the implementation of the national malaria strategic plan and ensure mutual accountability across sectors for achieving national targets. EMCs and EMFs are an effective mechanism to establish new partnerships (e.g., with the domestic private sector), catalyse multisectoral responsibility for malaria under Zero Malaria Starts with Me and for implementing activities identified under HBHI. EMCs and EMFs also play an important role in identifying innovations that help the NMCP scale-up activities

In 2020, the Republics of Mozambique and Uganda each launched national EMFs, joining the Republic of Zambia and Kingdom of Eswatini, which launched in 2019. Illustrative examples of impact from 2020:

- **The Republic of Zambia's End Malaria Council:** During the COVID-19 pandemic, the EMC sustained attention on malaria by leading a national communications campaign. The EMC developed television and radio advertising distinguishing between malaria and COVID-19 and encouraging sick individuals to seek treatment. These advertisements ran nationally using donated advertising from the Zambia Revenue Authority. Religious leaders on the EMC also organised community marches during SADC malaria week to raise the public's awareness.
- **The Republic of Zambia's End Malaria Fund:** Mobilised US\$500,000 from private sector partners to support Mass Drug Administration in target districts.
- **The Kingdom of Eswatini's End Malaria Fund:** Closed 50% of the country's budget gap under the national malaria elimination strategy. During 2020, the EMF publicised the launch of the new national strategy. The End Malaria Fund also conducted a series of communications campaigns, including billboards and a mass SMS campaign to remind people of the risks of malaria, and engaged traditional leaders to support Zero Malaria Starts with Me,

- **The Republic of Mozambique's Fundo da Malária:** Launched with an event broadcast on national TV, which increased the visibility of the NMCP and provided a platform to remind Mozambicans of the risk of malaria.
- **The Republic of Uganda's Malaria Free Uganda:** Following its successful launch, the foundation and the Minister of Health hosted a roundtable with the private sector to discuss how it can support malaria control. This resulted in several commitments for action and resources.

Countries are also in the process of establishing subnational End Malaria Councils to convene local leaders to drive community engagement.

- **The Republic of Zambia:** Launched provincial End Malaria Councils in all 10 provinces to revitalize subnational health teams.
- **The Republic of Namibia:** Launched End Malaria Councils in three northern regions to convene local leaders to drive advocacy, action, resources, and accountability locally.

The following countries are also working to roll out their EMCs and EMFs: Burkina Faso, the Republics of Gabon, Cameroon, Botswana, South Africa, Rwanda, and Kenya, and the Democratic Republic of Congo.

## Parliamentary Engagement

Parliamentarians can play an important role in setting national priorities, creating an enabling environment through policies and legislation, and driving community engagement with their constituents. During 2020, Members of Parliament have been engaged:

- **United Republic of Tanzania Parliamentarians:** Launched a subnational malaria scorecard (in partnership with the NMCP) showing the status of malaria control at the constituency level. This scorecard, which is available to all MPs through a mobile app, enables them to receive regular updates about malaria and use this information to take action and develop policies to support malaria control and elimination.
- **ECCAS:** Parliamentarians held a virtual meeting focusing on the status of regional

elimination. They agreed to use advocacy to ensure that NMCPs have sufficient resources to implement—the necessary interventions to control malaria.

- **UNITE Summit:** Provided a forum to engage parliamentarians globally on the importance of malaria control and elimination. Representatives from ALMA, WHO, the RBM Partnership, and the Republic of Zambia's EMC provided case examples and guidance on how parliamentarians can shape policies, drive action, and mobilise communities to fight malaria.

## Community Engagement

Empowering communities to take ownership of the fight against malaria is a central priority of the Zero Malaria Starts with Me campaign. Community engagement helps ensure that individuals are well-informed about the causes of malaria, methods of prevention, and how and when to seek testing and treatment. Elevating trusted and influential voices at the local level has been a priority throughout 2020 in several countries and be strengthened in 2021. For example:

- The Isdell:Flowers Cross-border Malaria Initiative convened faith leaders from across Southern Africa to discuss the role that religious organisations can play in distributing malaria communications and services.
- Musicians in the Republic of Sierra Leone developed an anthem to raise awareness of malaria and engage communities as part of the Zero Malaria Starts with Me campaign. Twenty-five civil society organizations in 5 countries<sup>5</sup> launched the "Luttons Ensemble #Lemouvementcontinue" (Lets fight together #TheMovementContinues) campaign with the support of Impact Santé Afrique through the Civil Society for Malaria Elimination and Global Fund Advocates Network. The campaign sensitises local leaders and decision-makers on the importance of ensuring the continuity of services to fight against malaria in the context of COVID-19 and calls for an increase in domestic funds allocated to health. The CSOs have

published articles urging communities to take action and organised joint press conferences with other champions (parliamentarians, former Minister of Health, Civil Society, artist, athlete, etc.) who reaffirmed commitments to end malaria despite COVID-19.

## Youth Engagement

The African Union Constitutive Act recognizes the importance of youth participation, involvement, and representation in social and economic development. To support this initiative, the Chair of ALMA called for the establishment of a continental "Youth Army" to drive a movement to fight malaria, improve maternal and child health, and improve access to universal health coverage.

During 2020, the African Union Commission, The Department of Human Resources, Sciences and Technology through its Youth Division, and African Union Commission Chair's Youth Advisory Council were engaged to map youth organisations and potential leaders that could form the backbone of this Youth movement. Additional consultations were held with youth leaders from across the continent, including:

- A survey in English, French, and Portuguese to solicit youth perspectives and interest on the development of a Youth Army.
- A Pan African Youth Consultation in September 2020 convening 80 participants to discuss the role that Youth can play in the fight against malaria. This inter-generational dialogue identified several strategic objectives for mobilising youth champions at the continental, regional, and national levels.
- A series of Anglophone and Francophone validation workshops to review the strategies and recommendations. These closed sessions focused on ensuring there is a strong Youth voice behind this initiative.

During Q4 2020, ALMA finalised an African Malaria Youth Strategy and will work with the AUC, AU Member States, and partners to launch and implement this strategy in 2021. This will include launching a continental Malaria Youth

<sup>5</sup> Republics of Cameroon, Niger, Senegal, Central African Republic and the Democratic Republic of Congo.



Advisory Council to galvanise leaders and mirror the advocacy platform of ALMA.

Efforts are underway to launch the first Youth Army in the Republic of Kenya. This effort is led by a multisectoral team, which has conducted a series of country-level consultation and developed an initial concept note.

## Diversified, Balanced & Sustainable Financing for Malaria

### Global Fund Allocations

The Global Fund to End AIDS, TB and Malaria remains the largest mechanism for financing the fight against malaria. For 2021-2023, The Global Fund allocated US\$3.58 billion to cover malaria programming in endemic countries in Africa. This represents an increase of US\$825 million compared to the previous funding round. Countries have submitted their Global Fund funding requests and the vast majority retained their malaria allocation. This will allow countries to sustain and scale up malaria interventions (e.g., insecticide-treated nets, indoor residual spraying, and seasonal malaria chemoprevention for young children) and case management, whilst also working to address key challenges like insecticide resistance. Countries have worked throughout 2020 to submit their Global Fund funding requests, despite the difficulties of the COVID-19 pandemic. 98% of the submitted proposals have been approved and are on track to begin implementation in 2021.

With ALMA's support, the African Constituency of the Global Fund organized the stakeholder engagement in the "Making Africa's Voice Heard in The Global Fund Strategy". The inclusion of voices from Africa is critical because of the prevalence of malaria on the continent and ensuring that all countries, including middle-income countries that do not currently receive support (e.g., Gabon), have the funding necessary to eliminate malaria by 2030.

## Sustained Donor Support

During 2020, the US President's Malaria Initiative (PMI) celebrated its 15<sup>th</sup> anniversary. PMI is a critical partner to 24 countries across Africa. As part of this event, PMI renewed its annual commitment of more than US\$680 million in direct support to African countries to ensure the availability of life-saving malaria commodities and services. The US government is also the biggest contributor to the Global Fund.

### Domestic Co-financing

Despite the COVID-19 pandemic, countries across Africa remain committed to meeting the Global Fund's domestic co-financing requirements for the period of 2021-2023. Meeting these requirements is necessary to ensure countries receive their full allocation from the Global Fund. For example, the government of the Federal Republic of Nigeria has successfully secured US\$300 million from the World Bank and Islamic Development Bank to fill key gaps in its national malaria strategy. Others are establishing End Malaria Funds to mobilise domestic resources, especially from the private sector (see above).

## Regional Coordination

### Regional Economic Communities (RECs) & Cross-border Coordination

To date, four RECs<sup>6</sup> have signed memoranda of understanding with ALMA and the RBM Partnership. To support these initiatives, the RECs are developing workplans<sup>7</sup> to support malaria control and cross-border coordination. They are also mainstreaming malaria into Head of State and Government and ministerial fora and summits. To support advocacy and coordination, SADC and WAHO are developing regional malaria scorecards and action trackers.

These initiatives build upon a number of bi-lateral and multi-lateral, cross-border initiatives that support vector control, case management, surveillance, and data sharing. These efforts have been critical for identifying and addressing

<sup>6</sup> ECCAS, SADC, WAHO, and IGAD.

<sup>7</sup> ECCAS, WAHO, and SADC have finalised approved their workplans.

sub-regional outbreaks. Example initiatives include:

- **EAC:** The Great Lakes Malaria Initiative, which will support coordination across East Africa and the Democratic Republic of Congo, is in the final stages of adoption.
- **WAHO:** The Sahel Malaria Elimination Initiative and Republics of Senegal-Gambia initiative focus on accelerating malaria control and elimination in West Africa. For example, by supporting cross-border community case management in villages along the border between the Republic of Senegal and the Republic of The Gambia.
- **ECCAS:** A regional strategy is being finalised and will be validated during Q1 2021.
- **SADC:** The E8, MOSASWA, and a series of bi-lateral agreements (e.g., ZAM-ZIM) continue to support cross-border activities. SADC members are also operationalising the Windhoek Declaration.

## Local Manufacturing of Malaria Commodities

The COVID-19 global pandemic made it apparent that further progress needs to be made in the local manufacturing of malaria commodities. The breakdown of global supply chains and closing of national borders in China, India and Europe resulted in commodity shortages. Whilst many of the barriers were ultimately overcome including through the direct advocacy by H.E. President Kenyatta to foreign leaders (e.g., H.E. Narendra Modi, the Prime Minister of the Republic of India), Africa remains reliant on foreign manufacturers for most of the commodities used to combat malaria. Increasing local manufacturing will make the continent more resilient to future upsurges and disruptions, invest a greater share of donor funding on the continent, and support technology transfer.

In line with this, ALMA is forging a strategic partnership with AUDA/NEPAD, MMV and

others aimed to support local manufacture and the implementation of the Pharmaceutical Manufacturing Plan for Africa (PMPA), including technology transfer and appropriate support for prequalification. Recent activities include:

- Undertaking a scoping of pharmaceutical manufacturing capabilities in Kenya.
- Collaborating with the NEPAD Agency and others for a proposed scoping of pharmaceutical manufacturing capabilities in Africa, in support of PMPA implementation.
- High-level advocacy to address key policy challenges and an overall lack of sector investment (and exploring the use of the ALMA scorecard for Accountability and Action and regional scorecards to highlight these challenges).

Following collaboration with key partners to map the registration landscape of vector control products in Africa, the findings have provided a deeper understanding of the existing challenges. The focus is now to support the creation of opportunities to optimize rapid access to vector control products in Africa. Recent activities in this area include:

- Identifying vector control regulation and local manufacture activities under an agreement with SADC, ALMA and the RBM Partnership.
- Participation in AU Taskforce discussions in support of registration harmonization for vector control products.

The WHO has recently introduced a pre-qualification process for vector control products (similar to the process for medicines, vaccines and diagnostics). The WHO is also proposing a Collaborative Registration Procedure in which countries would not need to repeat in-country assessments and trials prior to registration. Member States are encouraged to endorse this procedure to facilitate access to new vector control tools (e.g., through the RECs and existing AMRH).

## Progress Update on 2020 AUC Malaria Decision

Decision	Status Update
<i>Support the roll out and implementation of the “Zero Malaria Starts with Me” campaign in additional Member States</i>	19 countries have launched “Zero Malaria Starts with Me” campaigns, including seven additional countries during 2020 (Burkina Faso, the Republics of Benin, Chad, Cote d’Ivoire, Gabon, Kenya, and Rwanda).
<i>Implement regional malaria scorecards through the Regional Economic Communities</i>	<p>Memoranda of Understanding signed with four Regional Economic Communities (SADC, ECOWAS, ECCAS, IGAD) and being finalised with the EAC.</p> <p>Two RECs (SADC, ECOWAS/WAHO) are developing regional malaria scorecards and action trackers for accountability.</p>
<p><i>Expand domestic funding for malaria control and elimination through innovative mechanisms, including end malaria funds, to close budget gaps under their national malaria strategic plans.</i></p> <p><i>Scale up the implementation national end malaria councils.</i></p>	<p>The Federal Republic of Nigeria secured US\$300 million from development banks to finance malaria control and elimination.</p> <p>End Malaria Funds and End Malaria Councils have launched in 4 countries (the Kingdom of Eswatini and Republics of Zambia, Mozambique, and Uganda). Subnational EMCs have launched in the Republics of Zambia and Namibia. EMCs and EMFs are under development in Burkina Faso, the Republics of Gabon, Kenya, and Rwanda, and the Democratic Republic of Congo.</p>
<i>Use national malaria scorecards, action trackers and engage stakeholders to align their activities with these tools at all levels to enhance accountability, transparency and action</i>	40 country malaria scorecards, 29 RMNCAH scorecards and 6 NTD scorecard tools are being implemented and used to enhance accountability, transparency and action to drive impact