African Region: progress towards the targets of the Global technical strategy for malaria 2016–2030

Rationale

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 countries that are malaria-free.

How close is the WHO African Region to achieving the above targets?

Key messages

- An analysis of the trends shows that, in 2021, the WHO African Region was off track for both the malaria morbidity and mortality milestones of the GTS.
- An estimated 1.64 billion malaria cases and 11.1 million malaria deaths were averted in the period 2000–2021 in the African Region.
- In 2021, an estimated 470 000 people lost their lives to malaria in the WHO African Region, which represented 96% of total deaths globally, including 78.9% of deaths in under-five children.
- In 2021, an estimated 234 million cases of malaria were recorded in the WHO African Region, accounting for 95% of global cases.
- Nigeria, Democratic Republic of the Congo, Niger, Uganda, Mozambique, Angola, Burkina Faso, Côte d’Ivoire, Mali, United Republic of Tanzania and Cameroon account for 70% of regional cases and 73% of regional deaths in 2021.
- Algeria is the only country of the Region that is certified malaria-free.
- Cabo Verde is engaged in the process of certification for malaria elimination.
1. Reduction of malaria mortality rates

**Goal:** Reduce malaria mortality rates globally compared with 2015

**Milestones:**
- 2020: reduce by at least 40%
- 2025: reduce by at least 75%

**Target for 2030:** reduce by 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 African Region (WHO, 2021)

- With the current annual average reduction rate of 1% for malaria mortality, the African Region is not on track to meet the SDG target, with 44.6 deaths per 100,000 population expected in 2030.
- If the pace of decline does not quicken, it may not be until 2120 that Africa will hit the 6.2 deaths per 100,000 population mark. By that time, about 12.1 million people in the Region will have lost their lives to malaria.
- The cumulative number of deaths averted in the Region during the period 2000–2021 was estimated at about 11.1 million, which represented 82.1% of the total number of deaths averted globally, including 54% among under-five children.
- Since 2018, the percentage of the population with access to an insecticide-treated bed net (ITN) for malaria protection in the Region has continued to decrease, dropping to 10% in 2020.
- However, in 2021, the percentage of the population with access to an ITN increased to 54% and those sleeping under an ITN increased to 47% (53% in under-five children and pregnant women). Overall, access to, and use of ITNs remains below the levels observed in 2017.

- In the Region, in 2020, 31 countries had planned campaigns on indoor residual spraying (IRS). IRS coverage stood at 5.8% of the entire population at risk of malaria in the WHO African Region in 2020, but dropped to 5.3% in 2021.
- In 2020, about 52.9 million people had been protected from malaria by IRS. However, this figure represented a drop of 1.8 million people compared to the previous year.

- In 2021, Thirty-five African countries are implementing 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 35% in 2021, 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.
2. Reduction of malaria case incidence

**Goal:** Reduce malaria case incidence globally compared with 2015

**Milestones:**
- 2020: reduce by at least 40%
- 2025: reduce by at least 75%

**Target for 2030:** reduce by 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 African Region (WHO, 2021)

- An analysis of the trends shows that in 2021, the WHO African Region was off track for the malaria morbidity milestone of the GTS by 45%.
- The cumulative number of cases averted in the Region during the period 2000–2021 was estimated at about 1.6 billion.
- Nigeria, DR Congo, Uganda, Mozambique, Angola, Burkina Faso, Niger, Mali, UR Tanzania, Côte d’Ivoire and Cameroon accounted for 71% of regional cases.
Figure 6. Number of suspected malaria cases in the African Region (WHO, 2021)

- Suspected malaria cases include presumed cases, microscopy-examined cases and rapid diagnostic test (RDT)-examined cases.
- National malaria programmes distributed 262 million RDTs in 2021, about 39 million fewer than in 2020 with 88% in the African Region.
- Malaria cases in the Region in 2021 accounted 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 treatment course (including artemisinin-based combination therapies (ACTs)) in the African Region (WHO, 2021)

- In 2021, an estimated 234.7 million ACTs were distributed in the African Region (97% in sub-Saharan Africa) compared to about 230 million ACTS in 2019.
3. Elimination of malaria

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

Milestones:
- 2020: eliminate malaria in at least 10 countries
- 2025: eliminate malaria in at least 20 countries

Target for 2030: eliminate malaria in 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 a subnational/territorial elimination programme

Countries with nationwide elimination programme
Botswana, Cabo Verde, Comoros, Eswatini, Namibia, Sao Tome and Principe and South Africa

Countries that are 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 (that is, 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 with certification in process
Cabo Verde

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 three consecutive years, and that a fully functional surveillance and response system that can prevent re-establishment of indigenous transmission is in place.

Countries certified malaria-free
Since 2019, only one country in the Region has been certified malaria-free: Algeria
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 for 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.

**Figure 8.** Malaria elimination by 2030
5. 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 disadvantaged populations and those experiencing 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

Comprises 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 heath system including the private sector, with strong regulatory support
- Capacity development for both effective programme management and research.
References

1. World Malaria Report 2022
2. Global Malaria Programme
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Sources

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