Draft global technical strategy for malaria (2016-2030)

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Ministerial Session, 15 May 2015
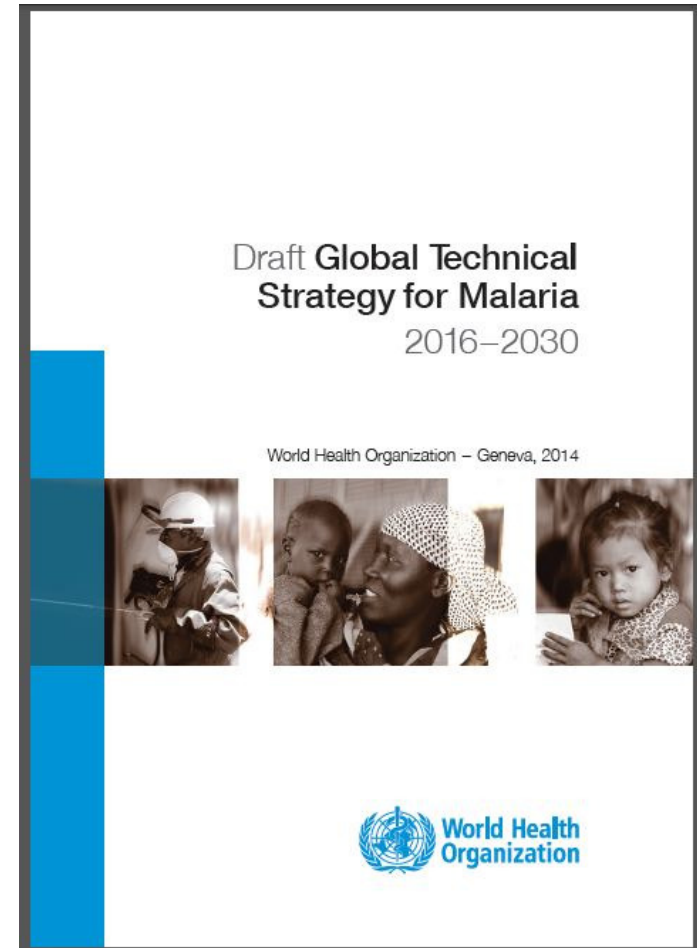Starling Hotel, Geneva

Objective and structure

Main strategy objectives

▸ To prepare ground for an accelerated effort, with a renewed focus on elimination. Highlight crucial importance of research and innovation

▸ Urge endemic countries, donors and stakeholders to maximize impact of existing tools and strategies until new and improved tools and approaches become available
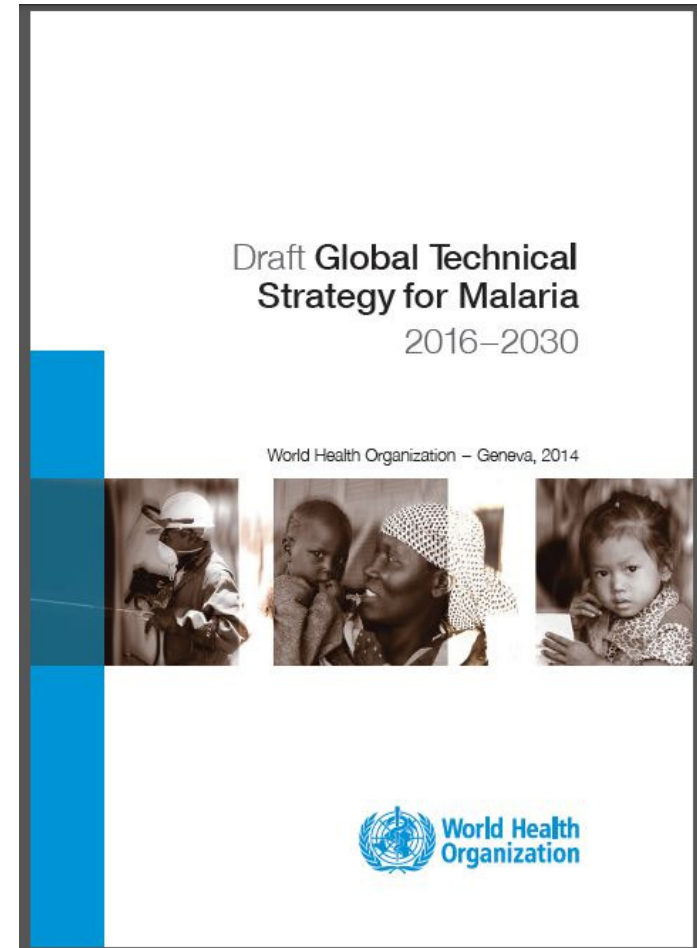
Structure

▸ Comprehensive, yet brief document (currently 23 pages plus references)

▸ Comprises three fundamental pillars, with two supporting elements to guide efforts to accelerate progress

Draft **Global Technical Strategy for Malaria** 2016–2030

World Health Organization – Geneva, 2014
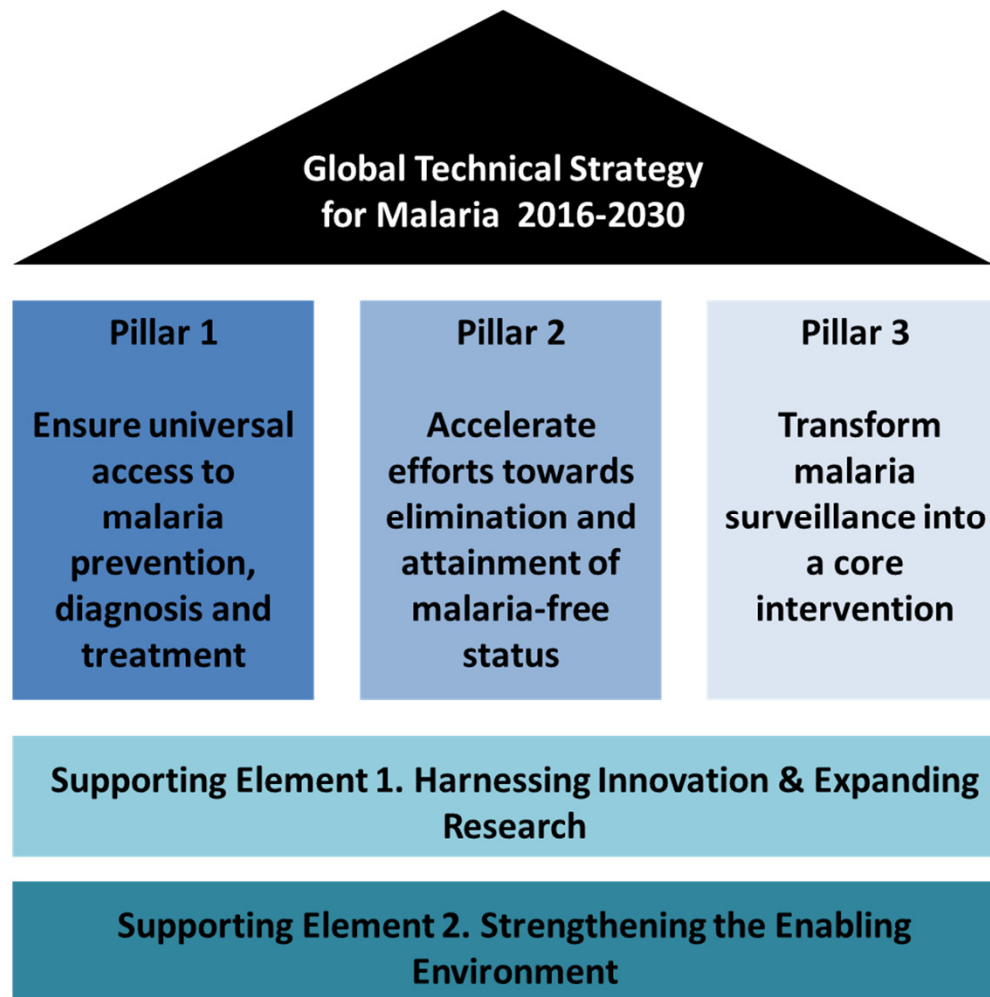
World Health Organization

Five principles

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

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

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

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

5. **Innovation in tools and implementation approaches** will enable countries to maximize their progression along the path to elimination.

Draft **Global Technical Strategy for Malaria** 2016–2030

World Health Organization – Geneva, 2014

World Health Organization

Structure: pillars and supporting elements

Global Technical Strategy for Malaria 2016-2030

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

Supporting Element 1. Harnessing Innovation & Expanding Research

Supporting Element 2. Strengthening the Enabling Environment

Vision, goals, milestones and targets

Vision	A world free of malaria		
Goals	**Milestones**		**Targets**
	2020	**2025**	**2030**
1. Reduce malaria mortality rates globally compared with 2015	$\geq$40%	$\geq$75%	$\geq$90%
2. Reduce malaria case incidence globally compared with 2015	$\geq$40%	$\geq$75%	$\geq$90%
3. Eliminate malaria from countries in which malaria was transmitted in 2015	At least 10 countries	At least 20 countries	At least 35 countries
4. Prevent re-establishment of malaria in all countries that are malaria-free	Re-establishment prevented	Re-establishment prevented	Re-establishment prevented

28th RBM Partnership Board Meeting

Action and Investment to defeat Malaria 2016-2030 (AIM) for a malaria-free world

Developing the 2nd Global Malaria Action Plan

14 – 15 May 2015
Geneva, Switzerland

Alignment with Global Technical Strategy

- **Task Force Establishment** – overlapping members/ToR explicitly states that GTS and GMAP2 should be closely aligned

- **Regional consultations** - carried out back-to-back

- **Share** the same vision, goals, 2030 targets, and 2020 and 2025 milestones

- Close collaboration between GMP to prepare the **Cost-Benefit Analysis**

- **Joint presentations** - at ASTMH, New Orleans, Global Fund Economics of Malaria meeting in London

Over 1600 stakeholders directly consulted

The breakdown by constituency was strikingly similar

Media 3%
Private sector 12%
Community members 16%
NGOs 12%
Government 23%
Research/academia 15%
Development partner/donors 17%
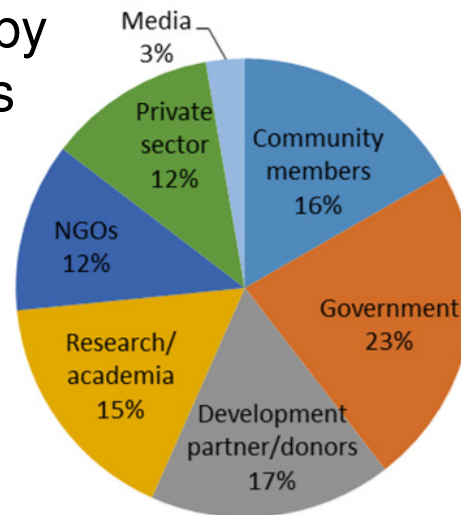
Those consulted came from over 91 countries

English Espanol Francais

Home About Consultations Countries GMAP2 Document Participate Timeline

The Second Global Malaria Action Plan

From strategy to action in the fight against malaria

Participate Now! >

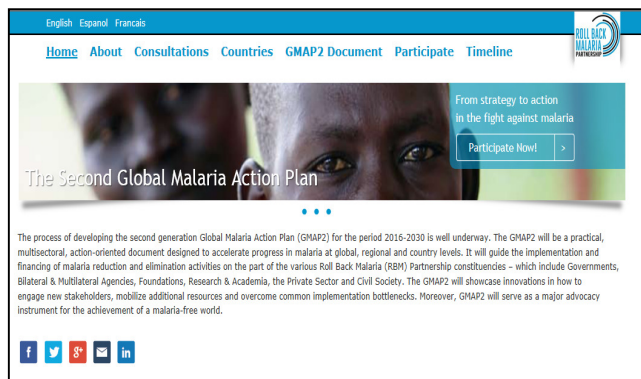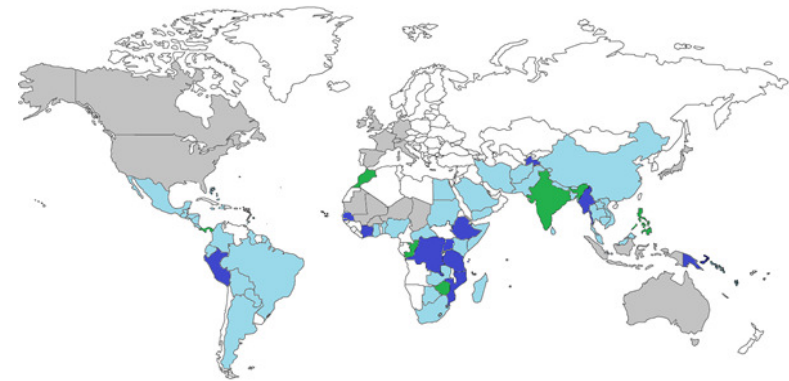The process of developing the second generation Global Malaria Action Plan (GMAP2) for the period 2016-2030 is well underway. The GMAP2 will be a practical, multisectoral, action-oriented document designed to accelerate progress in malaria at global, regional and country levels. It will guide the implementation and financing of malaria reduction and elimination activities on the part of the various Roll Back Malaria (RBM) Partnership constituencies – which include Governments, Bilateral & Multilateral Agencies, Foundations, Research & Academia, the Private Sector and Civil Society. The GMAP2 will showcase innovations in how to engage new stakeholders, mobilize additional resources and overcome common implementation bottlenecks. Moreover, GMAP2 will serve as a major advocacy instrument for the achievement of a malaria-free world.

Social media engagement via dedicated GMAP2 webpages, with over 500 followers on Twitter

Overview of the main content

Foreword

- Celebrates progress
- Rallies the global malaria community to continue the fight
- Calls for AIM to be translated into effective action on the ground

Chapter 1: Introduction (p.9-10)

- Gives an overview of achievements and an outlook for progress
- Positions malaria firmly in the SDG agenda
- Introduces the Global Technical Strategy for Malaria (GTS)
- Shows how AIM complements the GTS
- Presents the joint vision, 2020 and 2025 milestones, and 2030 malaria goals

Positive links between the SDGs and malaria

Goal 1: Sustained investment in the social sectors, including health and malaria, unlocks the potential of human capital to generate growth. A 10% reduction in malaria has been associated with a 0.3% rise in annual GDP. At household level, reducing malaria protects household income from lost earnings and the costs of seeking care.[1]

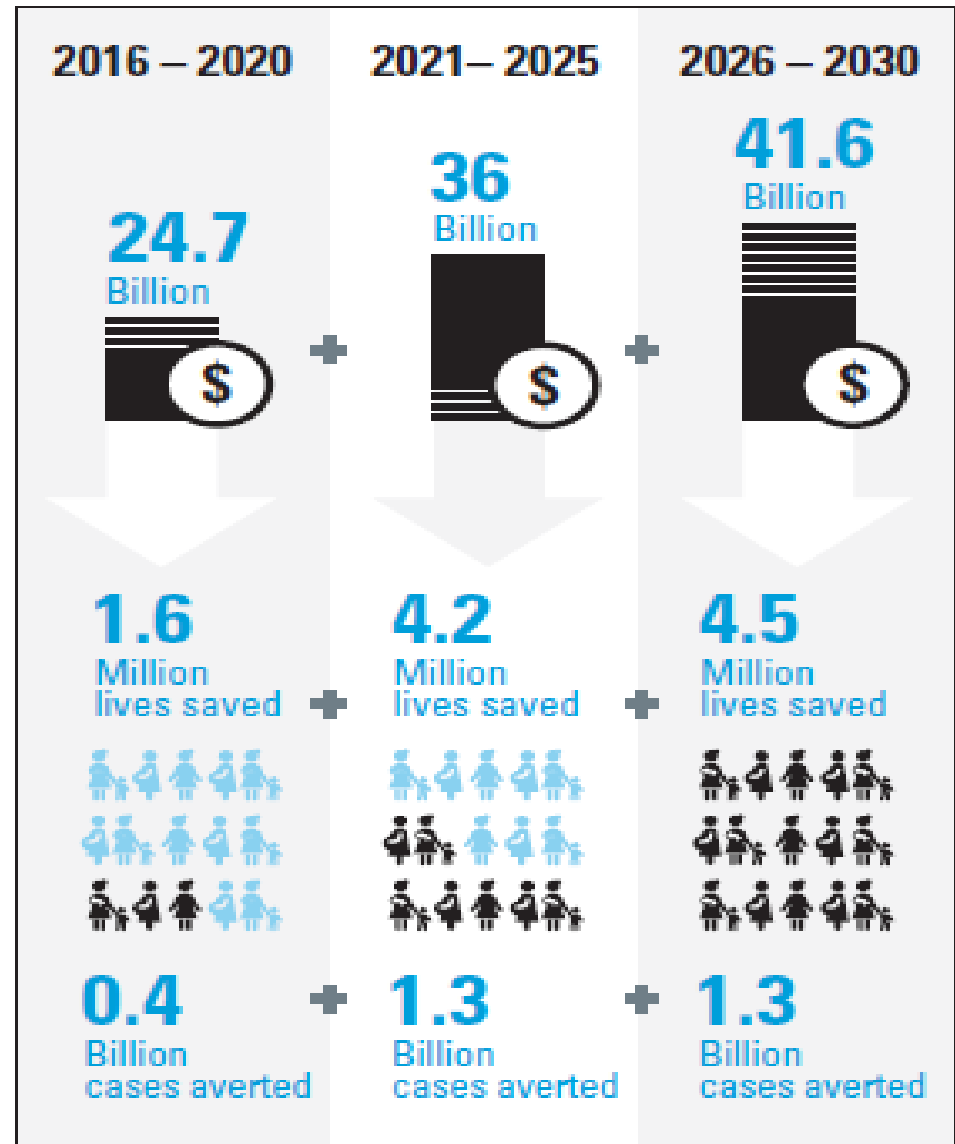**Goal 2:** Sustainable agricultural practices help reduce malaria. People who suffer less from malaria can work their fields more consistently, resulting in better harvests and improved **food security**.[2] Well-nourished people, especially children are better able to fight malaria.[3]

Goal 17: The many multisectoral **partnerships** in place to reduce and eliminate malaria have a positive collateral effect, and also bring progress to other domains of **development**.[20]

Goal 3: The scale up of malaria interventions **averted at least 670 million bouts of malaria illness and 4.3 million malaria deaths** between 2001 and 2013. Preventing malaria in pregnancy gives newborns a far healthier start in life. Lowering the burden of malaria makes a substantial contribution to improvements in child health, the often resulting decline in fertility rates, and the associated increase in the investment that parents can make in each of their children.[4]

Goal 4: Reducing malaria enables children to attend school regularly and learn more effectively. This significantly improves their school performance, and later wage-earning capacity.[5] As a mother's/care-giver's level of **education** increases, so do the chances that their children will access malaria prevention and treatment services, and survive childhood.

Goals 10 and 16: A targeted response to malaria actively improves the health of the poorest, enabling vulnerable families to break the vicious cycle of disease and **poverty**, and helping to make sure that no-one is left behind. Investing in malaria reduction contributes to the creation of more cohesive, **inclusive societies**. Stable countries are more likely to attract international investment and ODA.[20]

Goal 5: Freeing women and school-age girls from the burden of caring for family members when they fall sick with malaria increases their likelihood of completing school, entering and remaining in the workforce, and participating in public decision-making.[6,7]

Goal 6: Drainage of standing water leads to decreased mosquito breeding and a reduction in the rate of malaria transmission. It also improves **water quality** which generates still further health benefits.[8,9,10]

Goal 13: Given that climate change is predicted to increase the range and intensity of malaria transmission, plans to mitigate the effects of **climate change** are likely to include an increased commitment to controlling and eliminating malaria and vice versa.[18]

Goal 7: In resource-constrained malaria endemic regions, access to **sustainable energy** will lead to significant socio-economic development, including the adoption of more sophisticated personal protection measures against malaria infection. Electric lighting and cooling enable people to increase time spent indoors, where vectors are more easily controlled through insecticides, bet nets and temperature. These developments are likely to result in a reduced burden of malaria.[11,12,13]

Goals 9, 11 and 15: By ensuring major construction and development projects do not introduce or increase malaria transmission, the benefits of progress can be reaped, while also **protecting** human health and **ecosystems**. Well-planned **infrastructure** and **improved housing** help reduce exposure to mosquitoes, and facilitate greater access to health and malaria services.[16,17]

Goals 8 and 12: Reducing malaria creates healthier, more productive workforces which can help to attract trade and commerce. When combined with pro-poor policies, these are the drivers of job creation, **inclusive growth** and shared prosperity. Enterprises that invest in their workers reduce the costs of doing business, increase their competitiveness, and enhance their reputation.[14,15]

Poverty reduction · Food security · Health · Education · Gender equality · Water · Energy · Employment · Production · Ecosystem · Housing · Infrastructure · Climate · Reduce Inequality · Peace & stability · Partnership

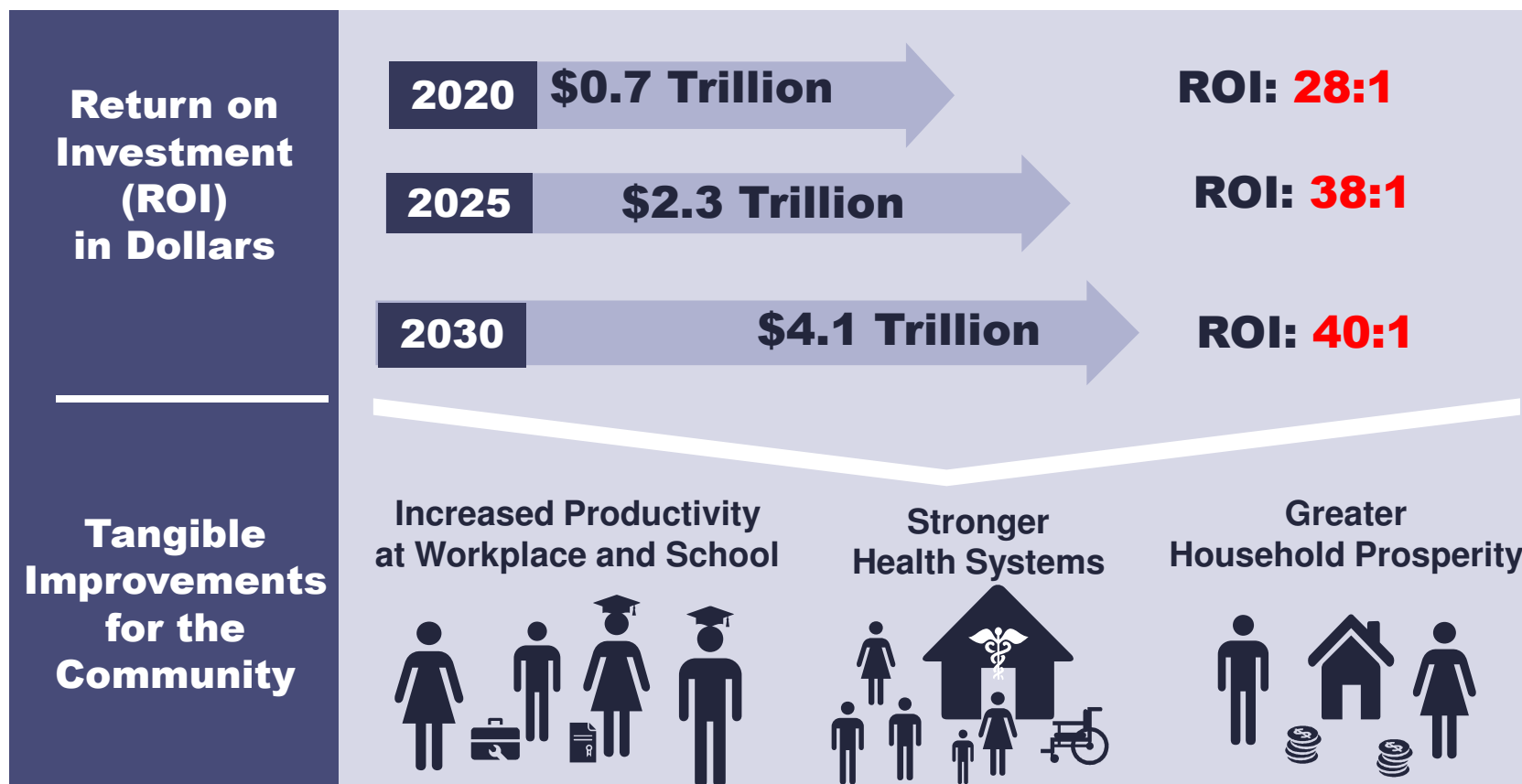**For negative links see Appendix B**

Building the Investment
Chapters 3 and 4 (p.18-36)

- Introduces the GTS costing
- Quantifies the benefits of achieving the 2030 malaria goals
- Presents the resulting additional economic output and ROI
- Shows how this will benefit economies, health systems and households, and increase food security, education and women's empowerment.
- Calculates the potential costs of resurgence
- Recommends actions to increase domestic funding, explore innovative financing solutions, expand the base of traditional donors, target emerging economies, and increase private sector investment in malaria.

The additive costs and benefits of achieving the 2020 and 2025 milestones, and the 2030 malaria targets

2016 – 2020	2021 – 2025	2026 – 2030
24.7 Billion $	36 Billion $	41.6 Billion $
1.6 Million lives saved	4.2 Million lives saved	4.5 Million lives saved
0.4 Billion cases averted	1.3 Billion cases averted	1.3 Billion cases averted

Return on Investment (ROI) in Dollars

2020	$0.7 Trillion	ROI: 28:1
2025	$2.3 Trillion	ROI: 38:1
2030	$4.1 Trillion	ROI: 40:1

Tangible Improvements for the Community

Increased Productivity at Workplace and School

Stronger Health Systems

Greater Household Prosperity

Failure to invest could see malaria resurge at tremendous economic cost, while causing millions of malaria deaths and lost opportunities for progress and development

Promoting an inclusive approach
Chapters 5 and 6 (p.37-54)

- Highlights how key challenges like population mobility, parasite and insecticide resistance, and climate change transcend sector and country borders
- Recommends actions to strengthen multisectoral and intercountry partnerships
- Shows how reducing malaria contributes to the core economic, social and business goals of other sectors, with examples from the education, agriculture, housing and private sectors.

- Reminds us of the importance of keeping people at the center
- Calls for a long-term commitment to community engagement
- Presents best practices for delivering malaria services to mobile and migrant populations, and those affected by humanitarian crises

AIM & GTS share the same two supporting elements

Creating the Supporting Elements
Chapters 7 and 8 (p.55-66)

Enabling Environment
- Directs action for greater policy coherence and use of quality data for decision-making
- Calls for stronger health systems, and smart integration
- Demonstrates how investment in malaria programmes generates wider benefits for entire health systems

Innovation
- Calls for continued malaria research and innovation
- Directs action for development of new products and delivery strategies, implementation research, and a stronger research to policy and practice cycle

Ensuring progress and accountability
Chapter 9 (p.68-72)

- Describes the processes for achieving the 2030 malaria goals
- Provides a monitoring framework to complement the GTS indicators and track progress in:
  - multisectoral collaboration
  - resource mobilization,
  - access to quality malaria data

- Emphasizes the importance of partnership for continued progress

Recent development and next steps

- AIM was approved by the RBM Board on 14 May 2015

- AIM will be published in final form in English and French by mid-June 2015

- Translations are being prepared in Spanish and Portuguese, and possibly Arabic

- An advocacy pull out will be available with the publication

- Joint launch and dissemination events are being planned with the WHO Global Technical Strategy for Malaria, including at the Third International Financing for Development Conference in Addis Ababa in mid-July

Suggested topics for discussion by Ministers and Delegates on country and regional perspectives

- How would you use AIM in your country?

- What opportunities do you see for multi-sectoral collaboration to control and eliminate malaria in your country and region?

- What opportunities to distribute and disseminate AIM might we take advantage of in your region?

Brazil's Experience

Private Sector Resources

1. The Brazilian environmental licensing process has two important legal instruments, which includes malaria in the environmental impact assessment. They determine that enterprises located in the Amazon region, subject to environmental licensing process, should develop programs to prevent and control malaria disease and its vectors in their influence areas. These programs are monitored by Federal Government and performed together by enterprises and municipal administration.

2. Agrarian reform settlements are also bounded to environmental laws and the Ministry of Agrarian Development is in charge to develop programs to prevent and control malaria following state administration instructions
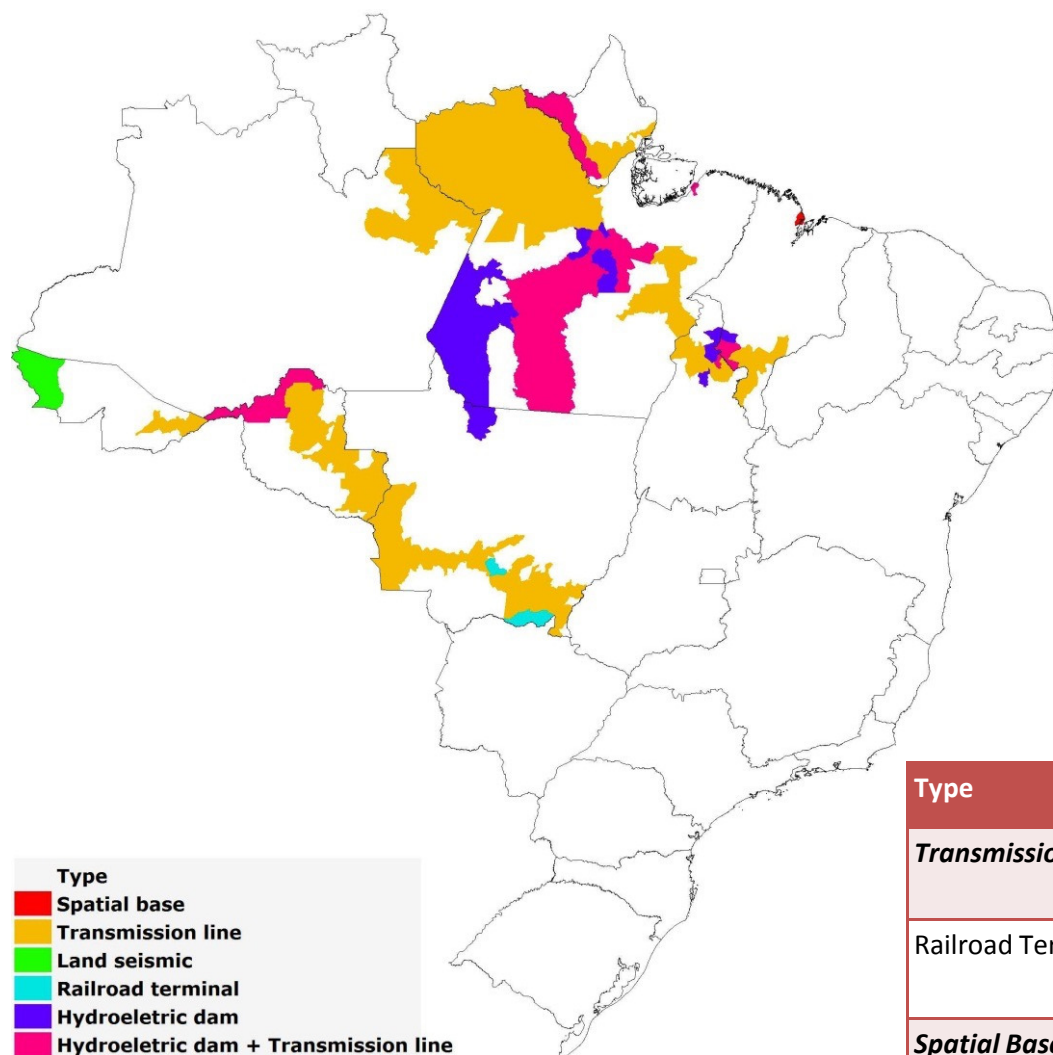
Type	Counties	Value
Transmission Line	*124*	*USD 4,210,496.00*
Railroad Terminal	2	USD 42,203.00
Spatial Base	*1*	*USD 113,023.00*
Hydroeletric Dam	24	USD 26,621,169.00
Total	*144*	*USD 30,986,891.00*

Type
Spatial base
Transmission line
Land seismic
Railroad terminal
Hydroeletric dam
Hydroeletric dam + Transmission line

Intersectorial government programs

1. Regional Development Plans that involves a multisectorial planning for development in areas under influence of big enterprises like Xingu and Tapajos and areas where most of the population lives below the poverty line as in Marajó.

2. Cooperation terms with Brazilian Navy and Army to offer quality diagnostic and treatment in areas with difficult access on the Amazon Region.

Intersectorial government programs

3. *Minha casa, minha vida* (My house, my life) is a social programme of the federal government in partnership with state and municipality's administration and nonprofit organizations that aims to help people with low resources to build or buy a house. The NMCP plans to work with program leaders on the federal government to improve house facilities in malaria risk areas.

4. The construction of fishing farms on the Amazon Region is increasing and, with this, more breeding sites for mosquitoes are being created everywhere. A careful planning to diminish the impact of these fish farming tanks in malaria transmission is needed, in cooperation with other Ministries (Agriculture, Fishing and Social Development).

5. Basic sanitation need to be improved in most of Amazon municipalities. FUNASA and Ministry of Cities must be contacted to discuss about malaria priorities.

6. Tourism is increasing with big mass events and it was jointed effort to control malaria in mainly touristic