



## AFRICAN STRATEGIES FOR HEALTH

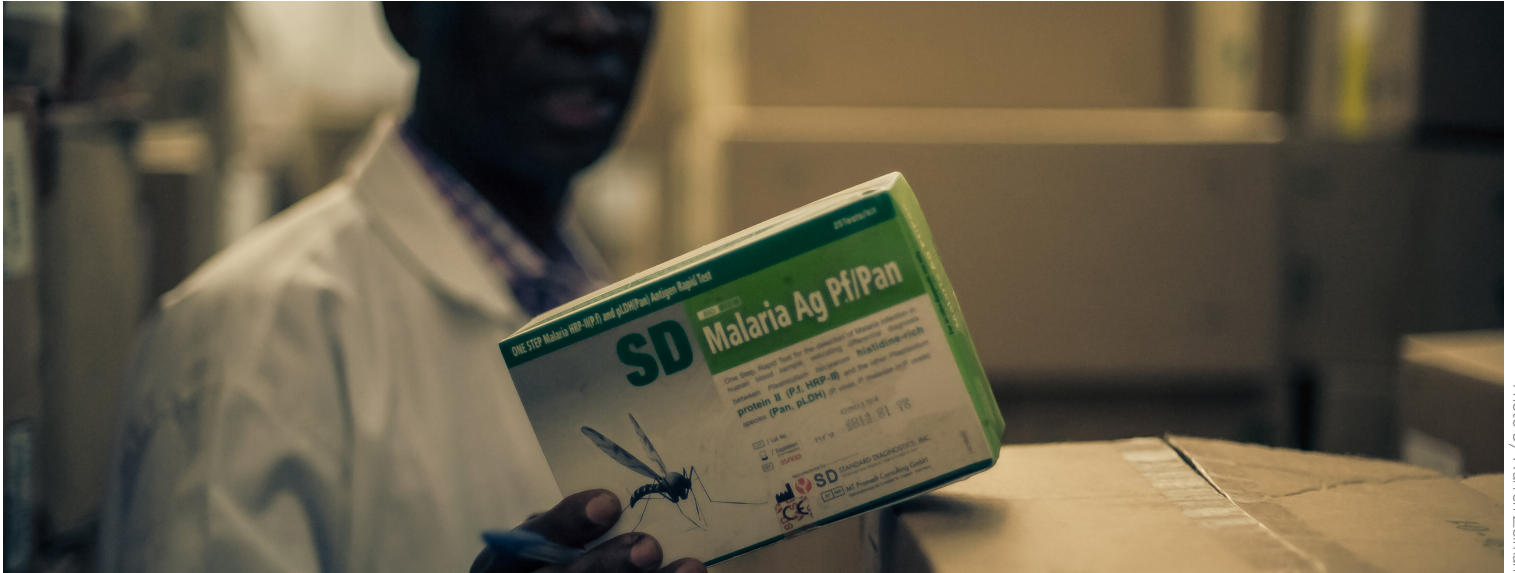


Photo by Warren Zeلمان

# REGIONAL ACTORS ADDRESSING MALARIA IN AFRICA: Comparative Advantages, Challenges, and Opportunities

Africa's health sector has seen a growing movement toward regionalism, as stakeholders increasingly work collaboratively and across national borders to advance health and development agendas. In the fight against malaria, strong partnerships across the continent have contributed to dramatic progress over the past 15 years. Africa contributed to the reduction of malaria-related deaths by 60 percent globally, with 6.2 million lives saved since 2000.<sup>1</sup> However, Africa remains the continent most heavily affected by the disease, with particularly severe effects on maternal and child health. In 2015, the sub-Saharan region was home to 88 percent of malaria cases and 90 percent of malaria

deaths.<sup>2</sup> Regional actors have a critical role to play in accelerating progress and advancing global malaria initiatives including the Roll Back Malaria's Global Malaria Action Plan for a Malaria Free World, the World Health Organization's (WHO) Global Technical Strategy for Malaria, and the Sustainable Development Goals target of ending the malaria epidemic by 2030.

Regional bodies involved in malaria-related work often have specific roles and act in complementarity to one another. Past success in addressing the high malaria burden in the region has been brought on by their strategic engagement with governments and international donor agencies. Understanding just how these regional actors operate, as well as their comparative advantages and challenges, will ensure that governments, policymakers, donors, and implementers more effectively partner with them and leverage their full potential to end malaria in Africa.

### Types of Regional Actors Working in Malaria in Africa

Africa-based regional actors are organizations or institutions headquartered in Africa and comprised of groups of individuals or organized entities from more than one country with a relationship structured around a common purpose. They can be grouped into the following three categories:

The United States Agency for International Development's (USAID) Africa Bureau and their project, African Strategies for Health (ASH), conducted a landscape analysis of regional African health sector bodies. The study contributes to a larger analysis commissioned by Harmonizing for Health in Africa (HHA), supported by the Norwegian Agency for Development Cooperation (NORAD). This Technical Brief provides a summary of findings related to regional actors engaged in malaria work and their comparative advantages, challenges, and opportunities.

- **Regional economic communities (RECs)** are groups of individual countries in a region that partner for the purpose of achieving greater economic integration. They are responsible for the planning, coordination, and monitoring of the integration or regionalization process, and for this reason are often referred to as the ‘building blocks’ of regional integration.
- **Regional networks and associations** include umbrella organizations for civil society organizations (CSOs); groups that bring together people directly impacted by malaria, advocates, health professionals, researchers, or policymakers; and groups of research and/or academic institutions. They often cite knowledge exchange, capacity building, and advocacy as their main objectives, and closely follow current trends and knowledge about malaria in order to disseminate malaria-related information, monitor the delivery of malaria services, represent the voice of the community, or advocate for improved policies and practices.
- **Regional technical organizations** bring together groups of people from across the continent with deep technical expertise in malaria that understand the African context and can conduct research or provide guidance for transforming malaria commitments and decisions into technically sound, evidence-based malaria interventions.

## Comparative Advantages of African Regional Actors in Addressing Malaria

This section describes three of the key advantages African regional organizations have in working to address malaria on the African continent.

### ■ **Convening power**

Regional bodies are well placed to convene heads of state and government officials at the highest levels for negotiations on emerging evidence and policy issues in their regions. They provide a forum for reviewing progress, addressing challenges, and identifying and sharing lessons learned across national borders on a variety of political, social, and economic concerns. The African Leaders Malaria Alliance (ALMA) is an example of a regional network that convenes African heads of state as members. The alliance was formed in 2009 at the request of those politicians and now benefits from their active participation. ALMA is seen as a powerful platform for inciting action on malaria in the region as it leverages the collective knowledge and influence of its high-level members. Its success is due largely to the fact that the initiative is entirely African-owned and led—African countries set the agenda and secure assistance as needed. The membership of heads of state enables countries to directly affect policy change in their countries. For example, when ALMA identified a financing gap for 11 million long-lasting insecticidal nets to achieve universal coverage in Kenya in 2009, they immediately alerted senior health leadership. Decisive action was taken, and with the support of ALMA and international partners, Kenya reprioritized World Bank and Global Fund money to fast-track the ordering of nets.<sup>3</sup> ALMA’s

collaborative model—leveraging deep relationships with key decision makers, ministers, non-governmental organizations (NGOs), and the private sector—has proven to be an effective means of maximizing the value and impact of their work and creating sustainable change.

### ■ **Regional priority setting**

Regional actors, especially economic communities, can facilitate the harmonization of regional priority setting and policy making. Through the convening of high-level officials, these regional actors create platforms for the development of strategic plans, policies, protocols, and frameworks and for their subsequent adoption or endorsement by member states. For example, in 2000, heads of state and government officials of 44 malaria-affected African Union member states convened at the African Summit on Roll Back Malaria. The meeting reflected a convergence of political momentum and technical consensus on malaria, as country representatives developed and signed a new Declaration and Plan of Action for a regional response to the disease.<sup>4</sup> In doing so, they committed their countries to intensifying efforts to significantly reduce malaria deaths, mobilize financial resources, support research, and improve international partnerships.

The regional economic community in Southern Africa plays a key role in harmonizing strategies for improved health in the region. In 2007, the Southern African Development Community (SADC) initiated the establishment of a sub-regional alliance to launch a united, intensive offensive against malaria. The eight-country effort called the Malaria Elimination 8 (E8) aims to create an enabling environment for achieving national and regional malaria elimination goals.<sup>5</sup> SADC member states posit that enhanced regional coordination through regional policy harmonization, quality control, and knowledge management can accelerate progress toward a malaria-free region. After achieving a 75 percent decline of the disease between 2000 and 2012, the four southernmost countries in the group—Botswana, Namibia, South Africa, and Swaziland—are nearing elimination.<sup>6</sup>

### ■ **Building capacity and promoting best practices**

Regional organizations can play a key role in modelling best practices, connecting expert resources to programs and country needs, and building regional capacity in malaria prevention and control. The African Medical and Research Foundation (Amref), based in Kenya and working in seven African countries, is an example of a regional organization focused on capacity building and best practice promotion in an effort to reduce death and illness caused by malaria. Amref engages with national governments, development partners, and civil society organizations to strengthen national health systems and promote the scale-up of evidence-based, high impact malaria interventions, including use of insecticide treated nets and intermittent preventive therapy for pregnant women. Critical to this effort is building the capacity of health professionals at various levels to deliver prevention and treatment practices. Amref has become an African leader in the training of health workers through the development of a range of short courses,

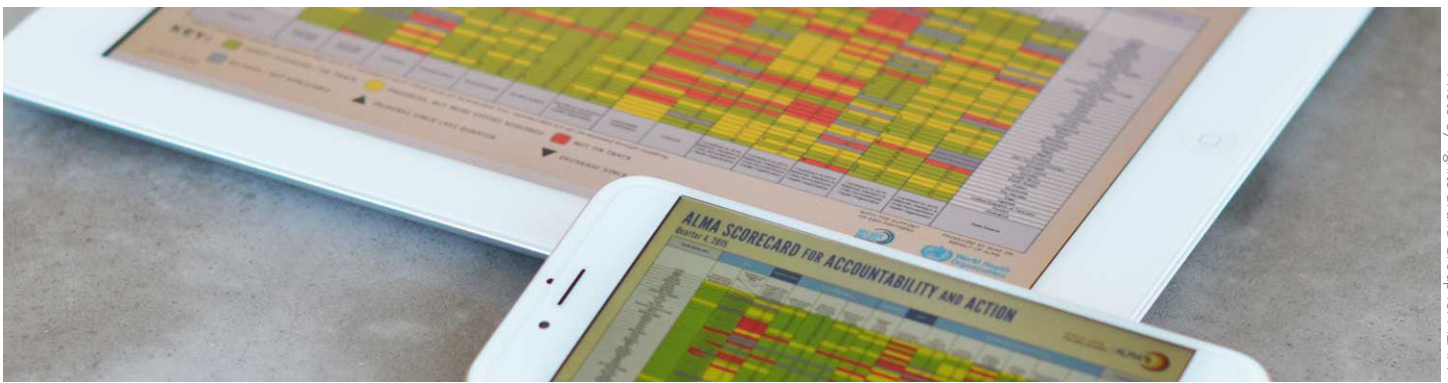


Photo by Ignite Brand Group for ALMA

ALMA Scorecard for Accountability and Action

degree programs, and vast collection of health learning materials. Amref applies innovative training models, including virtual learning programs, which enhance access to training for health workers at the community level, particularly in rural and hard to reach areas. Amref’s position and reach across multiple countries allows for the application of locally-appropriate and relevant curricula on diagnosis, management, prevention, and control of malaria.

The Infectious Diseases Institute (IDI), based at Makerere University in Uganda, is another example of a regional center of excellence promoting the highest quality standards of infectious disease control, including malaria. IDI operates at the intersection of training, research, and clinical care, with the aim of strengthening health systems across the region. IDI has a robust, internationally recognized training program, which provides health professionals with skills and resources to combat infectious diseases in their communities. Since its establishment in 2002, the institute has trained over 17,000 health workers from 28 African countries on malaria, HIV/AIDS, TB, lab services, pharmacy, systems strengthening, and research capacity building.<sup>7</sup> Improvements in malaria case management as a result of IDI’s integrated infectious diseases training program in Uganda have been well-documented and published in peer-reviewed journals.<sup>8,9</sup> Developing African-led solutions on research and training allows IDI, like other regional actors, to collaborate closely with ongoing global efforts to reduce the spread of malaria.

## Challenges

Like other international and regional institutions and networks, some African regional bodies face complex challenges related to their mandates, organizational structure, coordination, and financial and human resources. Three key challenges are outlined in this section.

### ■ *Multiplicity of programs and players*

Across Africa, regional actors must compete with programs funded by bilateral and multilateral donors for resources and attention. Multiple global health initiatives and international development partners operate in each regional bloc with

focused efforts on reducing the malaria burden. Similarly, networks and associations with like-minded missions and overlapping membership can lead to fragmentation of the malaria response and confusion among members, governments, and donors. The emergence of regional and global consortiums and networks focusing on specific key populations or interventions—such as vaccine development, indoor residual spraying (IRS), insecticide-treated nets, intermittent preventive therapy, or diagnostic testing and appropriate treatment—makes coordination critical. Otherwise, these actors may end up competing for the same resources or neglecting important programmatic components. The multiplicity of programs and players complicates the coordination role of RECs and creates difficulty for governments and donors in determining how to work together.

### ■ *Limited enforcement ability*

While regional bodies have been useful in influencing and informing policy decisions, the lack of enforcement ability has hampered their effectiveness. They can convene influential decision makers, provide them with critical evidence, and successfully advocate for commitment and action, however they cannot enforce the execution of regional strategies by national or local governments. Regional actors have an important role to play to ensure greater transparency of government actions and enhance accountability for achieving malaria targets across the continent. Some regional organizations and initiatives, including ALMA and the E8 Initiative, have developed and manage scorecards to track the progress of member countries against each other and against regional malaria targets.

### ■ *Difficulty measuring impact*

Regional actors face the challenge of drawing direct connections between their work and health outcomes, particularly in regard to evaluating the effects of advocacy. A lack of standard indicators and robust methods for tracking advocacy impact has hindered efforts to improve quality and impact of regional strategies. It has also made it more challenging to effectively demonstrate their comparative advantage in an environment in which multiple actors are competing for shrinking donor funding.

## Opportunities

In an increasingly interconnected context, achieving ambitious targets of reducing global malaria incidence and mortality rates by over 90 percent and eliminating the disease in more than 35 countries by 2030, requires strong regional cooperation and coordination and creates opportunities for regional bodies to play greater roles in health improvement efforts. Regional bodies must also forge partnerships with existing sub-regional networks such as those established through the Roll Back Malaria Partnership to coordinate partner support on technical and operational issues for going to scale with effective malaria control interventions.

Regional networks and associations can add value to decision making processes by linking with RECs to ensure that African voices are heard and reflected in the commitments and resolutions made by their governments. Conversely, they can also play a role in promoting national awareness and ownership of regional priorities and strategies, by ensuring national stakeholders have access to relevant platforms for policy dialogue and information sharing. Civil society coalitions at regional and sub-regional levels can gather evidence for multi-stakeholder review processes and recommend remedies. Regional networks also train countries to implement and monitor their progress. Regional accountability systems, if rigorously monitored and connected to national processes, are critical for ensuring monitoring, review, and remedial action.

Regional technical organizations can provide evidence on malaria trends and conduct research to inform effective implementation of malaria interventions across the continent. Strategic partnerships with RECs enable leaders to make commitments on those issues and facilitate greater policy coherence. By spurring healthy competition among members and serving as a platform for comparing progress, regional actors are well placed to promote transparency and accountability, and to drive stronger monitoring and evaluation for regional impact.

Further, regional actors have the opportunity to play a strategic role in supporting and promoting local manufacturing of health commodities for malaria. As countries develop manufacturing capacity over time, regional production could improve access to those commodities for a greater population. In Tanzania, for

example, a partnership between a local and a multi-national Japanese company has developed a factory that now produces several million long-lasting insecticidal nets (LLINs) per year for protection against malaria in the region.<sup>10,11</sup> Regional blocs are well placed to support local manufacturers, such as this Olyset Net factory, by coordinating the sale and distribution of LLINs to countries, thereby assisting them to fulfill national obligations and achieve coverage targets.

## Conclusion

Regional actors have strong convening power and an ability to set regional health priorities. They can pool and share expertise across multiple countries and can communicate and advocate for change in policies and practices to reduce the burden of malaria in Africa. However, such strengths come with the complex internal and environmental challenges that may hinder the achievement of their full potential. Therefore, regional economic communities, networks and associations, and technical organizations, as well as donors, governments, and implementing partners, must work in collaboration to leverage one another's competitive advantages. Effective regional coordination will enable African countries to reduce the spread of malaria and accelerate progress toward a malaria-free Africa. ■

### ABOUT ASH

African Strategies for Health (ASH) is a five-year project funded by the U.S. Agency for International Development's (USAID) Bureau for Africa and implemented by Management Sciences for Health. ASH works to improve the health status of populations across Africa through identifying and advocating for best practices, enhancing technical capacity, and engaging African regional institutions to address health issues in a sustainable manner. ASH provides information on trends and developments on the continent to USAID and other development partners to enhance decision-making regarding investments in health.

## ENDNOTES

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Additional information can be obtained from:

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