The Commonwealth Malaria Report

2022

AFRICAN LEADERS MALARIA ALLIANCE ALMA

ASIA PACIFIC LEADERS MALARIA ALLIANCE

ASIA PACIFIC MALARIA ELIMINATION NETWORK

The Commonwealth

malaria NO MORE united kingdom

RBM Partnership To End Malaria

World Health Organization

This report was produced by the **Commonwealth Secretariat, in partnership with the African Leaders Malaria Alliance, the Asia Pacific Leaders Malaria Alliance, Malaria No More UK, the RBM Partnership to End Malaria and the World Health Organization**.

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The report was edited by **Ella St Communications** and designed by **Tall Man with Glasses**.

A girl stands with her malaria net (M. HallahanSumitomo Chemical - Olyset Net)

Foreword

The Commonwealth family is bonded and strengthened by a common history, heritage and culture. We also face common challenges. Nearly half the countries in the Commonwealth remain malaria-endemic, and just three of our countries make up over a third of the global burden. The Commonwealth's commitment to halve malaria within five years was therefore a proud achievement from the 25th meeting of Commonwealth leaders.

The years since 2018 have been difficult for our family of nations. The COVID-19 pandemic has touched every part of the Commonwealth and has pushed countries' health systems to the brink. At the same time, it has made us understand just how interlinked our collective health is. It is in the context of these turbulent times that this year's Commonwealth Malaria Report must be understood. While we have seen the first rise in malaria cases and deaths since 2015, we can recognise that without major interventions to keep programmes operating and malaria diagnoses and treatments available, it could have been much worse.

If we are to stay true to our words from 2018, the Commonwealth is now tasked with how we return to progress in the fight against malaria. Looking back on the last year, I am delighted by the news of the world's first vaccine against malaria to be approved by the WHO, and the role that Commonwealth nations have played in delivering the research and development necessary to achieve this. We must take encouragement from this as we seek to find the necessary resources to accelerate our progress against the disease.

Our ambition must not stop there. In 2021, Commonwealth Health Ministers met for the 33rd time and agreed that we must accelerate our progress. As they, and our Heads of Government, meet in 2022, the challenges have only increased. I urge our Commonwealth family to continue to prioritise the fight against malaria, especially in the face of the other challenges facing our nations' health systems. It is now time to truly commit to ending the epidemic of malaria and ensure we hold ourselves to mutual account for the commitments made so far.

I look forward to meeting with all those who contribute to ending malaria during the next Commonwealth Heads of Government meeting in Rwanda. Ending this disease is not one country's problem, it is for all of us to tackle. And in doing so, we will make our whole community healthier, safer and more prosperous.

Baroness Scotland
Secretary-General
The Commonwealth

Contents

Acronyms and abbreviations

ACT	Artemisinin-based combination therapy
ALMA	African Leaders Malaria Alliance
AMC	Anti Malaria Campaign
APLMA	Asia Pacific Leaders Malaria Alliance
CACH	Commonwealth Advisory Committee on Health
CHOGM	Commonwealth Heads of Government Meeting
DHIS2	District Health Information Software
E8	Elimination 8 initiative
FLAME	Faith Leaders Advocating for Malaria Elimination
GTS	Global Technical Strategy
HBHI	High burden to high impact
IPTp	Intermittent preventive treatment of malaria during pregnancy
IRS	Indoor residual spraying
ITN	Insecticide-treated net
KEMRI	Kenya Medical Research Institute
LLIN	Long-lasting insecticidal net
MMV	Medicines for Malaria Venture
MOU	Memorandum of understanding
NMCP	National Malaria Control Programme
NMEC	National Malaria Elimination Centre
PBO	Piperonyl butoxide
PHC	Primary Health Care
PMI	President's Malaria Initiative
PPE	Personal Protective Equipment
PPR	Pandemic Preparedness and Response
RBM	RBM Partnership to End Malaria, formerly Roll Back Malaria
SMC	Seasonal Malaria Chemoprevention
UHC	Universal Health Coverage
WHO	World Health Organization
WMR	World Malaria Report

Introduction

In 2018, Commonwealth leaders set the mission of halving malaria by 2023. Leaders were motivated to make this commitment because of the grave challenge this preventable and treatable disease poses to the health security of over two billion citizens of the Commonwealth. It is a fact now well understood that malaria disproportionately burdens the Commonwealth: despite having only a third of the global population, the Commonwealth accounts for more than half of all the malaria cases and deaths recorded each year.

Nine out of ten Commonwealth citizens live in a malaria-endemic country. The Commonwealth's malaria commitment was an historic decision to recognise that this family of nations has a duty to act on a disease that can be eradicated with the necessary political will. Moreover, as the world has learnt so keenly in the last two years, the health of our whole community is inextricably interlinked. When a community health worker is equipped to detect, diagnose, and treat a fever case in one country, it has a positive impact on the health of citizens in others.

For the first time, this year's report shows a clear picture of the state of malaria in the Commonwealth following the emergence of COVID-19. The findings of the report in Section one are grave and show that for the first time since the malaria commitment was formed, both the case incidence and mortality rate for malaria are greater than they were in the baseline year of 2015. Difficult as these findings are, they must be contextualised against potentially higher rates. Modelling produced for the WHO in April 2020 showed the worst-case impact scenario for the pandemic could have led to a doubling of malaria related deaths in the most endemic region of Africa[1]. That this was avoided is due to the heroic efforts of national control programmes, ministries of health, national leaders, and many other partners, who came together to do everything possible to keep vital malaria programmes operating.

The pandemic has served as a sobering reminder of just how hard it is to control and eliminate malaria in our countries. As long as malaria remains in the Commonwealth, there is an ever-present risk of resurgence. This matters not just because of the deaths and illness caused by the disease, but for countries facing rising malaria cases, there is a needless impact on health systems that must struggle to contain it and divert resources. This also has an impact across the Commonwealth, given how keenly we have realised our health security is collective and not confined to national borders.

Beyond the direct impact on lives and on health systems, COVID-19 has sorely tested the economies of countries across the Commonwealth. For many malaria-endemic countries, the challenge of enhancing domestic resource mobilisation has worsened significantly as they deal with the economic scarring from multiple lockdowns.

Section two of the report contains an in-depth look at the malaria progress across the Commonwealth. It shows how malaria programmes have adapted to the COVID-19 pandemic. As the pandemic has spread across the globe, endemic countries have had to become ever more resourceful in their efforts to reach and treat those affected. From investments in public messaging to encourage treatment seeking, through to greater efficiencies in targeting malaria commodities, the last year has been a constant effort to keep the malaria fight on track.

Section two of the report also looks at the impact of innovation and the contribution of the malaria research and development community in developing the new tools we need, from new data strategies to better target resources through to the latest vector control initiatives. The last twelve months have seen a surge in the tools needed to stay ahead of the disease. The news of the first WHO approved malaria vaccine, RTS,S, is a cause for celebration. It is equally well recognised that this vaccine is just one more tool in a toolbox that must be maintained and constantly refreshed.

Given the setbacks reported in this year's data, 2022 will be a vital year in getting the malaria campaign back on track. Commonwealth leaders expect to meet in Rwanda for the 26th Commonwealth Heads of Government Meeting (CHOGM) where they will review the progress made against the commitment to halve malaria cases. The CHOGM will be an important moment for the Commonwealth to recommit to its pledge on malaria. With only eight years left to achieve the Sustainable Development Goal target on ending the epidemic of malaria, it is more important than ever for leaders to renew their political commitment. CHOGM will also be an important steppingstone to the seventh replenishment of The Global Fund to Fight AIDS, Tuberculosis and Malaria (hereafter The Global Fund), taking place in Autumn 2022. The Global Fund has played a vital role in supporting countries to reduce the burden of malaria since its creation in 2002. In the face of resurgent malaria across the Commonwealth, ambitious pledges of support from Commonwealth members will be more important than ever.

This year's report shows the malaria campaign is now at a tipping point. The Commonwealth faces rising malaria, and it also has more tools available to fight the disease than ever before. The report highlights the ways leaders can invest in malaria response to get back on track and shows the ingenuity, innovation and adaptation that needs to be scaled up to achieve this.

Analysis of country progress

Background to the reporting

Following the agreement of the Commonwealth commitment at CHOGM 2018, malaria technical experts worked in partnership with the Commonwealth Secretariat to propose two indicators to measure the required progress. These were discussed and agreed with members of the Commonwealth Advisory Committee on Health (CACH) at its December 2019 meeting.

To ensure the Commonwealth commitment did not create additional or inconsistent targets for member states, it was proposed to align the targets with the WHO's Global Technical Strategy (GTS). The GTS underpins the Sustainable Development Goals target related to malaria, already adopted by all Commonwealth member states, and uses 2015 as the baseline year for measuring progress.

On this basis, the CACH instructed the Commonwealth Secretariat to work with the technical experts, including the WHO, to produce reporting based on these indicators. The two indicators to measure progress towards the commitment apply both to the Commonwealth as an aggregate and to any Commonwealth country with cases or deaths from malaria in 2015.

These are:

1. **On track to reduce malaria incidence by 50% by 2023**
2. **On track to reduce malaria mortality rates by 50% by 2023**[2]

These indicators are measured using the WHO's estimates available in the World Malaria Report 2021. Given the dramatic range of malaria prevalence in countries within the Commonwealth, the use of a standardised reporting method for measuring progress was vital to delivering this report. The WHO's estimates are consistent across all countries in the Commonwealth and enable member states to review progress towards the halving commitment without requiring additional data reporting by individual countries.[3]

This report has used the WHO data, taken from the World Malaria Report 2021. The three data tables and two graphs have been prepared to inform discussion for Commonwealth nations ahead of CHOGM, and for the 2022 meetings of the CACH and Commonwealth Health Ministers. More detailed country specific data is available online and via the respective country's Ministry of Health.
The WHO works with UN agencies and academic partners to quantify the number of people who die each year from malaria. In low-resource settings where data is sparse, this can be particularly challenging. In previous years the WHO has used a standard regression statistical approach to quantify the cause of death in children under the age of five. This year the WHO moved to a more robust method based on Bayesian statistics which is better at handling sparse data and produces more reliable results. The change in method has impacted the malaria mortality estimates for 12 Commonwealth countries in sub-Saharan Africa, which account for nearly 97% of malaria deaths in the Commonwealth.[4] This change has meant the annual estimates of the number of malaria deaths in children under five is significantly higher than previously thought for the entire period 2000-2020, suggesting the impacts of malaria on young children may have been previously underestimated. However, it is important to note that the increased number of malaria deaths in 2020 has two distinct origins. Disruptions in malaria services during the pandemic account for an additional 47,000 estimated deaths globally. The new methodology affects the estimates across the entire annual time series since 2000, while the disruptions during the pandemic apply only to 2020.

A technician analyses tests to identify for malaria (MNMUK)

Latest progress

The new data available for 2020 shows a marked change in progress of countries fighting malaria. The full impact of COVID-19 on malaria programmes and patient treatment-seeking behaviour has become evident. While reasons for optimism remain - particularly in the South Asia region - and efforts to maintain malaria programming in the face of COVID-19 must be applauded, it is clear that many countries are now falling behind in the race to halve malaria by 2023.

Commonwealth countries that had malaria cases or deaths in 2015 had achieved the following progress towards the commitment by the end of 2020:

Many countries remain on track to reach the commitment. However, the Africa region, including those countries with the highest burdens, is falling behind and the Commonwealth as a whole is off track.

- A fifth of Commonwealth malaria-endemic countries were on track to halve both malaria case incidence and mortality rates by 2023. These countries were Bangladesh, Belize, India, Malaysia and Pakistan. The Kingdom of Eswatini was on track to meet the mortality rate target and almost on track to meet the case incidence target.
- Despite these positive achievements, the mortality rate in the Commonwealth as a whole is now higher than in 2015. The case incidence rate also rose year on year.

Progress on reducing cases has slowed significantly, in part because of the COVID-19 pandemic.

- Case incidence rates decreased across the majority of Commonwealth countries. While progress remains strong in some parts of the Commonwealth, it has been slow in others, and several countries saw high increases in case incidence levels, partly as a result of the impact of the pandemic.
- Seven countries are on track to reach the Commonwealth's halving target for case incidence. Six of these have already achieved the target to reduce their case incidence rate by at least half of their 2015 levels. These countries are Bangladesh, Belize, The Gambia, India, Malaysia and Pakistan. Ghana, while not yet at the target, remains on track to halve their case incidence rate by 2023.
- Malaysia reached zero cases for the third consecutive year and is moving close to elimination. Belize reached zero cases for the second year running.
- Several countries saw case incidence rates rise above the baseline year of 2015, reversing progress made since the beginning of the commitment period. These included both small Commonwealth countries such as the Solomon Islands, and large high burden countries like Uganda and Nigeria.
- Kingdom of Eswatini, Kenya and Rwanda are all close to the progress levels required. Rwanda faced significant challenges in controlling malaria at the beginning of the commitment, seeing a resurgence in malaria cases in the initial years of the commitment period. However, progress since the commitment was agreed in 2018 has been significant. Between 2017 and 2020, the case incidence in the country decreased by more than two thirds, from 725/1,000 population at risk back down to 231/1,000 population at risk. That this rate of progress has been maintained in the face of COVID-19 gives us strong hope that Rwanda will be back on track in the next reporting year.
- It should also be noted that for smaller countries close to elimination, such as Kingdom of Eswatini or Vanuatu, sudden changes in case incidence are magnified by their low case levels. Both countries have made significant progress in reversing the trend following spikes in case incidence in 2017.

Despite the challenge of increased mortality across the Commonwealth as a whole, progress is being made on reducing mortality in some countries.

- In many countries across the Commonwealth, mortality rates have continued to fall at levels sufficient to reach the halving target. Over a third of countries have made the progress required to be on track to halve malaria by 2023, and seven countries have already achieved the target to reduce their mortality rate by half of their 2015 levels. These countries are Bangladesh, Belize, Kingdom of Eswatini, India, Malaysia, South Africa, and Vanuatu.
- Strong progress continues to be made by Sierra Leone, which had one of the highest levels of malaria burden at the baseline year of 2015. In 2015, it had the highest malaria mortality rate in the Commonwealth at 151/100,000 population at risk. By 2020, the mortality rate had decreased to 101/100,000 population at risk. Sierra Leone is well on track for the target of halving malaria by 2023, having achieved 66% of the progress required.

Urgent action is needed by Commonwealth leaders to regain momentum in fighting malaria.

- The impact of the COVID-19 pandemic is clear in this year's data. Countries that were steadily reducing malaria, like Namibia, have been thrown backwards. High burden countries are now even further off-track. Despite progress in many member countries, and reductions in the mortality rate even in countries with the highest burdens such as Sierra Leone, the Commonwealth, as an aggregate of nations, is not on track to reach its target of halving malaria case incidence and mortality rates by 2023.
- Over two-thirds of malaria cases and deaths in the Commonwealth occurred in just four countries: Mozambique, Nigeria, United Republic of Tanzania, and Uganda.
- Acknowledging the size of these countries' malaria burdens, the actions they take will be vital to the overall achievement of the Commonwealth commitment.
- These countries are all part of the 'High burden to high impact' country-led approach supported by the WHO and the RBM Partnership to End Malaria. This is a vital initiative for the Commonwealth to support in accelerating progress and helping countries get back on track.
- Given the current trajectory, it is important for the Commonwealth to commit to ending malaria in the longer term. The articles featured later in this report highlight the importance of increased investment in malaria programming, better targeting of at-risk populations, and a continued focus on ensuring services reach the poorest and most marginalised.

Country data

Background to the data tables

Table 1: Summary status for malaria incidence and mortality rate indicators by country

This table outlines whether countries are “on track” or “not on track” to achieve the Commonwealth commitment. Countries are shown to be on track where they have:

- Reduced the malaria case incidence rate (per 1,000 of population at risk) to a level equal to, or greater than, the linear projection required to reach halving by 2023 (against a 2015 baseline).
- Reduced the malaria mortality rate (per 100,000 of population at risk) to a level equal to, or greater than, the linear projection required to reach halving by 2023 (against a 2015 baseline).

The table also shows the extent of country progress in 2020. Countries are shown to be in one of three states:

- **Green:** Progress is equal to, or greater than, the projected level required to be on track in 2020.
- **Amber:** The country has achieved 75% to 99% of the progress required to be on track in 2020.
- **Red:** The country has achieved less than 75% of the progress required to be on track in 2020.

Table 2: Malaria cases and case incidence by year for 2020

This table shows the population at risk, the number of cases and the incidence rate (defined as cases per 1,000 individuals at risk) for each country in 2020. It also shows the case incidence rate required to be on track to meet the Commonwealth commitment.

Table 3: Malaria deaths and mortality rate by year for 2020

This table shows the population at risk, the number of deaths and the mortality rate (defined as deaths per 100,000 individuals at risk) for each country in 2020. It also shows the mortality rate required to be on track to meet the Commonwealth commitment.

Table 1: Summary status for malaria incidence and mortality rate indicators by country

Green: On track or better
Amber: Near to being on track
Red: Currently not on track

Country	On track to accomplish Commonwealth case incidence target	On track to accomplish Commonwealth mortality rate target
Bangladesh	Yes	Yes
Belize	Yes	Yes
Botswana	No	No
Cameroon	No	No
Kingdom of Eswatini	No	Yes
The Gambia	Yes	No
Ghana	Yes	No
Guyana	No	No
India	Yes	Yes
Kenya	No	No
Malawi	No	No
Malaysia	Yes	Yes
Mozambique	No	No
Namibia	No	No
Nigeria	No	No
Pakistan	Yes	Yes
Papua New Guinea	No	No
Rwanda	No	No
Sierra Leone	No	Yes
Solomon Islands	No	No
South Africa	No	Yes
Uganda	No	No
United Republic of Tanzania	No	No
Vanuatu	No	Yes
Zambia	No	No
Commonwealth (total)	No	No

Table 2: Malaria cases and incidence rate by year for 2020

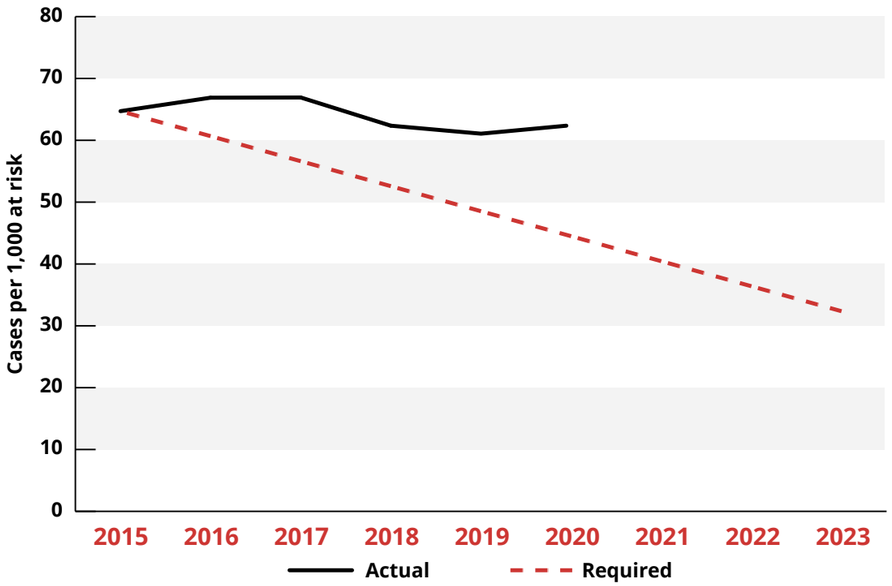
Country	Population at risk	Cases	2020 incidence rate	Incidence rate required in 2020 to be on track for the 2023 CW target (≤)
Bangladesh	17,709,052	7,545	0.43	1.86
Belize	274,358	0	0.00	0.02
Botswana	1,559,080	1,759	1.13	0.22
Cameroon	26,545,864	6,900,814	259.96	179.64
Kingdom of Eswatini	324,845	233	0.72	0.71
The Gambia	2,416,664	210,897	87.27	148.48
Ghana	31,072,945	5,060,166	162.85	189.63
Guyana	786,559	22,159	28.17	16.15
India	1,289,475,946	4,148,253	3.22	6.66
Kenya	53,771,298	2,738,383	50.93	47.28
Malawi	19,129,955	4,370,301	228.45	165.58
Malaysia	1,294,639	0	0.00	0.14
Mozambique	31,255,435	10,007,802	320.19	239.09
Namibia	2,016,852	20,258	10.04	5.63
Nigeria	206,139,584	64,677,959	313.76	201.12
Pakistan	217,161,456	542,960	2.50	3.48
Papua New Guinea	8,947,027	1,470,120	164.31	75.02
Rwanda	12,952,209	2,986,047	230.54	216.82
Sierra Leone	7,976,985	2,617,968	328.19	269.34
Solomon Islands	680,009	114,019	167.67	45.84
South Africa	5,930,869	4,463	0.75	0.62
Uganda	45,741,000	12,982,098	283.82	174.29
United Republic of Tanzania	59,734,214	7,178,459	120.17	96.46
Vanuatu	307,150	910	2.96	2.00
Zambia	18,383,956	3,435,936	186.90	150.78
Commonwealth (total)	2,066,512,998	129,499,509	62.67	44.79

Table 3: Malaria deaths and mortality rate by year for 2020

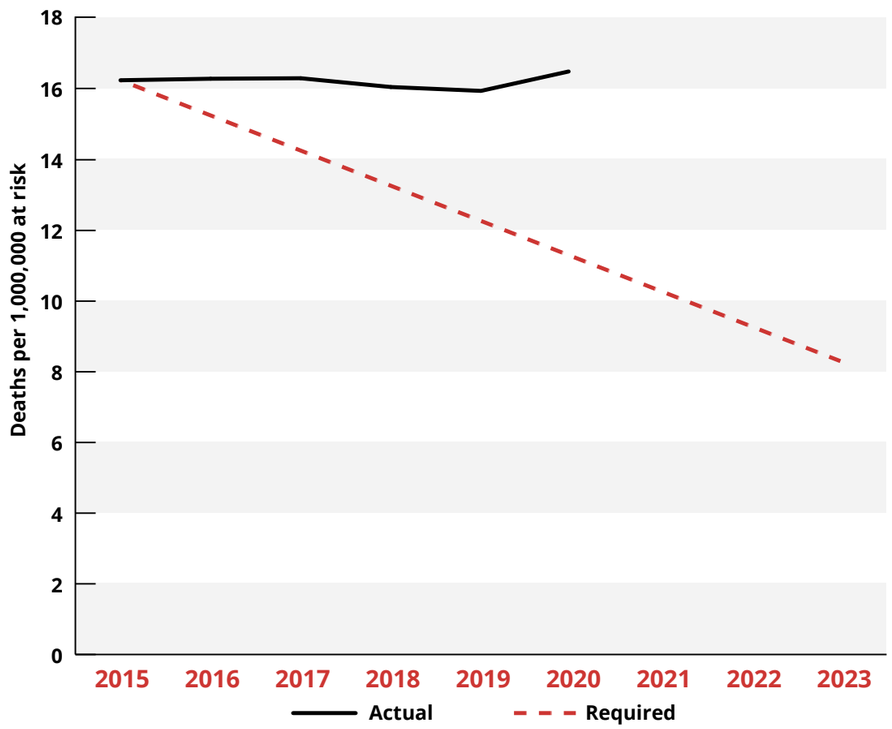
Country	Population at risk	Deaths	2020 mortality rate	Mortality rate required in 2020 to be on track for the 2023 CW target (≤)
Bangladesh	17,709,052	15	0.08	0.43
Belize	274,358	0	0.00	0.00
Botswana	1,559,080	4	0.26	0.05
Cameroon	26,545,864	14,841	55.91	38.87
Kingdom of Eswatini	324,845	0	0.00	0
The Gambia	2,416,664	615	25.45	16.94
Ghana	31,072,945	12,084	38.89	31.55
Guyana	786,559	28	3.56	1.97
India	1,289,475,946	7,341	0.57	1.22
Kenya	53,771,298	12,646	23.52	15.60
Malawi	19,129,955	7,165	37.45	28.20
Malaysia	1,294,639	0	0.00	0.23
Mozambique	31,255,435	23,766	76.04	60.86
Namibia	2,016,852	51	2.53	1.42
Nigeria	206,139,584	199,689	96.87	61.89
Pakistan	217,161,456	454	0.21	0.27
Papua New Guinea	8,947,027	2,962	33.11	15.75
Rwanda	12,952,209	3,046	23.52	16.93
Sierra Leone	7,976,985	8,054	100.97	103.70
Solomon Islands	680,009	124	18.24	6.56
South Africa	5,930,869	38	0.64	1.37
Uganda	45,741,000	21,699	47.44	29.13
United Republic of Tanzania	59,734,214	25,972	43.48	29.89
Vanuatu	307,150	0	0.00	0.00
Zambia	18,383,956	8,946	48.66	34.94
Commonwealth (total)	2,066,512,998	349,540	16.91	11.36

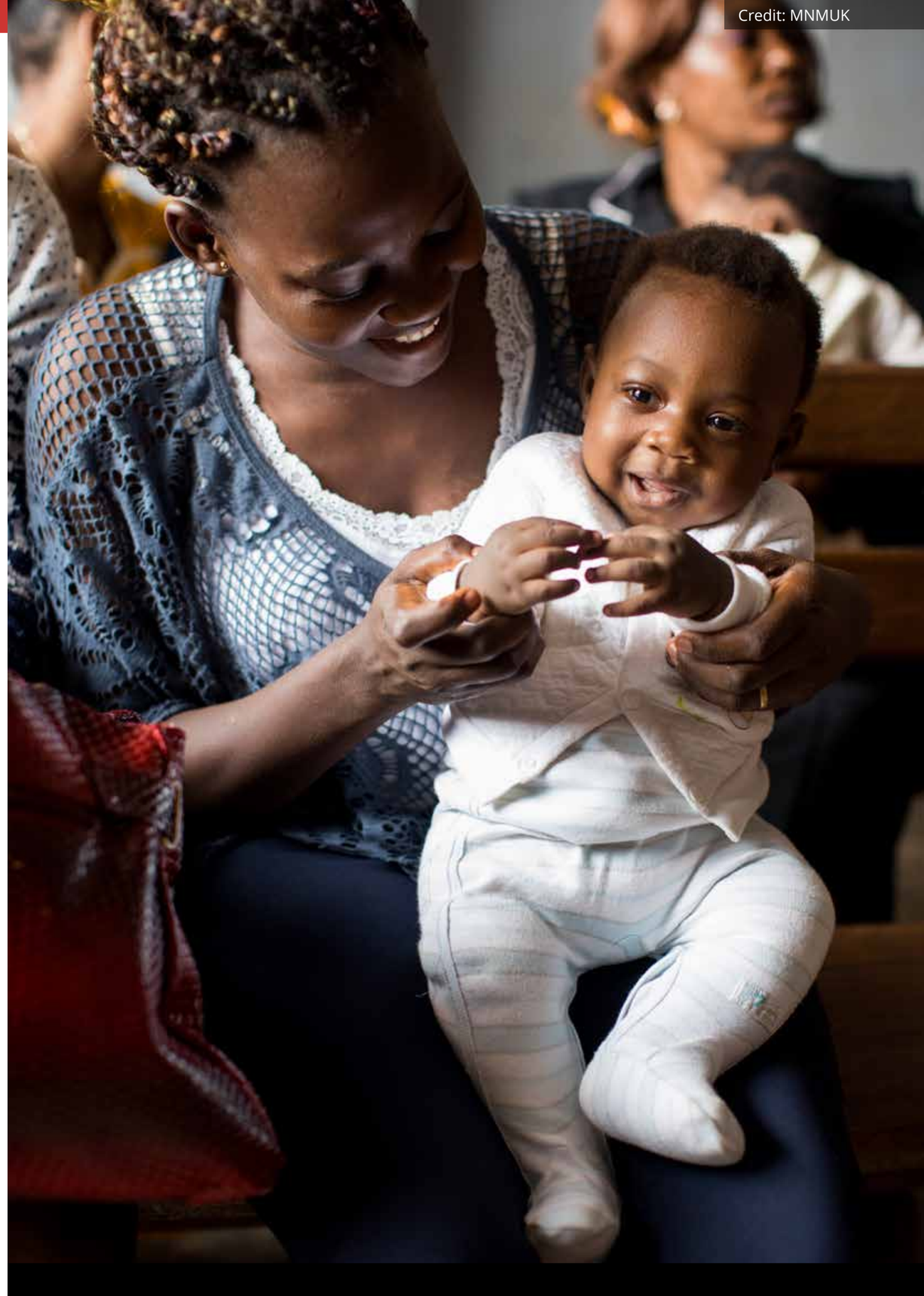
Progress graphs

Actual vs required progress to meet the case incidence rate target across the Commonwealth



Actual vs required progress to meet the mortality rate target across the Commonwealth




Credit: MNMUK

Views from the malaria frontline

Lessons from COVID-19: How the worst-case scenario for malaria was avoided across the Commonwealth

By The Honourable Mutahi Kagwe, Cabinet Secretary of Health, Kenya and Dr Faisal Sultan, Consultant Physician, Shaukat Khanum Memorial Cancer Hospital and Research Center, Pakistan and former Special Assistant to the Prime Minister on Health, Pakistan.

The COVID-19 pandemic placed unprecedented strain on health systems across the world and among Commonwealth nations, threatening to reverse the significant gains that have been made against malaria in the last two decades. Few things could be as lethal as the combination of malaria, a pandemic and the challenges caused by shortfalls in healthcare funding. At the beginning of the pandemic, modelling produced for the WHO predicted that malaria cases and deaths could double because of sustained disruption to malaria services. This triggered panic in the medical fraternity especially among African countries where the burden of malaria falls most heavily.

As we reflect in 2022, whilst malaria deaths sadly rose in 2020 (the most recent year that comprehensive global data is available for), we know that the worst-case scenario was not reached and for this we must be thankful. This article seeks to explore some of the reasons for this and what we can learn as a Commonwealth community. In

Shahzeb, 13-year-old, sells masks during the COVID-19 lockdown in Pakistan (ADB)

summary, malaria endemic countries worked with partners to keep malaria high on the development agenda, adapted the delivery of essential malaria programming to ensure that life-saving interventions reached the most vulnerable, and enhanced their approach to data management and surveillance.

This is what we have learned from the experiences of maintaining malaria programming during the COVID-19 pandemic:

A mosquito net distribution in Pakistan's tribal areas (Pakistan National Malaria Program)

Country leadership and political commitment ensured that malaria control and elimination activities were rapidly adapted and prioritised. It was clear for us as health leaders that we must recast the challenge into a proactive goal, one where solutions could be sought and innovatively fast tracked into implementation. With a view to preserving malaria as a priority development issue, many Commonwealth countries integrated malaria programmes into COVID-19 management systems and without losing time, adopted practical, sustainable techniques that have not only borne more fruit than anticipated but also yielded lessons that must be replicated as the developing world seeks self-reliance in critical areas like health. In our own countries of Kenya and Pakistan, personal protective equipment (PPE) was given to all involved in the campaigns to distribute vital malaria commodities. Training was modified and adapted, including through holding virtual workshops. Switching from fixed-point distribution of insecticide-treated nets to door-to-door distribution helped ensure social distancing was possible.

Across the Commonwealth, countries showed true commitment to the fight against malaria. For example, in 2021, insecticide-treated net campaigns were completed across the Commonwealth including in Bangladesh, Kenya, Tanzania, Zanzibar, and Zimbabwe. Indoor residual spraying campaigns were prioritised, and the governments of Malawi and the Solomon Islands both mandated that campaigns should go ahead as planned, despite COVID-19 related restrictions. In southern Africa, including in Mozambique, Kingdom of Eswatini and South Africa, personnel engaged in insecticide spraying activities were prioritised for COVID-19 vaccinations.

Country leadership cannot be underestimated given the magnitude of the commodity availability crises that countries like ours found in 2020. Many Commonwealth countries wisely anticipated delays in the deliveries of COVID-19 related commodities. Acting early and in hugely challenging circumstances, they made the case to place early orders for seasonal preventative chemoprevention (SMC) drugs and PPE. This foresight resulted in more children than ever before receiving SMC. This was made possible with the additional support of our partners, including The Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United States President's Malaria Initiative.

In our countries, two examples of leadership are notable. In Pakistan, the Directorate of Malaria Control, for instance, managed to coordinate a whole-of-society approach in implementing its distribution campaigns even in challenging tribal areas, combining the involvement of the local government, security forces, community leaders and community volunteers. For Kenya, President Uhuru Kenyatta, chair of the African Leaders Malaria Alliance under the auspices of the African Union, particularly galvanised African countries' commitment to prioritizing the local manufacture of malaria commodities and other health commodities. Bringing resources closer to those communities who will need them most is a vital lesson that the Commonwealth must heed.

Sustained case management and preventive malaria services have also made a difference. Pakistan adopted a whole-of-society approach to deliver 1.5 million mosquito nets in the country's remote tribal areas by deploying 8,000 volunteers with the support of local authorities. The national malaria control programme strengthened malaria surveillance activities across the country, with 5,000 frontline health care workers trained. The country is monitoring the performance of the malaria surveillance indicators through the malaria scorecard for action and accountability.

Dispelling misinformation was also vital to ensuring populations would continue to seek treatment and reject rumours that became prevalent. Kenya's Ministry of Health launched a media campaign on prime-time radio and television that focused on encouraging the population to seek malaria services during the COVID-19 pandemic and to reinforce this message. The national malaria control programme strengthened malaria surveillance activities across the country, with 5,000 frontline health care workers trained. The country is monitoring the performance of the malaria surveillance indicators through the malaria scorecard for action and accountability. Similarly, the Pakistani government also issued advisories to the public, encouraging people to seek treatment when ill, rather than staying at home. Diverse communication channels, such as WhatsApp, the radio and mosques were also used to raise awareness.

Finally, improved sharing of real time data across the Commonwealth enabled prompt action, including data on malaria cases and deaths, commodity stocks and campaign status. Increasing emphasis was placed on digitalisation of malaria campaigns and health data (including malaria case rates) collected at health facilities and by community health workers. For example, Mozambique was able to decentralise case management to the community health workers to ensure essential health services were maintained. The digitalisation of the ITN and IRS campaigns in Zambia will also help the ongoing COVID-19 response. The transparent sharing of real time data through malaria scorecards for action and accountability has created a culture of using real time data to drive action including in countries such as Kenya, Tanzania, and Ghana.

In concluding, we have a simple message for the ministers and Heads of State gathering at the CHOGM in Kigali. Now is the time to bolster and sustain the momentum. We should be learning from our experiences during the pandemic and investing in malaria programming that can expand community health worker networks who deliver integrated community case management, enhancing surveillance and data sharing and ensure timely delivery of essential commodities. Moving forward, prevention and control of malaria must serve as a pathfinder for pandemic preparedness, building stronger and more resilient health systems that can handle whatever threats we face next.

A health worker performs a rapid diagnostic test for malaria on an infant child (MNMUK)

A health system response to the dual threat of malaria and COVID-19

Dr Ren Minghui, Assistant Director-General, Universal Health Coverage / Communicable and Noncommunicable Diseases, World Health Organization.

Dr Alastair Robb, Adviser, Global Malaria Programme, World Health Organization.

The threat of infectious diseases

The experience of the COVID-19 pandemic has provided a sobering reminder that infectious diseases can have severe health, economic and social costs. Countries across the world are facing the challenge of responding to the pandemic while continuing to maintain essential health services, yet no reminder was necessary for people living and working in malaria endemic countries. They have endured first-hand the detrimental impact of infectious diseases. In addition to health consequences, malaria continues to undermine economic development, impede children's education, and threaten livelihoods.

Malaria continues to have a disproportionate effect in the poorest, least educated, and most rural parts of society.[5] Their circumstances make them susceptible to disease, limit their access to quality services and make them less resilient to the consequences of ill health. They suffer the most from malaria and many other disease threats.

Responding to the complex challenges of malaria and COVID-19

Countries rose to the challenge of COVID-19 by mitigating the threat of health service disruptions. Many African member states were able to adapt their campaigns so that seasonal malaria chemoprevention (SMC) and the delivery of insecticide-treated nets could be delivered without posing the risk of health workers or beneficiaries contracting COVID-19. Despite the challenges of COVID-19, an additional 11.8 million children were protected with SMC in 2020 compared with 2019, mainly due to the expansion of SMC to new areas in Nigeria.

Despite incredible efforts, the pandemic has affected the demand and supply of health services across the world. There were an additional 69,000 global malaria deaths in 2020 than in 2019, of which an estimated 47,000 (68%) were due to service disruptions during the COVID-19 pandemic.[6] The effects of COVID-19 also extend beyond an impact on malaria, casting many into poverty and leaving the vulnerable further behind.[7] It is possible that disruption caused by the COVID-19 pandemic will halt the progress made towards universal health coverage (UHC), particularly among disadvantaged populations.[8]

Building back better and fairer

The COVID-19 pandemic must be a stimulus to build better and fairer health systems, with primary health care (PHC) as the driver. Diseases such as malaria can only be tackled if we focus on our commitment to UHC by ensuring that

Reaching all those in need through high quality, integrated front-line primary care (WHO/S. Torfinn)

everyone, everywhere has access to the quality and affordable health services they need. Urgently redressing the gross and growing inequalities requires a more granular understanding of who is missing out, why they are vulnerable and what the barriers are to them accessing good quality healthcare. With disruptions from COVID-19, climate change and other contextual factors, along with mass movements of people and humanitarian emergencies, those who are missing out are not a static group. This type of granular, strategic analysis should be routinely built into health systems strengthening efforts. Based on this information, responses can compensate for these underlying inequities and resources can be prioritised accordingly.

While we must urgently address COVID-19, it cannot be at the expense of other health priorities. The response to, and recovery from, the pandemic must be aligned and integrated into existing health systems.

A well-functioning, resilient health system based on primary health care is the foundation for tackling malaria, global health security and achieving UHC

National malaria programmes depend on, and contribute to, the strengthening of overall health systems. Malaria specific campaigns and the integrated delivery platforms, such as antenatal care and community delivery systems, are reliant upon basic health infrastructure, a motivated, trusted and respected workforce and supply chains for quality-assured diagnostics, medicines and vector control interventions.

To reach all those in need will require investment in high quality, integrated front-line primary and emergency care, equipped with essential medicines and commodities. During the COVID-19 pandemic, many countries shifted their attention to community delivery platforms, recognising the limitations in access and people's fear of using health facilities. Mozambique has

strengthened community delivery of services for common ailments, including malaria, pneumonia and diarrhoea. Commodities, such as malaria diagnostic tests and treatments, have been provided to community health workers to maintain services (personal communication). Community health workers in many African member states have played a crucial role in the pandemic response by ensuring access to timely and reliable information on COVID-19.

COVID-19 has demonstrated the value of providing integrated health services when and where people need them, including during emergencies. Community health workers can ensure a continuum of care for those in rural and remote areas, where health systems are weakest and malaria transmission is high. This is a core element of primary health care (PHC), which also calls for multi-sectoral action to address the determinants of health, and the empowerment of people and communities.[9] PHC enhances health systems' resilience to prevent, detect and respond to infectious diseases and outbreaks and is the foundation for reducing the burden of malaria in communities.

This is the time to reenergize a holistic approach

Even before the emergence of COVID-19, we were off track in achieving the targets set out in the Commonwealth malaria commitment and the Global Technical Strategy for Malaria (2016-2030).[10] Prompted by the lack of progress and lessons from the COVID-19 pandemic, this is the time to build on the great work of those at the frontline of the national health and malaria response. Sustainable health impact will require political commitment and genuine community engagement to reach populations without current access to quality services. Malaria interventions must be embedded in, and supported through, a strong enabling environment that can ensure efforts are expanded effectively and sustainably by gender-sensitive, equity-oriented, and human-rights-based approaches. This is the time to take a holistic approach, anchored in the Sustainable Development Goals, to better deliver malaria interventions and address the broader determinants of disease.

The Global Fund: An essential catalyst to the Commonwealth's fight against malaria

By Dr Donald Kaberuka, Chair, and Lady Roslyn Morauta, Vice-Chair, The Global Fund To Fight AIDS, TB and Malaria.

A child dies of malaria every minute. While the annual death toll from the disease has declined by nearly half over the last two decades, we are not on track toward achieving the goal of ending malaria as a public health threat by 2030. The COVID-19 pandemic has knocked us even further off track.

Across many countries, COVID-19 has overwhelmed already overstretched health systems. Lockdowns disrupted life-saving services, and critical resources were diverted from the fight against malaria to fight the new pandemic. People avoided going to health centres for treatment out of fear of catching COVID-19 or being stigmatized for having COVID-19 symptoms such as fever, which could also be signs of treatable malaria. People whose health had already been compromised by malaria were also more vulnerable to COVID-19.

A rapid and robust response led by governments and communities, supported by partners – including The Global Fund, the RBM Partnership to End Malaria, and the U.S. President's Malaria Initiative – averted the worst-case scenario of a potential doubling of malaria deaths that had been initially projected by the WHO in early 2020. Yet there were still significant setbacks in the fight against the disease: globally, there were an estimated 241 million malaria cases and 627,000 malaria deaths in 2020. This represents about 14 million more cases in 2020 compared to 2019 and 69,000 more deaths. Approximately two-thirds of these additional deaths were linked to COVID-19 disruptions.

In the face of an unrelenting pandemic, our partnership plays the dual role of expediting the fight against malaria and building resilient health systems across Commonwealth countries

The Commonwealth is disproportionately affected by a number of preventable diseases. The 25 malaria-endemic countries of the Commonwealth account for 56% of the world's malaria deaths and 54% of the world's malaria cases. As countries respond to COVID-19, The Global Fund has provided crucial support to sustain the response to malaria, enabling countries to focus on other competing priorities. The Global Fund is the largest source of international financing for the

Community health workers in Kanyach Kachar, Kenya gather outside a health facility (Amref Health Africa / Kennedy Musyoka)

fight against the disease – providing 56% of that funding.

We urgently need more investments to stop the resurgence of malaria and accelerate efforts to end the disease. With less than a decade left on the 2030 elimination goal and mounting uncertainty around COVID-19, the role of The Global Fund partnership has never been more essential.

In the Commonwealth, malaria remains concentrated in low-income countries and complex operating environments, where governments struggle to fund programmes themselves. In many of these countries, such as Papua New Guinea (PNG), The Global Fund is the only major external donor for malaria case management and mosquito nets.[11] For instance, with support from The Global Fund, PNG distributed 1.4 million nets to protect people from malaria in 2020 alone.

The Global Fund investments have helped reduce malaria morbidity and mortality in Commonwealth countries by supporting a comprehensive package of interventions targeted at maximizing impact including case management, vector control, and chemoprevention. Ghana and Nigeria have been able to scale up seasonal malaria chemoprevention, reaching more children than ever before whilst ensuring high coverage of vector control. Integrated community case management in Rwanda, alongside indoor residual spraying with next-generation insecticides, and new nets to address the ongoing threat of insecticide resistance is leading to decreased malaria cases and deaths. Approximately 70% of the world's malaria burden is concentrated in just 11 countries, six of which are members of the Commonwealth - Cameroon, Ghana, Nigeria, Uganda, Tanzania and India. In these six countries, malaria deaths have been reduced by between 13-73% since The Global Fund was founded in 2002.

The Global Fund's partnership model is also designed to harness and accelerate innovative solutions. The partnership has supported market shaping and evidence generation in the development of new mosquito nets and the recently approved malaria vaccine, bringing us more tools in the fight against the disease. The pilot studies for the malaria vaccine were launched in 2019 by three Commonwealth countries - Ghana, Kenya and Malawi in partnership with The Global Fund, the WHO, Gavi, the Vaccine Alliance, and Unitaid. Following success in the pilots, the WHO recommended the vaccine for wider routine use in 2021.

The Global Fund works closely with countries and partners, investing more than US$1 billion a year to strengthen systems for health, including diagnostics, surveillance, and procurement capacity.[12] Those investments play a critical role in preparing the world for future pandemics. In doing so, The Global Fund contributes to the health

A child plays under a mosquito net in the village of Waramo, Papua New Guinea (John Rae)

security of the whole Commonwealth. When the COVID-19 pandemic hit, The Global Fund successfully launched the COVID-19 Response Mechanism, allocating over US$1.9 billion over the past two years to 23 out of the 24 malaria-endemic Commonwealth countries. In addition to reinforcing national responses to COVID-19, these funds have been used to mitigate the impact on HIV, tuberculosis (TB), and malaria programmes and make urgent improvements in health and community systems to enable greater resilience to the impact of the pandemic.

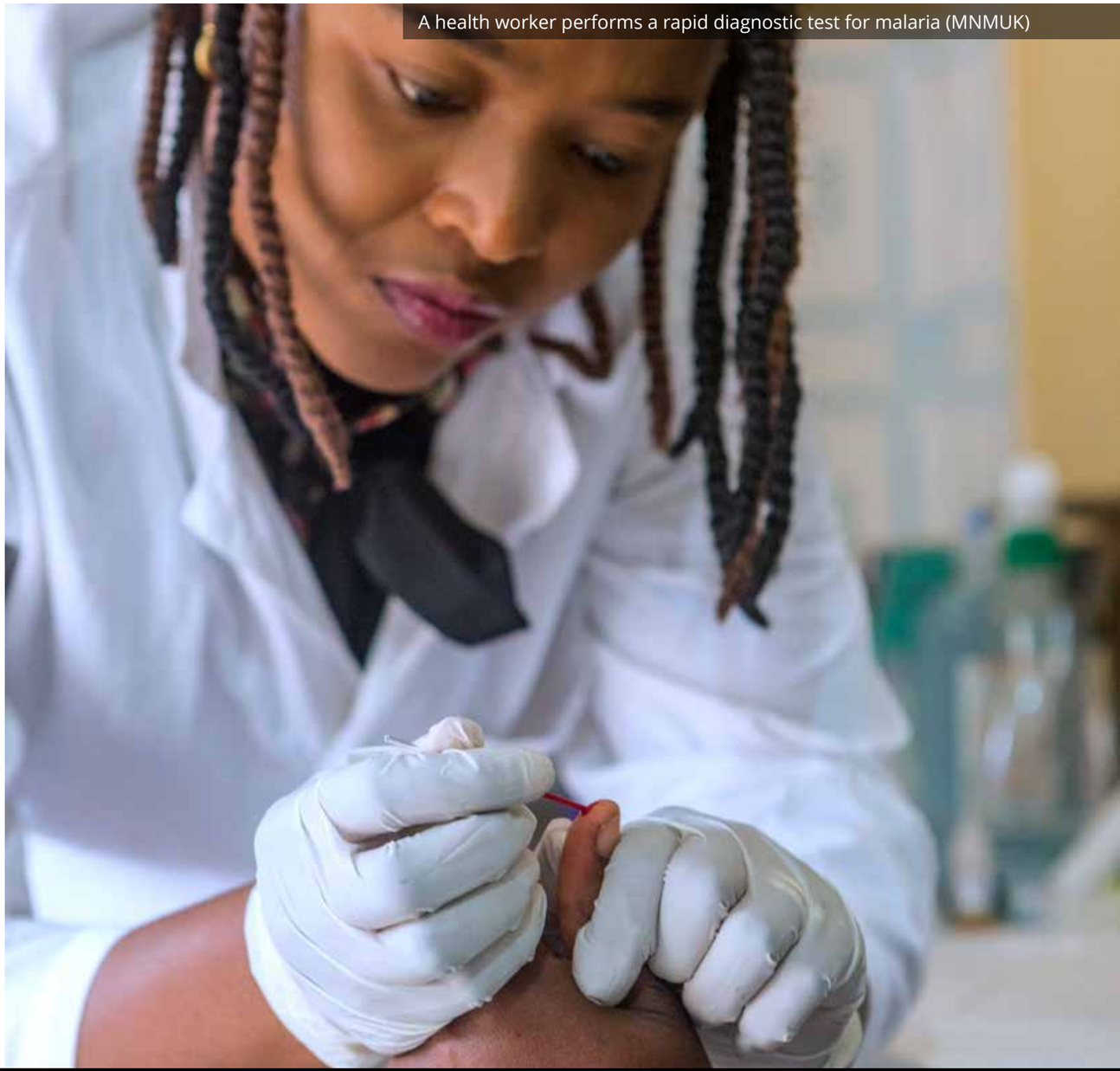
With its global support to around two million trained community health workers, The Global Fund has helped deliver malaria and COVID-19 services to the remotest areas throughout the pandemic.

Despite that support, progress against malaria has stalled or reversed in several malaria-endemic Commonwealth countries. In near-elimination countries like Vanuatu, Belize, Botswana, and South Africa, The Global Fund will need to work closely with national and regional programmes to help tackle last-mile challenges, mainly when other donors cannot provide support. Additional support with funding transitions and integration of the malaria response in domestic health systems will be required to prevent malaria resurgence. An excellent example of such efforts is the introduction of the 'Malaria Elimination in Melanesia and Timor-Leste Initiative' to complement funding from domestic and external sources and fully meet the needs of malaria elimination in the region.

As high-burden countries like Nigeria and Uganda have reported significant jumps in cases, a renewed focus on malaria and additional grants and technical expertise are required to try innovative accelerator tools and strategies. On this front, The Global Fund has supported implementing the 'High burden to high impact' approach across the funding process in highly endemic countries including Cameroon, Ghana and Tanzania, which has resulted in the tailoring of more impactful intervention packages through malaria responses at subnational levels. Other countries, such as PNG and the Solomon Islands, have also experienced an increased malaria burden as they grapple with fragile health systems and need focused support.

More than ever before, The Global Fund needs to support countries in their efforts to revitalise and sustain the malaria fight by capitalizing on our tested mechanisms, extensive reach, and inclusive approach. To turbocharge the fight against malaria, HIV, and TB and help countries build more resilient and sustainable systems for health, The Global Fund partnership is seeking to raise at least US$18 billion for its next three-year cycle (2024-2026). This seventh replenishment campaign will culminate in a replenishment conference hosted by President Joe Biden in the United States in the second half of 2022. A successful seventh replenishment will help the world get back on track against malaria, HIV, and TB, accelerate the strengthening of health and community systems and reinforce countries' capacity to prevent, detect and respond to new health threats.

Thanks to unwavering support from partners in the Commonwealth, we have proven that we can end malaria as a public health threat for good. We can't stop now. With millions of lives still at risk, we must move faster to end this disease. We can protect everyone, everywhere, from malaria and build a healthier, more equitable world.



A health worker performs a rapid diagnostic test for malaria (MNMUK)

Innovating our way to a malaria-free Commonwealth

By Dr Abdourahmane Diallo, CEO of the RBM Partnership to End Malaria.

The evolving threat

Over the last two decades, global partnerships have saved 10.6 million lives from malaria and prevented 1.7 billion cases, an achievement now recognised as one of the most significant global health successes of our generation. Investments made by Commonwealth countries, both directly and through The Global Fund to Fight AIDS, Tuberculosis and Malaria, have driven research, development and scale-up of the innovative tools that are instrumental in diagnosing, preventing, and treating malaria.

However, the fight against malaria is now at a precarious juncture. Even before the COVID-19 pandemic, funding had stalled, and while many countries have achieved or are approaching malaria elimination, progress in the highest burden countries has levelled off. The ability of the *Anopheles* mosquito – and the parasite it transmits – to constantly evolve has given rise to emerging drug and insecticide resistance, threatening to reduce the effectiveness of the tools that have driven progress against malaria.

To meet the global goal of ending malaria within a generation, Commonwealth leaders pledged to halve malaria cases by 2023 at the London Malaria Summit in 2018. This was complemented by US$4.1 billion in funding commitments - including over US$13 million from the UK dedicated to financing world-class research and development, US$43 million from Australia and notable contributions from the Commonwealth's civil society and private sectors. Furthermore, malaria-endemic countries have made commitments to increase access to these tools, including a commitment by the Nigerian government and partners to distribute 15 million more mosquito nets.

Such collaboration has put the Commonwealth at the forefront of one of the most robust malaria innovation pipelines in over a decade. With continued funding and resolve, the development and scale-up of these transformative tools will ensure we remain a step ahead of the mosquito and parasite and ultimately achieve our goal of malaria eradication.

Children sit beneath a malaria net in their home (M. Hallahan/Sumitomo Chemical - Olyset Net)

Driving innovation to eradicate malaria

Last year, history was made when the malaria vaccine, known as RTS,S, became the first to be recommended for widespread use in children under five by the WHO. This ground-breaking milestone followed a large-scale pilot programme co-delivered by Ghana, Kenya and Malawi's health ministries that reached 800,000 children, as well as decades of public-private sector partnership and research, led in part by GSK and the UK government. The WHO recommendation has allowed new funding for malaria vaccine programmes from Gavi, the Vaccine Alliance, and has the potential to save tens of thousands more children's lives each year.

This success story is now paving the way for further Commonwealth ingenuity in developing more effective second-generation vaccines, new vaccine candidates such as the UK based Jenner Institute's R21 and research into the use of mRNA and monoclonal antibodies.

Beyond vaccinations – Innovations in delivery and treatment

The new frontier of vaccinations has huge promise for fighting malaria. It is also clear that our focus must not waiver from the evolution of existing tools that have saved millions of lives. Across the Commonwealth, innovations in the prevention and treatment of malaria and delivery approaches are being rolled out to stay one step ahead of the parasite.

In Tanzania, the Ifakara Health Institute is playing a key role in developing Attractive Targeted Sugar Bait (ATSB®) technologies – introducing insecticides into sugar-meal to kill malaria-carrying mosquitoes, while teams in Ghana and Uganda are conducting research to inform gene modification and gene drive strategies that could limit malaria transmission. Scientists in Nigeria, Rwanda and Mozambique are studying the effectiveness of new dual insecticide-treated nets in partnership with the UK-based Innovative Vector Control Consortium (IVCC) and The Global Fund, with early research indicating such nets could avert up to twice as many malaria cases.

In Kenya, the national Medical Research Institute (KEMRI) is a leading, state-funded centre conducting malaria research, informing innovations around the world. KEMRI's current research is establishing the relationship between malaria and COVID-19 severity, alongside other academic institutions.

Trialling and rolling out innovative delivery approaches will also optimise the Commonwealth's efforts to reach those at risk with these life-saving interventions. The 'TIPTOP' project is working with community health workers in Mozambique and Nigeria to reach pregnant women in the community with preventive malaria treatment. Meanwhile, efforts to sustain malaria services during the pandemic have seen countries deploy innovative responses to social distancing rules, including the success of 8,000 volunteers successfully distributing nearly 1.5 million mosquito nets to half a million households in Pakistan's restive tribal region in December 2020.

The UK government has also provided crucial support for the development of public-private partnerships to drive innovation, accounting for around a quarter of their funding. These include support for IVCC, which is working to drive the discovery of new insecticide formulations, and the Medicines for Malaria Venture (MMV) for new treatments.

Strengthening commitments to drive innovation and end malaria

There is no silver bullet to end malaria. Until we eradicate the disease, we require constant innovation to stay ahead of the evolving mosquito and parasite.

Commonwealth countries must remain committed to the pledge they made in 2018 to halve malaria cases by 2023 and eradicate malaria within a generation. To accelerate the fight against malaria, this commitment must be achieved through greater investment and partnership to optimise the existing portfolio of drugs, insecticides, diagnostic tests, insecticide-treated nets and vaccines. Investing in the direct and indirect conditions needed to drive research and development of new, transformative tools is another vital step to defeating malaria that Commonwealth leaders must prioritise.

Like the fight against COVID-19, increased funding, political will, and collaboration across borders are all essential to accelerate the development and delivery of a robust pipeline of malaria innovation. If we seize the opportunity and act with urgency, the Commonwealth can drive another era of rapid decline in malaria and achieve the goal of a malaria-free world.

A laboratory technician performs analysis on malaria test samples (MNMUK)

Financing malaria: Beyond state contributions

By Ms. Thandile Nxumalo, CEO, Sanlam Investment Management – Kingdom of Eswatini; Chair, Kingdom of Eswatini End Malaria Fund, and Dr. Rev. Felicidade Chirinda, PhD, President, Christian Council of Mozambique; Chair, Fundo da Malaria.

The challenge with existing resources

The fight against malaria has long been seen as the responsibility of the public sector. Ministries of health and their partners have made significant progress in reducing the malaria burden. Government funding and financing mechanisms like The Global Fund to Fight AIDS, Tuberculosis and Malaria have expanded access to life-saving health services and vector control campaigns. Nevertheless, approximately half of the interventions in national malaria strategic plans remain unfunded.

Malaria is concentrated in the lowest-income countries and complex operating environments where there is limited fiscal space to fund malaria elimination with domestic resources. The World Bank notes that the COVID-19 pandemic has hit poor and vulnerable countries the hardest, threatening decades of hard-won gains while worsening existing inequalities. The historical record is clear: when resources decline, malaria comes roaring back. It is vital that we ensure that malaria financing is prioritised to end this preventable and treatable disease once and for all.

End Malaria Councils & Funds

Countries across Africa, including 14 Commonwealth members, are establishing national End Malaria Councils and Funds to better coordinate multisectoral advocacy, resource mobilisation and action against malaria. These councils and funds are composed of senior leaders from all sectors — government, private sector, and civil society — who work together to mobilise commitments and forge new partnerships to address gaps identified by national malaria programmes. The first five End Malaria Councils and Funds were established by Commonwealth countries. Over the past two years, these councils and funds have mobilised more than US$7 million in financial and in-kind resources, trained countless community leaders to be malaria champions, scaled up social and behavioural change communications to reach national audiences, and closed critical gaps that have helped sustain essential malaria services. Below, we provide three examples of how the End Malaria Councils are working in practice.

Kingdom of Eswatini

In 2019, His Majesty King Mswati III, then Chair of the African Leaders Malaria Alliance, launched Kingdom of Eswatini's End Malaria Fund. This Fund is managed by a multisectoral board of directors and chaired by a private sector CEO. As a pooling mechanism, the Fund received a contribution from the Government to catalyse private sector fundraising, an example of blended financing. The Board of Directors engaged bilateral partners, private sector companies, and individuals to raise resources sufficient to close half of the two-year malaria budget gap. During the 2021 malaria season, donated resources were deployed to extend the indoor residual spraying (IRS) campaign, paying the salaries of spray teams and purchasing fuel for vehicles. To avoid stockouts of antimalarials, the Fund procured life-saving medicines for health facilities. Telecom companies donated SMS messaging services to send nationwide alerts warning about the risks of malaria.

Community advocacy and empowerment have also been critical to the Fund's success. The Fund has educated journalists and traditional leaders on the risks of malaria and trained them to advocate for malaria to remain high on the national agenda. The Fund is also supporting the establishment of a national malaria youth army to mobilise the next generation of malaria leaders to support advocacy, action, and resource mobilisation.

Republic of Mozambique

Mozambique's Fundo da Malaria, launched in 2020, is managed by senior civil society and private sector leaders who work in partnership with the National Malaria Control Programme (NMCP). The board of directors briefed dozens of domestic and private sector companies on the burden of malaria and its impact on the economy. The members held one-on-one meetings with senior executives and convened industry-wide roundtable discussions to ask them to contribute in-kind and financial resources to support the fight against malaria. On World Malaria Day

Cabinet Secretary for Health, Hon. Mutahi Kagwe, with the founding members at the launch of the Kenya End Malaria Council (ALMA)

2021, the Fund hosted an inaugural donor conference to announce pledges exceeding US$3.5 million from private sector companies. Donated resources from the private sector have been used to purchase personal protective equipment for IRS operators, maintain vehicles, transport commodities, and disseminate social and behavioural change communication.

Religious leaders from the Board of Directors also participated in a community mobilisation campaign organised by PIRCOM, a civil society organisation, where they recorded malaria messages that were broadcast on television and radio.

Republic of Zambia

Since launching in 2019, Zambia's End Malaria Council and Fund has mobilised more than US$ 1.5 million in in-kind donations and financial support for the National Malaria Elimination Centre (NMEC). During the 2019/20 malaria season, there were insufficient resources to transport insecticides to North-Western Province for IRS. A local mining company and member of the Council loaded the sachets onto its trucks, which routinely drove to-and-from Lusaka. Costs to the company were minimal, but it enabled the spraying campaign to proceed on schedule. Private sector executives in Zambia have also funded training of community health workers, a roll-out of mass drug administration and cross border collaborations.

The Council has also led a two-year social and behavioural change communication campaign reaching millions of Zambians. The members produced a series of television and radio advertisements and secured advertising from broadcasters and the Zambia Revenue Authority. This significantly increased the reach of malaria messaging without requiring additional resources from the NMEC.

Members of the End Malaria Council have launched a coalition of inter-faith leaders called the Faith Leaders Advocating for Malaria Elimination (FLAME). FLAME has organised community marches to raise the visibility of malaria, disseminated malaria messaging through religious leaders, broadcast radio programmes, and mobilised resources, such as the campaign calling on parishioners to donate one Kwacha each.

Finally, Zambia has launched End Malaria Councils at the provincial and district levels to mobilise local government, business, and community leaders to support the fight against malaria. Ahead of the 2021/22 malaria season, four of these councils organised community mobilisation campaigns to distribute malaria messaging and encourage individuals to participate in mass drug administration in targeted districts.

Minister of Health, Hon. Lizzy Nkosi and Chair of the Eswatini End Malaria Fund, Ms. Thandile Nxumalo receiving a contribution from the MTN Foundation (ALMA)

A call to action

Although countries with endemic malaria face daunting fiscal challenges, the experiences above show there is an untapped wealth of human resources, innovation, expertise, assets, capabilities, and financial resources outside the public sector. Mobilising these is critical to accelerating the elimination of malaria. Everyone has something that they can contribute. We call on our fellow leaders to commit to the cause of ending malaria and support initiatives, such as national End Malaria Councils.

Zero malaria starts with us.

Our path towards elimination: The Commonwealth's efforts to accelerate the CHOGM Malaria targets

By Dr Janneth Mghamba, Health Adviser, Commonwealth Secretariat.

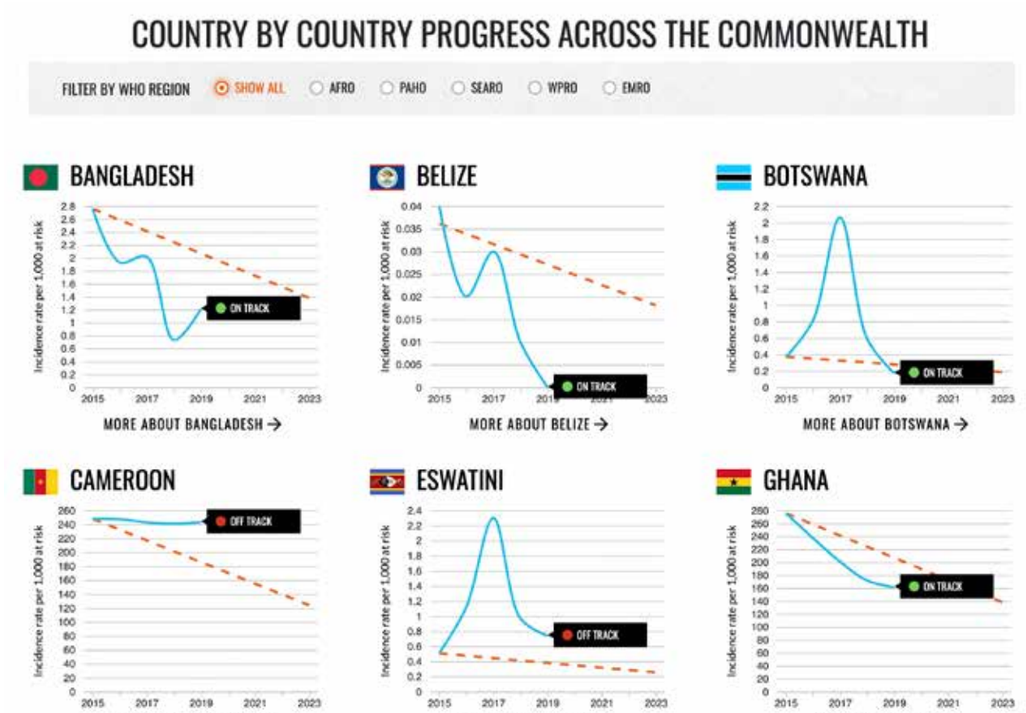
The burden of malaria within the Commonwealth family is widely recognized. Due to the grave challenge this preventable and treatable disease poses to the health security of over two billion citizens of the Commonwealth, in 2018, Commonwealth Heads of Government made commitments to halve malaria by 2023. Four years later, whilst some Commonwealth malaria-endemic countries are on track to achieving this milestone, the overall progress within the Commonwealth is suboptimal. This is in large part due to the COVID-19 pandemic, discussed widely in this year's report.

Keeping the malaria agenda high on the Commonwealth's ministerial meetings

Supporting the malaria elimination agenda has been of increasing priority in recent high-level Commonwealth ministerial meetings. In 2017, Commonwealth health ministers committed to steps to accelerate the achievement of universal health coverage (UHC) and ensure vulnerable groups are not left behind, in relation to access to health and socio-economic development. Ever since, the achievement of UHC has been a guiding principle of the Commonwealth's health programme work. Acceleration of UHC is significant as it provides an opportunity for scaling up cost-effective and quality-assured services targeting both malaria and other key health challenges in the Commonwealth.

Following the COVID-19 pandemic declaration in 2020, new focus and attention was brought to the risk of health gains being halted. Responding to this, Commonwealth Health Ministers recognised a need to sustain malaria progress, alongside other health gains from longstanding public health investments. They also welcomed the development of monitoring tools by the secretariat to guide progress towards targets.

In 2021, the Commonwealth Health Ministers again renewed their malaria commitment and welcomed the launching of the Commonwealth Malaria Tracker, a tool aiming to help countries monitor progress towards their target of halving malaria. Ministers also welcomed the formation of a Commonwealth COVID-19 Open-Ended Informal Technical Working Group on Sustaining Health Gains, a platform for countries to share expertise and best practices and assist them in reaching the elimination targets. This Technical Working group is chaired by the Republic of Rwanda, and currently there are eight member states already benefitting from this technical working group[13]. Commonwealth countries and partners are encouraged to join the group.



The Commonwealth Malaria Tracker showing country progress on halving malaria (MNMUK)

Leveraging Strategic Partnerships to accelerate goals

Leveraging our strategic partnerships, the Commonwealth is collaborating with many partners to accelerate the malaria elimination targets. The Commonwealth is working closely with Malaria No More UK, African Leaders Malaria Alliance (ALMA), Asia Pacific Leaders Malaria Alliance (APLMA) and Roll Back Malaria (RBM) Partnership to End Malaria.

The Commonwealth recently strengthened our health partner relationships by signing a Memorandum of Understanding (MoU) with the World Health Organization in February 2022. This MoU will further reinforce the cooperation to scale up global efforts to improve health outcomes, including on malaria across the Commonwealth and will also build towards the shared goal of eliminating the disease as universally endorsed by Commonwealth Heads of Government.

The Commonwealth Secretariat also works with the Commonwealth Accredited Organizations (ACOs), including professional bodies such as the Commonwealth Pharmacists Association, to ensure a holistic approach to accelerating efforts towards malaria elimination. The ACOs provide a platform for exchange of technical expertise, supporting peer learning across the Commonwealth family.

Looking towards elimination

For the Commonwealth to achieve these targets, we must be ambitious. We must also ensure all stakeholders are part of this effort. This includes mobilising and partnering with civil society groups, as well as youth movements. To this end, the Commonwealth is proud to support the Zero Malaria Starts with Me Campaign which seeks to mobilise populations to act in support of malaria elimination. Youth groups and young people are particularly important to this work. Their pioneering use of new and effective approaches to advocacy on elimination, and personal connection to overcoming inertia in the fight against this deadly disease can make all the difference. A recent survey by The RBM Partnership to End Malaria, found that 9 in 10 African youths want to take personal action in the fight against malaria, with almost two-thirds believing the disease can be eliminated in their lifetime[14]. With more than 60% of the Commonwealth population under the age of 30, we must harness the power of young people and enable their campaigns to help achieve our collective malaria elimination targets.

Whilst the Commonwealth continues to grapple with the COVID-19 pandemic, we are regaining awareness of the devastating effects of malaria, and the importance of maintaining malaria prevention, diagnosis and treatment provision, no matter the circumstance. To fully realise our Commonwealth targets, our Heads of Government must renew and expand on their commitments to eliminate malaria, with the goal of ending the epidemic disease of malaria by 2030. Critically, as we recognise the growing fiscal gap between the resources available and those needed, this requires countries to re-commit to funding for malaria elimination efforts, both from international as well as domestic sources within endemic countries. In a year where states will commit to replenishing The Global Fund to Fight AIDS, Tuberculosis and Malaria, we need greater ambition than ever before.

At the Commonwealth Secretariat, we are well positioned to support countries in furthering these commitments to accelerate malaria elimination targets. Using the established strategic connections and networks within the Commonwealth, and the review and peer learning mechanisms available through the annual Commonwealth's ministerial meetings, we pledge to work to ensure malaria prevention and treatment services are maintained, and that they are anchored by human rights and gender equality. Indeed, our Commonwealth Charter demands it.

Ghana-Ibrahim Malik sheep farmer (Geoff Ward)

Endword

For too many young people in my country Nigeria, malaria is a fact of life. We know this disease is preventable, yet many of us accept that we will be sick and held back from reaching our potential. The story of malaria across the Commonwealth shows that it need not be this way. Whether it is Sri Lanka, which eliminated malaria in 2016, or South Africa, which is close to ending the disease, we know that zero malaria is achievable within a generation.

As a young person dedicated to fighting malaria, I know that the youth care about their health, and they recognise that they won't be able to achieve their dreams if they must watch and wait for the end of malaria. With the right information and messages, we can be inspiring people to take action to join the fight for Zero Malaria.

I'm calling on all Commonwealth leaders to step up and help make zero malaria a reality.

That's why I helped create the Block Malaria Africa Initiative in Nigeria. Started in 2018, the Block Malaria Africa Initiative (hereafter Block Malaria) is active in six states in Nigeria. Our project aims to educate young people on what they can do to protect themselves against this deadly disease, help raise funds to deliver services and drive community action to get rid of spaces where mosquitos thrive. With the help of over 500 young volunteers in our network, we work both directly in communities where we provide diagnosis and medical treatments, and through innovative digital media communications which have reached tens of thousands, raising awareness of malaria prevention.

Block Malaria is not alone. We're proud to support the Zero Malaria Starts With Me: Draw the Line campaign which is uniting young people in the fight against this disease. It's so exciting to be joined by such inspiring malaria youth champions, from the young doctors on the frontline, to malaria research scientists graduating from Commonwealth universities and community health activists like myself. We play a vital role in bringing in a new generation to fight one of the world's oldest and deadliest diseases.

This year's Commonwealth Malaria Report gives us cause for concern, and for optimism. While some countries continue to progress towards the agreed goal of halving their malaria burden by 2023, as a whole we are off track. At the same time, with the progress on vaccinations and other innovations for fighting malaria, we have more tools available, and on the horizon, to fight this disease than ever before. We also know that fighting malaria helps fight COVID-19. For example, community health workers who diagnose malaria are our frontline in detecting any new outbreak of an unknown disease. This could help stop the next pandemic in its tracks.

As the work of Block Malaria and numerous other initiatives across the Commonwealth shows, young people are ready to stand up, play our role and draw the line against malaria. Together we're calling on our leaders to step up and take bold action against malaria at this year's Commonwealth Heads of Government meeting in Rwanda. There is no doubt that the COVID-19 pandemic has set back the fight against this disease, so we need a renewed pledge by all Commonwealth leaders that they will prioritise the malaria fight. In doing so, they can enable my generation to be the ones who end malaria.

Odinaka Kingsley Obeta
Malaria Youth Champion and Founder of Block Malaria Africa Initiative

Endnotes:

1. The potential impact of health service disruptions on the burden of malaria: a modelling analysis for countries in sub-Saharan Africa. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.
2. This country-by-country projection was undertaken by the WHO using existing reported and estimated data from countries and applying a linear projection of the decreases required to achieve the 2023 halving target. The WHO use the same methodology which is being used to track progress towards the 2016-2030 WHO Global Technical Strategy milestones.
3. Methodology for the WHO process to estimate case and deaths available in The World Malaria Report 2021, Geneva. https://www.who.int/publications/i/item/9789240040496
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AFRICAN LEADERS
MALARIA ALLIANCE
ALMA

ASIA PACIFIC LEADERS
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ASIA PACIFIC MALARIA
ELIMINATION NETWORK

The Commonwealth

malaria
NO MORE
united kingdom

RBM Partnership
To End Malaria

World Health
Organization