14th Stakeholders’ Meeting
Critical challenges to malaria elimination in S.E. Asia
Bali | 11 – 12 October 2017

Dr Olumese, WHO

Defeating Malaria Together
Global Technical Strategy for Malaria (2016 – 2030)

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Global Malaria Programme

World Health Organization
Endorsement: 68th World Health Assembly

- 41 Member State interventions, including Malawi speaking on behalf of 47 countries of African region, and Indonesia speaking for 11 countries of South-East Asia
- Many Member States highlighted importance of accelerating efforts towards elimination; strengthening response to drug and insecticide resistance; need to improve malaria surveillance; and urgency to invest more in innovation and research
- Document is available in all six official languages and in Portuguese
- WHO is grateful for the engagement of Member States in the consultation process over the last two years, as well as comments received during WHA
Strategy principles

• All countries can accelerate efforts towards elimination through combinations of interventions tailored to local contexts.

• Country ownership and leadership, with involvement and participation of communities, are essential to accelerating progress through a multisectoral approach.

• Improved surveillance, monitoring and evaluation, as well as stratification by malaria disease burden, are required to optimize the implementation of malaria interventions.

• Equity in access to services especially for the most vulnerable and hard-to-reach populations is essential.

• Innovation in tools and implementation approaches will enable countries to maximize their progression along the path to elimination.
Strategic Framework

Strategic framework with increasing focus on elimination & surveillance. It calls both for an acceleration of efforts, and a shift on strategic priorities

1. **Ensure universal access** to malaria prevention, diagnosis and treatment
2. **Accelerate efforts towards elimination** and attainment of malaria-free status
3. **Transform malaria surveillance** into a core intervention

1. **Harnessing innovation and expanding research**
   1. Basic and implementation research
   2. Action for rapid update of tools
2. **Strengthening the enabling environment**
   1. Strong political commitment/multisectoral / cross-border
   2. Capacity development/health system strengthening
## Vision, Goals, Milestones and Targets

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<thead>
<tr>
<th>Goals</th>
<th>Milestones</th>
<th>Targets</th>
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<tr>
<td>1. Reduce malaria mortality rates globally compared with 2015</td>
<td>At least 40%</td>
<td>At least 75%</td>
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<tr>
<td>2. Reduce malaria case incidence globally compared with 2015</td>
<td>At least 40%</td>
<td>At least 75%</td>
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<td>3. Eliminate malaria from countries in which malaria was transmitted in 2015</td>
<td>At least 10 countries</td>
<td>At least 20 countries</td>
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<td>4. Prevent re-establishment of malaria in all countries that are malaria-free</td>
<td>Re-establishment prevented</td>
<td>Re-establishment prevented</td>
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Role of the WHO Secretariat

Figure 1. WHO Global Malaria Program Core Roles

1. In collaboration with the malaria community, address key strategic questions related to malaria control and elimination

2. Set, communicate & disseminate evidence-based normative guidance, policy advice and implementation guidance to support country action

3. Coordinate WHO capacity building & technical support to member states, jointly with Regions, ISTs and countries

4. Help countries develop & implement robust surveillance systems to generate quality data and use that data to achieve greater impact

5. Keep an independent score of global progress in malaria control and elimination, including drug & insecticide resistance

Achieve impact:
- At least 40% decrease in mortality rate & case incidence
- Elimination in ≥10 countries by 2020
- No re-establishment

Global Malaria Programme
Progress so far (WMR 2016)

1. Access to malaria interventions has expanded since 2010 especially to most vulnerable populations in sub-Saharan Africa

2. Progress towards GTS 2020 milestones:
   - milestone of eliminating malaria from 10 or more counties looks attainable
   - progress needs to be accelerated to achieve milestones of reducing case incidence and mortality rates by 40%

3. Funding from both domestic and international sources must increase substantially if global targets are to be met
51% of febrile children <5 attending public health facilities received a malaria diagnostic test in 2013–2015 compared to 29% in 2010–2012, according to national surveys from 23 countries in sub-Saharan Africa.
Progress to 2020 milestones: Incidence & mortality rates

Case incidence rate reduction 2010–2015

- Europe: 100%
- South-East Asia: 54%
- Americas: 31%
- Western Pacific: 30%
- African: 21%
- Eastern Mediterranean: 11%
- World: 21%

Mortality rate reduction 2010–2015

- Western Pacific: 58%
- South-East Asia: 46%
- Americas: 37%
- African: 31%
- Eastern Mediterranean: 6%
- World: 29%

40 of 91 countries on track
39 of 91 countries on track
10 already zero deaths
An unfinished agenda – remaining burden

212 million cases estimated 2015

429 000 deaths estimated 2015

70% of deaths are in children under 5 – a child dies from malaria every 2 minutes –
An unfinished agenda – coverage gaps

In many countries with a high malaria burden, health systems remain under-resourced

- **43%** People not covered by ITNs or IRS
- **69%** Pregnant women not receiving 3 doses of
- **36%** Children with fever not taken for care
Overview of challenges

| Drug resistance | • The long-term usefulness of ACTs is threatened by the emergence or spread of resistance to artemisinin |
| Insecticide resistance | • Pyrethroids are key to vector control but resistance is widespread |
| Infectious reservoir | • Millions of people with undetected malaria infection represent a large reservoir of parasites that can fuel transmission |
| *P. vivax* | • *P. vivax* poses numerous unique diagnostic and therapeutic challenges that disproportionately affect vulnerable groups |
| Outdoor biting mosquitoes | • These mosquitoes are not targeted by core vector control methods and pose a challenge for prevention of transmission |
| Unregulated private sector | • Many people seek treatment in the private sector where there is poor regulation of diagnostic and therapeutic practices |
| Health systems | • Shortages of human and material resources and poor infrastructure adversely affect case management and surveillance |
| Financial resources | • The greatest threat to continued success in malaria efforts is financial |
| *P. knowlesi* | • Zoonotic infection affecting humans |
Malaria funding: trends

Malaria funding totaled US$ 2.9 billion in 2015, just 45% of the GTS funding milestone for 2020, and increasing little since 2010.
Near- Medium term innovation (next 5+ years)

**Vaccines**
- Many vaccines are in Phase I or II of clinical trial
- RTS,S/AS01 on a large scale phase IV trials

**Diagnostic Tests**
- Highly sensitive, high through-put molecular diagnostic tools are under development and have great potential to improve the efficiency and impact of new interventions such as mass screening and treatment

**Antimalarials**
- New drugs are needed to address the challenge of resistance
- Tafenoquine promising single-dose treatment that eliminates the hypnozoites
- The hemolytic sensitivity of G6PD deficient persons remains a poorly addressed problem at this time

**Vector Control**
- New insecticides needed to address the challenges of insecticide resistance
- Tackling the challenges of residual transmission
Conclusion

- There has been much progress in expanding access to malaria interventions since 2010:
  - more people sleep under a mosquito net,
  - more women receive preventive treatment in pregnancy
  - more patients with receive a diagnostic test and treatment with ACTs
- Prospects of attaining the GTS 2020 milestone of eliminating malaria from 10 or more counties look good.
- Progress needs to be accelerated to achieve the GTS 2020 milestones of reducing case incidence and mortality rates by 40% - especially in countries with the highest burden
- If global targets are to be met, funding from both domestic and international sources must increase substantially.
- Recent experience shows that with robust funding, effective programmes and country leadership, much progress can be made and the benefits are huge
Thank you!