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DRAFT POST-2015 GLOBAL TECHNICAL STRATEGY FOR MALARIA: ACCELERATING PROGRESS TOWARDS ELIMINATION

Informal note for discussion

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BACKGROUND

1. Despite being preventable and treatable, malaria continues to have a devastating impact on people's health and livelihoods around the world. In 2012, approximately 3.4 billion people were at risk of the disease in 97 countries and territories, and an estimated 207 million cases occurred (range: 135–287 million). The disease killed about 627 000 people (range: 473 000 – 789 000), mostly children under five in sub-Saharan Africa. WHO recommends a multi-pronged strategy to reduce the malaria burden, including vector control interventions, preventive therapies, diagnostic testing, quality-assured treatment and strong surveillance.

2. The Millennium Development Goal (MDG) target "to halt and begin to reverse the incidence of malaria by 2015" was the catalyst for impressive progress. Between 2000 and 2012, a substantial scale-up of malaria interventions led to a 42% decline in malaria mortality rates globally, saving an estimated 3.3 million lives including 3 million in children under five years of age in sub-Saharan Africa. They account for 20% of the 15 million fewer deaths estimated to have been averted in sub-Saharan Africa since 2000, contributing significantly to progress in achieving the target for MDG 4 – to reduce by two thirds, the under-five mortality rate between 1990 and 2015. The challenge now is to accelerate progress and further reduce the disease burden.

3. With the global action on the establishment of the Sustainable Development Goals, there is a time-limited opportunity to not only maintain the gains achieved to date, but to move towards regional malaria elimination, and eventual eradication of the disease with renewed political commitment, robust and predictable financing, and increased regional collaboration. Malaria burden is closely linked with several of the proposed Sustainable Development Goals including its contribution to the poverty cycle, disease concentration in vulnerable populations and those with poor access to services, and a detrimental impact on education through missed school days and cognitive effects of chronic anaemia. Finally, the predicted climate change may expand the ecological zones hospitable to *Anopheles* mosquitoes and therefore receptive to the establishment of malaria transmission.

4. Following support from Member States at the 66th World Health Assembly[1] to develop a draft global malaria strategy for the post-2015 period, seven regional consultations were held to gather input from more than 400 experts representing national malaria programmes, ministries of health, research organizations and implementing partners. The process has been led by the Secretariat and supported by both the Malaria Policy Advisory Committee, and a dedicated Steering Committee of leading malaria experts, scientists and representatives of countries where malaria is endemic. Following the consultations, a revised draft was prepared and an open online web consultation of Member States, consultation participants, and malaria stakeholders was conducted in July. Further inputs from WHO Regional Offices and the Regional Committee meetings will be incorporated before submission to the Executive Board.

5. The draft strategy is expected to be discussed at the 136th Executive Board in January 2015, and submitted for consideration to the 68th World Health Assembly in May 2015. Endorsement by the World Health Assembly will ensure that the Organization is well-equipped to take forward the "unfinished health-related MDG" agenda, which is one of its six leadership priorities for the WHO 12th General Programme of Work for 2014-2019.

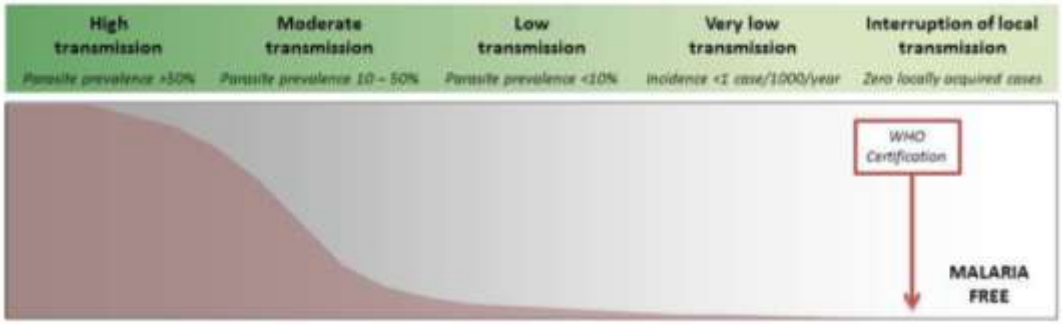
[1] Discussion in Committee "A" during the malaria technical agenda item. 27 May 2013.

KEY PRINCIPLES

6. The draft post-2015 malaria strategy provides a framework for countries and subnational areas to develop tailored programmes to sustain progress and accelerate towards malaria elimination. It emphasizes the need to scale up to universal coverage of the currently available core malaria interventions, and highlights the importance of using real-time data for decision-making to drive responses consistent with national or subnational goals. The draft strategy identifies where innovative solutions will be essential to fully achieve the new set of milestones, and describes the financial implications of strategy implementation. While the targets extend to 2030 to align with the ongoing discussion of the development of the Sustainable Development Goals, the draft strategy will be updated regularly to incorporate significant innovations in new tools and approaches.

7. Malaria is caused by the *Plasmodium* parasite and is transmitted by female *Anopheles* mosquitoes. There are five different types of parasites that infect humans, of which *P. falciparum* and *P. vivax* are the most prevalent, and *P. falciparum* the most dangerous. Malaria elimination requires close attention to *P. vivax*, the burden of which has been underestimated to date, and for which specific strategies are now being developed. The draft strategy urges countries where *P. vivax* malaria is endemic, to include *P. vivax*-specific considerations into their national malaria strategies.

8. ***Pathway to elimination.*** The draft strategy contains a revised "Pathway to elimination" in which progression towards malaria-free status is envisaged as a continuum, along which all countries are placed. The progression towards elimination may happen at different speeds in different countries, or different subnational settings.



Proposed pathway to malaria elimination

9. The first priority for all countries that have high or moderate malaria transmission is to ensure maximal reduction of disease and death through sustained provision of universal access to appropriate vector control measures, quality-assured diagnostics and antimalarial medicines, together with the implementation of all WHO-recommended preventive therapies that are appropriate for that epidemiological setting. These must be supported by an effective surveillance systems. Once programmes have reduced transmission to very low levels, they should assess the feasibility of required programmatic changes to target elimination of the disease. In addition to cost effectiveness, available resources and preparedness, the situation in neighbouring countries in the region should be considered.

10. As intervention coverage is further increased in affected countries, and the malaria burden is reduced, heterogeneity in malaria incidence and transmission is likely to increase within countries. The draft strategy therefore highlights *stratification* as a key concept for the

post-2015 period. Instead of a one-size-fits-all approach, countries are urged to define subnational or community-specific approaches, based on risk determinants related to the human host, parasite and disease vectors. The strength of health systems and their accessibility, underlying economic and social conditions, and population mobility will all contribute to identifying the best approaches for interventions.

VISION AND MILESTONES

11. The Strategy's vision is to achieve a world free of malaria. The draft strategy sets global milestones and targets for 2020, 2025 and 2030 to work with countries where malaria is endemic move closer to this vision. It is noted that many countries have already set their own national or subnational burden reduction or elimination targets and that these will updated as appropriate for local and national contexts for the post-2015 period.

12. The vision and milestones have been developed after reviewing (1) the targets of national malaria programmes as described in their national strategic plans, (2) the magnitude of decreases in malaria cases and deaths between 2000-2012, as reported to WHO and (3) the results of mathematical modelling of *P. falciparum* malaria transmission to estimate the potential impact of applying different combinations of recommended interventions between 2015 and 2030. The vision and milestones were discussed with and supported by representatives from national malaria programmes at the seven regional consultations.

Vision – A world free of malaria			
Goals	**Milestones**		
	2020	**2025**	**2030**
To reduce malaria mortality rates globally compared with 2015	40%	75%	90%
To reduce malaria clinical case incidence globally compared with 2015	40%	75%	90%
To eliminate malaria from countries that had transmission in 2015, and ensure prevention of re-establishment in countries that are malaria free	At least 10 countries	At least 20 countries	At least 30 countries

PROPOSED STRATEGY FRAMEWORK

The draft strategy is built on a foundation of three pillars that guide global efforts to optimize the use of current strategies to further reduce burden and move closer to malaria elimination now while future innovations will accelerate progress.

13. ***Pillar 1: Ensure universal access to malaria prevention and treatment*.** The WHO-recommended package of core interventions – i.e. vector control, diagnostic testing and quality-assured treatment – has demonstrated significant impact, but optimizing coverage will dramatically increase reductions in malaria morbidity and mortality. In areas of moderate to high risk, scaling up for universal coverage of at all risk populations should be a key goal of national malaria programmes. The main metric of success is the number of lives saved, disease prevented or adequately treated. There is a critical need to monitor and manage the threats of drug and insecticide resistance to ensure long-term effectiveness of these interventions until new tools are developed.

14. In countries and areas where artemisinin and artemisinin combination therapies continue to be fully effective, there is a need to scale up all basic malaria interventions, including vector control – and pay special attention to expanding diagnostic testing and quality-assured treatment– in order to prevent the emergence of resistance. Countries that have already reported artemisinin resistance are urged to intensify malaria control to reduce the burden of the disease in order to delay or prevent spread. In areas of low transmission with artemisinin resistance, countries should target elimination of *P. falciparum* malaria.

15. While core vector control interventions continue to be effective, growing mosquito resistance to insecticides is a major challenge that needs an urgent and coordinated response. If left unchecked, insecticide resistance could lead to substantial increases in malaria incidence and mortality, with devastating public health consequences. Affected countries are urged to develop and implement comprehensive insecticide resistance management strategies, and strive to have pre-emptive plans in place. Strategies for preserving the susceptibility of malaria vectors include rotations of insecticides and use of multiple interventions in combination.

16. ***Pillar 2: Accelerate efforts towards elimination and malaria-free status.*** Countries need to scale up efforts to reduce transmission of infections to susceptible individuals in defined geographical areas, particularly in low to very low transmission settings. In addition to the interventions mentioned under Pillar 1, this entails a targeted attack on both the parasite and the disease vector. Medicines may be used both to reduce the pool of susceptible individuals that become infected and subsequently transmit (prophylaxis and possible new approaches to reduce the infectious reservoir). Over the next decade, new tools and approaches are expected to become available that will help to target these infections and cure asymptomatic carriers of the parasite.

17. ***Pillar 3: Transform malaria surveillance into a core intervention.*** Strengthening malaria surveillance is fundamental to programme planning and implementation and is a critical factor for accelerating progress. All countries where malaria is endemic, and those receptive to malaria, should have an effective malaria surveillance system in place to help national malaria programmes direct resources to the most affected populations, to identify gaps in programme coverage, to detect outbreaks , and to assess the impact of interventions to guide changes in programme orientation. Surveillance is an active process to trigger response when gaps are detected in programme coverage or outbreaks occur.

18. ***Need for innovation***. Efforts to move towards elimination will need to be supported through innovative new tools and solutions as well as strengthened basic and implementation research. The draft strategy describes research and innovation needs for all three pillars. Basic research is essential to be able to better understand the parasite and to produce novel technologies such as more effective diagnostics, medicines, vector control tools, and a malaria vaccine. Investments should enhance malaria programme efficiency, and overcome threats to programme success, such as insecticide and drug resistance.

PUTTING THE STRATEGY INTO ACTION

19. Acceleration can be achieved if countries take a long-term strategic approach to defeating the disease, and by ensuring strong political commitment and adequate financial resources both in the lead up to and beyond elimination. At country level, a multisectoral approach is required for effective programme implementation, as well as close collaboration among malaria partners working under the aegis of the Roll Back Malaria Partnership. To better understand the malaria burden, and to accurately define the most appropriate strategies, the high-quality data at country level will be critically important.

20. The draft strategy emphasizes the importance of strengthening the enabling environment for malaria interventions, highlighting the need for (1) a robust health sector response to support the three pillars; (2) strengthened multisectoral and cross-border collaboration, (3) improved government stewardship of malaria efforts, (4) an engaged private sector, and (5) strong community leadership. Capacity building and a strong health workforce is also fundamental to ensuring that the targets of draft strategy can be achieved.

21. The draft strategy contains an updated estimate for the global costs for its implementation, and a separate estimate for the amount required for research and innovation. The document also contains a proposed set of outcome and impact indicators which are proposed to be used to monitor progress between 2015 and 2030. Countries should consider ensuring that a baseline for the suggested indicators is available for 2015.

22. ***Role of the WHO Secretariat.*** WHO will undertake the following roles in achieving global, regional and national targets for malaria control and elimination:

- Play a normative role for technical policy advice and guidance, i.e. provide guidance on tools and policies for adaptation and implementation of the strategy in diverse country settings.
- Provide technical assistance to support Member States in reviewing, adopting, adapting and implementing the malaria strategies, building on the framework provided in the draft strategy.
- Work with countries to improve the availability and management of malaria data, and to optimize the use of such data for decision-making and programmatic response. The Secretariat will assist countries in the development of nationally appropriate targets and indicators to facilitate the sub-regional monitoring of progress.
- Advocate for research and knowledge generation that is required to accelerate progress towards a world free of malaria.
- Update the strategy regularly to ensure linkage to current policy recommendations.

ACTION PROPOSED

23. The Programme Subcommittee is invited to review this informal note and make additional comments to further develop the draft strategy. In particular, feedback on (1) vision and milestones, (2) proposed strategic framework, and (3) support required from the Secretariat will be appreciated and taken into account for finalizing the draft strategy which will be discussed at the 136th Executive Board.