



2

Political will, autonomy, alliances: giving Africa’s drive to Zero Malaria a turbo boost



Message from Ms Joy Phumaphi, Executive Secretary of the African Leaders Malaria Alliance and MMV Board Member

The latest World Malaria Report was a wake-up call – we have underestimated the global burden of malaria for over two decades. Although the decline in malaria cases and deaths was real, the actual baseline numbers were 28.7% higher than we had previously calculated. In 2020, the year that the COVID-19 pandemic threw its deadly pall over the world, an estimated 627,000 people lost their lives to malaria, 93% of whom lived in Africa, and the vast majority were children under 5 years of age.

Lessons from COVID-19 – a blueprint for Africa’s malaria programme

The global response to COVID-19 has shown that in the face of a global crisis, governments can launch unprecedented collaborations at breathtaking speed. It has also shown us that a massive influx of global resources by motivated governments, fast-tracked regulatory approval, as well as research and development of new treatments and vaccines were not only possible but critical to getting the pandemic under control.

Unfortunately, COVID-19 has also reminded us that the uneven distribution of wealth and access to treatment has left many poorer countries struggling to secure needed vaccines and medicines, including essential malaria commodities. Renewed calls for a more balanced distribution of research and manufacturing investments to address global health threats apply equally to COVID-19 and malaria.

Undeterred in the face of new challenges

Over the last 20 years, global efforts saved an estimated 10.6 million lives and prevented ~1.7 billion cases of malaria. As of 2015, the gains began to plateau and from 2020 onwards efforts were further challenged by COVID-19. Yet, in the words of His Excellency President Uhuru Kenyatta, Chair of the African Leaders Malaria Alliance (ALMA),¹ we kept “the fire burning in the fight against malaria”.

Undaunted, we ensured that critical malaria programmes, such as mosquito-net distribution and indoor residual spraying were implemented, despite strict COVID-19 restrictions and supply chain disruptions across the globe. Similarly, seasonal malaria chemoprevention campaigns, in which MMV played a key role, also went ahead, protecting 33 million young lives, more than ever before. We cannot afford to slow this momentum if we intend to achieve the African Union Catalytic Framework to End AIDS, TB and Eliminate Malaria in Africa by 2030, Agenda 2063,² and the United Nations Sustainable Development Goal to end malaria by 2030.

¹ ALMA is a coalition of 49 African heads of state and government established in 2009 and working across country and regional borders to eliminate malaria by 2030. It was inspired by the African Union vision of an Africa free of malaria and guided by the World Health Organization’s Global Technical Strategy for Malaria 2016–2030.

² Agenda 2063: The Africa We Want.: <https://au.int/en/agenda2063/overview>

Averting further setbacks in the fight against malaria

The urgency that drove the global COVID-19 response underscored four major requirements to achieve these goals: a stronger supply chain from end to end; equitable access to medical commodities; open multisectoral collaboration to enable technology and knowledge transfer; and extensive and sustained funding. The first two of these can be attained by locally manufacturing quality-assured health commodities in Africa. The continent is moving towards producing its own quality medicines, accelerating the implementation of the Pharmaceutical Manufacturing Plan for Africa business plan, and has established the African Medicines Agency. This will help address the supply chain and improve regulatory harmonization across the continent. These ongoing efforts will grow Africa's ability to manufacture the antimalarial medicines to meet its massive need.

Africa is boosting initiatives against malaria

As the COVID-19 pandemic and its repercussions continue to upend lives and economies across the world, Africa has not lost its focus on defeating malaria and is taking action on several fronts. Regional economic communities are working to ensure the harmonious implementation of continental policies and regional programmes.

Newly energized plans are building the scientific capacities of African research and public health institutions with stronger research training programmes. Evidence collected on the specific needs of the population and gaps in commodities and key materials will be shared with the pharmaceutical industry. Stronger regulatory and policy frameworks will enable harmonized quality-assured drug development, and technical support will help local manufacturers upgrade to international quality standards.

Need for a strong and secure African pharmaceutical supply chain

Meeting the health needs of Africa's growing population will require a strong and secure supply chain for health commodities. To ensure easy access to treatment, drugs, vaccines and vector control commodities must be produced closer to patients and communities in need. Growing the numbers of well-regulated African pharmaceutical companies to manufacture quality-assured medicines will help address this concern and make low-cost, generic, quality antimalarial medicines affordable and accessible to all.

This is especially true on the continent which currently imports between 70% and 90% of its total medicines, compared to 5% in China and 20% in India. African governments are calling for domestic and international investment to strengthen local manufacturing, given that only five of the 375 drug manufacturers on the continent meet global quality standards, such as World Health Organization (WHO) prequalification.

Recognizing the urgent need to stabilize the antimalarial supply chain and diversify supply, in addition to continuing its work to discover and develop new antimalarials, MMV has been supporting manufacturers in Kenya and Nigeria to secure WHO prequalification for medicines that help prevent malaria in pregnant women and children; MMV is also assisting two South African organizations to strengthen their manufacturing capacity.

Funding and collaboration are the cornerstones of change

Having witnessed the incredible return on investment for COVID-19 diagnostics, vaccines and treatments, we hope that research funders will expand their investments in vaccine and drug development for infectious diseases, like malaria. Over the years, the malaria community has been functioning on half the resources required annually to help eliminate malaria by 2030. An increase in funding will drive us closer to that goal.

As executive secretary of ALMA, I would like to emphasize that in seeking greater autonomy, the programme to expand African manufacturing must be led by African leaders as it concerns the development of our continent and the well-being of our people. To this end, ALMA is calling for accelerated support and domestic funding to add more power to the engine.

Exemplifying the need for Africans to take responsibility in accelerating the drive to end malaria, 23 African countries are engaging communities and leaders to support the Zero Malaria Starts with Me campaign. To end malaria, we must collaborate not just with our partners, the African Union Development Agency, all African regional bodies, the Africa Centres for Disease Control and Prevention, but also with committed product development partnerships like MMV. Zero Malaria Starts with me! •

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