



Malaria and the Commonwealth

Commonwealth Health Ministers' Briefing 2023

malaria
NO MORE
united kingdom

RBM Partnership
To End Malaria

AFRICAN LEADERS
MALARIA ALLIANCE



Malaria No More UK/Brent Focus Photography.
Gladyness is 2 years old and lives in Misungwi a town in the Mwanza region of Tanzania. She has been sleeping under the new Interceptor® G2 mosquito net for the past two years and has never suffered from malaria.

Introduction

At the 2018 London Malaria Summit, 53 Commonwealth leaders made the ambitious commitment to **halve malaria across the Commonwealth by 2023**. This commitment was reiterated in the 2022 Commonwealth Heads of Government Meeting and is known as the “Commonwealth Malaria Commitment”.

Whilst representing a third of the global population, citizens of the Commonwealth suffer more than half the world’s malaria cases and deaths each year. Malaria is a preventable and curable disease - however it still kills over 300,000 Commonwealth citizens annually. The 2018 commitment recognised the urgent need for united political will across the Commonwealth to control and ultimately end this deadly disease.

Following the Kigali Summit on Malaria and NTDs, hosted by the Republic of Rwanda, Heads of State and Government renewed the Commonwealth Malaria Commitment at the 2022 Commonwealth Heads of Government Meeting. In addition to the renewing their commitment made in 2018, leaders extended their ambition, pledging to work to end the epidemic of malaria by 2030 in accordance with regional and global targets.

This briefing presents the latest data on progress towards the Commonwealth Malaria Commitment targets and highlights some of the successes and challenges faced over the recent years. While progress has stalled, member states successfully mitigated COVID-19 disruptions and maintained strong coverage of malaria interventions, particularly campaigns, in challenging circumstances. New tools, treatments and strategies have been developed to address looming biological threats including insecticide and drug resistance, and communities are actively engaged in the fight against the disease. With renewed political will and strong leadership that is translated into actions and resources, malaria elimination for many countries is within reach. However, a significant investment of political will and resource mobilisation is urgently required to accelerate progress across a Commonwealth where millions of citizens still suffer from this preventable disease each year.

Country progress update

Country progress towards the Commonwealth Commitment is assessed using malaria case incidence and mortality rates (the total cases and deaths relative to the population at risk). This report utilises the latest WHO data from the 2022 World Malaria Report for 2021. This section summarizes the “on-track” or “off-track” status of countries towards the 2023 target of 50% reduction in case incidence and mortality relative to the 2015 baseline rates. Further detail on member countries can be found at commonwealthmalariatracker.org.

Seven Commonwealth countries were on track to halve both malaria case incidence and mortality rates from baseline by 2023

These were Bangladesh, Belize, India, Malaysia, Pakistan, South Africa, and Vanuatu. The Gambia, Ghana, and Rwanda were all on track to reach their case incidence targets, and the Kingdom of Eswatini was on track to meet the mortality target. Sierra Leone was almost on track to meet the mortality rate target. The Commonwealth has also seen overall case incidence and mortality rates decline between 2020 and 2021, indicating stabilising and improving conditions despite the COVID-19 pandemic.

Since 2000, over 300 million malaria cases have been averted in the Commonwealth and over a million lives saved.

Between 2015 and 2021, an estimated 22 million cases and 25 thousand deaths from malaria were averted in the Commonwealth. Since 2000, over 300 million malaria cases have been averted in the Commonwealth and over a million lives saved through treatments and preventative measures.

However, overall case incidence and mortality rates for the Commonwealth are off track to reach the 2023 target, with only marginal decreases in mortality rate and case incidence since 2015.

Progress graphs

Figure 1. Commonwealth status on reaching 2023 incidence targets

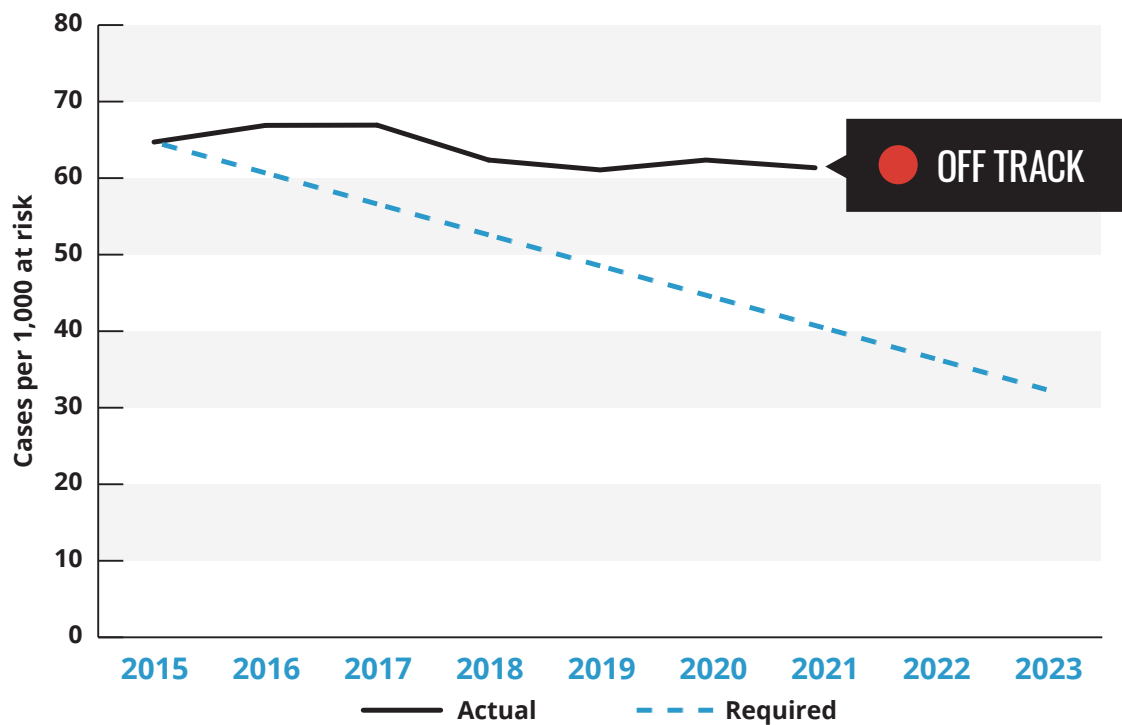
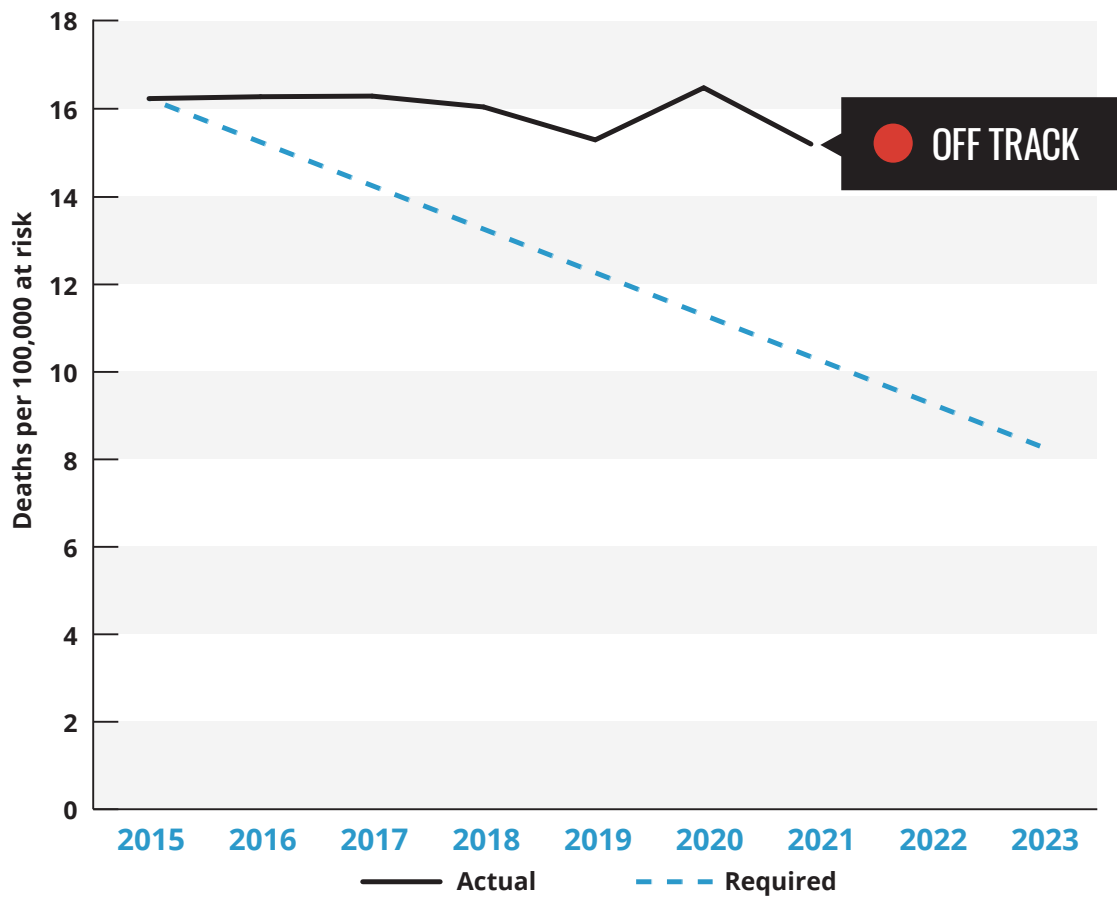


Figure 2. Commonwealth status on reaching 2023 mortality targets



To achieve the Commonwealth Commitment, a 45% decrease in case incidence and 48% decrease in mortality rates from the baseline year of 2015 are still needed. Unfortunately, seven countries showed case incidence rates above those of 2015, and eight had higher mortality rates. These results show some progress is being made, but overall, the Commonwealth is off track to meet the commitment targets. Countries are facing ever increasing threats to malaria progress, including biological threats such as insecticide resistance. However, with new and more effective malaria tools in the pipeline, it is possible to meet the Commonwealth's commitment towards ending malaria. Urgent action is needed to revive the momentum of the 2000-2015 period and recover gains lost during the COVID-19 pandemic.

Table 1: Status of countries on reaching the commonwealth commitments.

These indicators are measured using the WHO's estimates for 2021 published in the December 2022 World Malaria Report.

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).**



Table 1:

Status of countries on reaching the Commonwealth commitments.

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	Yes	No
Sierra Leone	No	No
Solomon Islands	No	No
South Africa	Yes	Yes
Uganda	No	No
United Republic of Tanzania	No	No
Vanuatu	Yes	Yes
Zambia	No	No
Commonwealth (total)	No	No

Several Commonwealth nations are at, or nearing, zero malaria

The WHO Global Technical strategy, which underpins the Commonwealth commitment targets, includes a target for malaria elimination in 35 countries by 2030. Several Commonwealth countries have already achieved malaria-free certification, and many more are included in the WHO E2025 initiative aiming for elimination by 2025.

- **Belize reported zero indigenous malaria cases from 2019 to 2021, maintaining their gains and keeping them on-track for malaria elimination, and Malaysia held the line against human malaria parasite species.**
- **Botswana, Vanuatu and Eswatini experienced fewer than 1,000 cases in 2021, and South Africa saw a 33% decrease in cases between 2020 and 2021.**
- **All of these countries are to be commended for their incredible efforts on the road to elimination.**



Esther Havens. A healthcare worker testing a child for malaria in Cameroon

Successes and challenges

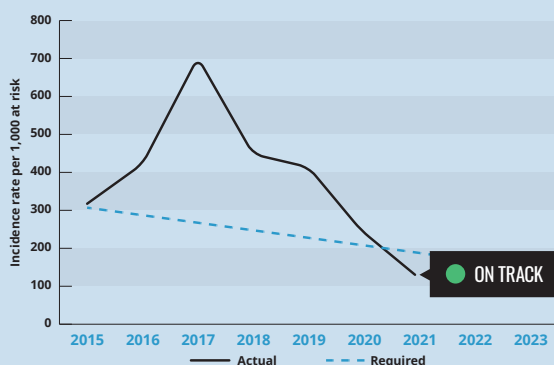
Commonwealth countries continue to face many challenges to achieving malaria control and elimination, including growing biological threats and the impacts of the COVID-19 pandemic. This section highlights examples of successful leadership across the Commonwealth, as well as some of the challenges faced.

Commonwealth-wide coverage of malaria interventions is improving

- **More nets than ever before were delivered in 2022 with almost 60% being new pyrethroid-PBO or dual active ingredient nets. The development and distribution of next-generation nets has been a monumental achievement towards combatting the threat of insecticide resistance.**
- **The RTS,S/AS01 malaria vaccine pilot continues in Ghana, Kenya, and Malawi with positive response- Over 1 million doses were administered in 2021, bringing the current total to over 4 million doses delivered. The vaccine continues roll-out across the pilot countries in 2023 and another promising candidate, the R21/Matrix-M vaccine, is under WHO review.**
- **Mozambique and Uganda implemented Seasonal Malaria Chemoprevention (SMC) for the first time in 2021, joining Cameroon, the Gambia, Nigeria, and Togo. Over 26.5 million children in the Commonwealth were protected from malaria by SMC in 2021. Coverage nearly doubled in Nigeria between 2020 and 2021 to reach an additional 10 million children.**

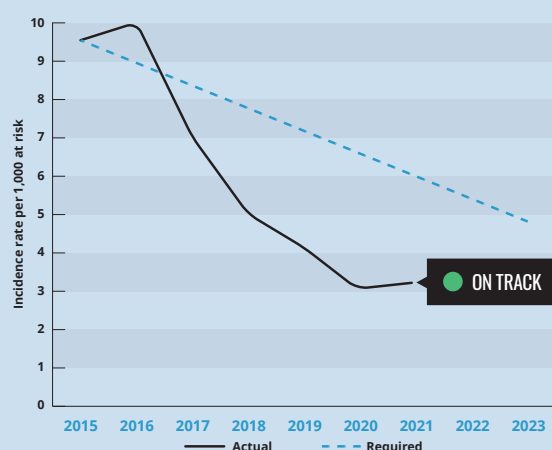
Several countries have demonstrated strong leadership towards achieving the Commonwealth Commitment targets

Rwanda



Since the 2018 Commonwealth Commitment, Rwanda has reduced case incidence by 75%. This success was made possible by strong leadership in the National Malaria Control Programme (PNILP) and Ministry of Health—including prioritising domestic funding, strengthening health systems including through expanded community health workers, and including malaria interventions in essential health services. Rwanda also launched the Zero Malaria Starts with Me campaign in 2020, urging all Rwandans to step up in the fight against malaria.

India



India has made significant strides in the fight against malaria by leveraging state leadership under the umbrella of national coordination. Innovative public-private partnerships such as Malaria Elimination Demonstration Project (MEDP) in Mandla district, and targeted initiatives to reach the most vulnerable in high-burden states like Odisha, have been instrumental in the fight against malaria. State funding for malaria, health systems strengthening, and surveillance systems remain essential in maintaining national progress. India has also been called upon to lend their knowledge in combatting the *Anopheles stephensi* mosquito species now emerging in the African continent.

Multisectoral collaboration continues to pave the way to zero malaria

- Countries across Africa, including 14 Commonwealth members, are establishing national End Malaria Councils (EMCs) and Funds (EMFs). Mozambique, Zambia, Eswatini, Uganda, Kenya, Nigeria and Tanzania have already launched their councils. EMCs are high level, multi-sectoral bodies bringing together senior leaders from government, the private sector, and civil society to collaborate on advocacy, resource mobilisation, and other work to support national malaria programmes. To date, EMCs and EMFs have raised over US\$32million, particularly from the local private sector. Broad ranging multi-sectoral action has been achieved including community-led advocacy, engagement of actors beyond the health sector, support in ITN and IRS campaigns, gaps filled in ACTs and RDTs, vehicles provided for the malaria control programme, and strengthened social and behaviour change communications, amongst other work.

Despite these successes and displays of leadership, the Commonwealth faces many challenges to reaching the 2030 targets

- The WHO estimates that total funding for malaria in 2021 was more than 50% short of the US\$7.3 billion dollars needed to stay on track for the GTS milestones.
- The Global Fund to Fight AIDS, Tuberculosis and Malaria provides 63% of international funding for malaria programmes. Despite raising record amounts in its 7th replenishment at a total of \$15.7 billion, including \$2.3 billion in pledges from Commonwealth countries, the 7th replenishment of the Global Fund fell short of its \$18 billion target.
- The cost of malaria commodities is rising amid the global economic crisis, and as countries work to stay ahead of resistance; new antimalarials, first-line medications, diagnostic tools and next generation dual-active ingredient mosquito nets are needed but are more costly.
- Increased flooding and adverse weather events, linked to climate change, are an emerging concern for malaria programming leading to the threat of malaria upsurges and outbreaks.
- An invasive mosquito species (*Anopheles stephensi*) also poses a threat to malaria control in the African continent, largely because of its role in spreading malaria in urban areas, and has already been found in several countries including Nigeria, Kenya, and Ghana.

Throughout 2023, endemic countries will have to make difficult decisions on how to utilise their health resources including the Global Fund grant allocations, and many high-burden countries face significant challenges in sustaining coverage of life-saving interventions. Strong national leadership, domestic financing commitments, and increased donor resources will be essential to maintain the progress made over the last several years and to get back on track for the GTS and SDG goals. Furthermore, clear leadership from Heads of State and Government will be required to mobilise additional funding and ensure that the resources required to end malaria are available. The private and philanthropic sectors must also support these efforts.

It will also be essential to explore how malaria can be mainstreamed into broader health and development financing. For example, Malawi, Mozambique and Pakistan all experienced catastrophic flooding in 2022 and 2023, impacting malaria programming and leading to the risk of epidemics of the disease. The disruptions to malaria programmes and other health risks associated with climate change highlight the need to better integrate the health and climate sectors and funding. Similarly, malaria as primary health care is a pathfinder for building resilient health systems and pandemic preparedness, through health providers and community health workers, better use of real time data and digitalisation, and improving supply chains. Investing in malaria therefore is also an investment in global health security. Additionally, making the link between malaria and broader health systems support, especially primary health care and universal health coverage provides an opportunity to better support malaria interventions through investments in health providers and community health workers, antenatal care and immunisation. Primary health care is not only about services, but also community engagement and the multisectoral response.

Conclusion

The last five years have been a challenging period for malaria control. The efforts of many Commonwealth countries have shown the world it is not too late to get back on track. As Commonwealth nations await the latest data for 2023, they must however recognise that whilst much progress has been made, the Commonwealth and the world remain significantly off-track from the 2030 goals to reduce malaria case incidence and mortality by 90%.

Commonwealth leaders must move from commitments to action in order to accelerate the fight against malaria through:

- **Advocating for increased funding from donor countries including through multilateral bodies like the Global Fund, development banks, and bilateral funding.**
- **Increased domestic, public and private sector funding commitments from malaria endemic countries, including for health systems strengthening.**
- **Government, private sector and academia investment in research and development to create and implement innovative tools to combat drug and insecticide resistance.**
- **Work to support market shaping initiatives, to help reduce the costs of new commodities, and ensure sufficient production capacity increases.**
- **Commitments by all endemic countries to build resilient health systems and improve disease monitoring and surveillance and expand data sharing.**

The Commonwealth can lead the world in ending malaria and should use the 2024 Commonwealth Heads of Government Meeting to signal their intent on this crucial mission. The 2024 Commonwealth Health Ministers Meeting will be a crucial staging point for this.

Commonwealth members must unite against the many threats to malaria elimination, including the global funding gap, biological threats undermining key interventions, climate change, and the continued effects of COVID-19. By achieving this, the Commonwealth could save hundreds of thousands of lives each year, making the family of nations healthier, stronger and more economically successful.



Malaria No More UK/Tom Pilston. Adams Zakari is spraying the house with insecticide to prevent Malaria in Ghana

Annex

Table 2: Malaria 2021 Case Incidence and 2023 Target rates by Country

Country	2015 Baseline Incidence	2021 Incidence	2023 Target
Bangladesh	2.68	0.49	1.34
Belize	0.04	0.00	0.02
Botswana	0.30	0.62	0.15
Cameroon	260.55	245.08	130.28
Eswatini	1.00	0.92	0.50
Gambia	199.93	80.80	99.97
Ghana	277.09	164.37	138.55
Guyana	23.88	32.06	11.94
India	9.59	3.24	4.80
Kenya	70.85	64.52	35.42
Malawi	242.44	219.17	121.22
Malaysia	0.19	0.00	0.10
Mozambique	350.31	320.60	175.15
Namibia	8.31	10.62	4.15
Nigeria	294.11	306.46	147.06
Pakistan	4.82	2.22	2.41
Papua New Guinea	101.90	124.34	50.95
Rwanda	307.96	126.32	153.98
Sierra Leone	390.65	329.83	195.33
Solomon Islands	65.64	216.10	32.82
South Africa	0.89	0.50	0.44
Uganda	253.51	284.02	126.76
Tanzania	140.51	125.77	70.26
Vanuatu	2.92	1.80	1.46
Zambia	219.32	187.72	109.66
Commonwealth	65.01	61.81	32.51

Table 3: Malaria 2021 Mortality and 2023 Target rates by Country

Country	2015 Baseline Mortality	2021 Mortality	2023 Target
Bangladesh	0.62	0.09	0.31
Belize	0.00	0.00	0.00
Botswana	0.07	0.12	0.03
Cameroon	56.20	50.88	28.10
Eswatini	0.00	0.00	0.00
Gambia	24.72	23.30	12.36
Ghana	46.62	38.25	23.31
Guyana	2.91	3.36	1.46
India	1.76	0.57	0.88
Kenya	22.09	22.66	11.05
Malawi	41.46	37.16	20.73
Malaysia	0.32	0.00	0.16
Mozambique	87.62	69.49	43.81
Namibia	2.10	2.69	1.05
Nigeria	88.64	90.68	44.32
Pakistan	0.37	0.20	0.18
Papua New Guinea	21.42	24.61	10.71
Rwanda	25.32	24.20	12.66
Sierra Leone	148.79	98.73	74.40
Solomon Islands	9.40	23.12	4.70
South Africa	1.97	0.94	0.98
Uganda	41.90	42.88	20.95
Tanzania	43.62	40.55	21.81
Vanuatu	0.00	0.00	0.00
Zambia	50.66	45.22	25.33
Commonwealth	16.30	15.97	8.15

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