



# Progress report on implementation of Regional Committee resolution AFR/RC59/R3 on accelerated malaria control

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At the global and regional levels, several resolutions have been adopted and commitments made to scale up malaria control towards elimination in the Region.<sup>1,2,3,4,5,6,7</sup> These resolutions were reinforced by commitments by African Union heads of state and the UN Secretary-General's call for universal access to life-saving interventions.

Malaria control is defined as a reduction of the disease burden to a level where it is no longer a public health problem as a result of deliberate efforts. Malaria elimination is an interruption of local mosquito-borne malaria transmission in a defined geographic area.<sup>8</sup> Pre-elimination is attained when there is less than one malaria case per 1 000 population.

The burden of malaria has decreased significantly in several countries in the Region. However, the devastating health and socioeconomic consequences of this scourge remain a matter of great concern. In order to respond to the disease burden and to accelerate progress in meeting malaria-related MDG targets, in 2009 the Regional Committee at its Fifty-ninth session adopted Resolution AFR/RC59/R3 on *Accelerated Malaria Control: Towards Elimination in the African Region*.<sup>9</sup>

The resolution urged Member States to scale up malaria control towards elimination through strategic planning, and strengthening the capacity of malaria programmes and procurement, supply and rational use of affordable quality-assured essential medicines and commodities.

This article summarises the progress made in implementing Resolution AFR/RC59/R3 since the first progress report in 2011 and proposes next steps for action.

## Progress made

Guidelines for malaria programme review and strategic planning have been released and experts in all the malaria-endemic countries trained in their use. WHO AFRO has supported 24 countries<sup>10</sup> to conduct malaria programme reviews and provide information for the development of strategic plans, and monitoring and evaluation plans. Conducting the malaria programme reviews and developing plans has led to enhanced dialogue with key partners and increased domestic and external funding commitments.

Guidance on integrated vector management has been provided to countries including larviciding as a complementary intervention to long-lasting insecticide treated nets and indoor residual spraying. Policy orientation on intermittent preventive treatment of malaria in pregnancy (IPTp) has been updated and disseminated. WHO AFRO also provided support for the monitoring of insecticide resistance and efficacy of antimalarial medicines through training of national staff and technical assistance for implementation research.

Technical assistance was provided to 11 countries<sup>11</sup> for the implementation of integrated community case management

**SUMMARY**—Several resolutions have been adopted and commitments made to scale up malaria control towards elimination in the African Region. These include United Nations, African Union, regional economic communities, World Health Assembly and Regional Committee resolutions.

WHO AFRO provides support to countries, regional economic communities and the African Union in planning, implementing monitoring and evaluating their malaria control and elimination strategies. WHO also provides guidance and support for capacity building and resource mobilization towards reduction of the burden of malaria.

As a result of scaling up evidence-based and high-impact malaria interventions, the overall estimated incidence of malaria in the African Region fell by 33% from 2000 to 2010 and the upward trend of the disease was reversed. Furthermore, 12 countries in the African Region are on track to reduce malaria incidence by at least 50–75% by 2015.

The action points of Resolution RC 59/R3 on *Accelerated Malaria Control: Towards Elimination in the African Region* remain relevant and should continue to guide countries in the context of their broader health, development and poverty reduction agenda.

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(iCCM) including capacity building for traditional health practitioners.

The seasonal malaria chemoprevention (SMC) guidelines were launched in 2012 and used to support the development of country implementation plans.<sup>12</sup> The “T3: Test. Treat. Track.” initiative and the two malaria control and elimination surveillance manuals were launched by the WHO Director-General in 2012 on the occasion of World Malaria Day.<sup>13,14</sup>

The percentage of households owning at least one insecticide treated net (ITN) increased to 53%. Forty-seven per cent of suspected malaria cases underwent a diagnostic test in the public sector. Rapid diagnostic tests accounted for 40% of all cases tested in the Region in 2011. An average of 44% of pregnant women in 25 countries received two doses of IPTp.<sup>15</sup> In 2009, 73 million people, about 10% of the population at risk of malaria in the Region, were protected by indoor residual spraying (IRS).

WHO/AFRO supported the collection and validation of data for the African Leaders Malaria Alliance (ALMA) Scorecard and provided support for data collection for the World Malaria Reports 2012 and 2013 and for malaria indicator surveys in Botswana, Burundi, Chad, Comoros, Côte d’Ivoire, Eritrea and Zimbabwe. As a result of scaling up proven malaria control interventions the overall estimated incidence of malaria fell by 33% between 2000 and 2010 and the upward trend of the disease was reversed. Furthermore, 12 countries in the African Region are on track to reduce malaria incidence by at least 50–75% by 2015. Seven countries are implementing measures for pre-elimination of malaria (Botswana, Cape Verde, Namibia, South Africa, Swaziland, the United Republic of Tanzania (Zanzibar) and Zimbabwe).


In addition to the above a number of subregional initiatives are being intensified. These include the Sahel Countries Malaria Initiative, the Rwanda Malaria Elimination Forum, the SADC Malaria Elimination Initiative, the East African Community Malaria Initiative, the Small Island Developing States (SIDS) Malaria Commitment, and similar initiatives in Comoros, Equatorial Guinea (Bioko Island) and Madagascar.

Despite the progress made, important challenges remain. In 2012, 80% of the 219 million malaria cases and 90% of the 660 000 malaria deaths worldwide were in Africa. An estimated 86% of deaths involved children below five years of age. Several countries lack capacity and strong district and community-based structures for scaling up key interventions especially in conflict, post-conflict and complex humanitarian crises. Furthermore, weak health information systems hamper consistent tracking of progress. Emerging resistance to artemisinin and insecticides may erode the gains already made.

## Next steps

Intensification of the following actions is proposed in the implementation of Regional Committee Resolution AFR/RC59/R3 on accelerated malaria control towards elimination in the African Region:

- a) Member States should continue to conduct regular malaria programme performance reviews to inform strategic direction and planning.
- b) Member States and their health and development partners should continue to mobilize adequate public and private resources to sustain acceleration of malaria control and prepare evidence-based and sustainable programme transitions.
- c) Member States should rigorously enforce policies and regulations to remove taxes and tariffs on essential medicines and commodities, ban oral artemisinin monotherapies and ensure free or highly subsidized access to essential services by the poor and the most vulnerable groups in the context of universal health coverage.
- d) Furthermore, the capacity of the malaria programmes should be continuously expanded including decentralization of key functions to district level and development of community-based health promotion and malaria prevention, diagnosis and treatment services in order to achieve and sustain control.
- e) Where appropriate, programmes should be reoriented from control to pre-elimination and eventual elimination of the disease.
- f) Countries should strengthen surveillance, monitoring and evaluation systems including drug and insecticides

efficacy testing and operational research to enhance reporting on disease trends, and sustain coverage and impact of interventions. 

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