Malaria continues to pose a significant challenge in the African Region.

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A life-threatening disease in the African Region

Malaria is a life-threatening disease caused by the Plasmodium parasite and transmitted to humans through the bites of infected female Anopheles mosquitoes. In 2021, an estimated 470 000 people lost their lives to malaria in the WHO African Region, which represented 96% of total deaths globally, including 78.9% of deaths in under-five children. This is a major public health issue that need to be taken into account in reaching the desired SDG 3.3 by 2030 of reducing malaria mortality rates by at least 90%. The objective also include : reducing malaria case incidence by at least 90% by 2030, eliminating malaria in at least 35 countries by 2030 and preventing a resurgence of malaria in all countries that are malaria-free. In this blog, we will explore the current state of malaria in the African Region, including the latest data and trends.

Malaria incidences in the African Region

Between 2000 and 2021, an estimated 1.6 billion cases of Malaria were reported in the African Region. Notably, Nigeria, DR Congo, Uganda, Mozambique, Angola, Burkina Faso, Niger, Mali, UR Tanzania, Côte d'Ivoire, and Cameroon collectively represented 71% of the Malaria cases in the region. The WHO African Region fell short of the Global Technical Strategy (GTS) milestone for Malaria morbidity by 45%. Additionally, in 2021, Malaria cases in the Region accounted for an average of 21% of outpatients and 20% of inpatients, with some countries reaching as high as 70%.

Signs and symptoms of Malaria

The most observed early symptoms of malaria include fever, headache, and chills. Typically, these symptoms manifest within 10 to 15 days after being bitten by an infected mosquito. While some individuals may experience mild symptoms, particularly if they have previously had a malaria infection, it is crucial to undergo early testing since certain malaria symptoms are not specific. Certain forms of malaria can lead to severe illness and even fatalities. Infants, children under 5 years old, pregnant women, travelers, and individuals with HIV or AIDS face a higher risk. Severe symptoms may include extreme fatigue, impaired consciousness, multiple convulsions, difficulty breathing, dark or bloody urine, jaundice (yellowing of the eyes and skin), and abnormal bleeding. Malaria infection during pregnancy can also result in premature delivery or low birth weight in newborns.

Malaria prevention and control

Malaria prevention and control in the African Region have been mainly using insecticide-treated bed nets (ITNs), indoor residual spraying (IRS), and prompt diagnosis and treatment of malaria cases. In 2018, 56.5% Population had access to an insecticide-treated bed (ITN) for malaria protection, 51.06% in 2019, 50.84% in 2020 and 54% in 2021. Moreover, prior to traveling to malaria-endemic regions, it is advisable to consult with a doctor regarding the use of preventive medicines such as chemoprophylaxis.

However, progress in reducing the malaria burden in Africa has been slow due to various challenges, including insufficient funding, weak health systems, insecticide and drug resistance, and climate change. In 2020, the COVID-19 pandemic also disrupted malaria prevention and control efforts in Africa, leading to a decline in the number of people tested and treated for malaria.

Treatment of Malaria

Once the diagnosis of malaria has been made, it is crucial to initiate prompt and appropriate antimalarial treatment. To guide the treatment process, healthcare professionals can refer to the Malaria Treatment Tables, which provide recommendations for different situations, including the recommended drugs or drug combinations, as well as the appropriate adult and pediatric doses. It's important to note that specific treatment guidelines may vary based on factors such as the geographic location of the infection and the species of malaria parasite involved.

Therefore, healthcare providers should consult local or national guidelines to ensure the most accurate and up-to-date treatment recommendations are followed. Between 2018 and 2020, a total of 511.4 million malaria cases received treatment with any first-line treatment course, which included artemisinin-based combination therapies (ACTs). In 2021, approximately 234.7 million ACTs were distributed in the African Region, with 97% of these being distributed in sub-Saharan Africa. This marked an increase compared to the approximately 230 million ACTs distributed in 2019.

Malaria elimination plan in the Region

The definition of malaria elimination involves the deliberate actions taken to interrupt local transmission of a specific malaria parasite species within a defined geographical area. However, it is crucial to emphasize that sustained efforts are necessary to prevent the re-establishment of transmission. It remains a major public health problem in the African region, with children under 5 years of age being the most affected. While progress has

been made in malaria prevention and control, challenges such as insufficient funding, weak health systems, and insecticide and drug resistance continue to hamper efforts to reduce the malaria burden.

The response of the World Health Organization (WHO) to Malaria in the Region.

To accelerate advancements in the control and eradication of malaria in Africa, the World Health Organization (WHO) and partners have introduced a new Global Technical Strategy for Malaria 2021-2030. This strategy aims to achieve a minimum 90% reduction in malaria incidence and mortalities by the year 2030. The strategy's focal points encompass four fundamental pillars:

- Ensuring universal accessibility to malaria prevention, diagnosis, and treatment.
- Accelerating efforts to eliminate malaria in countries and regions.
- Transforming malaria surveillance into a core intervention.
- Investing in research and development to create innovative tools for malaria prevention, diagnosis, and treatment.

On 6 October 2021, through a press release, the first malaria vaccine was recommended; according to WHO Director General, this was a historic moment. The RTS,S/AS01e vaccine, marketed under the name Mosquirix®, is the first to be recommended by WHO in the fight against malaria. It is the very first vaccine to be recognized as effective against a parasitic disease, making it an historic success. Monitoring of 4.5 million doses administered in Ghana, Kenya and Malawi has shown that it can be administered safely. Its effectiveness is enhanced when used in combination with seasonal chemoprophylaxis.

For more information

Regional Malaria Fact sheet
WHO statistics
Global Technical Strategy for malaria 2016-22030
Malaria, WHO 2023
Center for Disease Control and Prevention.
Green light for the first malaria vaccine