



Policy Brief - March 2021

Malaria Policy Research brief

Context to Research

In Sub-Saharan Africa, there were 215 million Malaria cases and 384,000 malaria deaths recorded in 2019[1]. As the region is home to 94% of the malaria cases worldwide, evidence-based malaria interventions are critical to expand the current intervention paradigms. The Global fund for HIV, TB and Malaria is in the process of developing its post-2022 strategic plan. Therefore, strategic discussions with the Fund need to take into account the regional countries' context, for a more realistic path to end malaria by 2030. A critical analysis of malaria epidemics in Africa was done to provide evidence-informed recommendations and guidance on how the Global Fund can work with the region to accelerate progress towards malaria elimination.

Research finding

There has been significant progress made especially in increasing coverage and use of routine malaria interventions such as Long Lasting Insecticide-treated Nets (LLINs), In-door Residual Spray (IRS), Rapid Diagnostic Tests (RDTs), ACTs and Intermittent Preventive Treatment in pregnancy IPTp[1] now proposed for newborns. This progress has been mainly due to increasing partner funding and technical support towards national malaria programs. There is also growing political commitment among African countries, with the formation of coalitions such as the African Leaders Malaria Alliance to end malaria by 2030. However, several major challenges still face the response to the Malaria resurgence in epidemic countries and the increase of malaria case incidence in West and Central Africa endemic Areas. Among those challenges are including: inadequate malaria funding[2]; inadequate coverage and use of available malaria interventions[1]; weak malaria program epidemic surveillance and response system[3]; fragile multi-sectoral collaborations;

delayed action to limit the impact of climate change; increasing environmental, population mobility and occurrence of insecticide resistance; rising states in humanitarian crisis; and most recently the impact of Covid-19 on Malaria service delivery.

In the context of the development of the new post-2022 strategy of global fund, innovative solutions such as the current malaria vaccine development would play an important role in the reduction of the burden of this pandemic.



Policy Recommendations

- 1 Increase mobilization of domestic funding in addition to the external sources
- 2 Tailor National Strategic Plans (NSP) to the country context taking into account disease burden stratification in endemic countries and epidemic preparedness. This plan should advocate for increasing multi-sectoral collaborations and partner support while ensuring alignment with the national malaria strategic plans.
- 3 Attain and sustain malaria interventions coverage, use thresholds with a stratification approach and new generations LLIN. These interventions should ensure adequate stock of essential malaria commodities and supplies
- 4 Promote and implement innovative, adapted and low cost interventions such as anti-malaria vaccine when available. There should be a system for rapid integration of proven effective innovative malaria tools
- 5 Establish a robust malaria surveillance with a rapid malaria epidemic response system at national, sub-national and community level; this surveillance should also cover insecticide and malaria drug resistance
- 6 Strengthen community and private sector engagement
- 7 Strengthening malaria program management, through routine program review assessments, in areas such as filling relevant staff positions, building capacity and supervision
- 8 Establish and strengthening existing inter-country and regional collaborations
- 9 Establish and strengthening existing inter-country and regional collaborations

References.

1. World Health Organization, "World malaria report 2020." accessed Dec. 24, 2020
2. The Global Fund Secretariat "Global Fund Strategy 2017-2022_en.pdf." Accessed: Jan. 20, 2021
3. RBM "RBM Epidemic prediction and response.pdf." Accessed: Jan. 12, 2021.

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