

# Malaria at the crossroads: getting back on track

While the period from 2000 to 2014 saw unprecedented global investment in tackling malaria, and corresponding progress with millions of lives saved, recent data paint a different picture.

According to the 2017 World Malaria Report, there were an estimated 216 million malaria cases in 2016, marking a return to 2012 levels.<sup>1</sup> Furthermore, new data suggest that the number of cases reported for 2016 might be underestimated in the order of millions.

We are at a crossroads in our efforts to defeat malaria. The 2020 goals of our global malaria strategy, which call for a reduction in malaria cases and deaths of at least 40%, are unlikely to be met. Urgent action is needed to get the malaria response back on track, particularly in countries that carry a high burden of the disease, with a view to achieving global malaria targets for 2025 and beyond. In terms of elimination, however, global trends mask some good news: 44 countries reported fewer than 10,000 cases of malaria in 2016 compared with 37 countries in 2010. Six countries have been certified malaria-free since 2010 (Armenia, Maldives, Morocco, Kyrgyzstan, Sri Lanka and Turkmenistan), and several others are moving closer to achieving this status. This shows that with determination and the right tools, elimination is possible.

It's difficult to pinpoint why progress on a global scale has stalled. To get back on track, however, what we can do is look at the threats outlined in the World Health Organization's (WHO) Global Technical Strategy for Malaria 2016–2030 (GTS) and ways to address them.

## Coverage of key interventions

A key issue is the significant gaps in access to all major interventions: bednets, indoor residual spraying and medicines. For example, overall in sub-Saharan Africa in 2016, only 19% of children with fever who sought care received artemisinin-based combination therapies (ACTs), leaving millions of children at risk of disease progression. Furthermore, while the availability

of child-friendly ACTs has risen, countries deterred by cost may opt for cheaper adult treatments that are difficult to administer, possibly resulting in sick children not receiving full curative doses. We must act now, and together, to close the intervention coverage gap, urge countries to use existing child-friendly medicines, and invest in the development of new ones.

Nonetheless, there are some bright spots on the horizon regarding access to key tools. The scale-up of seasonal malaria chemoprevention (SMC) to protect children from malaria in 12 countries of the African Sahel sub-region is saving lives. Since the WHO policy recommendation on SMC in 2012,<sup>2</sup> and the adoption of SMC policy by countries in 2013, more than 180 million courses of SPAQ<sup>3</sup> have been distributed in these countries. In 2017, by focusing on improving forecasting and drug supply, the ACCESS-SMC consortium funded by Unitaid delivered sufficient medicine to protect 17 million children in seven countries. With the possibility of reducing malaria cases and deaths by about 50% as demonstrated in multiple countries, this intervention, if scaled up further, could enable the 12 countries eligible for this intervention to reach the 2020 GTS targets.

## Parasite and vector resistance

While multidrug parasite resistance has not played a role in recent trends, it remains a threat to future progress. Concerted efforts are being made towards malaria elimination, and first-line treatments remain efficacious, but we know from past history that antimalarials will eventually succumb to this resistance.

To date, multidrug resistance involving artemisinin and/or partner drugs has been confirmed in five countries of the Greater Mekong Sub-region: Cambodia, Lao People's Democratic Republic, Myanmar, Thailand and Vietnam. This is a result of several factors, including poor treatment practices, inadequate patient adherence to prescribed antimalarial regimens, and the widespread availability of artemisinin-based monotherapies and substandard forms of the drug. The continued development of novel



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**Dr Pedro Alonso**  
Director, WHO Global Malaria Programme

1 World Health Organization. *World Malaria Report 2017*: <http://www.who.int/malaria/publications/world-malaria-report-2017/en/>

2 World Health Organization. *WHO Policy Recommendation: Seasonal malaria chemoprevention (SMC) for Plasmodium falciparum malaria control in highly seasonal transmission areas of the Sahel sub-region in Africa* (2012): [http://www.who.int/malaria/publications/atoz/who\\_smc\\_policy\\_recommendation/en/](http://www.who.int/malaria/publications/atoz/who_smc_policy_recommendation/en/)

3 Sulfadoxine-pyrimethamine + amodiaquine.

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**Dr Kesetebirhan Admasu**  
CEO, Roll Back Malaria  
Partnership to End  
Malaria

medicines, especially combinations with simpler dosing regimens, is critical to countering this threat. Given the lengthy drug development timelines, we cannot wait until resistance becomes more deeply rooted.

In addition, resistance of mosquito vectors to insecticides is now increasingly widespread. Although we cannot rule out the threat of insecticide resistance to malaria control efforts, evidence of its public health impact is scarce. However, we must be prepared with alternatives, and research is underway to develop them.

## Continued prioritization

All these threats are of significant concern, yet arguably, the biggest problem is lack of funding to fuel a satisfactory response. Malaria funding has plateaued since 2010. Despite an investment of USD 2.7 billion in 2016, funding was only 41% of the estimated annual requirement to achieve the targets in the WHO Global Technical Strategy for Malaria 2016–2030. What we are seeing as a result, is that 25 countries with reduced funding had more malaria cases in 2016 than in 2014. Furthermore, high-burden countries also face significant gaps in financing their malaria efforts over the next 3 years, according to the RBM Partnership's analysis of

their applications to The Global Fund. It would appear that the success of the Millennium Development Goal era may have led to complacency, bringing us to this crossroads.

At this point there is really only one way to get back on track and that is to prioritize malaria control and elimination, at the highest national and international levels. This means stepping up international, regional and domestic funding to scale-up coverage of core tools, whilst financing the research and development of new tools. For example, the Regional Malaria Elimination Initiative made up of the Inter-American Development Bank, the Gates Foundation and the Carlos Slim Foundation are working together to support Central American countries seeking to eliminate malaria. Meanwhile, the End Malaria Council, launched at the start of 2017 by the global public sector and business leaders, is backing a taskforce to explore how to expand domestic resources.

Through initiatives like these, the entire malaria community must join forces as never before. We cannot risk losing the gains we have made over the past decade, or to let progress slip. Now is the time to get back on track and move closer to our ultimate goal of defeating malaria once and for all. ●

