SADC MALARIA ELIMINATION EIGHT INITIATIVE

REACHING THE ZERO MALARIA TARGET
About This Report

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Cover image: SADC Malaria Day 2021 Commemoration. Lilongwe, Malawi

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SADC MALARIA
ELIMINATION EIGHT
INITIATIVE

REACHING THE ZERO MALARIA TARGET
MESSAGE FROM THE E8 LEADERSHIP

Hon. Minister Dr Mathume Joseph Phaahla  
(Minister of Health, South Africa)

Adv. Thabang Clement Phatela  
(E8 Secretariat Board Chairperson)

Amid the COVID-19 pandemic, the Elimination 8 (E8) had a remarkable year in 2021, building dedicated partnerships and supporting the continuous improvement of service delivery in response to malaria outbreaks in the region. During the same period, we renewed our commitment and strategy for malaria elimination to position and align our vision with the changing environment. Informed by the Technical Committee on malaria and the need to re-engineer our strategy towards elimination, we reviewed our regional malaria strategy and began working on a more focussed five-year strategic plan that aligns with the E8 mandate, creating synergies for inclusive innovation, and greater participation of the private sector. With the support of the E8 Secretariat Board, we made a critical shift towards strengthening regional collaboration and cross-border engagement, paying greater attention to cross-border malaria as transmission transcends national boundaries. With this in mind, we cannot advance malaria elimination without the support of country stakeholders and partners, because a holistic approach to elimination requires a wide range of interest and expertise to work along one another. As we look back, amid rising COVID-19 cases, we have seen notable decreases in malaria transmission in Botswana, Mozambique, South Africa, and Zimbabwe. However, with the emergence of new COVID-19 strains, malaria cases have continued to surge, and the region has seen increases in cases in Angola, Eswatini, Namibia and Zambia.
The evolving threat of COVID-19 has strained health care service delivery, challenging malaria control and elimination interventions, resulting in delayed implementation, re-budgeting, and diversion of health sector resources. Additionally, initial disturbances were met in the global supply chain of critical commodities for malaria control due to transport restrictions and shipment delays. This happened at a critical moment when tremendous progress was made among the E8 countries. The need to safeguard the lives of health care workers and communities during the peak of the outbreak of the pandemic stirred a shift in programme delivery and implementation of malaria programmes. This new normal culminated into innovative approaches to malaria control and elimination drawing on each country’s unique strengths in the E8 region and improved cross-border collaboration.

As we look ahead to the year 2022, we must address critical systemic bottlenecks and invest in getting the right tools on time to prevent malaria from resurging and ringfence malaria resources needed for elimination. Adding to Eswatini and South Africa missing their initial 2020 malaria elimination targets, emerging resistance of the malaria parasite to drugs, and mosquitos to insecticides, are further complicating efforts towards elimination.

We must move more decisively as a region and strengthen health systems, surveillance, and monitoring if we are to sustain the progress made so far and avoid backsliding. The E8 has learned from the various accomplishments and challenges and continues to provide an innovative functional regional platform at both technical and policy levels for E8 member states and their partners in malaria elimination, leading to one unified regional goal. In 2021, E8 continued to bring policymakers together including the Southern Africa Development Community (SADC) Ministers of Health and Ministers responsible for HIV and AIDS, who during their extraordinary summit of 11 November 2021, approved the Windhoek Declaration Operational Plan. Specifically, the plan calls for increased domestic resources, matched by political commitment from country governments to address gaps in funding for prevention and expanded access to malaria diagnostic and treatment.

We believe that supportive policies to promote malaria elimination, as well as measures to help countries quantify and address financial gaps at the domestic level are needed. Recently, we have witnessed the commitment of member states, improving accountability and action on malaria elimination tracked annually through the E8 Scorecard.

These remarkable achievements have been driven by two key developments (i) the commitments made by member states to achieve elimination by 2030 and (ii) the application of harmonized tools across the borders to achieve malaria-free Southern Africa. These opportunities have been leveraged against a backdrop of radical transformation – moving away from the ‘silo approach to elimination to a more fundamentally integrated approach’ building on the strengths of each of the member states to eliminate malaria. In line with the concept, normative considerations place more emphasis on inter-regional partnerships to achieve specific high impact results because malaria carried by both people and mosquitoes can cross borders, therefore eliminating the disease cannot be achieved and sustained by countries alone. It must be done together, as a region.
On Friday, 2 April 2021, the E8 and its partners were graced by solemn news of the passing away of a colleague, sister, and mother, Mrs Chipo Chirefu – Toto, after fighting a short but courageous battle with COVID-19. Chipo’s outgoing personality, sense of humour, boundless courage, and talent in the fight against malaria will solely be missed. At the time of her death, she served as the Head of Finance, Grants and Operations at the E8 Secretariat and was championing efforts towards resource mobilization, contributing immensely to the development of the Global Fund US$ 14 million grant proposal. In her capacity – brilliant and visionary, she led initiatives in grant management and audit which contributed to the E8 Secretariat’s high scores. As we continue the legacy for malaria elimination, the E8 Secretariat remembers the drive and passion demonstrated by Chipo. May her soul continue resting in peace.

Chipo Chirefu-Toto,
a gallant soldier for malaria
In recent years, the E8 has posted remarkable progress on many of the malaria indicators, and, if sustained, frontline countries such as Eswatini and South Africa can meet the 2025 target. However, the region is still confronted by challenges that slow overall progress towards malaria elimination. The year 2021 was no exception. We observed both gains and setbacks in our sustained regional efforts towards elimination. If we look across country malaria indicators, there is a common storyline – no country can achieve elimination without the effort of another. This belief has been the bedrock of the E8, reaffirming commitment that malaria is preventable and can be eliminated.

In 2020, the E8 region was estimated to harbour approximately 26 million malaria cases. Of those cases, 24 million are in the E8 endemic second-line countries – Angola (34%), Mozambique (41.7%), Zambia (23.6%) and 1% in Zimbabwe. In 2021, there was an 8% decline in regional malaria cases from 26,199,148 in 2020 to 24,208,219 cases. Botswana, Eswatini, Namibia and South Africa (the frontline) have sustained low malaria cases with a generalized annual average incidence ranging between 0 and 29 cases per 1000 population. Of the eight countries, Mozambique and Zambia recorded the highest malaria incidences of 366 and 343 per 1,000 population, respectively. Reported indigenous cases have also been increasing in low transmission countries with Namibia recording the highest cases of 8,772, followed by South Africa with 5,235 cases. Botswana and Eswatini recorded fewer local cases -727 and 530, respectively.

Despite efforts made in reducing malaria deaths by 47% between 2016 and 2019 (from 19,886 in 2016 to 10,496 in 2019), the region experienced a cumulative increase of 40% or 4,300 malaria deaths during the peak of the second wave of the COVID-19 in 2020. In 2021, about 14,623 people died from malaria, representing a gradual decrease of 173 deaths compared to 2020. Of the total malaria deaths recorded in the E8, Angola recorded the highest, 87%, followed by Zambia 9% and 3% in Mozambique. Suffice to these trends, the E8 shares key highlights and challenges in 2021.
• There was a general reduction of malaria cases by over 40% in Eswatini and South Africa compared to 2020, if sustained, the region can achieve its 2025 elimination target in at least one E8 country.

• There was a general reduction in malaria cases across the priority borders of the E8, with over 60% of the border districts experiencing a decrease in malaria incidences.

• Malaria importation along the frontline border districts in all four countries decreased as reflected by the high proportions of reported indigenous malaria cases to the total confirmed cases in 2021 as compared to 2020.

• Three second-line countries Mozambique, Zambia, and Zimbabwe reduced malaria cases by 21%, 19%, and 70%, respectively.

The E8 region continues to experience persistent challenges which have affected progress towards elimination notwithstanding the persistent hyper-endemicity in the northern parts of the region.

• Poor and untimely coverage of key malaria elimination interventions mostly due to limited funding for health budgets has downplayed their critical role in the reduction of malaria burden in high transmission zones.

• Misalignment in national budget cycles has led to challenges in timeliness of procurement and deployment of essential commodities, both in emergency response, and routinely in the efficient deployment of seasonal malaria preventative activities.

• Since COVID-19 was declared a global pandemic, diversion of malaria resources in response to COVID-19 routine has affected deployment of interventions, availability of Personal Protective Equipment (PPEs), and timely procurement, shipment, and distribution of malaria commodities. COVID-19 also disrupted the implementation of key vector control activities such as IRS and Long Lasting Insecticide treated Nets (LLINs).

As a result, malaria increased in 2 out of the 4 frontline countries. Both Eswatini and Namibia experienced outbreaks between February and May while Botswana started the year with higher–than–normal figures, which later subsided in May. Only South Africa had a reduction of 52% in confirmed cases between 2020 and 2021, which significantly contributed to the overall decline in the frontline countries.

• Limited body of knowledge on the development of resistance to ACTS

In view of emerging disease outbreaks and learning from the COVID-19 which demanded considerable resources to address the pandemic and in preparation for the upcoming season, the following mitigation measures will be pertinent in ensuring there is minimal disruption to malaria service delivery:

• Ringfence malaria resources in consideration of potential diversion of funds for COVID-19.

• Strengthen coordination and partnerships with other sectors for consolidation of overall health system resources.

• Enhance cross-border collaboration by deepening in-country private-public partnerships.

• Work with SADC and partners in the operationalisation of the Windhoek Declaration to lobby for strong political commitment and increased domestic funding for malaria.

• Update National and Regional Preparedness and Response Plans to align with pandemic needs and response measures to effectively respond to emergencies.
ACRONYMS

ACT  Artemisinin-based Combination Therapies
AIDS  Acquired Immunodeficiency Syndrome
BMGF  Bill and Melinda Gates Foundation
CBMI  Cross-border Malaria Initiative
CDC  Centres for Disease Control
COVID-19  Coronavirus Disease of 2019
E8  Elimination 8
GF  The Global Fund to Fight AIDS, Tuberculosis and Malaria
GHG  Global Health Group
HIV  Human Immunodeficiency Virus
IRS  Indoor Residual Spraying
LLIN  Long-lasting Insecticidal Nets
MEAT  Malaria Elimination Audit Toolkit
MEI  Malaria Elimination Initiative
NMCP  National Malaria Control Programme
NMF3  New Funding Model 3
NVDCP  National Vector Borne Disease Control Programme
PGI  Pathogen Genomics Initiative
RIA  Rapid Impact Assessment
SADC  Southern Africa Development Community
SR  Sub-recipient
TB  Tuberculosis
TC  Technical Committee
UCSF  University of California, San Francisco
UHC  Universal Health Coverage
WHO  World Health Organisation
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1. E8 OVERVIEW

Who We Are: Our Vision, Our Goal, and Our Mandate

Founded in 2009 by a coalition of eight SADC Ministers of Health, the Elimination 8 (E8) was formed to help countries in Southern Africa address the stagnant trend in malaria case reduction and catalyse progress towards malaria elimination. This was sparked by the realization that despite many years of individual countries’ attempts to eliminate malaria from their territory, the progress of one country’s efforts is dependent on the success of another country due to porous border connectivity, and high rates and frequency of population movement along and across borders. This interconnectivity and population movement required a coordinated cross-border solution to minimize parasite flow across the borders that could fuel local transmission and reverse the gains made towards reducing malaria burden.

In March 2009, the first of a series of high-level coordination and consultation meetings among E8 Ministers of Health was held to inform a formal agreement by Member States and derive practical implementation steps by the National Malaria Control Programmes and to strengthen regional coordination for elimination.

The E8 is a subsidiary body of SADC, created with the aim of pioneering regional coordination effort towards malaria control and elimination activities, beginning in eight countries with the vision of SADC-wide realization of malaria elimination by 2030.

**Vision** - The vision of E8 is to have a malaria-free Southern Africa.

**Goal** - The goal is to connect countries and maintain a joint platform for collaboration and strategic programming to enable and accelerate towards zero local transmission in the eight countries, with elimination in four frontline countries by 2025.

E8 mandate is to catalyse regional collaboration needed to eliminate malaria by strengthening cross-border engagement, building stronger advocacy, and to broker partnerships for elimination.
The E8 Mandate

1. **To COORDINATE - Regional coordination to achieve ‘0’ malaria across E8 by 2030**: Successful malaria elimination by the E8 countries is highly dependent upon strong cross-border collaboration to mount a coordinated response to limit malaria importation. The E8 provides a functional regional coordination platform at both technical and policy levels for E8 member states and their partners in malaria elimination.

2. **To ADVOCATE - Elevate and maintain malaria high on regional leadership agenda**: High-level political commitment enables malaria elimination. The formation of the E8 by the eight Ministers of Health in 2009 signalled an elevated level of support for elimination at the ministerial level. Through the E8 platform, the Ministers of Health provide additional leadership for malaria elimination.

3. **To HARMONISE - Promote Policy harmonization, knowledge management and quality control leading to elimination**: To effect a regional approach to elimination, the region builds on the harmonization efforts being spearheaded by its mother body, SADC. These efforts support national programmes and regional actors to design and execute elimination strategies that complement and reinforce each other across connected, porous borders.

4. **To ENGAGE - Facilitate reduced cross-border transmission**: For the E8 countries, malaria importation and transmission in border areas has been a significant barrier to accelerating the pace of elimination. The E8 provides an active platform through which bi- and tri-lateral cross border initiatives can jointly plan, implement, and monitor elimination activities across shared borders.

5. **To SUSTAIN - Resource mobilization efforts to ensure sustainable financing for elimination ambitions**: Financing is critical to the long-term sustainability of the E8’s malaria programming, helping to ensure that once elimination is achieved, it is also sustained.
What We Do and Our Promise

The E8 value proposition for elimination is premised on the assumption that well-coordinated and well-funded regional initiatives such as the E8 Model can push the E8 region towards malaria elimination. Consistent with its vision, achieving the end game of elimination and eventual eradication requires sustained political commitment and accountability. With its unique comparative advantage in bringing political leaders together, the E8 remains resilient in spearheading a functional regional coordination platform for elimination, using evidence for decision making; and an elimination agenda led by the Member States supported by local, regional, and international partners. In keeping with this understanding, the E8 attracts additional responsibility to support the SADC Secretariat to drive forward the malaria elimination agenda. The value proposition also recognizes explicitly, E8’s unique role in building a region-specific evidence base, leveraging expertise and resources, developing data sharing systems, mobilizing resources, and promoting high-level accountability and advocacy making it an attractive regional platform for malaria elimination. This is an integral part of the E8 strategy based on the understanding that the journey to sustainably eliminate malaria is dependent on complementary efforts and strengths of each of the member states.

Figure 1: E8 value proposition

**COORDINATION, COLLABORATION AND ADVOCACY**

E8 is mandated to coordinate all regional efforts towards malaria elimination, an intervention that will unlock regional investment for malaria elimination.

Evidence based policy harmonization is a solution to issues arising from differences in policy regulations which may impact efficiency. Harmonization of policies across the region will potentially improve cooperation as barriers to processes are reduced.

E8 is working on strengthening existing and create new regional coordination mechanisms, planning and collaboration forums, facilitate solutions to systemic bottlenecks that hinder effective deployment of interventions and support evidence generation for policy and decision making.

**ADDRESSING MALARIA TRANSMISSION ACROSS BORDERS**

Building on earlier successes, the E8 compliment country efforts and funding, by addressing hard to reach areas and marginalized communities with tailored interventions addressing malaria transmission across the borders.

Working with country partners, E8 is strengthening surveillance to enhance data sharing and use for early outbreak detection and response systems, strengthen regional and sub-regional M&E to track progress on harmonized elimination indicators.

E8 is rolling out the Windhoek Declaration Operational Plan aimed at strengthening cross-border collaboration towards elimination.

**HEALTH SYSTEMS STRENGTHENING AND RESOURCE MOBILISATION**

E8 is taking a regional approach towards strengthening of regional capacities and health systems to ensure effective and timely deployment of interventions.

The E8 has strengthened strategy development and alignment, along with proposal development and resource mobilization, leveraging the funding commitments made in the Windhoek Declaration to Eliminate Malaria in SADC by 2030.
E8 countries remain committed to actualising the 2030 elimination agenda through strategic efforts aimed at reducing malaria morbidity and mortality as shown in Table 1.

### Table 1: E8 Member States commitments in reducing malaria morbidity and mortality

<table>
<thead>
<tr>
<th>Member State</th>
<th>Target Period</th>
<th>Strategic plan/programme goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>2016-2020</td>
<td>To reduce malaria-related morbidity and mortality by 60 percent (baseline 2016) by 2020.</td>
</tr>
<tr>
<td>Botswana</td>
<td>2019-2023</td>
<td>To achieve zero local malaria transmission by 2020</td>
</tr>
<tr>
<td>Eswatini</td>
<td>2020-2023</td>
<td>To eliminate malaria from Eswatini by 2023</td>
</tr>
<tr>
<td>Mozambique</td>
<td>2017-2022</td>
<td>To reduce malaria morbidity and mortality by at least 40% by 2022 (2015 baseline).</td>
</tr>
<tr>
<td>Namibia</td>
<td>2017-2022</td>
<td>To achieve zero local malaria cases by 2022</td>
</tr>
<tr>
<td>South Africa</td>
<td>2019-2023</td>
<td>To achieve zero local malaria transmission by the year 2023</td>
</tr>
<tr>
<td>Zambia</td>
<td>2017-2021</td>
<td>To eliminate local malaria infection and disease by 2021</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>2016-2020</td>
<td>To reduce malaria incidence to 5/1000 and malaria deaths by at least 90% of the 2015 figure by 2020</td>
</tr>
</tbody>
</table>

Source: SADC Malaria Report 2021
In the twelve years of its existence, the E8 has successfully brokered partnerships and advanced regional collaboration for malaria elimination through bold political leadership and facilitation of implementation of impactful interventions. In recognition of this, E8 continues to coordinate regional efforts on epidemic preparedness through the E8 Situation Room, which provides effective surveillance mapping, and support towards malaria elimination. E8 major achievements among others include maintaining malaria on the SADC Health Leadership agenda resulting in long-term commitment and promises of accountability from all eight countries to achieving malaria elimination by 2030. E8 continue to provide normative guidance to member states and work with National Malaria Control Programmes to meet country targets. Despite member states not meeting their elimination targets, Botswana and Eswatini have maintained low malaria incidences.
and may achieve the 2025 elimination target. E8 has mobilised over US$40 million for malaria control and elimination in the region.

Since inception, E8 has established a functional cross-border collaboration mechanism, enabling harmonization in the implementation of malaria interventions. The E8 continued to coordinate a network of academic and research Centres of Excellence and participate in regional and international consortia to promote capacity building, knowledge sharing, and documentation of best practices in malaria elimination. In identifying the need for a regional forum to promote evidence-based malaria programming, the E8 has developed a knowledge management platform where countries and partners share best practices, research findings and new innovations for elimination.
Malaria Elimination in the SADC Region

Of the 16 SADC Member States, Lesotho, Mauritius, and Seychelles are malaria free, and while Botswana, the Comoros, Eswatini, Namibia and South Africa have a malaria incidence between 0 and 29 cases per 1000 population. The remaining nine countries are considered to have moderate or high transmission. Transmission intensity and the malaria burden differ between and within countries in the region.

The E8 subregion is made up of countries with lowest and the highest incidences of malaria in SADC. According to the 2020 SADC malaria report, Mozambique had the highest malaria incidence in SADC with 366/1,000 cases per year followed by Zambia with 343/1,000 cases per year. Botswana reported the least malaria incidence with 0.12/1,000 cases per year, followed by South Africa, Eswatini and Namibia.

Malaria Trends in the E8 Sub-region

The E8 made considerable progress in 2021 by reducing malaria by 12% from the previous year. Figure 3 shows a sustained increase of malaria from 2016 to 2020. Mortality as a result of malaria, showed a slight decrease by 1 % from the previous year.

Figure 3: Regional malaria picture

![Malaria Situation in E8 Countries 2016 - 2021](image)
**Progress Towards Elimination in the E8 region**

**Looking Back at Malaria Trends in The E8 Region**

A period of low transmission of malaria for the frontline four countries was experienced for eight to nine years between 2007 to 2015. However, a sudden upswing in malaria cases were experienced starting from 2016 and 2017 with gradual reduction in cases in years that followed derailed the downward trajectory which led to increases in efforts to drive malaria out of the region (Figure 4).

Second-line countries have been experiencing continuous increases in malaria year on year, except for Zimbabwe. From 2012 transmission patterns for Angola, Mozambique and Zambia have either been stable or on the increase (figure 5).

**Figure 4: Annual trends in the Frontline (2005 - 2021)**
Present Malaria Situation

Several frontline countries adopted new elimination strategies in 2020/2021. However early on in their strategic focus, malaria programmes were threatened by malaria outbreaks and delays in procurement of malaria commodities. This presented challenges which saw malaria increases in 2 out of the 4 countries. Both Eswatini and Namibia experienced outbreaks between February and May while Botswana started the year with higher-than-normal figures, which later subsided in May. South Africa reduced its total confirmed cases by 52% between 2020 and 2021, which significantly contributed to the overall decline in the frontline countries (Figure 6).

Three second-line countries, Mozambique, Zambia, and Zimbabwe reduced their malaria incidence by 21%, 19%, and 70% respectively.

Figure 5: Annual trends in the second-line (2005 - 2021)

A reduction in Mozambique contributed significantly to the overall regional decline of malaria owing to the high burden of malaria all year round. Angola presented with an increase total confirmed cases in 2021 when compared to 2020.

Malaria deaths in the E8 in 2021 were highest in Angola and lowest in Eswatini with a range of seven deaths and 13,631 deaths. The highest proportion of malaria deaths was in Botswana which recorded a case fatality rate of 1.77%. This epidemiological measure is important to determine early access to health care and overall treatment outcomes when a positive malaria test has been confirmed. Mozambique with the highest number of cases recorded 359 deaths pushing the case fatality rate to 0.004%, the lowest for the region.
Figure 6: Confirmed malaria cases and case fatality in frontline countries (2020 & 2021)

![Figure 6: Confirmed malaria cases and case fatality in frontline countries (2020 & 2021)](image)

Figure 7: Confirmed malaria cases and case fatality in second-line (2020 & 2021)

![Figure 7: Confirmed malaria cases and case fatality in second-line (2020 & 2021)](image)
Cross – border Malaria

Almost all eighty-nine cross-border districts of the E8 reported a reversal of malaria in 2021 compared to 2020. Border districts between Zimbabwe and Mozambique were responsible for the most decline in malaria incidence followed by the region between Namibia and Angola (Figures 8 & 9).

Figure 8: Cross – border malaria incidence in 2020

Figure 9: Cross - border malaria incidence in 2021

Challenges to Getting to Zero

Procurement and Supply Chain
- Delays in ordering of malaria commodities, because of late allocation of resources, and or misalignment of budget cycle with the malaria season
- Excessive cost of airfreighting
- Commodity stockouts

Malaria Outbreaks
- Flare-ups and clustered outbreaks in areas which had previously eliminated malaria, i.e., large scale irrigated farming and new settlements

Failure to realize Universal Health Care (UHC) with effective malaria interventions
- Poor access to health care and because of distances travelled to reach a health facility.

Inadequate Financing
- Reprioritisation of health budgets
- Under-funded national and cross-border implementation plans
- Threat of reversal of gains made towards malaria elimination

Insecticide Resistance
- Reports of insecticide resistance and the need to use expensive alternative insecticides

COVID - 19 Pandemic
- Increased risk and exposure of health workers to the virus
- Increase in resources to procure personal protective equipment
COVID-19 Rapid Assessment

The E8 conducted a rapid impact assessment (RIA) of COVID-19 on malaria services during the 2020 malaria season. The objective was to determine how COVID-19 has affected both decision-making and operational implementation of key malaria services in the E8 countries.

Findings confirmed an increase in severe malaria cases, malaria in pregnancy, and operational costs for malaria programmes due to compromised quality of interventions. Vulnerable populations such as migrants had limited access to health care during the pandemic. These findings have informed preparations for subsequent malaria seasons.

Figure 10: Findings from the COVID-19 Assessment
2. THE YEAR IN REVIEW

Quarter One

- GF proposal writing starts
- E8 TC finalises the new E8 Strategic Plan for 2021 – 2025
- CBMI Meetings for BOMOZISA, EMLUMA, EHHOMA held

Quarter Two

- Gen8 Project approved
- South Africa commits to supporting handed over malaria border health posts, reflecting commitments from all 8 countries

Quarter Three

- C19 Malaria Messaging Campaign launched
- Assessment of operational status of the malaria border health posts which were handed over to national governments completed
- Global Fund NMF2 grant ends with a performance of 96% across all programmatic and financial areas

Quarter Four

- E8 awarded GF NFM3 grant of USD14 million & C19RM grant of USD1.9 million
- E8 Ministers meet in Lilongwe, Malawi
- SADC Malaria Day celebrations held in Lilongwe, Malawi
- IRS campaign in southern Angola starts
- Finalisation of E8 GF grant SR agreements and contracts
- GHG Impact Evaluation completed
a. E8 Platforms for Coordination and Engagement

Technical Committee Meetings

Key Decisions and Achievements

- **February 2021**
  - The E8 Global Fund request for funding was completed in good time and was approved by the Technical Review Panel.
  - The New E8 strategy was finalised.

- **August 2021**
  - E8 was on track to close all grants with 96% performance across finance and programmatic indicators.

- **October 2021**
  - The annotated agenda for the ministerial committee meeting developed.

Cross Border Malaria Initiatives

Figure 11: Cross border malaria initiatives across the region
Table 2: Cross-border malaria initiatives in the E8 Region

<table>
<thead>
<tr>
<th>Existing CBMIs</th>
<th>Newly established CBMIs</th>
</tr>
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<tbody>
<tr>
<td>1. Trans-Kunene Malaria Initiative (TKMI) – Angola and Namibia</td>
<td>BOMOZISA – Botswana, Mozambique, Zimbabwe, and South Africa</td>
</tr>
<tr>
<td>2. MOSASWA – Mozambique, South Africa, and Swaziland (Eswatini)</td>
<td>UMLUMA – Umkhanyakude &amp; Zululand, Matutuíne and South Lubombo &amp; Shiselweni</td>
</tr>
<tr>
<td>3. Zim-Zam Malaria Initiative – Zimbabwe and Zambia</td>
<td>EHHOMA – Ehlazeni, Magude/Moamba/Namaacha, and Hhoho</td>
</tr>
<tr>
<td>4. Nam-Zam Malaria Initiative – Namibia and Zambia</td>
<td></td>
</tr>
</tbody>
</table>

Country Support

Supporting countries to clear foci and drive elimination

IRS in Southern Angola – 2021 Results

- Districts covered: 1/5 (Menongue)
- Households reached: 99,017/99,774
- Coverage achieved: 99.24%
- Population covered: 355,372
- Insecticide consumption rate H/bottle: 3

Lessons Learnt

- Social mobilization through radio, mobilizers, and use of traditional leaders helped raise community awareness and acceptance.
- Well planned community acceptance led to high levels of acceptance by the community members. In many cases the houses were found ready for spraying with house items outside making it so easy for spray operators to perform their duties.
Simon Kunene Sub – national Elimination Verification

Using criteria for subnational elimination, modelled after the WHO malaria elimination audit toolkit (MEAT) subnational verification was used to identify districts which recorded zero malaria for three consecutive years. Districts from Botswana, Eswatini, Namibia, South Africa, and Zimbabwe were shortlisted as seen in Table 3. Further audits were conducted using the WHO Malaria Elimination Audit Tool and there were no districts from the shortlisted that recorded zero local cases for three consecutive years. Therefore, in 2021 the TC did not recommend any district for the inaugural Simon Kunene Award by the E8 Ministers.

Table 3: Simon Kunene Districts Awards Data Verification Results

<table>
<thead>
<tr>
<th>Country</th>
<th>District</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>Sum of 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>Boteti</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Botswana</td>
<td>N/East</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Eswatini</td>
<td>Lubuli</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Namibia</td>
<td>Khorixas</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>South Africa</td>
<td>King Cetshwayo</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>Chirumhanzu</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

COVID – 19 and Malaria Messaging

To maintain the gains made in the malaria elimination process, interventions have been revisited and re-aligned in response to the COVID-19 pandemic. One such adjustment was the integration of existing cross-border malaria social, and behaviour change communication materials with COVID-19 awareness messages. These have been disseminated to help maintain awareness of malaria, its prevention, diagnosis and treatment during the COVID-19 pandemic.
b. Keeping Malaria High on the Political Agenda

The SADC Ministerial Council

Guided by the SADC Secretariat, the E8 Ministerial Committee is part of the SADC Ministerial Council with their senior official’s forum serving as the link between Technical and Policy environments. The E8 Senior Officials forum, made up of the Permanent Secretaries or Senior Directors of Public Health met in Lilongwe, Malawi to review the E8 Scorecard, Ministerial Reports, and regional surveillance reports to address systemic challenges exacerbated by COVID-19.

Lilongwe Ministerial Resolutions:

- Committed to ring-fencing resources to ensure the fight against malaria continues and is not further exacerbated by the COVID-19 pandemic.
- Recognition of districts within the borders of E8 that have shown noteworthy progress in reducing malaria transmission to almost zero, even amidst a global crisis.
- Endorsed a decision to strengthen resource mobilization efforts, and to strengthen accountability by integrating a refined malaria financing indicator into the annual Scorecard
- Endorsed the Operational Plan for the Windhoek Declaration to Eliminate Malaria in SADC by 2030.
SADC Malaria Day

On 11 November 2021, the E8 together with SADC member states and partners joined the commemoration and launch of the SADC Malaria Day held under the theme, “Community involvement is key to achieving zero malaria”, with a slogan “together we can defeat malaria.” The commemoration was held in Salima District in Malawi where Hon Khumbize Kandodo Chiponda, Minister of Health in the republic of Malawi led SADC delegation and partners in the launch of the SADC malaria day.

Key malaria messages were centred on building the momentum for increased community mobilisation encouraging members of the community to embrace “Mpopela” or Indoor Residual Spraying (IRS) and distribution of LLINs to safeguard against malaria.

At the same occasion, SADC Executive Secretary, H.E Elias Mpedi Magosi called on member states and partners to continue their commitment in the fight against malaria. He reiterated the importance of surveillance monitoring to sustain progress in malaria and urged member states to identify opportunities for increasing resources for malaria.
Translating Policy into Action

To translate policy into action requires resources. The E8 continues to leverage partnerships at the regional level to mobilize additional resources to support malaria elimination efforts. In 2021, the following funds were secured:

**FUNDS SECURED IN 2021**

**US$ 14 MILLION**
for 2021 – 2024

*from the Global Fund* to Fight AIDS, TB, and Malaria to address cross-border importation, and strengthen the implementation of key interventions in priority geographies of regional significance.

**US$ 1.9 MILLION**
for 2021-2022

*from the Global Fund* to Fight AIDS, TB, and Malaria to mitigate the effects of COVID-19 on malaria transmission across borders.

**US$ 603,000**
for 2021 – 2024

*from The Bill & Melinda Gates Foundation, in partnership with Africa CDC Pathogen Genomics Initiative (PGI) and The Malaria Elimination Initiative (MEI) at the University of California, San Francisco (UCSF),* for pathogen genomics to improve surveillance in disease control programs (Gen8 Project).

**US$ 50,000**
worth of Commodities

*from Syngenta* to support Indoor Residual Spraying during COVID-19 lockdowns.

**US$10,000**

*Private donation* towards the recently launched End Malaria Council and Fund in Mozambique.

Funds mobilized by the E8 to support the fight against malaria.
Findings from a 2021 thematic evaluation of the E8 Strategic Plan 2015-2020, cited sustainability as a key concern and risk to the attainment of elimination targets in E8. It highlighted that the current funding landscape, primarily domestic financing, are not sufficient to fill the gaps in funding required to eliminate malaria in the region.

### Current funding landscape

- **i.** Most countries have not met the Abuja Declaration of 15% allocated to the health sector.
- **ii.** Most countries have not achieved the collective sustainable development goal of universal health care coverage.
- **iii.** All strategic plans for malaria elimination remain significantly underfunded, and hence optimal coverage of key interventions is challenged.
- **iv.** Misaligned partner funding priorities with national malaria elimination strategies.

### Proposed Solutions

- **i.** Strengthen national level reporting on domestic financing indicators, to accurately highlight available resources and funding gaps.
- **ii.** Integrate domestic financing metrics into the regional malaria scorecard and collate an annual financing status report for policy makers and national budget holders.
- **iii.** Development of national-level investment cases, business plans, and sustainability strategies for all eight countries.
- **iv.** Leveraging existing national grants to mobilize additional resources for malaria elimination from stakeholders.
- **v.** Establishment of sustainable regional and cross-border budgets and funds.
- **vi.** Community-led advocacy for resource mobilization at the local level, using evidence-based strategies such as Zero Malaria Starts with me, and others.
c. Continuous improvement of regional approaches to elimination

New Roadmap Towards Regional Elimination

E8 Malaria Strategy 2021 – 2025

The E8 developed a new strategy focusing on facilitating the sharing of best practices, data, and expertise, strengthening efficiency and effectiveness, and building a model that can be adapted across the SADC region. The new strategy reinforces the elimination agenda to focus on four broad areas namely, coordination, engagement, policy harmonization and advocacy summarised under the following three objectives:

- **COORDINATE AND ENGAGE:** To coordinate and engage E8 countries and stakeholders in achieving the regional elimination targets.
- **ADVOCATE AND SUSTAIN:** To maintain high political commitment to malaria elimination, ensure universal access to malaria interventions, and adequate, sustained technical and financial resources for malaria elimination.
- **HARMONIZE, SYNCHRONIZE AND OPTIMIZE:** To harmonize, synchronize and optimize knowledge sharing and quality control, systems and policy development, and implementation leading to elimination.

Evidence and Knowledge Sharing

Entomological Surveillance in Southern Angola

Entomological surveillance was conducted in three districts (Cuchi, Cuangar and Menongue) of southern Angola’s Cuando-Cubango Province.

Figure 12: Site of entomological surveillance in Cuando-Cubango in southern Angola
The main objective was to evaluate the effectiveness of IRS using Pirimiphos-methyl (Actellic CS 300). Preliminary results showed full susceptibility of the mosquito populations from Cuchi and Menongue. The limitation to reaching conclusive results was an insufficient budget allocated to entomological surveillance to enable annual data collection.

Knowledge Needs Assessment

A knowledge needs assessment was conducted, which informed the E8 of a gap in knowledge sharing across regional partners. Identified knowledge needs included training materials, technical guides, malaria thematic resources, and datasets. In efforts to mitigate the identified knowledge gaps, the E8 has invested resources in the development of a regional knowledge repository.

Regional Capacity Needs Assessment

The E8 facilitated a regional capacity needs assessment aimed at determining capacity gaps that may be affecting successful outcomes of malaria elimination interventions. Preliminary findings indicate that there are common capacity gaps that may require further regional engagement and coordination for consolidated resolutions. Prominent amongst the capacity building needs was training, mentorship and learning and sharing fora. These findings will contribute to concerted regional efforts to capacity building and skills enhancement.
E8 Publications

Figure 13: Peer reviewed journal publication 1 (Raman et al. 2021)

Transactions of the Royal Society of South Africa

Eliminating malaria from the margins of transmission in Southern Africa through the Elimination 8 Initiative

Jaishree Raman, Phelele Fakudze, Chadwick H. Sikaala, John Chimumbwa & Devanand Moonasar

Figure 14: Peer reviewed journal publication 2 (Moodley et al. 2021)

Malaria Journal

Improving the quality of malaria diagnosis in southern Africa through the development of a regional malaria slide bank

Bhavani Moodley*, Anderson Chinorumba*, Cheryl Hamman†, Avhatakali Matamba†, Chadwick H. Sikaala*, Immo Kleinschmidt*,T and John Frean*
3. FINANCIAL SUMMARY

E8 Resource Envelope

The E8 secured two new three-year grants funded by The Global Fund and the Global Health Group. Under the new implementation arrangement of the newly secured Global Fund grant, 69% of the US$14 million award is managed by the E8 Secretariat, while 31% will be administered as a direct top-up to in-country Global Fund malaria grants. The E8 also secured a two-year grant from Global Fund to combat the effects of COVID-19 which has further increased the budget for 2022.

Figure 15: Budget Trend 2020 - 2022

The 2020 to 2022 budgets (in US$) by funding source are presented in Table 4 below:

Table 4: E8 Funding Sources

<table>
<thead>
<tr>
<th>Year</th>
<th>GF</th>
<th>BMGF</th>
<th>GHG</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>5,421,058</td>
<td>938,219</td>
<td>347,904</td>
<td>43,815</td>
<td>6,751,811</td>
</tr>
<tr>
<td>2021</td>
<td>3,332,260</td>
<td>1,038,507</td>
<td>44,920</td>
<td>43,815</td>
<td>4,459,502</td>
</tr>
<tr>
<td>2022</td>
<td>5,220,183</td>
<td>323,775</td>
<td>351,447</td>
<td>31,500</td>
<td>5,926,935</td>
</tr>
</tbody>
</table>
Performance by Grant

The total expenditure for the year ended December 2021 per funding source is presented below:

**Table 5: Absorption Rate per Funding Source**

<table>
<thead>
<tr>
<th>2021 Absorption Rate Per Funding Source</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GF</td>
<td>BMGF</td>
<td>GHG</td>
<td>Other</td>
<td>Average</td>
<td></td>
</tr>
<tr>
<td>95%</td>
<td>74%</td>
<td>69%</td>
<td>31%</td>
<td>67%</td>
<td></td>
</tr>
</tbody>
</table>

The chart below indicates the expenditure by intervention in 2021.

**Figure 16: Expenditure by intervention in 2021**
## Extract of Audited Financial Statements

Southern Africa Malaria Elimination Eight Initiative Secretariat (non-profit association incorporated under Section 21)  
(Registration number: 21/2015/0147)  
Annual Financial Statements for the year ended 31 December 2020

### Statement of financial position as at 31 December 2020

<table>
<thead>
<tr>
<th>Notes</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>2</td>
<td>600,082</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>3</td>
<td>1,000,117</td>
</tr>
<tr>
<td><strong>Non-Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>4</td>
<td>131,257</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>1,731,456</strong></td>
<td><strong>3,538,756</strong></td>
</tr>
<tr>
<td><strong>Equity and Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>5</td>
<td>136,715</td>
</tr>
<tr>
<td>Unexpended grants</td>
<td>6</td>
<td>2,518,943</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>2,657,658</strong></td>
<td><strong>3,626,512</strong></td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Accumulated deficit) / Retained surplus</td>
<td></td>
<td>(926,202)</td>
</tr>
<tr>
<td><strong>Total Equity and Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>1,731,456</strong></td>
<td><strong>3,538,756</strong></td>
</tr>
</tbody>
</table>

### Statement of comprehensive income

<table>
<thead>
<tr>
<th>Notes</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Grant revenue</td>
<td>7</td>
<td>5,811,609</td>
</tr>
<tr>
<td>Other income</td>
<td>8</td>
<td>27,472</td>
</tr>
<tr>
<td>Operating expenses</td>
<td></td>
<td>(6,677,527)</td>
</tr>
<tr>
<td>Operating deficit</td>
<td>9</td>
<td>(838,446)</td>
</tr>
<tr>
<td><strong>Deficit for the year</strong></td>
<td></td>
<td>(838,446)</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>Total comprehensive loss for the year</strong></td>
<td></td>
<td>(838,446)</td>
</tr>
</tbody>
</table>
National Malaria Programme Reflection

Having been at the helm of the NVDCP for over twenty years, I have had the pleasure of seeing the E8 initiative grow to where it is today. Born out of the realisation that no one country in the region can eliminate malaria alone, the E8 was formed as a mechanism for accountability and joint monitoring for action. When the Ministers of Health created the E8 in 2009, they made a commitment to collectively drive malaria out of southern Africa. The year 2021 marks 12 years of the E8, which is a critical milestone for the ministerial initiative. As a result of the missed elimination target for frontline countries in 2020, an opportunity to rebrand the E8 and position it for its original mandate presented itself. The new strategic plan 2021-2025 is a demonstration of the regional commitment to malaria elimination which has translated in continued funding from funding partners, such as the Global Fund.

The E8, true to its mandate has transitioned malaria interventions and handed operations such as border health posts, over to National Malaria Programmes and has repositioned itself to COORDINATE, HARMONISE, ADVOCATE, SUSTAIN AND ENGAGE, the true foundations of the regional initiative. Having missed its goal of malaria elimination in 2022, Namibia will continue to rely on the E8 to engage political leadership, through the Windhoek declaration of Heads of States and Government of 2018, to strive for the unlocking of resources and tools for the elimination endgame. With the E8 initiative, we as National Malaria Programmes can translate high level political commitments into action and generate evidence of value for money.

Dr. Petrina Uusiku (Chief Medical Officer)
Namibia’s National Vector Borne Disease Control Programme (NVDCP) Director

Since inception, the E8 has been instrumental in working with the Ministry of Health and Social Services of the Republic of Namibia in addressing challenges in cross-border malaria especially along the border with Angola. The National Vector-borne Disease Control Programme has faced challenges in realising its target of zero local malaria by 2022, given over 13,000 confirmed cases recorded in 2021. Having experienced unprecedented increases in malaria cases in 2017, which was followed by sharp declines in 2019, the commitment to eliminate malaria for good was renewed. However, subsequent years of 2020 and 2021 were challenging for Namibia, with outbreak prone regions of Ohangwena, Kavango and Zambezi reporting sharp increases.
ANNEX 1:
Frontline Country Trends in 2021

National Monthly Total Confirmed Cases

Country Border District Malaria Incidences

Botswana

Eswatini

Border District Malaria Incidence 2021
Cases per 1000 pop.
- <1
- 1.01 - 5.00
- 5.01 - 10.00
- 10.01 - 25.00
- 25.01 - 50.00
- 50.01 - 55.00
ANNEX 1: Frontline Country Trends in 2021

National Monthly Total Confirmed Cases

Country Border District Malaria Incidences

**Namibia**

**South Africa**

Border District Malaria Incidence 2021

Cases per 1000 pop.

- <1
- 1.01 - 5.00
- 5.01 - 10.00
- 10.01 - 25.00
- 25.01 - 50.00
- 50.01 - 55.00
ANNEX 2:
Second-line Country Trends in 2021

National Monthly Total Confirmed Cases

Country Border District Malaria Incidences

Angola

Mozambique

Border District Malaria Incidence 2021
Cases per 1000 pop.
ANNEX 2:
Second-line Country Trends in 2021

National Monthly Total Confirmed Cases

Country Border District Malaria Incidences

**Zambia**

**Zimbabwe**

Border District Malaria Incidence 2021

Cases per 1000 pop.

- <5.00
- 5.01 - 10.00
- 10.01 - 20.00
- 20.01 - 50.00
- 50.01 - 100.00
- 100.01 - 200.00
- >200
IN PICTURES:

SADC Malaria Day 2021 Commemoration - Lilongwe, Malawi
IN PICTURES:

SADC Malaria Day 2021 Commemoration - Lilongwe, Malawi
IN PICTURES:

SADC Malaria Day 2021 Commemoration - Lilongwe, Malawi
ACKNOWLEDGEMENTS