



The Commonwealth Malaria Report

2024



Foreword



Reflecting on the results provided by the World Health Organization's 2023 World Malaria Report is an important undertaking for our Commonwealth Family (Aiga). The Report showed that, despite the advent of new tools like the malaria vaccines, and new next generation mosquito nets and antimalarial medicines to address the threat of resistance, progress on malaria is under threat, with deaths and cases still above pre-COVID-19 pandemic levels.

Converging challenges, including increasing biological threats such as insecticide and drug resistance, funding shortfalls, global inflation, humanitarian crises, and climate change are threatening the progress. Malaria is facing a crisis moment. But, there is hope.

In 2022, leaders of our Commonwealth nations agreed to work towards ending the epidemic of malaria by 2030. This commitment extended the agreement to review progress every two years on fighting malaria, made in London in 2018.

The 2024 Commonwealth Heads of Government Meeting takes place under the theme 'One Resilient Common Future: Transforming our Common Wealth', in order to progress the Commonwealth goals of prosperity, democracy and peace. Each of these goals, and our individual and collective

resilience, is impacted by the devastation malaria causes in our countries and the resources and attention it demands.

We are indebted to the leaders who have come before us who have championed the global malaria fight and used our Commonwealth infrastructure to secure progress. Many countries have shown great political leadership including by hosting previous meetings, ensuring the inclusion of malaria on the agenda, and in our common commitments, while others have demonstrated what it takes to make great strides towards elimination, and it is inspiring to read those stories in this, and previous reports. For all the challenges that face us in controlling and eliminating malaria, we must remember that significant progress has been, and remains, possible. More than this, it is necessary for our goal of a resilient Commonwealth.

The facts remain the same as in previous years, nine out of ten Commonwealth citizens live in a country where they are at risk of this deadly disease and the Commonwealth is disproportionately impacted with only a third of the world's population represented but over half of the global case load.

With the complexity, intensity, and interconnected nature of global crises the world faces today, we firmly believe that building resilience among our nations is of utmost importance. All countries need to take on this challenge, whether they are malaria endemic or not,

(Front cover) Ricky lives is in Kampala, Uganda, among the Ghetto Kids an NGO with the mission of using music, dance and drama to empower children from disadvantaged backgrounds. Ricky and his fellow members are Zero Malaria ambassadors and have experienced malaria many times.

Credit: Felipe Pagani / Malaria No More UK

donor or not, or facing the direct impact of climate change like my own country, Malawi, in 2023. We are all part of the story of progress.

Our Commonwealth's health is core to our resilience. Together we must build the momentum required to ensure that all our nations, and those institutions that support them in the global malaria fight such as the Global Fund to Fight AIDS, TB and Malaria and Gavi, the Vaccine Alliance have the necessary resources and backing to get this disease firmly on track for elimination.

Hon. Khumbize Kandodo Chiponda, MP
Minister of Health, Malawi

Introduction

Context

The ambition of the Commonwealth's commitment on malaria at the Commonwealth Heads of Government Meeting (CHOGM) in London during 2018 was to halve malaria across the Commonwealth by 2023.

In 2022 at CHOGM in Kigali, the commitment evolved, noting the impact of the COVID-19 pandemic on the global malaria fight and the need for renewed energy and investments from leaders. It became a commitment to work towards ending the epidemic of malaria across the Commonwealth by 2030, in line with national, regional and global targets.¹

This report sets out progress towards the 2022 commitment and explores the reasons why some countries have been able to continue driving forward incredible progress in their efforts to end malaria, whilst others are being held back by numerous, interconnecting factors that are creating a more unstable world, not just for Commonwealth members, but for everyone.

Each year since the original commitment, developments in science and innovation have taken the possibility of a malaria free Commonwealth forward. Just recently, the world saw the first ever approved malaria vaccine introduced into routine childhood immunisation programs.² It is fitting that this took place in a Commonwealth country, Cameroon. A second malaria vaccine is set to begin rollout in 2024. We have also seen the introduction of new insecticides,

mosquito nets and anti-malarial medicines able to address the threat of resistance. Yet the unfortunate reality is that communities are not benefiting from these developments equitably and that converging global crises, ranging from economic depression to climate change to humanitarian crises are making malaria harder to control and eliminate.

We must fully roll out our impactful malaria "toolkit".

We must fully roll out our impactful malaria "toolkit". This includes new commodities to address malaria resistance including new medicines, insecticides, mosquito nets and malaria vaccines which must be rolled out successfully and given the best opportunity to save as many children's lives as possible. To maximise the impact of the malaria vaccines, it's vital they are rolled out with other malaria tools and interventions. A joint effort from Gavi, the Vaccine Alliance (Gavi) and the Global Fund to Fight AIDS, TB and Malaria (Global Fund) alongside ambitious investment by affected countries and donors will be crucial to delivering a full package of highly impactful interventions.

The fight to control and eliminate malaria does far more than just support those endemic countries beset by the disease. Delivering it will reduce the burden on health systems in endemic countries, in the process building capacity for community level monitoring systems that

can benefit all countries by increasing pandemic preparedness, whilst freeing up vital infrastructure resources which can be deployed elsewhere to respond to the growing threat of climate change and extreme weather events. Investment in fighting malaria today creates a safer Commonwealth for all tomorrow.

Report overview

This report has been produced by a group of technical partners - the African Leaders Malaria Alliance, the Asia Pacific Leaders Malaria Alliance and Malaria No More UK. Each year since the commitment made in 2018, these organisations have worked to support the Commonwealth with the mission of ending malaria.

To demonstrate the breadth of contexts across the Commonwealth as members work to end malaria, this report presents case studies from five countries. Two from countries who have made advancements in reducing malaria cases and deaths over the past few years, two facing the acute impact of climate change on their malaria control and elimination efforts, and one from the Pacific region - with CHOGM 2024 being hosted by Samoa, a spotlight on this region is particularly appropriate.

Sharing these diverse experiences shows how progress can be made, outlines the urgency of getting malaria targets back on track and will help countries understand how, collectively, support can be given and shared among the Commonwealth community.

The report also includes an overview of progress towards 2030 targets for each endemic Commonwealth country and an exploration of what's needed to get back on track. A summary is outlined of key opportunities on the horizon both in 2024 and 2025 that will be milestone moments for the malaria fight and will need Commonwealth leaders to set a high level of global ambition, with recommendations for how this can be achieved.

As Gavi and the Global Fund approach their replenishment moments over the next two years, the stakes for the malaria fight are incredibly high. Creating momentum so that they can be fully funded institutions in the crucial years remaining until 2030 is of paramount importance. If malaria can be prioritised as a pathfinder for building strengthened, resilient health systems prepared for future shocks, these years will be transformative.

Commonwealth Member Progress on Malaria

About the data

Progress towards the 2022 Commonwealth Commitment to end the epidemic of malaria by 2030 is assessed using malaria case incidence and mortality rates and is derived from data supplied in the World Health Organization's (WHO) 2023 World Malaria Report.³

This section summarises the 'on track' or 'off track' status of countries toward the 2030 Sustainable Development Goal (SDG) target of ending malaria which is set out in the Global Technical Strategy for malaria 2016 – 2030 (2021 update)⁴ as a reduction of malaria incidence and mortality rates by at least 90 per cent compared to the 2015 baseline.

The 2022 Commonwealth commitment was to end malaria in line with global, regional and national targets. As a multi-territorial body, measuring against the global target included in the SDGs is the most effective way to express progress rate. It is important to note that other regional and national targets are also relevant. These include the African Union's goal of controlling and eliminating malaria by 2030⁵ and those included in the Asian Pacific Leaders Malaria Alliance Malaria Elimination Roadmap.⁶ Please refer to the endnotes of this report for more information.

Country progress

The data show that four countries (India, Malaysia, Rwanda and South Africa) are on track to meet the SDG 2030 target for malaria case incidence and five countries (Bangladesh, India, Malaysia, South Africa and Vanuatu) are on track to meet the 2030 target for mortality rate.

Commonwealth member Belize was certified malaria free in 2023 and is therefore not included in this table. Surveillance, access to diagnostic tools and vector control interventions are cited as key factors in the successful elimination, alongside the collective effort and commitment of a diverse set of stakeholders. Belize focused malaria programming on enhanced surveillance among high-risk populations which allowed for sophisticated targeting of interventions and resources and was able to maintain this targeting throughout the COVID-19 pandemic. This political prioritisation and leadership should be applauded.⁷

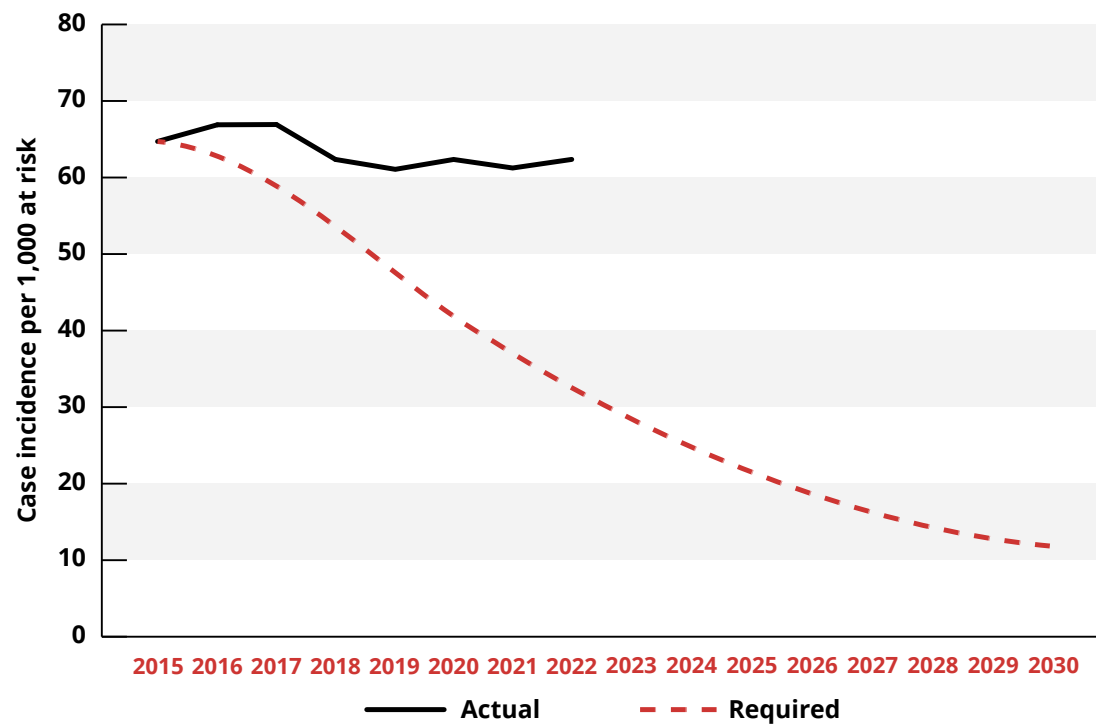
Gabon and Togo joined the Commonwealth at the 2022 CHOGM and are included as malaria endemic countries.⁸

Overall, case incidence and mortality rates across the Commonwealth are off-track to meet the 2030 target, and significant investment will be required to reverse this trend.

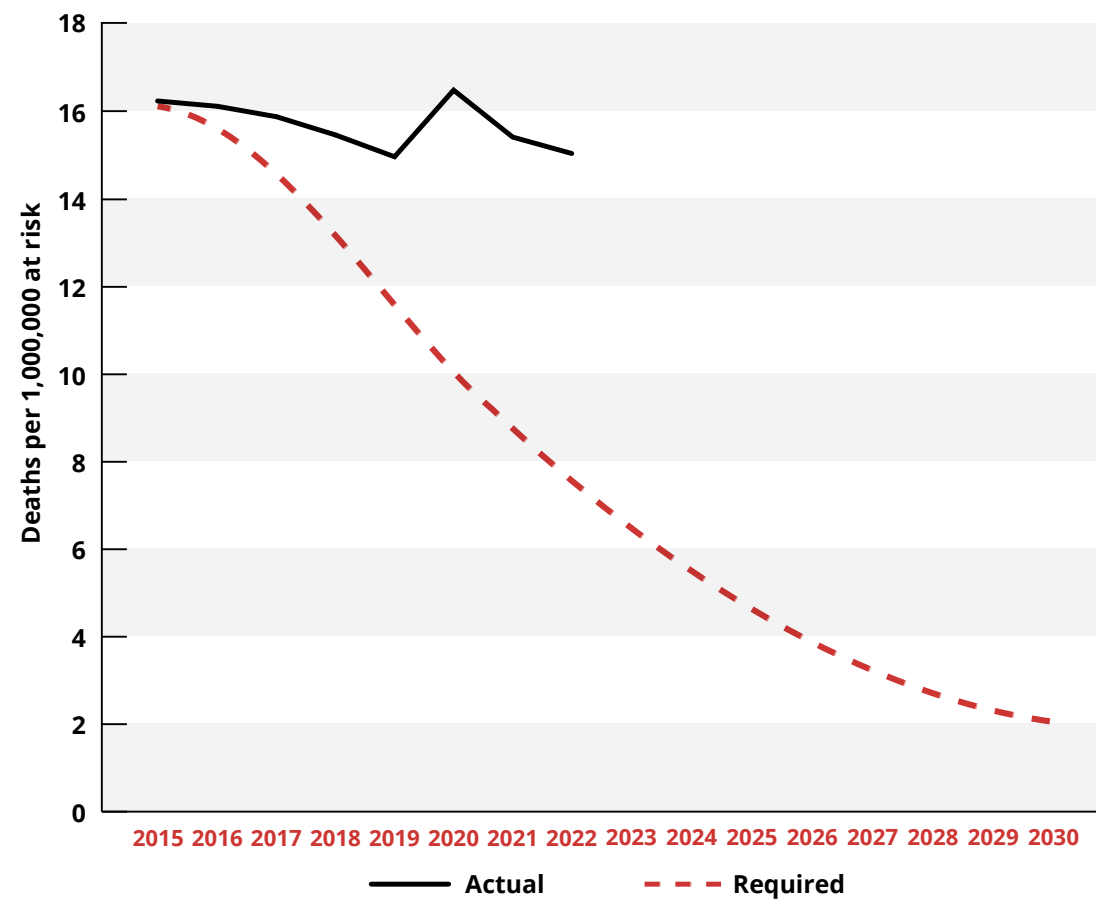
Country	On track to meet 2030 target for case incidence	On track to meet 2030 target for mortality rate
Bangladesh	No	Yes
Botswana	No	No
Cameroon	No	No
Kingdom of Eswatini	No	No
Gabon	No	No
The Gambia	No	No
Ghana	No	No
Guyana	No	No
India	Yes	Yes
Kenya	No	No
Malawi	No	No
Malaysia	Yes	Yes
Mozambique	No	No
Namibia	No	No
Nigeria	No	No
Pakistan	No	No
Papua New Guinea	No	No
Rwanda	Yes	No
Sierra Leone	No	No
Solomon Islands	No	No
South Africa	Yes	Yes
Togo	No	No
Uganda	No	No
United Republic of Tanzania	No	No
Vanuatu	No	Yes
Zambia	No	No
All of Commonwealth	No	No

Progress graphs

Commonwealth status on reaching 2030 case incidence target



Commonwealth status on reaching 2030 mortality target



Further data on Commonwealth members malaria case incidence and mortality rate available [online here](#)



Member Country Spotlights

Progress in the Commonwealth

It is important to understand how and where progress is being made on malaria reduction in the Commonwealth to provide insights for all endemic countries, and the wider community, on what has worked in efforts to drive down cases and deaths. Both India and Rwanda have been included here as notable examples of recent progress.

India – On track to reach mortality rate and case incidence targets

Factors driving progress

India's strides in malaria reduction, aimed at achieving zero cases by 2030, are due to strategic initiatives underpinned by strong political commitment. The country's comprehensive approach encompasses the National Strategic Plan for Malaria Elimination, which emphasizes the expansion of quality diagnostics and treatment in vulnerable regions. Active surveillance, better malaria microscopy, prompt epidemic response, and robust vector control measures, including the distribution of long-lasting insecticidal nets (LLINs), have been key components.

The Integrated Health Information Platform (IHIP) in India is instrumental in malaria surveillance and control. By providing real-time data integration from various healthcare sectors, IHIP enables prompt detection and response to malaria outbreaks. It supports the Integrated Disease Surveillance Programme, helping policymakers make informed decisions for targeted interventions. The WHO-backed platform is a key part of India's strategy to eliminate malaria, ensuring data-driven actions through its 'One Health' approach.

The WHO's 'High burden to high impact' (HBHI) approach, adopted by states like Chhattisgarh, Madhya Pradesh, West Bengal, and Jharkhand, has targeted resources efficiently. Extensive partner support to the national programme at central and state levels has been crucial towards building capacity, demonstrating malaria elimination in complex settings, and developing and disseminating technical guidelines, operational research, and programmatic learnings. Notable contributions include the following.

The Work of the Global Fund

Support from the Global Fund to the national programme. As well as receiving funds from the Global Fund, India has pledged nearly \$100 million to the institution since 2006, including a pledge of \$25 million to the 7th Replenishment.⁹

The Asia Pacific Leader's Malaria Alliance strategic capacity building

The Asia Pacific Leaders' Malaria Alliance's strategic capacity building and advocacy support in the form of Asia Pacific Leaders' Conclave on Malaria Elimination 2023¹⁰ – co-hosted with the

Government of India; model malaria elimination projects such as the Malaria Elimination Demonstration Project¹¹ – a public-private partnership model between the Government of Madhya Pradesh, the Indian Council of Medical Research, and the Foundation for Disease Elimination and Control of India; the Malaria Elimination in Inaccessible Areas¹² project in Odisha; the Malaria-Mukt Bastar Abhiyan (Malaria-Free Bastar Movement) in Chhattisgarh; and various other initiatives supported by partners.

This partnership approach has been central to driving results with several stakeholders, contributing to the mission

of eliminating malaria throughout the country. Other partners include the WHO, which provides technical support, PATH, which supports the malaria elimination programme in Uttar Pradesh. Alongside these global organisations, regional and national entities are also active in the country. The Southeast Asia Regional Coordination Mechanism Forum (SRCMF) facilitates cross-border activities for elimination and the Foundation for Disease Elimination and Control India has created a model elimination project in Madhya Pradesh and is now working on forecasting for malaria elimination efforts.



Malaria testing in India. Credit: APLMA 2023

Rwanda – On track to reach case incidence target

Factors driving progress

In 2014, Rwanda faced a significant upsurge of malaria, which reached a peak in 2016 with around five million cases recorded at national level. In response, the country carried out a bottleneck analysis to understand the underlying causes of the upsurge. Key threats were identified including the threat of insecticide resistance, increased rainfall and temperature linked to climate change, and some delays in malaria campaigns including Insecticide Treated Net (ITN) distribution. Based on this analysis, a malaria contingency plan was developed.

Key malaria prevention and control interventions including Indoor Residual Spraying (IRS) with next generation insecticides, LLIN distribution and quality case management including home-based management of malaria for all were implemented. Insecticide Resistance Monitoring (IRM), establishing sentinel sites for entomological surveillance and climate surveillance were put in place to inform strategy implementation.

Home-based case management of malaria for all ages has been identified as a best practice that significantly increased the proportion of malaria cases attended to at the community level, leading to early diagnosis and treatment and subsequently contributing to a substantial 91 per cent decrease in nationally recorded severe malaria and deaths due to malaria between 2017 and 2023 and to a reduction of malaria case fatality rate of 27 per cent during the same period.

Rwanda has carried out subnational stratification, tailoring interventions according to where the greatest disease

burden is. The 12 highest burden districts were targeted with IRS with next generation insecticides. LLINs were deployed in 18 (non-IRS) districts: the 15 districts with moderate to high malaria incidence received next generation mosquito nets (Pyrethroid-piperonyl butoxide nets) to address the threat of insecticide resistance and three districts with low prevalence receiving standard pyrethroid nets. The country also introduced larviciding using BTi (a tool which kills mosquito larvae), sprayed using drones in flooded water bodies and irrigated rice fields, complemented with community-based applications in marshlands.

Increasing awareness of the role of the community and promoting community engagement in malaria prevention and control interventions, strong coordination and partnership with stakeholders including local government, increased domestic resources and political will have been among the factors contributing to the success.

The country has around 60,000 trained community health workers (CHWs) including 30,000 supporting home-based management of malaria. Around 59 per cent of malaria treatment is carried out at community level. Community level treatment has contributed to a significant reduction in malaria admissions to health facilities. It also results in more early diagnosis and treatment and therefore fewer severe malaria cases and deaths, and optimised referral of severe cases. The success of the home-based management of malaria is linked to regular training of CHWs, the availability of reporting tools and job aids, a strong supply chain management system for commodities resulting in the timely availability of anti-malarial

Credit: Esther Havens



drugs and rapid diagnostic tests and a well-coordinated referral system - from community to health centre and from health centre to hospital - contributed to the progress made in the fight against malaria.

In line with the Abuja Declaration's target of country governments allocating at least 15 per cent of their annual budget to health, the Government of Rwanda's allocation to the health sector has increased over the years from 14.7 per cent in 2019-2020 to 16.5 per cent in 2021-2022.

Rwanda is also using evidence-based tools such as the Africa Leaders Malaria Alliance Scorecard,¹³ as well as their own nationally produced country scorecards, to drive accountability and action. The use of scorecard tools has led to improved malaria programming performance and increased resource mobilization.

The partnership approach is also central to progress in Rwanda. Key stakeholders include the Ministry of

Health and Rwanda Biomedical Centre through its Malaria and Other Parasitic Diseases Division, coordinating all the efforts towards malaria elimination. District hospitals, health centres and CHWs at decentralized levels play a key role in implementing the central level policies such as LLIN distribution, IRS delivery and malaria case management. Local Non-Government Organizations (NGOs) play an important role in social behaviour change initiatives, and in Integrated Vector Management capacity building. The President's Malaria Initiative and the Global Fund are key financial contributors. As well as receiving funds from the Global Fund, Rwanda has pledged nearly USD \$7 million to the institution since 2011, including a pledge of just over USD \$3 million to the 7th Replenishment.

Account provided by Dr Aimable Mbituyumuremyi, Division Manager, Malaria and Other Parasitic Diseases Division, Rwanda Biomedical Centre.

Member Country Spotlights

The Impact of Climate Change on Malaria in the Commonwealth

The WHO's 2023 World Malaria Report included, for the first time, a chapter on the intersection between climate change and malaria. As stated in the report, 'Climate change threatens to derail progress in global health by affecting livelihoods; increasing the risk of harmful exposures to particles, pathogens and disease; and widening existing inequalities.' Two Commonwealth members (Pakistan and Malawi) experiencing the impact of climate change on their malaria control and elimination efforts have been included here.

Both countries were able to benefit from the Global Fund's Emergency Fund to help alleviate the impacts and support the availability of lifesaving tools including diagnostics and treatments for malaria. In the case of Malawi, the Global Fund took the step of increasing funding to the overall Emergency Fund to allow this and was able to do so through portfolio optimisation savings. In the future it is likely the Global Fund will need greater support to ensure the Emergency Fund can respond when required.^{14,15}

Pakistan – A fivefold increase in malaria case incidence following flooding in 2022

Background

In the long-term Climate Risk Index spanning from 2000 to 2019, Pakistan ranked eighth among the nations most affected by extreme weather events associated with climate change.¹⁶

Climate change is profoundly impacting malaria elimination and control endeavours in Pakistan through a variety of interconnected factors. Elevated temperatures, heightened precipitation, and more frequent and unpredictable extreme weather events are creating favourable environments for disease-carrying vectors, including Anopheles mosquitoes. The evolving climate is influencing various aspects of malaria vector biology, such as growth rate, lifespan, population size, blood feeding

habits, breeding site characteristics, and the potential introduction of new vector species. These factors collectively contribute to an increased transmission and outbreak of malaria.

In 2022, devastating floods, a consequence of excessive rainfall, submerged one-third of Pakistan, significantly impacting all 60 high-burden districts, resulting in a drastic surge in malaria cases and reaching a "State of Emergency".¹⁷

The Impact

The World Malaria Report 2023 documented a staggering fivefold increase in case incidence between 2021 and 2022, rising from 2.2 to 11.5 cases per 1,000 population at risk, marking the

heaviest resurgence of malaria cases in the last five decades in Pakistan.^{18,19} The impact of such an extreme weather event in Pakistan, exacerbated by the displacement of populations and the disruption of critical infrastructure, including over 2,000 health facilities due to flooding, has adversely affected malaria surveillance and control efforts.

Displaced individuals faced overcrowded living conditions in temporary shelters, rendering the use of ITNs difficult. The flood damaged or rendered ineffective many ITNs, further exacerbating the outbreak.²⁰ Damaged healthcare facilities and transportation routes led to delays in diagnosis and treatment for at-risk populations.

Estimated total damages exceeded USD \$14.9 billion and economic losses reached approximately USD \$15.2 billion.²¹ This resource constraint has indirectly diminished the country's and communities' resilience and ability to implement effective malaria control interventions. The floods disrupted local economies, affecting agriculture and livelihoods, worsening economic stability and vulnerability.

Account provided by Dr. Muhammad Mukhtar, Director, Directorate of Malaria Control, Ministry of Health Services Regulations and Coordination, Pakistan.



Floods in Pakistan in 2022, Credit: APLMA 2022

Malawi - Severe disruption to malaria programming following Cyclone Freddy

Background

The Malawi Malaria Strategic Plan aims to eliminate malaria by 2030,²² however climate change significantly threatens malaria elimination and control efforts. Rising temperatures, increased rainfall and extreme weather events create conducive environments for mosquito breeding, leading to heightened malaria transmission.

In 2023 Cyclone Freddy severely impacted Southern Africa, including Malawi, resulting in the destruction of infrastructure, displacement of populations, and hindrance to healthcare services. In this context, the vulnerability of affected regions to malaria intensifies, posing a formidable challenge to all stakeholders working to eliminate malaria.

The impact

The aftermath of Cyclone Freddy in Malawi in 2023 was devastating, negatively impacting lives, livelihoods, and socioeconomic infrastructure. Sixteen local authorities were directly affected, with approximately 2,267,458 people affected, including 659,278 displaced individuals and 679 reported fatalities. Data on the impact on malaria cases and mortality will be available in the World Malaria Report 2024.

Flash floods and landslides damaged over 260,681 houses, washed away roads and bridges, disrupted power supply, and submerged crops. Displaced populations faced challenges accessing safe water and sanitation.

The flooding led to a significant increase in mosquito breeding sites, increasing malaria transmission. Access to malaria treatment was disrupted with populations displaced and health facilities severely damaged. Malaria commodities including LLINs, antimalarial medicines and diagnostics were lost or destroyed, whilst displaced populations were more exposed to mosquito biting, all of which resulted in an increase in malaria cases.

In response, the Government of Malawi, with support from partners, launched a rapid rescue and relief operation. This included providing LLINs, disaster shelters, and essential commodities for health and malaria. Humanitarian actors and development partners contributed to relief and short-term recovery activities, assisting over 1.8 million people.

To help improve overall preparedness to the impacts of climate change on malaria the country is intensifying malaria control efforts, including fully switching to next generation insecticide treated nets to address insecticide resistance, strengthening case management, and intensifying monitoring and surveillance.

The Malawian government has been supported by stakeholders including the World Bank, the United Nations Development Programme, the European Union, and various ministries. This strong partnership, led and coordinated by the Government, played a crucial role in responding to Cyclone Freddy's impact.

The Post-Disaster Needs Assessment (PDNA) involved collaboration with the Ministry of Finance, Ministry of Agriculture, Ministry of Health, and other entities. The PDNA, guided by the Disaster Risk Management Act, aims to reduce disaster risk, and enhance Malawi's resilience to future extreme weather events like Cyclone Freddy. The assessment team, comprising government officials and development partners, worked diligently to provide credible results within a short period, with significant collaboration from local authorities and various organizations.

Account provided by Dr Lumbai Munthali, Programme Manager and Austin Albert Gumbo, Head of Monitoring and Evaluation, Malawi National Malaria Control Programme



Member Country Spotlight

Pacific Region

Malaria is endemic throughout the Pacific region, though not in Samoa. To draw attention to the impact of malaria and control and elimination efforts in the region, a spotlight on Papua New Guinea (PNG) has been included here.

Papua New Guinea

PNG faces the highest malaria infection burden in the Asia Pacific region. In 2022, it accounted for 90 per cent of all malaria cases in the Western Pacific Region and 94 per cent of all malaria deaths. The country saw an increase in both cases and deaths in 2022 versus 2021, as a result of stock-outs of commodities, human resource capacity and management constraints, and unstable sources of domestic and external funding.²³ Malaria stands as one of the top 10 causes of death in the country.²⁴

Barriers to progress

PNG has a hugely dispersed geography and unique community context, with only about 13 per cent of the population living in urban centres.²⁵ This influences the community's response to malaria interventions between different age groups and ethnic groups resulting in wide variation in the risk of infection observed at the district, ward, and village levels. Around 60 per cent of the country's nine million people live in areas below 1,200 meters in altitude, where malaria transmission is endemic and perennial. Most people live in densely

populated coastal lowlands and islands, and it is often difficult to deliver malaria services to many of them. This unique cultural and geographical landscape calls for tailored interventions to address the diverse needs of its population.

Limited institutional capacity, scarce financial resources, and limitations in current control measures (for example, poor quality of LLINs),²⁶ have contributed to a persistent malaria burden in PNG, as highlighted in the 2022 mid-term review for the National Strategic Plan for Malaria.²⁷

PNG's malaria control programme currently requires significant financial and technical support to build capacity for programme implementation at national and local levels. Provincial and district-level governments who are responsible for the bulk of funding and delivery of malaria care, as well as wider healthcare delivery, remain under-resourced for malaria programming. Given the demographic and cultural diversity of PNG, leadership and management needed at the local level is currently weak.

Future focus areas

At present, the national malaria programme is dedicated to addressing challenges related to evidence-based decision-making and other capacity-building initiatives at the provincial level. The programme is prioritising expanding community-level projects, particularly in endemic areas that are geographically distant from accessible health services to accelerate the malaria elimination goal.²⁸ The provision of malaria case management at the community level through the home-based management of malaria initiative is proving to be a great success and has the potential to provide malaria services to remote areas.

The country has also strengthened its malaria monitoring systems, which includes a national health information system and periodic cross-sectional countrywide health facility surveys designed to assess the availability of diagnostic tools, medicines, and human resources as well as the quality of malaria case management.

The Asia Pacific Leaders' Summit on Malaria Elimination

The National Department of Health is committed to rapidly accelerating malaria burden reduction efforts and progressively rolling out malaria elimination activities in selected provinces/islands in PNG. They acknowledge the need for sustained technical and financial support from both national government and bilateral partners.

The Government of PNG is exhibiting its leadership in the fight against malaria by hosting the Asia Pacific Leaders' Summit on Malaria Elimination in June 2024. Occurring for the first time in Melanesia, the Leaders' Summit will convene ministers, senior government officials, and local, national, and global leaders under the theme 'invest to achieve zero malaria.' The Leaders' Summit will involve policy and technical discussion spread across two days focused on sustaining financing, engaging communities, and committing to the 2030 elimination goal. It is also an opportunity to explore collaboration and partnerships within the Melanesia region.



Women in Papua New Guinea hold their new insecticide treated net, Credit: APLMA 2023

Getting Commonwealth Members Back on Track in the Fight Against Malaria

With the majority of Commonwealth members off track to reach the 2030 targets for malaria cases and deaths, it is vital that countries are able to learn and support each other in their efforts. The above case studies provide a wealth of information to draw from.

What Commonwealth countries can learn from the progress delivered in India and Rwanda

The experiences of India and Rwanda in driving down malaria cases and deaths provide learning opportunities. There are many similarities in how both countries approached their malaria mission, including their focus on the following:

1. Increasing access to cutting edge preventative tools and their focus on delivering malaria programming at a community level with prioritisation of community engagement, through CHWs, matched by an appetite for partnership with diverse stakeholders who can lend and bring their expertise to a specific country context to complement and support malaria elimination efforts.
2. Building a clear understanding of the barriers holding malaria progress back, using sophisticated data infrastructure to inform targeting interventions at a local level and utilising existing primary healthcare networks to further programming.

3. Ensuring robust political commitment to, and prioritised financial investment towards, their malaria fight to enable successful programming choices and interventions. It is commendable that both countries have prioritised financing to the extent that they are donors to as well as recipients of the Global Fund.
4. Utilising access to and membership of political accountability tools and networks, such as the ALMA malaria scorecard and the WHO HBHI malaria platform.

Of course, the progress made by both countries can only be sustained if the mounting biological threats that impact malaria control are addressed, these include insecticide and drug resistance. Highly effective tools exist to combat these threats, and funding must be mobilised to allow countries and communities to access these additional resources to ensure they are applied at scale wherever they are needed.

How to respond to and mitigate the impact of climate change: lessons from Malawi and Pakistan

As articulated in the World Malaria Report, climate change poses a major threat to progress on malaria control and elimination, making the disease harder to predict and control. Malawi and Pakistan have already endured the realities of its

impact on malaria for their communities, and many other Commonwealth members are also vulnerable to climate change and malaria endemic. This is a growing reality that the Commonwealth must adapt to rapidly.

How countries can best prevent, prepare for, and respond to climate related extreme weather events is something the Commonwealth family urgently needs to build greater knowledge, insight and understanding of. Both Pakistan¹ and Malawi's experience show that bringing together expert partners to assess the impacts and help get programming back up and running as

soon as possible is a key priority. They also show the importance of using data and enhanced surveillance to make real time programming decisions, the value of strengthening community health worker networks and the impact of improving supply chains including ensuring sufficient buffer stocks. All countries can take these steps to help with preparedness.

Understanding the acute impact climate change can have on case numbers, as with Pakistan, is sobering but helpful knowledge that can help all countries plan for the future.

¹ The United Nations Foundations have distilled lessons from Pakistan's experience which centre on including malaria at a more strategic level in disaster response and planning, these can be found online.

Another tool in the box: Malaria vaccines – A Commonwealth endeavour

In 2023, the WHO gave approval to the second malaria vaccine R21/Matrix-M (R21)²⁹, this follows the approval of RTS,S/AS01 in 2021.³⁰ As Commonwealth members work to get back on track to the 2030 targets, these vaccines, deployed alongside existing interventions, will help accelerate progress.

Commonwealth members' science and innovation investments and expertise have led to this moment. The R21 vaccine was developed by the Jenner Institute at Oxford University in the UK and manufactured by the Serum Institute of India, with support from partners. Commonwealth countries were involved in the Phase III trial, initiated in 2021, including Tanzania and Kenya.

Countries across the Commonwealth are already rolling out the first malaria vaccine, RTS,S/AS01. In January 2024, Cameroon included it in routine national immunisation services, the first country in the world to do so.³¹ Nearly 10,000 children have been vaccinated since rollout began this year in both Cameroon and Burkina Faso, an incredible feat.³²

Support for vaccine rollout comes from Gavi which will be undergoing its Replenishment for Gavi 6.0 over the next twelve months. Support from Commonwealth members for this initiative, alongside the Global Fund, will be imperative in ensuring vaccine access and impact is maximised among children across the Commonwealth's endemic countries.



The Roadmap to the Commonwealth Heads of Government Meeting 2024

Key Moments and Opportunities

In October 2024, CHOGM will take place in Samoa and comes just before the expected replenishment of Gavi and then the Global Fund in 2025. Given the commitments made by the Commonwealth to ending malaria at both the London and Kigali CHOGMs, the opportunity for leaders attending Samoa 2024 to reflect upon and reignite progress should be seized.

CHOGM can be a springboard towards these moments in 2025. This must be an opportunity seized by nation states to show why malaria elimination is vital for the Commonwealth's mission of health for all. In particular, each moment outlined below has the potential to build up support for the two most significant global health initiatives for malaria, Gavi and the Global Fund. This is an opportunity that cannot be missed given their role in supporting countries to get back on track.

Timeline of key malaria moments 2024 - 2025



Conclusion

Creating a Healthier and Safer Commonwealth for All

2024 presents a year of opportunities for progress on malaria in the Commonwealth, but the possibility of getting on track to 2030 targets will be severely diminished if these opportunities are not seized. Following the first ever 'Health Day' at COP28 in December 2023, the understanding of how climate change is impacting human health will only continue to grow. CHOGM 2024 has the potential for leaders to commit to action on this vital agenda and call for greater prioritisation where clear links are already established, as in the case of malaria and climate change.

An appreciation of the interconnectedness of health for our Commonwealth is growing. The focus on pandemic preparedness, prevention and response in recent years, twinned with the appreciation of climate induced risks to health, show that leaders acknowledge that health programmes have no true borders. It is with this in mind that malaria elimination must be seen as a common good, to be worked towards by all Commonwealth countries striving for a healthier, safer, and more prosperous family of nations.

Endemic countries will have to evolve and grow their resourcing for national malaria programmes while also working through the political opportunities to highlight and drive the global support needed to see a fully funded Global Fund and Gavi. Together these two vital initiatives will deliver the approved malaria vaccines

alongside new and existing malaria control tools as part of a combined offer to countries.

At the same time, many will need to find ways to overcome the impacts of intersecting global crises, like climate change, conflict and biological threats on malaria control and elimination efforts. In working towards more integrated health systems, malaria control and elimination efforts can act as a pathfinder for strengthening primary healthcare, enhancing pandemic preparedness and response and mitigating the impact of climate change on human health.

Non-endemic countries, especially those who have historically been critical donors in the malaria fight, must fully recognise and communicate that the global malaria picture is extremely concerning for the health, wellbeing, and security of all Commonwealth citizens, and find ways to step up and cement their support. The replenishments of Gavi and the Global Fund will be central planks for that support and must be prioritized accordingly.

The level of prioritisation required for this dual track approach from Commonwealth countries will be testing but the results, if successful, will be transformative. As 2030 comes in to view, the time left on the clock to turn the tide on malaria and create a safer world for all is depleting, so action must be taken now.

Recommendations

For all countries

1. Seize all opportunities in 2024 and 2025 to show strong support for the upcoming replenishments of Gavi and the Global Fund, through political commitments and ambitious funding pledges.
2. Work to ensure Gavi and the Global Fund are enabled to operate effectively together and maximise the impact of the vaccines alongside other malaria tools.
3. Invest in research and development to create and implement innovative tools to strengthen the malaria response and help combat drug and insecticide resistance.
4. Support market shaping initiatives, to help reduce the costs of new commodities and ensure sufficient production capacity increases of all new tools.

For endemic countries

1. Use malaria control investments as a pathfinder when building strengthened and resilient health systems and preparing for future pandemics.
2. Prioritise spending on health and malaria within Government budgets, in line with global and regional targets.
3. Actively engage with countries who have delivered rapid progress for shared learning.
4. Prioritise learning exchanges with countries who responded to the impacts of climate change and extreme weather events on malaria.

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