

TVD Team



How the African Region is Making Strides in the Fight Against Malaria

Rationale

Malaria is a major public health challenge in the African Region, where more than 90% of the global malaria cases and deaths occur. The disease disproportionately affects the most vulnerable populations, especially children under five years and pregnant women. The WHO Global Technical Strategy for Malaria 2016–2030 provides a technical framework for all malaria-endemic countries. It is intended to guide and support regional and country programmes as they work towards malaria control and elimination. The strategy sets ambitious but achievable global targets, including:

- reducing malaria mortality rates by at least 90% by 2030
- reducing malaria case incidence by at least 90% by 2030
- eliminating malaria in at least 35 countries by 2030
- preventing a resurgence of malaria in all malaria-free countries

Key messages

In the WHO African Region:

- Analysis of the trends shows that, in 2022, the WHO African Region was off track for both the malaria morbidity and mortality GTS milestones.
- In 2022, an estimated 580479 people lost their lives due to malaria in the WHO African Region, which represented 95.4% of total deaths globally, including 78.1% of deaths in children under five.
- In 2022, an estimated 232.8 million cases of malaria in the WHO African Region, which represented 93.6% of total cases globally
- Nigeria, DR Congo, Niger, Uganda, Mozambique, Angola, Burkina Faso, Niger, UR Tanzania, Mali, Côte d'Ivoire, and Cameroon accounted for 70% of regional cases and 73% of regional deaths.
- Mauritius, Algeria and Cabo Verde are countries of the WHO/AFRO Region that are certified malaria-free.
- Cabo Verde is engaged in the certification process of malaria elimination.
- Togo had the highest percentage (87%) of health facilities with basic equipment.
- Gabon had the highest hospital bed density (63 beds per 10,000 population).
- The highest availability of tracer diagnostics (% facilities) was observed in Zimbabwe (68%).
- The highest readiness for essential medicines was observed in Kenya (73%).

Objective 1 : Reduction of malaria mortality rates

Malaria remains a primary cause of childhood illness and death in Africa.

Goal: Reduce malaria mortality rates globally compared with 2015

Milestones:

- 2020: At least 40%
- 2025: At least 75%

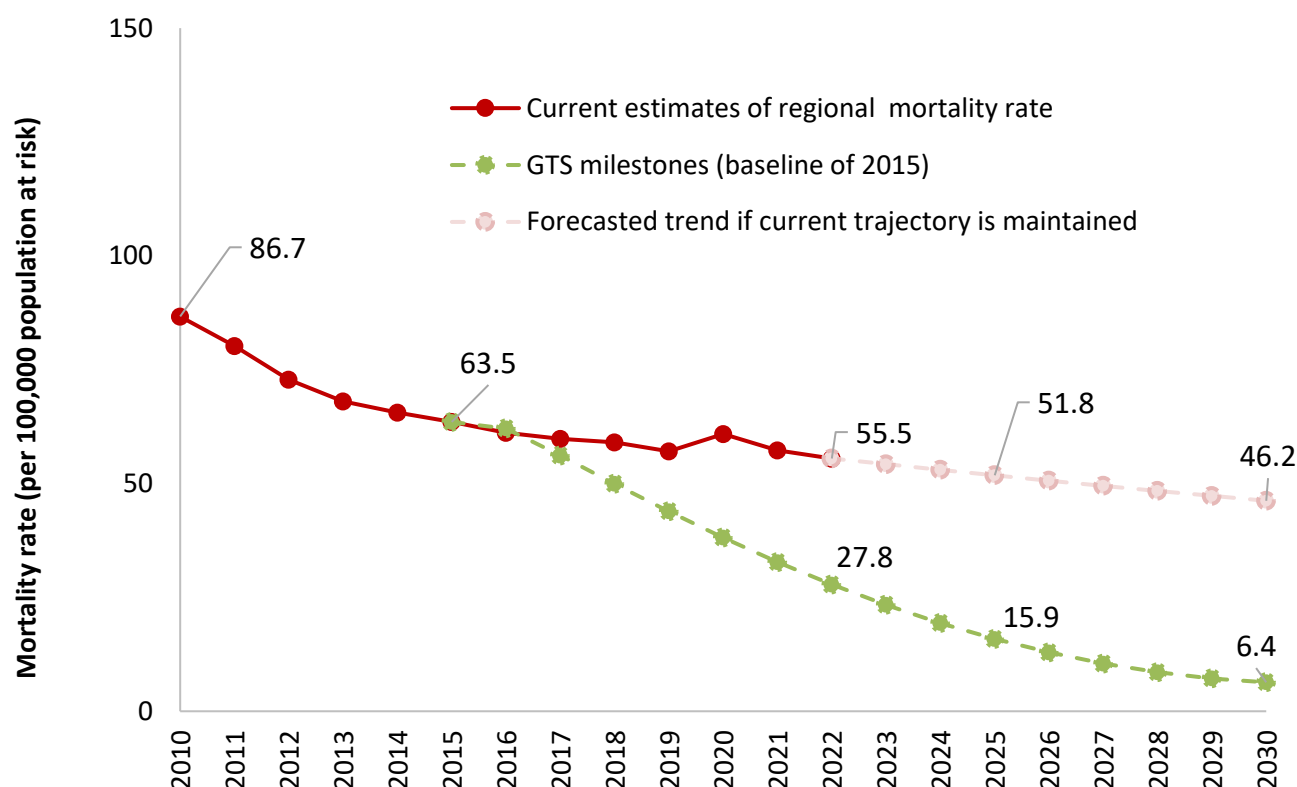
Target 2030: At least 90%

Impact indicator: Malaria mortality rate: number of malaria deaths per 100 000 persons per year

Outcome indicators:

- Proportion of population at risk who slept under an insecticide-treated net the previous night
- Proportion of population at risk protected by indoor residual spraying within the past 12 months
- Proportion of pregnant women who received at least three or more doses of intermittent preventive treatment of malaria while attending antenatal care during their previous pregnancy

Figure 1: Estimated malaria mortality rate (per 100 000 population) in the WHO African Region (source: WORLD MALARIA REPORT 2023, WHO)



- With the current AARR of 1% in malaria mortality rate, the African Region is not on track to meet the SDG target, with **46.2 per 100,000** deaths expected in 2030.

- If the pace of decline does not increase, it may not be until 2120 that Africa will hit the 6.2 per 100 000 deaths mark. By that time, about **58.6 million** people in the Region will have lost their lives due to malaria.
- The cumulative number of deaths averted in the region during the period 2000-2022 was estimated at about 12.5 million, which represented 82.1% of total number of deaths averted globally including 68.6% of deaths in children under five.

Figure 2: Population with access to an insecticide-treated bed net (ITN) for malaria protection in the WHO African Region (source: WHO 2023)



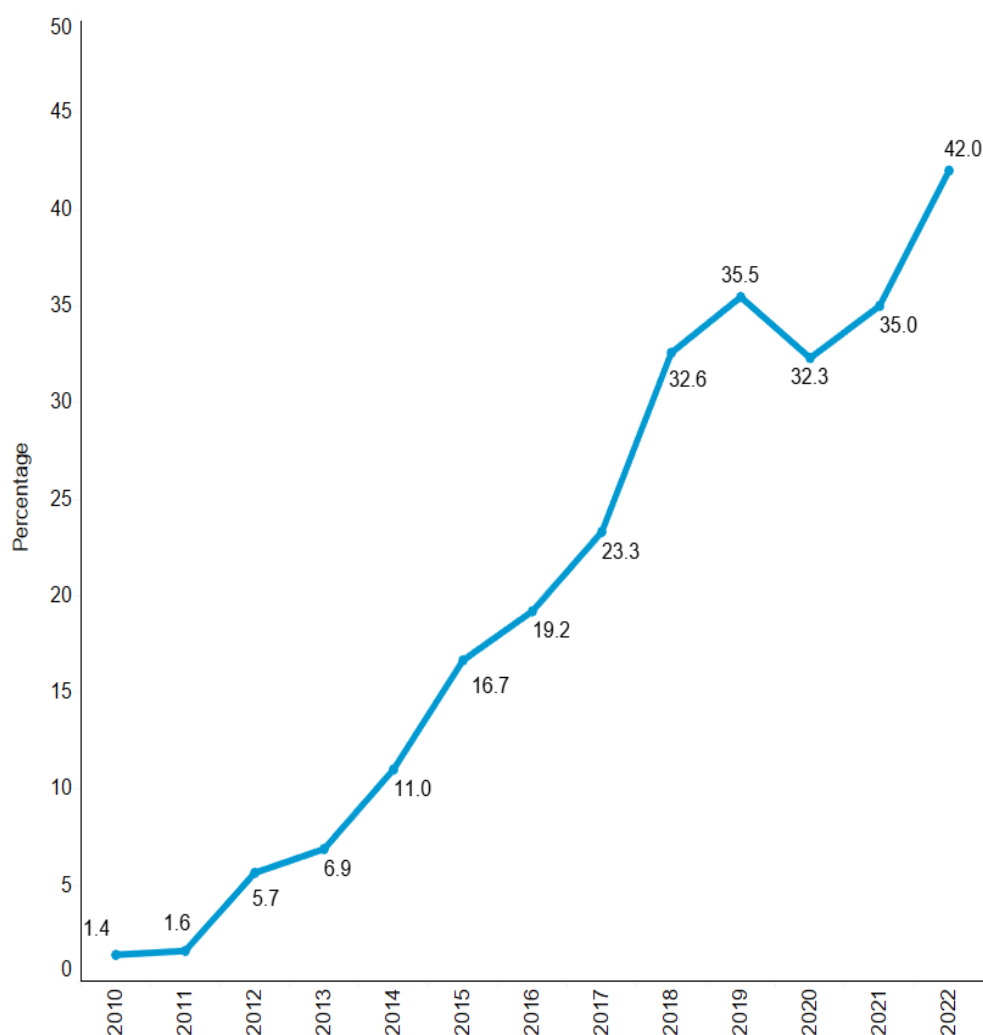
- Since 2018, in the region, the percentage of the population with access to an insecticide-treated bed net (ITN) for malaria protection has continued to decrease until it reaches a 10% drop in 2020.
- However, in 2022, the percentage of the population with access to an ITN increase to 57.64% and those sleeping under an ITN to 47% (53% in children under 5 and for pregnant women). Overall, access to and use of ITNs remains below the levels observed in 2017.

Figure 3: People protected from malaria by indoor residual spraying (IRS) (%) in the WHO African Region (source: WHO 2023)



- In the Region, 31 countries had planned campaigns on indoor residual spraying (IRS). The coverage of these stood at 5.8% of the entire population at risk of malaria in the WHO African Region in 2020 but reduced to 4.4% in 2022.
- The percentage of the population at risk protected by IRS has remained stable since 2016

Figure 4: Pregnant women attending antenatal care at least once and receiving at least 3 doses of Intermittent Preventive Treatment of Malaria for Pregnant Women (IPTp3) (%) in the African Region (source: WHO/AFRO, 2023)



- In the prevention of malaria, **35 African countries** implemented intermittent preventive treatment during pregnancy (IPTp) to reduce the burden of malaria during pregnancy. Coverage with three doses of IPTp rose from 1% in 2010 to 16% in 2015 and to 42% in 2022, but it remains far below the target of at least 80%.
- In 2021, only one country: Ghana (61%) had a coverage above 60%, within the Region.

Objective 2 : Reduction of malaria case incidence

Goal: Reduce malaria case incidence globally compared with 2015

Milestones:

- 2020: At least 40%
- 2025: At least 75%

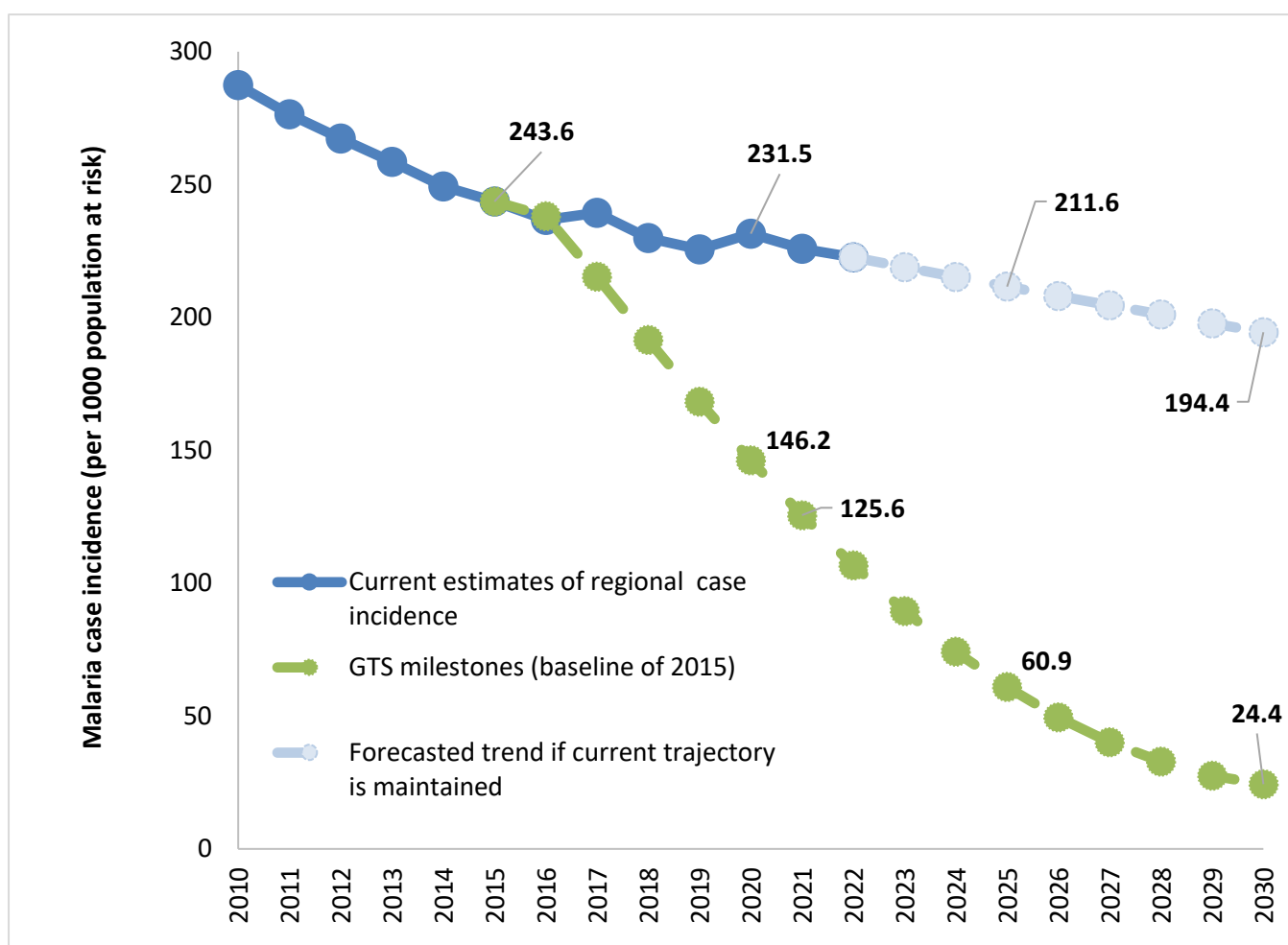
Target 2030: At least 90%

Impact indicator: Malaria case incidence: number of confirmed malaria cases per 1000 persons per year

Outcome indicators:

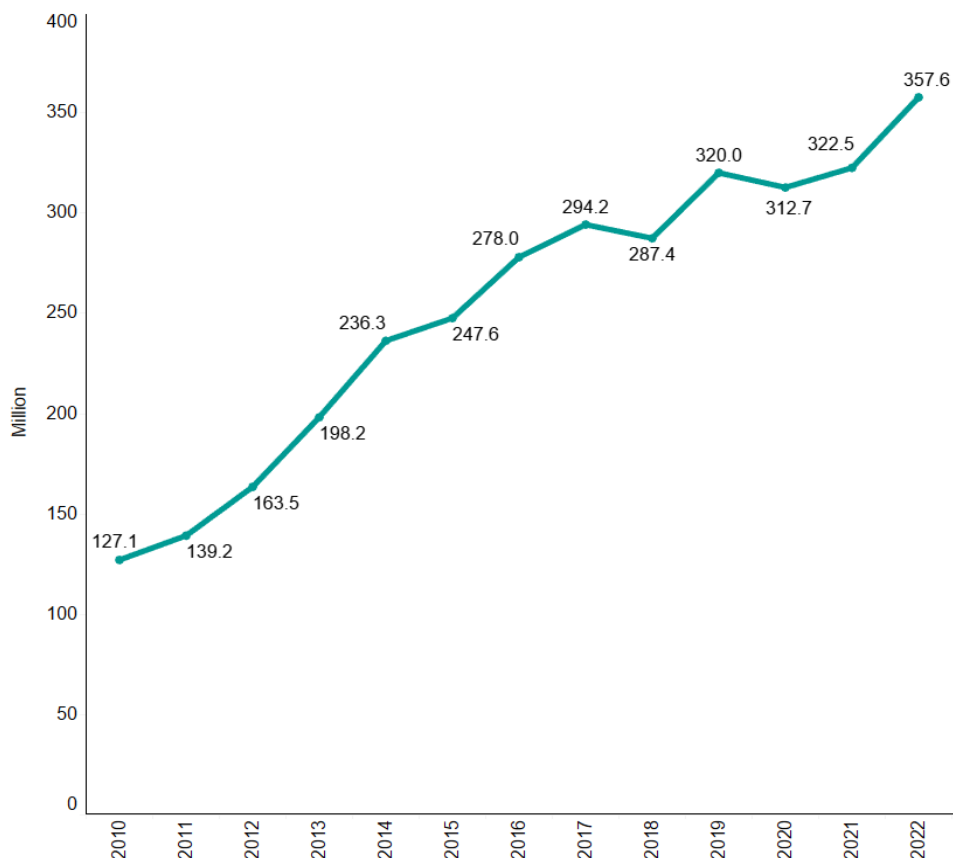
- Proportion of patients with suspected malaria who receive a parasitological test
- Proportion of patients with confirmed malaria who receive first-line antimalarial treatment according to national policy

Figure 5: Estimated malaria incidence (per 1000 population at risk) in the WHO African Region, (source: WORLD MALARIA REPORT 2023, WHO)



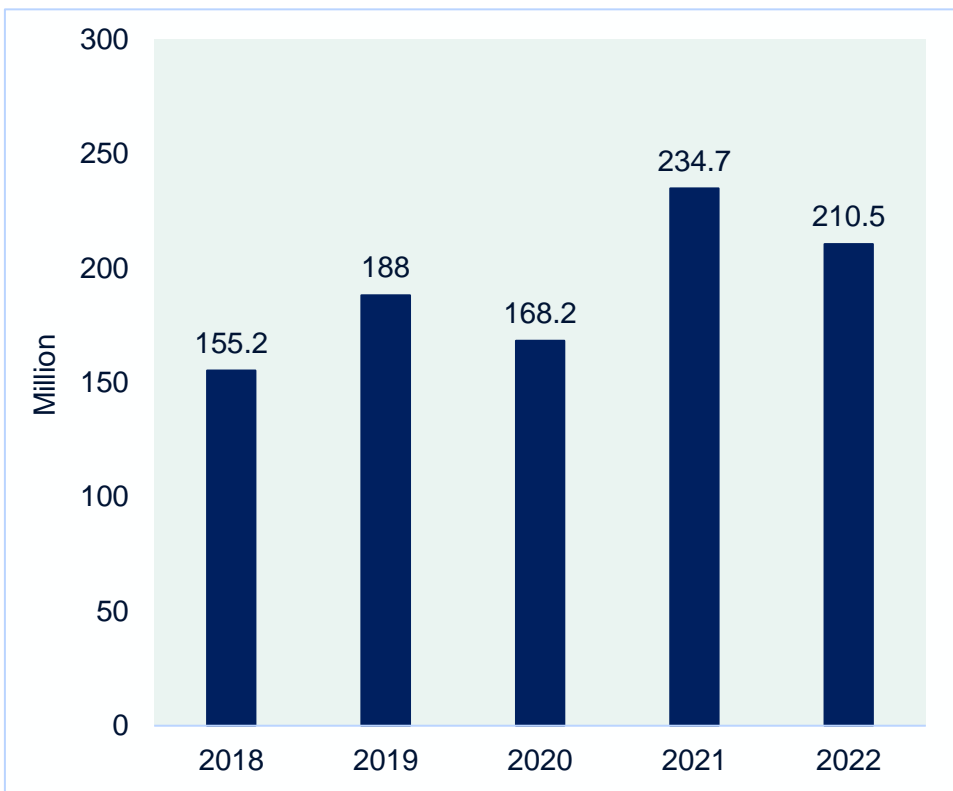
- Analysis of the trend shows that, in 2022, the WHO African Region was off track for the malaria morbidity GTS milestones, by 45%.
- The cumulative number of cases averted in the Region during the period 2000-2022 was estimated at about 1.71 billion
- Nigeria, DR Congo, Uganda, Mozambique, Angola, Burkina Faso, Niger, Mali, UR Tanzania, Côte d'Ivoire and Cameroon were accounting for 70% of regional cases.

Figure 6: Number of suspected malaria cases in the African Region (source: WHO 2023)



- Suspected malaria cases include presumed cases, microscopy examined cases and rapid diagnostic test (RDT) examined cases.
- National Malaria Programs distributed 345 million RDTs in 2022, about 30 million more than in 2021 with 88% in the African region.
- Malaria cases in the Region accounts in average for 21% of outpatients and 20% of inpatients with countries culminating at 70%.

Figure 7: Number of malaria cases treated with any first line tx courses (including artemisinin-based combination therapies (ACTs in the African Region (source: WHO 2023)



- In 2022, an estimated 210,5 million ACTs were distributed in the African region (97% in sub-Saharan Africa) compared to about 234,7 million ACTs in 2021.

Objective 3 : Elimination of malaria

Goal: Eliminate malaria from countries in which malaria was transmitted in 2015

Milestones:

- 2020: At least 10 countries
- 2025: At least 20 countries

Target 2030: At least 35 countries

Impact indicator: Number of countries that have newly eliminated malaria since 2015

Outcome indicators:

- Proportion of malaria cases notified within 24 hours (programme engaged in elimination)
- Proportion of cases investigated (programmes engaged in elimination)
- Proportion of foci investigated (programmes engaged in elimination)

- Malaria elimination is defined as the interruption of local transmission of a specified malaria parasite species in a defined geographical area as a result of deliberate activities. Continued measures to prevent re-establishment of transmission are required.

Countries with subnational/territorial elimination programme

Gambia, Mauritania, Mozambique, Kenya, Senegal and the United Republic of Tanzania, Zimbabwe, Zambia

Countries with nationwide elimination programme

Botswana, Cabo Verde, Comoros, Eswatini, Namibia, Sao Tome and Principe and South Africa.

Countries part of the E-2025 initiative

Botswana, Cabo Verde, Comoros, Eswatini, Sao Tome and Principe and South Africa

E-2025 INITIATIVE

In 2021, the E-2025 initiative was launched, building on the foundation and success of the E-2020 initiative. Countries from the E-2020 cohort (i.e., countries identified as having the capacity to eliminate malaria by 2020) that had not yet requested malaria free certification were automatically nominated to participate in the E-2025 initiative.

Countries Certification in process

MALARIA ELIMINATION CERTIFICATION PROCESS

Certification of malaria elimination is the official recognition by WHO of a country's malaria-free status. WHO grants this certification when a country has proven, beyond reasonable doubt, that the chain of local transmission of all human malaria parasites has been interrupted nationwide for at least the past 3 consecutive years, and that a fully functional surveillance and response system that can prevent re-establishment of indigenous transmission is in place.

Countries Certified as malaria free

Three member states in the Region are certified as malaria free: Mauritius, 1973, Algeria since 2019, Cabo Verde, 2024

Objective 4 : Prevention of a resurgence of malaria

Goal: Prevent re-establishment of malaria in all countries that are malaria-free

Milestones:

- 2020: Re-establishment prevented
- 2025: Re-establishment prevented

Target 2030: Re-establishment prevented

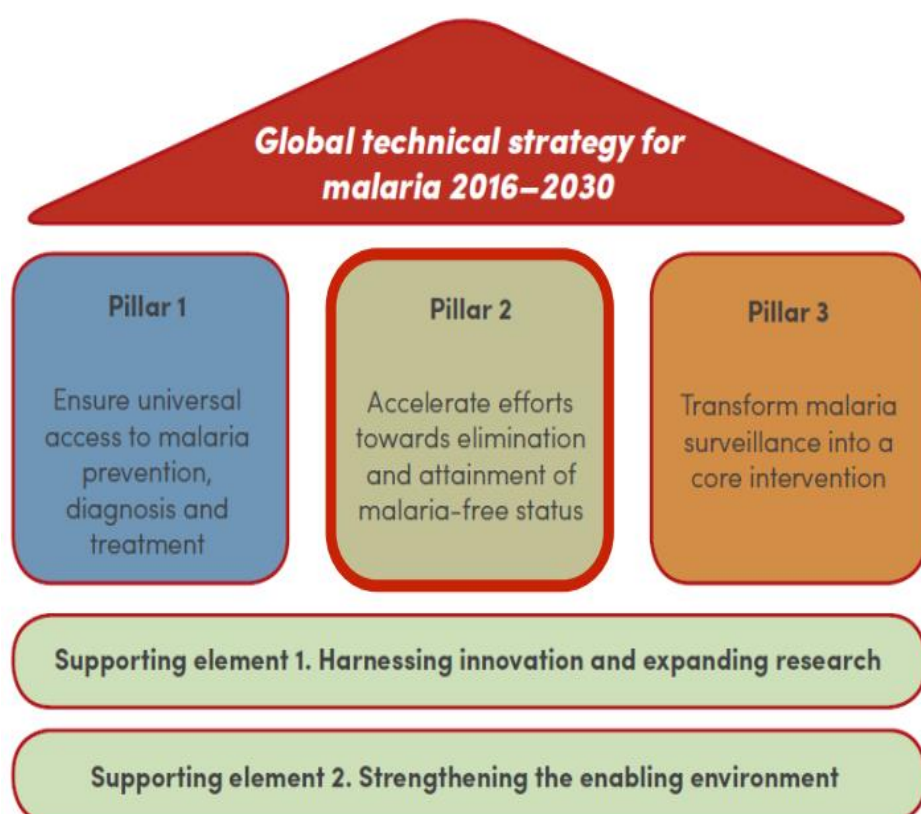
Impact indicator: Number of countries that were malaria-free in 2015 in which malaria was re-established

Outcome indicators:

- Proportion of expected health facility reports received at national level

Countries where malaria never existed or disappeared without specific measures

Lesotho, Mauritius, and Seychelles



GLOBAL TECHNICAL STRATEGY: Principles and Strategic framework

PRINCIPLES

Country ownership and leadership, with involvement and meaningful participation of communities, are essential to accelerating progress through a multisectoral approach.

- All countries can accelerate efforts towards elimination through combinations of interventions tailored to local contexts.
- Improve impact through the use of data to stratify and tailor interventions to the local context
- Equity in access to quality health services, especially for populations experiencing disadvantage, discrimination and exclusion, is essential.
- Innovation in interventions will enable countries to maximize their progression along the path to elimination.
- A resilient health system underpins the overall success of the malaria response.

STRATEGIC FRAMEWORK

Comprising three major pillars, with two supporting elements: (1) innovation and research, and (2) a strong enabling environment

Maximize impact of today's life-saving interventions

- Pillar 1. Ensure access to malaria prevention, diagnosis, and treatment as part of universal health coverage
- Pillar 2. Accelerate efforts towards elimination and attainment of malaria-free status
- Pillar 3. Transform malaria surveillance into a key intervention

Supporting element 1. Harnessing innovation and expanding research

- Basic research to foster innovation and the development of new and improved interventions
- Implementation research to optimize impact and cost-effectiveness of existing interventions
- Action to facilitate rapid uptake of new interventions

Supporting element 2. Strengthening the enabling environment

- Strong political and financial commitments
- Multisectoral approaches, and cross-border and regional collaborations
- Stewardship of entire health system including the private sector, with strong regulatory support
- Capacity development for both effective programme management and research

References

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Sources

Data on Malaria come from World Health Organization: [integrated African Health Observatory](#) and the WORLD MALARIA REPORT 2022

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