



AFRICA HEALTH  
ORGANISATION

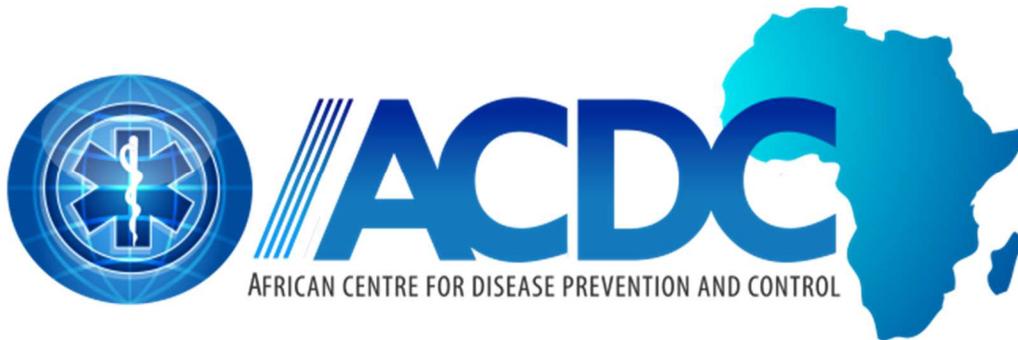


# AHO PLAN OF ACTION ON MALARIA

**Africa Health Organisation**

Email: [info@aho.org](mailto:info@aho.org)

## Partners



## CONTENTS

<b>Preface .....</b>	
<b>Introduction .....</b>	
<b>Background .....</b>	
<b>Situation Analysis .....</b>	
<b>Proposal: Strategy .....</b>	
<b>Plan of actions: Goals and Objectives .....</b>	
<b>Time Frame .....</b>	
<b>Resources Required .....</b>	
<b>Monitoring, Assessment, and Evaluation .....</b>	
<b>References .....</b>	

# Preface

This document addresses reinforced targets and commitments; updated strategic lines that address evolving challenges in the context of decreased malaria transmission and growing interest in malaria elimination; and a framework for stronger integration of some of the main cross-cutting issues, including gender, ethnicity, human rights, health promotion, primary health care, and social protection in health.

AHO approved resolution on malaria prevention and control. This resolution embraced the Internationally Agreed-upon Development Goals. The resolution requested AHO to continue providing technical cooperation and coordinating efforts to reduce malaria in endemic countries and prevent reintroduction of transmission where it has been interrupted. Accordingly, AHO proceeded to engage representatives of various sectors and stakeholders working in the field of malaria in a comprehensive consultative process to develop useful guidelines for Members and partner institutions for the prevention and control of malaria in Africa. The Plan outlines the key components of malaria prevention and control in Africa and provides guidance and strategic orientation for the work of the stakeholders involved.

In addition, recent important mandates from AHO have provided additional guidance for work on malaria in the Region. These include the following documents: (a) Elimination of Neglected Diseases and Other Poverty-related Infections, which cites malaria among the diseases that may be eliminated in some areas, and (b) Integrated Vector Management: A Comprehensive Response to Vector-borne Diseases, which promotes integrated vector management as an integral part of vector-borne disease management in Africa.

Concerted efforts mounted by the countries and collaborating institutions within the framework outlined in the Strategic Plan for Malaria in Africa contributed to a 52% reduction in malaria morbidity in Africa; a 69% reduction in disease-related deaths; and the achievement of targets for reduction of the malaria burden in 18 of the 21 malaria-endemic countries in Africa.



**Graciano Upenyu Masauso**  
Founder, President, Director, CEO  
Africa Health Organisation (AHO)

## Introduction

1. AHO approved resolution on malaria prevention and control. This resolution embraced the Internationally Agreed-upon Development Goals. The resolution requested AHO to continue providing technical cooperation and coordinating efforts to reduce malaria in endemic countries and prevent reintroduction of transmission where it has been interrupted. Accordingly, AHO proceeded to engage representatives of various sectors and stakeholders working in the field of malaria in a comprehensive consultative process to develop useful guidelines for Members and partner institutions for the prevention and control of malaria in Africa. The Plan outlines the key components of malaria prevention and control in Africa and provides guidance and strategic orientation for the work of the stakeholders involved.

2. This document addresses reinforced targets and commitments; updated strategic lines that address evolving challenges in the context of decreased malaria transmission and growing interest in malaria elimination; and a framework for stronger integration of some of the main cross-cutting issues, including gender, ethnicity, human rights, health promotion, primary health care, and social protection in health.

## Background

3. Africa's efforts and the work done by AHO on malaria are guided by the commitment to meet existing global, regional, and country targets—namely: the RBM target to reduce the malaria burden

4. In addition, recent important mandates from AHO have provided additional guidance for work on malaria in the Region. These include the following documents: (a) Elimination of Neglected Diseases and Other Poverty-related Infections, which cites malaria among the diseases that may be eliminated in some areas, and (b) Integrated Vector Management: A Comprehensive Response to Vector-borne Diseases, which promotes integrated vector management as an integral part of vector-borne disease management in Africa.

5. Concerted efforts mounted by the countries and collaborating institutions within the framework outlined in the Strategic Plan for Malaria in Africa contributed to a 52% reduction in malaria morbidity in Africa; a 69% reduction in disease-related deaths; and the achievement of targets for reduction of the malaria burden in 18 of the 21 malaria-endemic countries in Africa.

6. While the continuing decline in malaria cases and deaths affirms the Region's success in combating the disease, this progress also ushers in a unique set of important and evolving challenges for Africa. Such challenges include sustaining the commitment of stakeholders, protecting current achievements, and moving toward elimination in areas where this is deemed feasible.

7. A Strategy and Plan of Action for Malaria in the Africa, with an updated framework and revised strategic lines, has been prepared through a consultative process that has enlisted input from national and international partners. A number of working groups within the AHO system, including the Africa Malaria Program and entities concerned with dengue and other vector-borne diseases, gender, ethnicity, human rights, health promotion, primary health care, and social protection in health have also been involved.

## Situation Analysis

11. AHO urges engagement in three main strategies:

- Prevention using long-lasting insecticidal nets (LLINs);
- Prevention using indoor residual spraying (IRS); and
- Rapid treatment with effective antimalarial medicines (8).

12. Implementation of these globally recommended strategies in Africa's malaria-endemic countries has varied, reflecting specific realities and situations.

14. Network areas of action include surveillance of resistance to antimalarial medicines, access to quality diagnosis, access to and use of anti-malarials, drug quality, stratification and analysis of information, systematic entomology, surveillance of insecticide resistance, and use of impregnated bed nets.

17. The reduced number of cases in most of the malaria-endemic countries has also ushered in a unique set of important and evolving challenges, including:

- (a) Need to review and update malaria policies and strategic frameworks to reflect work carried out, including complex emergencies; prevention and control; pre-elimination; elimination; and prevention of re-introduction.
- (b) Need for sustained and strengthened surveillance at all levels of the health system to detect malaria threats and trigger appropriate responses with minimal delay, and identify resistance to antimalarial medicines.
- (c) Need for all partners and stakeholders to redouble efforts to foster the development, accessibility, and use of evidence-based interventions by malaria stakeholders and initiatives.

## **Proposal**

### *Strategy*

18. Lessons learned during implementation of the previous strategic plan reinforce the importance of having clear targets and maintaining a proactive and multi-pronged approach to malaria efforts. In a process initiated at the 9th Biennial Regional Meeting of National Directors of Epidemiology and Malaria Programs in November 2009, consultation with partners and stakeholders through multiple country visits and technical meetings has resulted in the following list of targets:

- (a) Further reduction of malaria morbidity by 75%.
- (b) Further reduction of malaria-related deaths by 25%.
- (c) Implementation of efforts to eliminate malaria in areas deemed feasible.
- (d) Reversal of the trend in countries that saw an increased number of malaria cases
- (e) Prevention of the reintroduction of malaria endemicity in countries that have been declared malaria-free.

19. To accomplish these targets, the Strategy and Plan of Action for Malaria has identified the following components:

- (a) Malaria Prevention, Surveillance, and Early Detection and Containment of Outbreaks.
- (b) Integrated Vector Management.
- (c) Malaria Diagnosis and Treatment.
- (d) Advocacy, Communication, and Partnerships, and Collaboration.
- (e) Health Systems Strengthening; Strategic Planning, Monitoring and Evaluation; Operations Research; and Country-Level Capacity-Building

20. These program components should be adapted to the program context—for example: complex emergencies, prevention and control, pre-elimination, elimination, and prevention of reintroduction,

and the specific circumstances of individual countries, including national policies and mandates; dynamics of international relations, particularly in border areas; commitment to various cross-cutting issues, among others.

## **Plan of Action**

### *Goals and Objectives*

**Goal 1:** Intensify efforts directed toward malaria prevention, surveillance, early detection, and outbreak containment in various program contexts.

### *Objectives*

- 1.1 Reinforce country capacity in malaria prevention through efforts that include health education and promotion, use of appropriate prophylactic measures, among others.
- 1.2 Further improve information systems and advocate that malaria surveillance data be disaggregated by sex, ethnicity, and other variables that facilitate appropriate analysis of disparities and inequalities between populations.
- 1.3 Strengthen and improve the epidemiological information exchange system at all levels | regional, between countries with common borders, and within the countries themselves.
- 1.4 Strengthen the surveillance system for malaria morbidity and mortality by focusing on judicious detection and management of malaria outbreaks in conjunction with International Health Regulation (IHR) efforts.
- 1.5 Standardize and implement appropriate methodologies for the investigation of malaria cases and deaths, coupled with active surveillance, especially in areas of low transmission or where the disease has been eliminated, with a view to preventing reintroduction.
- 1.6 Further strengthen research capability and the development of technologies and tools that apply to malaria prevention, surveillance, early detection, and outbreak containment.

### *Indicators*

- Number of Member States implementing malaria prevention efforts. (Baseline: 28. Target: 33.)
- Number of countries reporting malaria surveillance data annually to AHO, by transmission units identified and by sex and age. (Baseline: 21. Target: 21.)
- Number of malaria-endemic countries with common border areas that share epidemiological information and collaborate on prevention, control, and/or elimination efforts. (Baseline: 21. Target: 21.)
- Number of countries that meet International Health Regulations (IHR) core capacity requirements for outbreak investigation and response. (Baseline: 0. Target: 35.)
- Number of countries that use the standardized AHO methodology for case investigation. (Baseline: 21. Target: 25.)
- Number of countries documenting and implementing a research agenda that focuses on malaria prevention, surveillance, early detection, and outbreak containment. (Baseline: 13. Target: 17.)

**Goal 2:** Promote, strengthen, and optimize mechanisms and tools for judicious and cost-effective vector management.

### *Objectives*

- 2.1 Provide technical assistance to countries for development of their capacity to address specific vector management problems, including monitoring for insecticide resistance.
- 2.2 Further develop, strengthen, and expand the coverage of existing networks that monitor insecticide resistance.
- 2.3 Advocate the recruitment, training, and retention of health system personnel trained in vector management.
- 2.4 Collaborate on maintaining entomologic surveillance and vector management capacity in countries that have eliminated local malaria transmission.
- 2.5 Advocate research on integrated vector management and related areas of work.

### *Indicators*

- Number of countries (both malaria-endemic and non-endemic) that are implementing integrated vector management based on AHO guidelines. (Baseline: 21. Target: 28.)
- Number of malaria-endemic countries monitoring insecticide resistance. (Baseline: 12. Target: 17.)
- Number of countries that use results of entomologic surveillance in decision-making and impact evaluation. (Baseline: 17. Target: 21.)
- Number of countries undertaking research on integrated vector management. (Baseline: 8. Target: 13.)

**Goal 3:** Strengthen efforts to achieve universal access to prompt, accurate, and quality malaria diagnosis, followed by rapid treatment with effective antimalarial medicines.

### *Objectives*

- 3.1 Further develop, strengthen, and expand the coverage of existing networks in malaria diagnosis and surveillance to detect resistance to antimalarial medicines.
- 3.2 Strengthen and sustain capacity for the surveillance of resistance to antimalarial medicines, as well as quality assurance in malaria treatment and diagnosis, including external quality assurance programs (EQAP).
- 3.3 Advocate for increased access to coverage (particularly in the public health care system, and in the private system as deemed appropriate) that is equitable, efficient, and effective, with adherence to appropriate malaria diagnosis and treatment regimens, especially for pregnant women, children, persons living with HIV/AIDS, travellers, mobile populations, miners, loggers, banana and sugarcane plantation workers, indigenous groups, populations in areas of armed and/or social conflict, and people living in border areas or areas of common epidemiologic interest.
- 3.4 Strengthen advocacy for use of the treatment guidelines recommended by AHO while discouraging presumptive treatment.
- 3.5 Enhance institutional, network, and country readiness to perform and manage appropriate and adequate malaria diagnosis and treatment in various program contexts.
- 3.6 Reinforce capacity for the clinical management of malaria, particularly severe and complicated cases, in the public sector and, as deemed appropriate, in the private sector.

3.7 Further strengthen research capability and the development of technologies and tools that apply to malaria diagnosis and treatment.

*Indicators*

- Number of countries participating in knowledge-sharing (including technical meetings) on the subjects of malaria diagnosis, treatment, and resistance to antimalarial medicines. (Baseline: 27. Target: 33.)
- Number of countries with established quality control systems for malaria diagnosis (microscopy and Rapid Diagnostic Tests as applicable) and for antimalarial medicines. (Baseline: 10. Target: 21.)
- Number of malaria-endemic countries reporting malaria drug resistance surveillance data to AHO, as per AHO guidelines. (Baseline: 17. Target: 20.)
- Number of countries participating in an external quality assurance program (EQAP). (Baseline: 10. Target: 21.)
- Number of countries where PAHO/WHO-recommended diagnostic tests and treatment regimens are available. (Baseline: 23. Target: 28.)
- Number of countries with a policy for non-use of presumptive treatment of malaria. (Baseline: 17. Target: 21.)
- Number of countries implementing AHO guidelines for malaria diagnosis and treatment. (Baseline: 23. Target: 28.)
- Number of countries documenting and implementing a research agenda that focuses on malaria diagnosis and treatment. (Baseline: 13. Target: 21.)

**Goal 4:** Foster an environment that promotes sustainability and supports collaborative efforts and best practices to combat the disease.

*Objectives*

- 4.1 Support the development and strengthening of existing networks, partnerships, and collaboration on malaria in Africa.
- 4.2 Optimize opportunities for synergy with other existing AHO initiatives (e.g., integration of malaria efforts with maternal and child health in community and local health care programs; health promotion and education interventions; programs on neglected diseases; occupational health; among others) and policies
- 4.3 Strengthen and support efforts to identify and replicate best practices, including models of successful integration of cross-cutting issues.
- 4.4 Increase the participation and involvement of NGOs and the community, including women's groups, indigenous groups, and ethnic minorities.
- 4.5 Further strengthen research capability and the development of technologies and tools that apply to advocacy, communication, partnerships, and collaboration.
- 4.6 Promote and enhance opportunities for ongoing coordination and knowledge-sharing at all levels of activity (regional, sub-regional, and national).

*Indicators*

- Number of countries with social mobilisation, multisectoral representation, and community involvement in their malaria plan and related activities. (Baseline: 21. Target: 21.)
- Number of endemic countries participating in regional-level networks and collaboration. (Baseline: 13. Target: 19.)
- Number of countries engaged in inter-programmatic and synergistic actions advocated under PAHO/WHO initiatives and policies. (Baseline: 13. Target: 19.)
- Number of countries with identified best practices in their malaria activities. (Baseline: 8. Target: 13.)
- Number of countries engaged in documenting and implementing a research agenda that focuses on advocacy, communication, partnerships, and collaboration. (Baseline: 8. Target: 13.)
- Number of annual and biannual meetings related to malaria coordination at the regional and sub-regional levels undertaken. (Baseline: 4. Target: 13.)

**Goal 5:** Optimize efforts to strengthen health systems (including strategic planning, monitoring and evaluation, operations research, among others) and the countries' capacity to address their respective malaria challenges both relevantly and adequately.

### *Objectives*

- 5.1 Ensure adequate recruitment, training, and retention of malaria-trained personnel in the country health systems and within AHO to facilitate relevant technical cooperation in various levels of work (regional, inter-country, and intracountry) and program contexts (including malaria elimination).
- 5.2 Advocate and facilitate inter-country (south-south) collaboration and exchange of experiences and best practices.
- 5.3 Collaborate with countries and stakeholders on malaria policy development and strategic planning.
- 5.4 Collaborate on monitoring and evaluation of programs.
- 5.5 Collaborate to increase the availability and accessibility of health infrastructure for the most affected populations.
- 5.6 Collaborate to strengthen the capacity of national programs in the areas of management, logistics, financing, and resource mobilization.
- 5.7 Assist in optimizing results and facilitating synergies in the implementation of externally funded malaria activities.
- 5.8 Advocate the development of financial strategies to sustain malaria control and elimination efforts at different levels.
- 5.9 Promote and emphasize the benefits of operations research in program development and management.

### *Indicators*

- Number of countries designing and implementing training plans for malaria personnel. (Baseline: 17. Target: 21.)
- Number of countries engaging on south-south collaboration on malaria. (Baseline: 13. Target: 17.)

- Number of countries implementing AHO-recommended strategies and components of the AHO Strategy and Plan of Action for Malaria. (Baseline: 28. Target: 33.)
- Number of countries integrating the monitoring and evaluation of malaria programs and interventions, within the general health information system. (Baseline: 10. Target: 17.)
- Number of malaria-endemic countries with functional supply chain management ensuring malaria prevention, control, diagnosis, and treatment capabilities. (Baseline: 13. Target: 17.)
- Number of malaria-endemic countries with clear, relevant, and fully functioning malaria programs based on PAHO/WHO guidelines. (Baseline: 20. Target: 21.)
- Number of countries implementing synergistic projects, including Global Fund projects, to finance malaria efforts based on AHO strategies. (Baseline: 10. Target: 12.)
- Number of countries conducting malaria operational research. (Baseline: 10. Target: 15.)
- Number of new or improved interventions and implementation strategies for malaria whose effectiveness has been determined and evidence made available to appropriate institutions for policy decisions. (Baseline: 2 Target: 3.)

### **Time Frame**

21. This Plan of Action will be implemented over the period 2012–2015.

### **Resources Required**

22. Approximately \$100 billion, or an average of \$10 billion year, needs to be invested in AHO malaria programme and technical cooperation on malaria over the period 2020-2030. This level of investment is essential in order for the institution to respond relevantly in its role of bridging gaps through technical cooperation and facilitating collaboration between countries and stakeholders in addressing the challenges of this disease that knows no borders.

23. Also, it must be noted that malaria elimination is going to entail sizable domestic and external resources as focus shifts away from large-scale interventions and large numbers of cases to high-quality efforts to deal with fewer cases and ultimately maintain zero cases of locally transmitted malaria.

### **Monitoring, Assessment, and Evaluation**

24. This Plan of Action contributes to the achievements of AHO's Strategic Plan's Strategic Objective. The monitoring and assessment of this Plan will be aligned with the Organization's results-based management framework as well as its performance, monitoring and assessment processes. In this regard progress reports will be developed based on information available at the end of a biennium.

25. With a view to determine strengths and weaknesses of the overall implementation, causal factors of successes and failures, and future actions, a final evaluation will be conducted.

26. The baseline and targets for the indicators outlined in the strategic components section of the Plan are subject to agreement between the countries and other stakeholders. AHO uses annual information shared by the countries through the AHO malaria reporting system to assess the progress of activities. AHO will also engage actively in developing consensus between national and international stakeholders in assessing and monitoring important indicators in various malaria program contexts.

## References

World Health Organization. Malaria control [Internet]. Fifty-eighth World Health Assembly; 2005 May 16-25. Geneva, Switzerland. Geneva: WHO; 2005

World Health Organization. MDG 6: combat HIV/AIDS, malaria, and other diseases [Internet]. Geneva, Switzerland: WHO; 2011.