



COMMONWEALTH
MALARIA
COMMITMENT

2019 COMMONWEALTH MALARIA REPORT



INTRODUCTION

In April 2018 a historic partnership of governments, civil society, the private sector and multilateral organisations, came together in London for a momentous Malaria Summit, delivering US \$4.1 billion investment for the global malaria fight. Two days later at the Commonwealth Heads of Government Meeting (CHOGM), all 53 leaders committed to halve malaria in the Commonwealth within five years. If we keep our promises, implement the strategies, deliver the financing and political leadership promised at the summit, 2018 will prove to be a defining moment in humanity's battle against this deadly disease. Keeping these promises will prevent 350 million cases of malaria and save 650,000 lives in Commonwealth countries.ⁱ

Malaria No More UK and our civil society partners around the world are committed to tracking progress against the Commonwealth malaria commitment made at CHOGM 2018, and working with national governments to accelerate progress on malaria. We will continue to do everything within our power to ensure the commitments made on the podium of the Malaria Summit translate into new resources, treatments and medicines in towns and villages in the 25 Commonwealth countries still working to eliminate malaria.

The World Health Organization (WHO) World Malaria Report 2018 presents the latest data on the global effort to defeat malaria. The 2018 report is a sobering reminder that humanity's oldest enemy will not go down without a fight and following 15 years of significant progress in reducing malaria between 2000 and 2015, progress has now stalled in many countries. For Commonwealth countries, the data shows a mixed picture. The positive news is that collectively, Commonwealth countries saw a small percentage reduction in the number of malaria cases, and a 7% reduction in the number of deaths from malaria.ⁱⁱ

New analysis from the WHO shows seven Commonwealth countries: The Gambia, Belize, Bangladesh, India, Malaysia, Mozambique and Nigeria are already on a trajectory to achieve the target to halve malaria by 2023.ⁱⁱⁱ However it is concerning that in 2017, 19 Commonwealth countries recorded an increase in malaria incidence, and the number of deaths from malaria increased in 15 Commonwealth countries. In 2017, Commonwealth countries accounted for just over half of the estimated 435,000 deaths from malaria, once again reinforcing the important contribution this group of countries can make towards achieving global malaria targets.^{iv}

As the most recent global malaria data covers 2017, the time lag in collecting and analysing development data means 12 months is too soon to fully assess progress in Commonwealth countries since the Malaria Summit and CHOGM 2018. This data is therefore a baseline providing a benchmark from which we can assess progress in future years. However in this first year, it is useful to highlight some outstanding examples of political leadership and promising initiatives that have been launched within the Commonwealth over the past 12 months. While there is much work taking place and many other examples that are worthy of attention, it is our hope that the examples included in this report offer inspiration and learning for further work to drive forward progress in tackling malaria within the Commonwealth.

Looking forward, over the next 12 months, political leaders have two important opportunities to take decisive steps towards achieving the target to halve malaria in the Commonwealth by 2023:

The Commonwealth Health Ministers' Meeting (CHMM) in May 2019 presents the first opportunity for Ministers to discuss progress towards the Commonwealth malaria commitment and share national and cross-Commonwealth learning in tackling malaria and strengthening health systems. Initiating and agreeing a standardised way of reviewing progress over the next five years will be vital to driving sustained political attention and action towards achieving the 2023 malaria commitment.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is the single largest financing instrument for malaria, channeling almost 60% of international funding for malaria.^v We know that the commitment to halve malaria across the Commonwealth by 2023 will not be achieved without a fully funded Global Fund. In 2019 the Global Fund is calling on world leaders to invest at least US \$14bn to support this work. From 2020 - 2023 the Global Fund estimates that if fully financed, the Global Fund partnership will reduce cases of malaria by 25% from 218 million in 2017 to 162 million in 2023 and cut deaths from malaria by 43% from 435,000 to 248,000.^{vi} Leaders from government and the private sector should work together and commit the financing needed to ensure the Global Fund achieves its fundraising target.

If we all keep our promises, the historians of the future will look back on 2018 as a defining moment, when the trajectory of malaria was bent towards a world free from the disease.

KEEPING THESE PROMISES WILL PREVENT 350 MILLION CASES OF MALARIA AND SAVE 650,000 LIVES IN COMMONWEALTH COUNTRIES

PROGRESS IN FIGHTING MALARIA ACROSS THE COMMONWEALTH IN NUMBERS^{VII}

The **Gambia, India** and **Malaysia** saw the biggest percentage reductions in malaria cases in 2017.

Pakistan, Nigeria, Rwanda and **Mozambique** recorded the largest reductions in the share of deaths from malaria in 2017.

The **World Health Organization (WHO)** estimates that on current projections seven commonwealth countries: **Gambia, Belize, Bangladesh, India, Mozambique, Nigeria** and **Malaysia** are on track to achieve the target to halve malaria by 2023.

128 million

Number of cases of malaria in commonwealth countries in 2017

15,722

Fewer deaths from malaria between 2016 and 2017



MALAYSIA

‘INVESTING IN PEOPLE’: TRAINING MALAYSIA’S SCIENTISTS IN MALARIA VECTOR SURVEILLANCE AND ELIMINATION

Malaysia is making great strides in its bid to eliminate malaria. There has been a 99% reduction in reported malaria cases in the past two decades and Malaysia is now categorised by the WHO as being in the pre-elimination phase. Cases of indigenous malaria reduced by 68% from 2016-2017ⁱⁱⁱ.

As countries approach elimination, enhanced surveillance systems are especially important as these systems ensure every infection is detected, treated and reported to a national malaria surveillance system. The Malaysian Government has worked hard to develop and strengthen its systems for surveillance. Working with international partners, Malaysia’s national agencies including the Ministry for Health, The National Vector Borne Disease Control Programme and the Malaria Institute for Medical Research came together to launch an essential ten-day training programme for local entomologists on malaria vector control and surveillance.

Through this programme, entomologists are trained in the correct identification of primary and secondary malaria vectors, mosquito identification and rearing techniques and in entomological surveillance. In 2019, scientists involved in the training programme will contribute to a follow up study to understand how the techniques covered in the course were implemented in their work, and to identify key lessons from the course.

Training the country’s entomologists in vector control and surveillance contributes to regional strategies to eliminate malaria by making vector control more efficient, cost effective and ecologically sustainable.

KEY PARTNERS

- Bill & Melinda Gates Foundation
- WHO
- President’s Malaria Initiative
- USAID
- WPRO
- APMEN

AUSTRALIA

POLITICAL LEADERSHIP

In recent years, Australia has emerged as an important leader in the fight against malaria. In 2017, Australia invested \$US13.5 million to support malaria elimination efforts and this financing has been matched with strong political leadership^{ix}.

In January 2018, Australia’s Foreign Minister Julie Bishop joined the End Malaria Council, a committed group of senior leaders from government and business which aims to galvanise the political leadership, funding and technological innovations needed to end malaria. Backing diplomacy with financing, the Australian government also committed 300 million AUD over 5 years for a new Indo-Pacific Health Security Initiative. Through this initiative, Australia has awarded AUS \$18.75 million from 2018-2022 to four game-changing health product development partnerships.^x The Indo-Pacific Health Security Initiative will further mobilise a Health Security Corps - a group of Australian medical professionals who will serve in non-clinical roles and support capacity building in partner countries in the region.

At the Commonwealth Malaria Summit, Australia committed AUD \$700,000 to support the Australia Awards Health Security Fellowships, a programme for health security professionals from the Greater Mekong Sub-region – the epicentre for antimalarial drug resistance.^{xi} And shortly after the summit, Australia hosted the first Malaria World Congress (MWC) which sought to boost cooperation, innovation and action for malaria elimination.

Finally, in October 2018, Australia’s Department of Foreign Affairs and Trade (DFAT) announced a new partnership with the Therapeutic Goods Administration to establish the Indo-Pacific Regulatory Strengthening Program (RSP), with the aim of strengthening the performance of key counterpart regulatory authorities in the region. The RSP builds on the work of the Regional Regulatory Partnership (RRP) for malaria elimination. These regulatory initiatives aim to improve the efficiency and quality of the regulatory review for new antimalarial treatments and diagnostic tests.

“I CAN ASSURE YOU THAT AUSTRALIA IS DEEPLY COMMITTED TO THIS GOAL OF THE ELIMINATION OF MALARIA BUT THE KEY IS TO WORK IN PARTNERSHIP.”

Julie Bishop, speaking at the World Malaria Congress 2018

KEY PARTNERS

- The TGA
- WHO
- APLMA
- The Duke-NUS Centre of Regulatory Excellence

SOLOMON ISLANDS

COUNTRY OWNERSHIP AND LOCAL LEADERSHIP

The Solomon Islands have faced an epic struggle to eliminate malaria. In 1985, rates of malaria in the capital Honiara were over 1000 per 1000 population; almost everyone was getting infected, many more than once. This battle continues today. While the Islands have made extraordinary progress and achieved a five-fold decrease in malaria cases over the past 25 years - its disease burden remains one of the highest outside Africa.

2018 marked an important turning point in the Solomon Islands' elimination efforts. At the Commonwealth Malaria Summit in 2018, Prime Minister Houenipwela reaffirmed the country's commitment to eliminate malaria completely by 2030. Alongside the Prime Ministers of 'blue continent' neighbours Papua New Guinea and Vanuatu, Prime Minister Houenipwela endorsed the Asia Pacific Leaders' Malaria Elimination Roadmap as a framework for shared action.

The Solomon Islands allocates 12% of its domestic budget to health – among the highest in the world.^{xii} And since the Commonwealth Malaria Summit, Prime Minister Houenipwela has outlined his vision for a 'whole of society' response to malaria, which prioritises hard-to-reach communities by galvanising women's unions, church congregations, youth groups and health workers.

These local efforts have been bolstered by important regional and international partnerships in the form of technical and financial support from regional partners, multilateral institutions and donors. With continued local leadership and external support and assistance, The Solomon Islands can be part of an unstoppable cascade towards eliminating malaria from the Asia Pacific region.

“MALARIA HAS RAVAGED MY PEOPLE SINCE THE BEGINNING OF TIME. I, MYSELF HAVE HAD MALARIA MORE TIMES THAN I CARE TO REMEMBER.”

KEY PARTNERS

- Global Fund
- APLMA
- UCLA

SRI LANKA

AFTER ELIMINATION – STAYING MALARIA FREE

In September 2016, after three and a half years with no locally transmitted malaria cases, Sri Lanka was certified as a malaria-free nation by the World Health Organization (WHO). Obtaining elimination status was a historic step for the country as in the mid-20th century, Sri Lanka was among the world's most malaria-affected countries.

However, with 57 imported malaria cases in 2017, Sri Lanka is considered to be moderately vulnerable to the reintroduction of malaria, and maintaining the level of threat at or below this level requires constant vigilance. The challenge now is to ensure that any imported cases are tracked, tested and treated, and do not lead to onward domestic transmission and re-introduction of the disease.

In Sri Lanka, a Technical Support Group (TSG) for malaria, which is made up of experts in parasitology, entomology, malaria, epidemiology, clinical medicine, pharmacology and sociology has played a crucial role in preventing a return of malaria, by providing technical support and advice on how to deal with imported cases. In the post-elimination phase of the disease, the group has helped to develop an investment case for malaria elimination, as well as proposals for academic research on the resources required to prevent re-introduction of the disease. The group continues to play an important role in malaria surveillance and advocacy.

While each country's journey to achieve elimination status, and to prevent re-introduction, will be different; Sri Lanka's experience may offer hope to other Commonwealth countries progressing towards the elimination, and the post-elimination phase, and highlights the important role a task force of committed experts can play after elimination to ensure countries retain their malaria-free status.

KEY PARTNERS

- Ministry of Health
- APLMA
- Technical Support Group (TSG)

RWANDA

SUSTAINING THE GAINS IN MALARIA REDUCTION

From 2005 to 2011, Rwanda achieved an 87% reduction in malaria morbidity, and 8 out of 30 districts across the country achieved pre-elimination levels. However, these gains were not sustained and between 2012 and 2017 there was an upsurge in malaria cases, with a further increase of approximately 800,000 cases between 2015 and 2016.^{xv} Several factors are believed to be responsible for the increase in cases during this period including, increased pyrethroid resistance; increased annual temperatures and rainfall; environmental modifications through human activities such as increased rice cultivation; changes in mosquito biting behaviour, as well as non-optimal implementation of malaria interventions.

The Government of Rwanda has recognised that sustaining the earlier gains in malaria control such as those achieved before 2012 requires substantial financial resources and the adoption of different approaches to implementing vector control, especially the use of the latest innovative vector control products. As a response to the observed increases in malaria in Rwanda, a Malaria Contingency Plan (MCP) was developed from 2016 which recommended an expansion of Indoor Residual Spraying (IRS) to all high malaria burden districts, distribution of bed nets to ensure universal coverage, and the roll out of Home Based Management of Malaria for both children and adults in all districts.

The most recent data suggests that Rwanda is turning a positive corner. In 2017, cases of malaria reduced by 7% from 2016 levels. The challenge now is to sustain and accelerate this progress so that Rwanda can achieve the target to halve malaria by 2023.

“I ADD MY VOICE TO THOSE WHO HAVE BEEN IN THE FIGHT AGAINST MALARIA AND URGE THE CONTINUED MOBILISATION OF EFFORT AND RESOURCES.”

KEY PARTNERS

- USAID
- Global Fund to Fight HIV/AIDS, TB and Malaria
- ALMA 2030

UGANDA

ENGAGING LEGISLATORS IN MALARIA ELIMINATION EFFORTS

Malaria remains a serious public health problem in Uganda, and the country accounts for 4% of global malaria cases.^{xiii} Malaria is endemic in nearly all of Uganda where it is responsible for 30-50% of outpatient visits, 15-20% of hospital admissions and up to 20% of inpatient deaths.^{xiv} Despite this heavy burden, significant progress has been made in recent years due to substantial investment in malaria control. Reported malaria cases declined by nearly 45% from about 16,000,000 in 2013 to 8,820,000 in 2016, with parasite prevalence in children under 5-years reduced from 42% in 2009 to 19% in 2014. These gains are however fragile as evidenced by malaria resurgence in 2016, especially in Northern Uganda.

At the Commonwealth Heads of Government Meeting (CHOGM) President of the Republic of Uganda, President Museveni committed to achieving malaria pre-elimination status by 2030. President Museveni further committed to support malaria control activities at the community level by providing bicycles to local parish chiefs to supervise and ensure appropriate use of all malaria interventions and outlined plans to recruit and pay 15,000 Community Health Extension Workers (CHEWs) to promote early treatment for the most vulnerable groups. Shortly after the Summit, President Museveni launched the Presidential Malaria Fund Uganda (PMFU), to help mobilise additional resources of US\$785 million by 2020, and accelerate national progress against the disease.

In April 2018, the President welcomed the launch of the Uganda Parliamentary Forum on Malaria (UPFM), a cross-party platform of MPs who seek to provide leadership on efforts to control and eventually elimination of malaria from Uganda. The UPFM aims to support malaria elimination efforts with focus on: ensuring an enabling legislative environment; ensuring political commitment to keep malaria high on the national and constituency agendas; advocate for increased resource mobilization at all levels; and mobilize communities for action against malaria. Each Member of Parliament has taken up the mantle “a malaria free constituency is my responsibility”



INDIA

BEST PRACTICE IN HIGH BURDEN REGIONS

India is working to eliminate malaria by 2030 and in 2018 joined 53 Commonwealth countries in committing to halve malaria in five years. In 2017, India recorded the world's fourth highest malaria burden, with 1.25 billion people at risk of contracting the disease.

The latest available data shows that India achieved a 24% decrease in malaria cases between 2016 and 2017, making India the only country among the 11 highest-burden countries, to mark progress in reducing cases of malaria during this timeframe. This progress is largely due to substantial reductions in malaria in Odisha State, which has the largest burden of malaria among all the states. Through sustained efforts, such as expanding access to diagnostics and treatment, strengthening data collection, distributing long lasting insecticidal nets and improving health care worker skills, Odisha recorded a remarkable decline of over 80% in reported malaria cases and deaths between 2017 and 2018.

Malaria No More (MNM) has been an important partner in this region. In 2018, MNM signed a Memorandum of Understanding with the Government of Odisha and MNM is working closely with the local government in Odisha to engage a range of technical, academic, private sector, and media partners to support the expansion of Odisha's drive toward malaria elimination. MNM is working with Odisha's local government to create a replicable success model for other high burden states to similarly drive down malaria cases and deaths as part of India's national malaria elimination strategy.

This partnership is delivering important support from the private sector and in January 2019, the global health company Abbott announced its commitment to support Odisha's efforts with a donation of rapid diagnostic tests for use by the Odisha government, and funding to MNM to increase the impact of its work in Odisha.

KEY PARTNERS

- Malaria No More
- Abbott

END MALARIA COUNCILS AND FUNDS

SUPPORTING THE FIGHT AGAINST MALARIA IN AFRICA

African countries and their global partners have made considerable progress in their efforts to fight malaria. From 2000-2015, the number of cases of and deaths from malaria declined by 42% and 66% respectively. This progress was the result of a concerted effort and tailored initiatives in many countries to expand access to malaria commodities, improve case management, vector control, and data systems. Underlying these efforts were three key drivers: **action, accountability, and resources.**

The World Malaria Report 2018 shows that progress can be a double-edged sword—a lower risk of malaria increases the risk of de-prioritisation, fewer resources, and complacency. The most recent data shows progress has stalled in some African countries.

To reverse this trend and get on track to meet regional and global elimination targets, several countries are now establishing “**End Malaria Councils**” and Malaria Funds to increase ownership of malaria across all sectors. The goal is to catalyse action and accountability, mobilise domestic resources and explore innovative sources of funding, including through the private sector. These initiatives have several commonalities: they are country-led, outline clear action and accountability for government officials at the highest-level and they encourage the participation of the private sector in the management (not just financing) of malaria programmes. 40 countries in Africa have rolled out **national malaria scorecards** and these are proving to be effective tools which can help to identify bottlenecks, drive action and hold stakeholders accountable.

End Malaria Councils and funds are helping to establish a renewed sense of urgency in malaria elimination efforts. These country-led initiatives will help fulfil the objectives of the “Zero Malaria Starts with Me” campaign by expanding ownership of malaria control and elimination to sectors beyond health, all the way down to the community level, mobilise additional financing and promote best practice.



RECOMMENDATIONS

INDICATORS TO MEASURE PROGRESS

In line with the CHOGM 2018 commitment set out by leaders, progress on the Commonwealth commitment should be reviewed every two years at the Commonwealth Health Ministers' Meeting (CHMM) and CHOGM. The 2019 CHMM offers the first opportunity for this and for ministers to agree how progress will be tracked over the next five years. Therefore, partners from the RBM Partnership to End Malaria - including the African Leaders Malaria Alliance, the Asia Pacific Leaders Malaria Alliance, Malaria No More UK and the World Health Organization - propose that Commonwealth Health Ministers formally adopt the following two indicators to track aggregate cross-Commonwealth, and country by country progress, towards the Commonwealth 2023 malaria commitment:



On track to reduce malaria incidence by 50 per cent by 2023



On track to reduce malaria mortality rates by 50 per cent by 2023

FINANCING ELIMINATION EFFORTS

Current financing for malaria represents less than half of what is estimated to be needed to reach the first WHO Global Technical Strategy milestones of a global reduction of at least 40% in malaria case incidence and mortality rates, compared to 2015 levels. In this context, the Global Fund's 2019 replenishment conference is especially important. It is vital that Commonwealth countries play their part in ensuring the Global Fund is fully funded, raising at least US\$14bn which represents a 15% increase on the current replenishment cycle. For some Commonwealth countries, including the UK, Canada and Australia who are important donor countries, this will require an increase on previous contributions to the Global Fund.

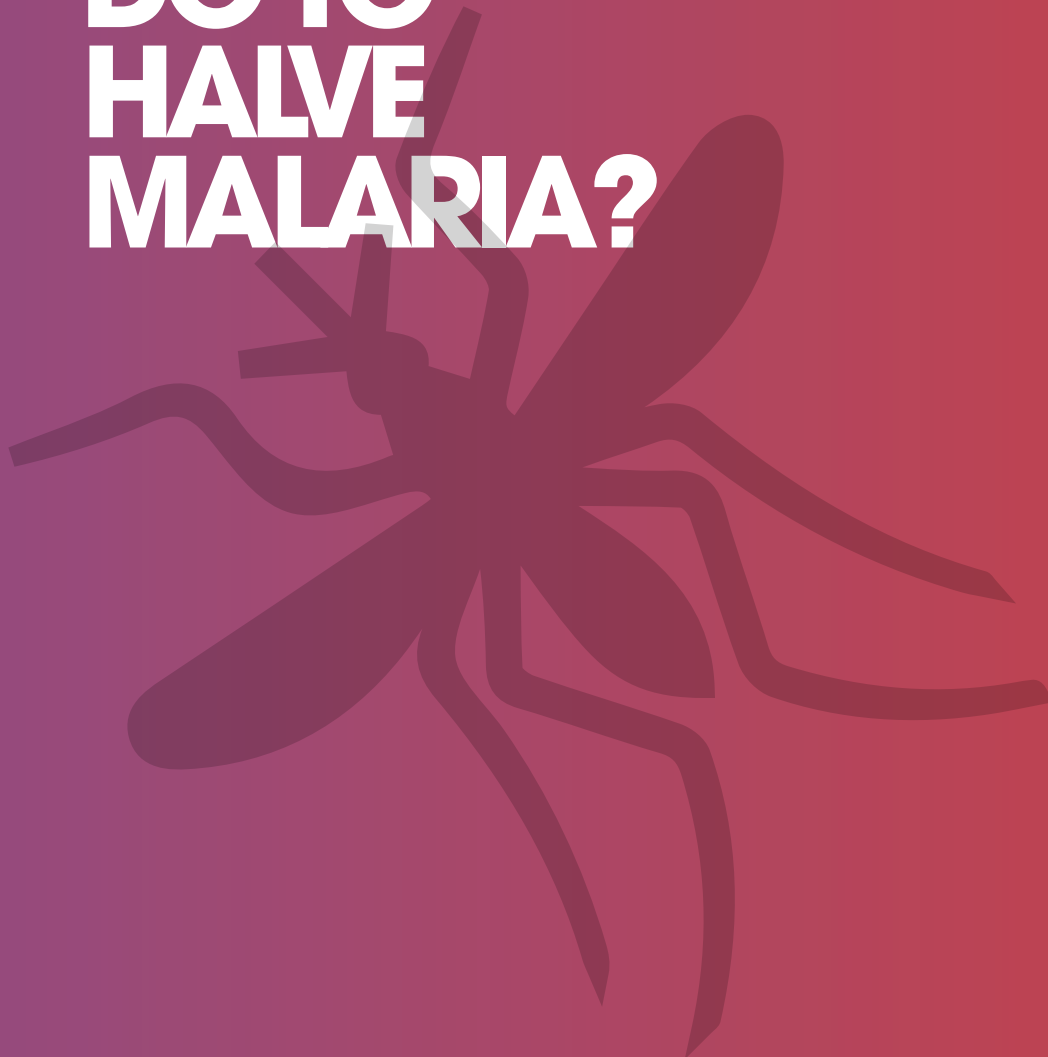
REFERENCES

- i The Malaria Summit London (2018), accessed 10/04/2019, available, <https://www.malariasummit.com>
- ii Malaria No More UK (2019), data provided by WHO, for further details see: <http://www.malarianomoreuk.org.uk/commonwealthmalariatracker>
- iii Malaria No More UK (2019), data provided by WHO, for further details see: <http://www.malarianomoreuk.org.uk/commonwealthmalariatracker>
- iv Malaria No More UK (2019), data provided by WHO, for further details see: <http://www.malarianomoreuk.org.uk/commonwealthmalariatracker>
- v Global Fund to Fight AIDS, Tuberculosis & Malaria (2019) Step Up the Fight Investment Case Sixth Replenishment 2019, p41, accessed 05/11/2019, available: https://www.theglobalfund.org/media/8279/publication_sixthreplenishmentinvestmentcase_report_en.pdf
- vi Global Fund to Fight AIDS, Tuberculosis & Malaria (2019) Step Up the Fight Investment Case Sixth Replenishment 2019, p41, accessed 05/11/2019, available: https://www.theglobalfund.org/media/8279/publication_sixthreplenishmentinvestmentcase_report_en.pdf
- vii Malaria No More UK (2019), data provided by WHO, for further details see: <http://www.malarianomoreuk.org.uk/commonwealthmalariatracker>
- viii Malaria No More UK (2019), data provided by WHO, for further details see: <http://www.malarianomoreuk.org.uk/commonwealthmalariatracker>
- ix Institute for Health Metrics and Evaluation (2017) Financing Global Health 2017, p36, accessed 05/04/2019, available: http://www.healthdata.org/sites/default/files/files/policy_report/FGH/2018/FGH_2017_full-report.pdf
- x Australia Ministry for Foreign Affairs (2018) accessed 11/12/2019, available: https://foreignminister.gov.au/releases/Pages/2017/jb_mr_171008.aspx
- xi Australia Ministry for Foreign Affairs (2018) accessed, available: https://foreignminister.gov.au/releases/Pages/2018/jb_mr_180419.aspx
- xii World Health Organisation (2016) How Much Countries Spend on Health: Health Expenditure Factsheet for the Pacific Region 2003-2013, p26, accessed 05/04/2019, available: https://iris.wpro.who.int/bitstream/handle/10665.1/13089/WPR_2016_DHS_001_eng_c.pdf
- xiii WHO (2018) World Malaria Report, p85, last accessed 05/12/2019, available: <https://apps.who.int/iris/bitstream/handle/10665/275867/9789241565653-eng.pdf>
- xiv Republic of Uganda Ministry of Health, (2014) 'Uganda Malaria Reduction Strategic Plan 2014-2020, accessed 05/12/2019, available
- xv WHO (2018) World Malaria Report, p85, last accessed 05/12/2019, available: <https://apps.who.int/iris/bitstream/handle/10665/275867/9789241565653-eng.pdf>



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WHAT WILL YOU DO TO HALVE MALARIA?



#ENDMALARIA