

# A new era of global action to defeat malaria



Dr Pedro L. Alonso, Director  
Bogota, 3 May 2016

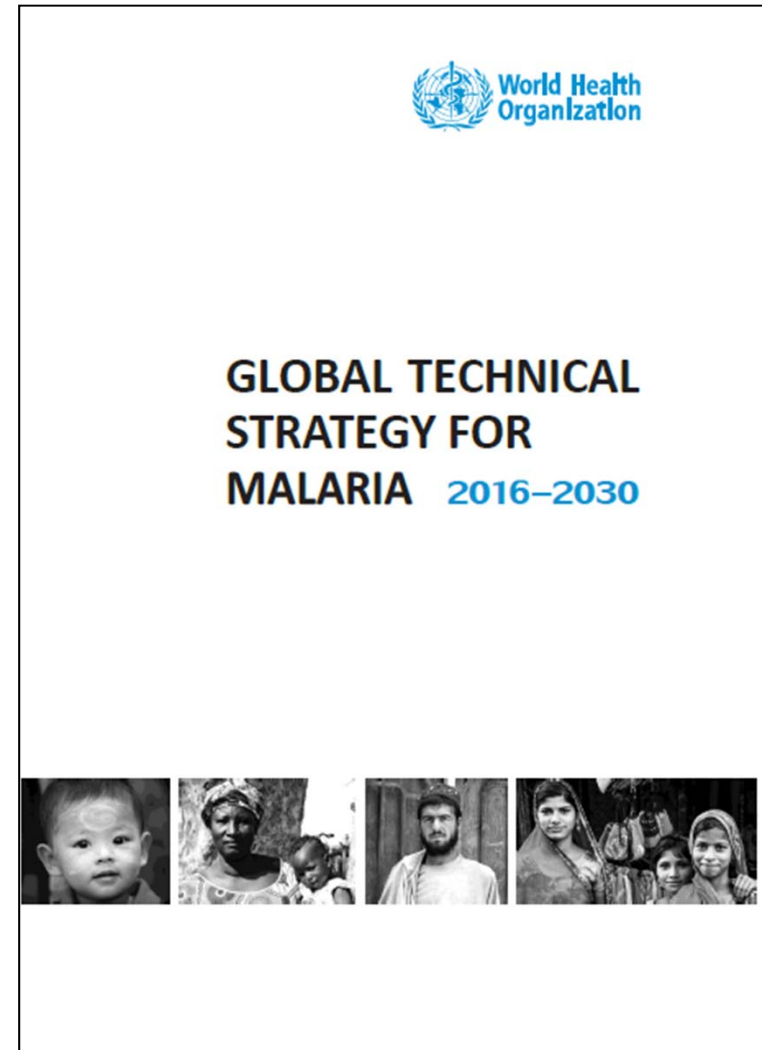
Global **Malaria** Programme



World Health  
Organization

# The renewed response

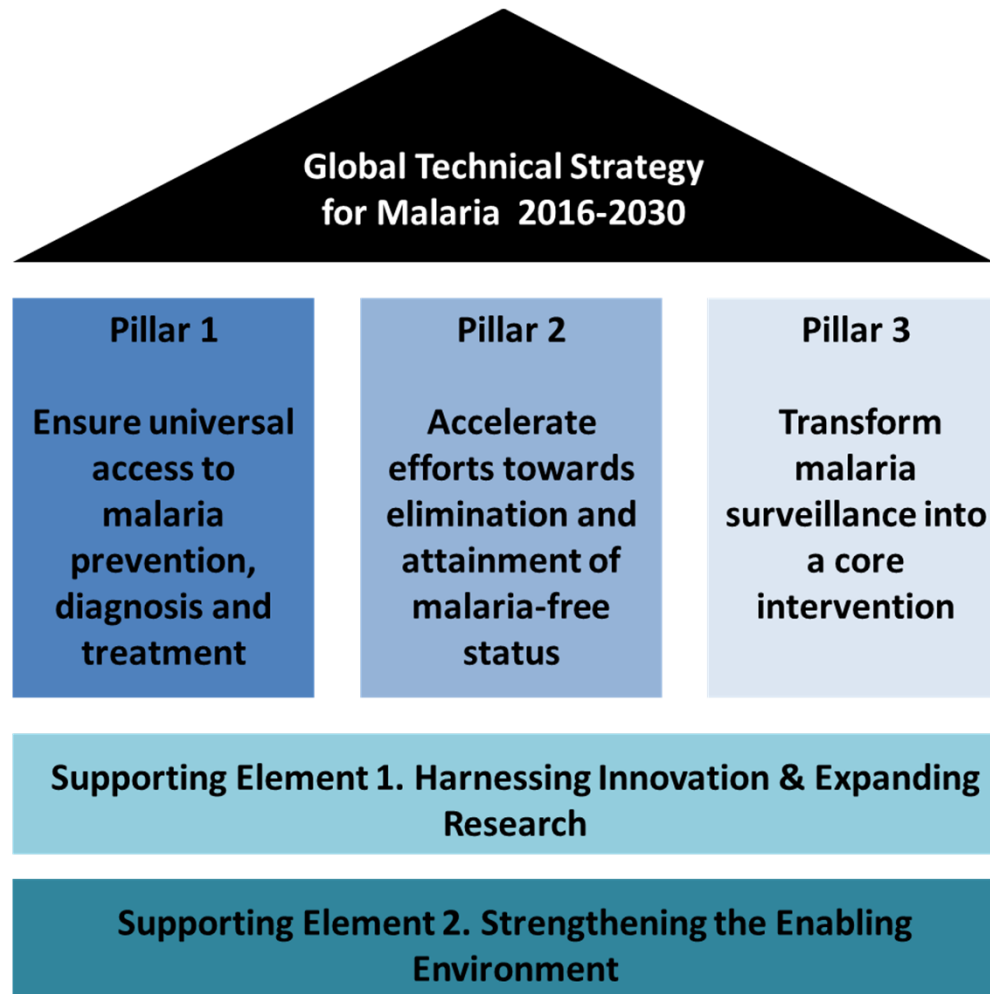
1. **All countries can accelerate** efforts towards elimination through combinations of interventions tailored to local contexts.
2. **Country ownership and leadership**, with involvement and participation of communities, are essential to accelerating progress through a multisectoral approach.
3. **Improved 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.



# Global Technical Strategy

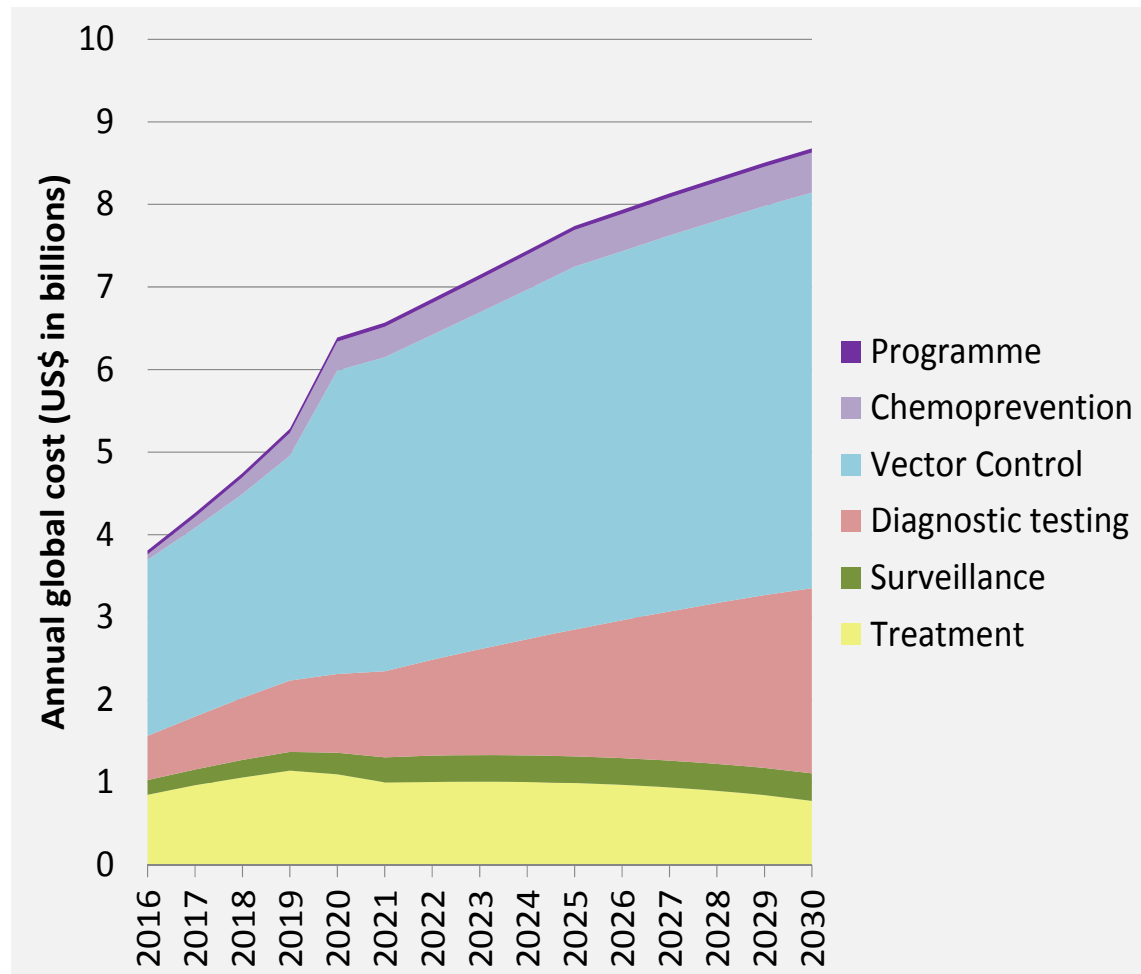
<b>Vision: A world free of malaria</b>			
<b>Goals</b>	<b>Milestones</b>		<b>Targets</b>
	<b>2020</b>	<b>2025</b>	<b>2030</b>
<b>1. Reduce malaria mortality rates globally compared with 2015</b>	<b>≥40%</b>	<b>≥75%</b>	<b>≥90%</b>
<b>2. Reduce malaria case incidence globally compared with 2015</b>	<b>≥40%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

# Global Technical Strategy



# Global Technical Strategy

- US\$ 6.4 billion by 2020
- US\$ 7.7 billion by 2025
- US\$ 8.7 billion by 2030



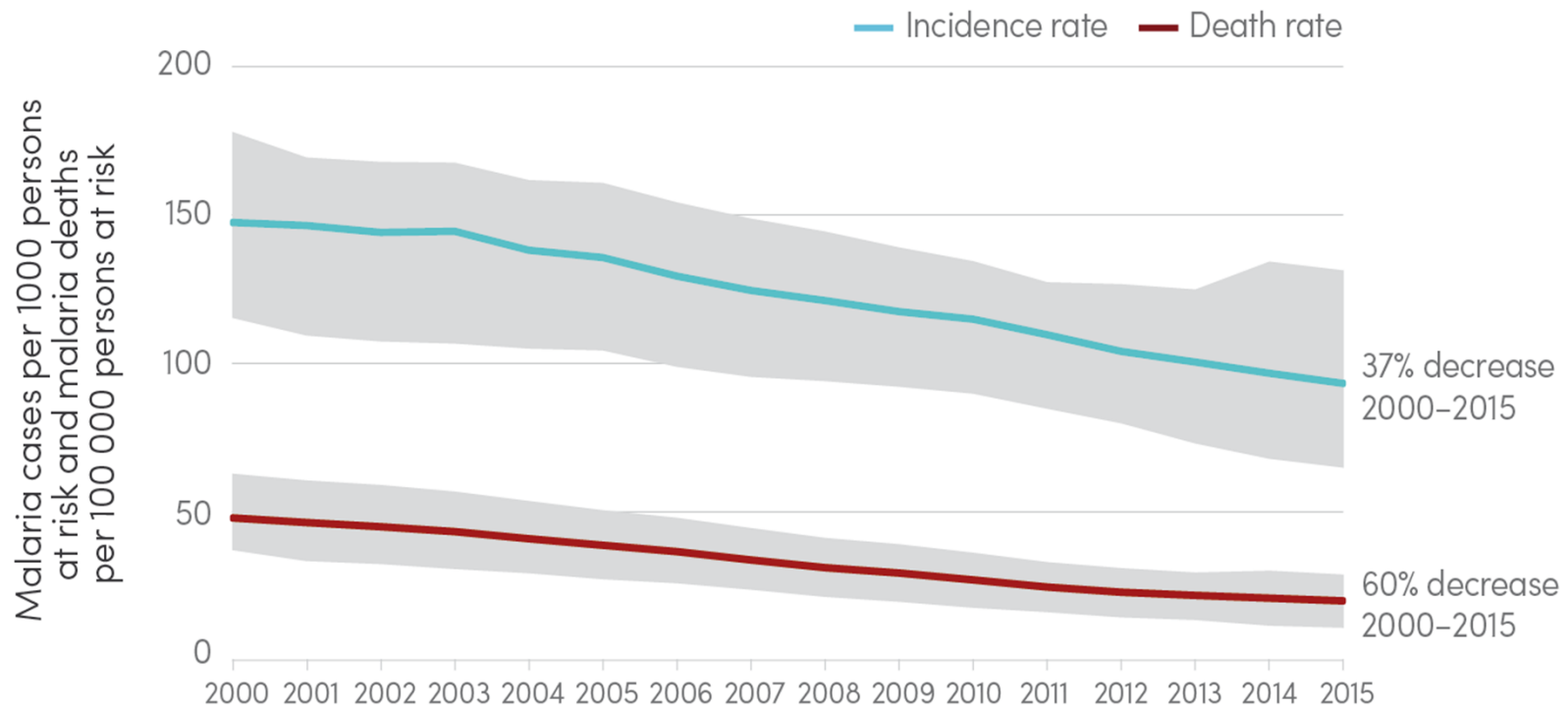
# World Health Assembly 2015



Global **Malaria** Programme

# Global trends in malaria incidence and mortality

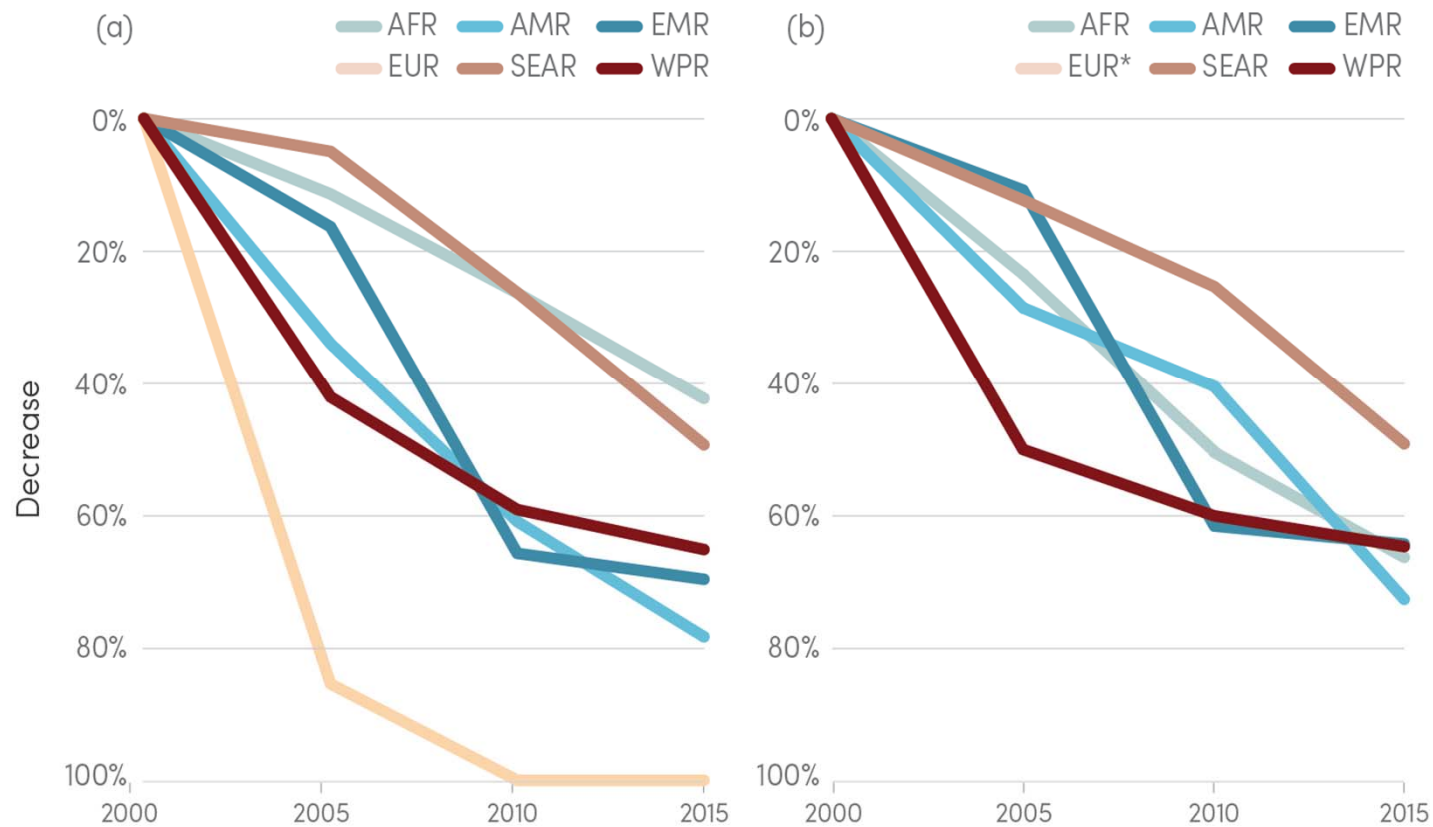
**Estimated malaria case incidence and death rate globally, 2000–2015**



Source: WHO estimates

# Regional trends in malaria incidence and mortality

Percentage decrease in (a) estimated malaria case incidence and (b) malaria death rate, by WHO region, 2000–2015

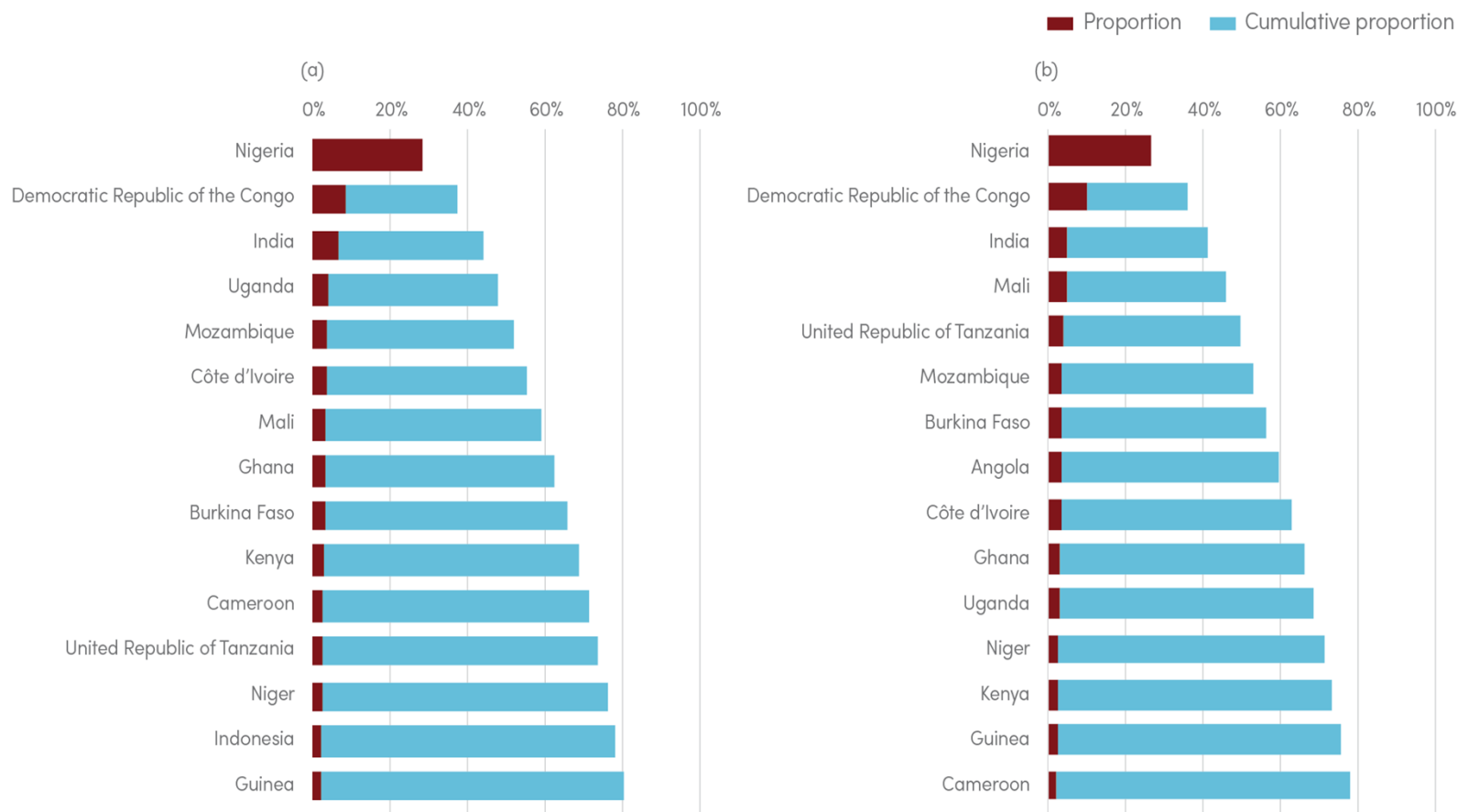


Source: WHO estimates



# Continuing disease burden

**Estimated proportion, and cumulative proportion, of the global number of (a) malaria cases and (b) malaria deaths in 2015 for countries accounting for the highest share of the malaria disease burden**



Source: WHO estimates

# 2000 – 2015: unprecedented progresses: innovation

## Current core global malaria control interventions



# The challenges

## ➤ **funding gaps**

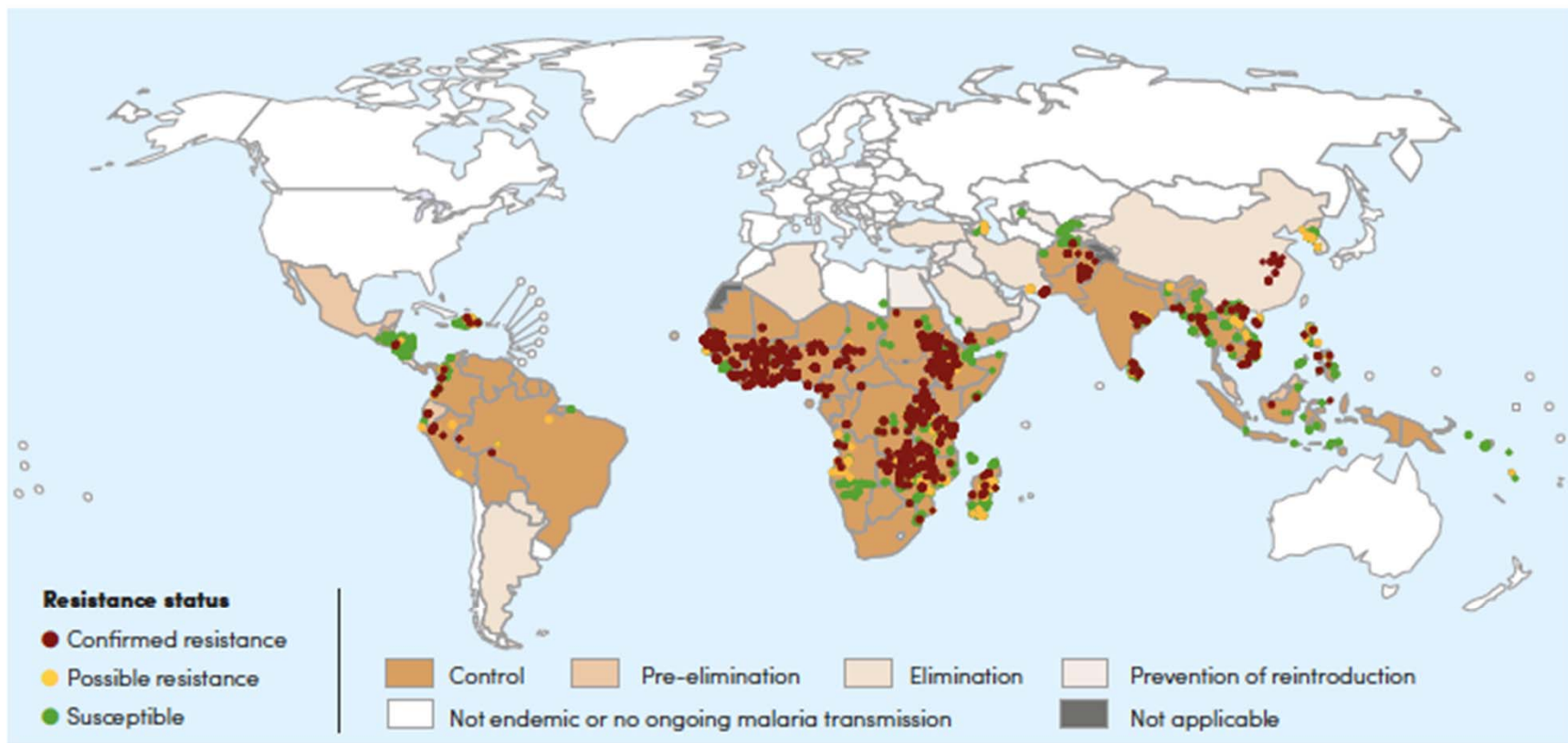
- financing will need to *triple* from current levels.
- Current annual spending: US\$ 2.7 billion
- Annual spending required by 2030: US\$ 8.7 billion

## ➤ **Coverage gaps**

- Approximately one in four children in sub-Saharan Africa are still living in a household without at least one ITN or protection from IRS.
- Approximately 60 million malaria cases go undiagnosed and untreated
- 15 million pregnant women do not receive a single dose of IPTp

## ➤ **Biological challenges**

# Reported pyrethroid resistance status of malaria vectors, measured with insecticide bioassays since 2010

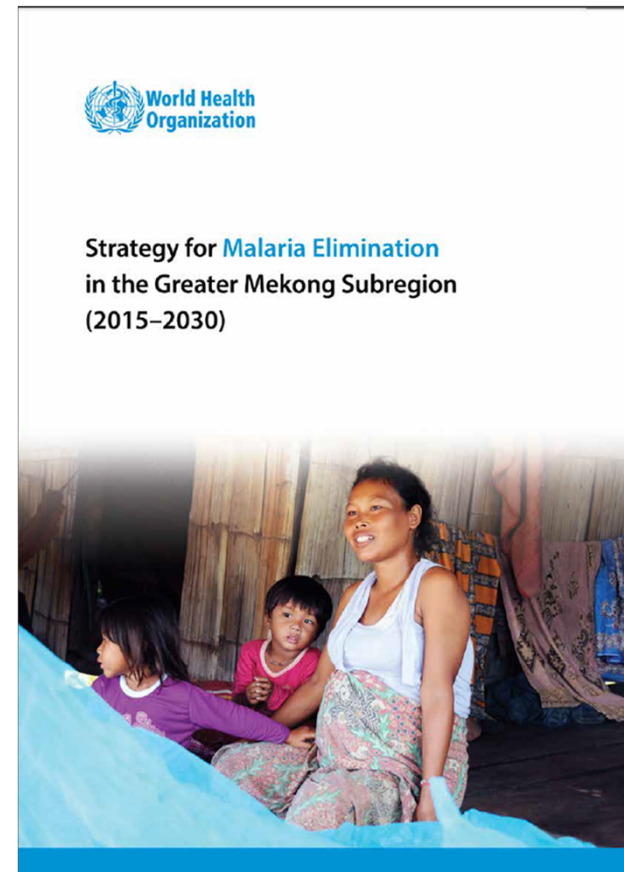
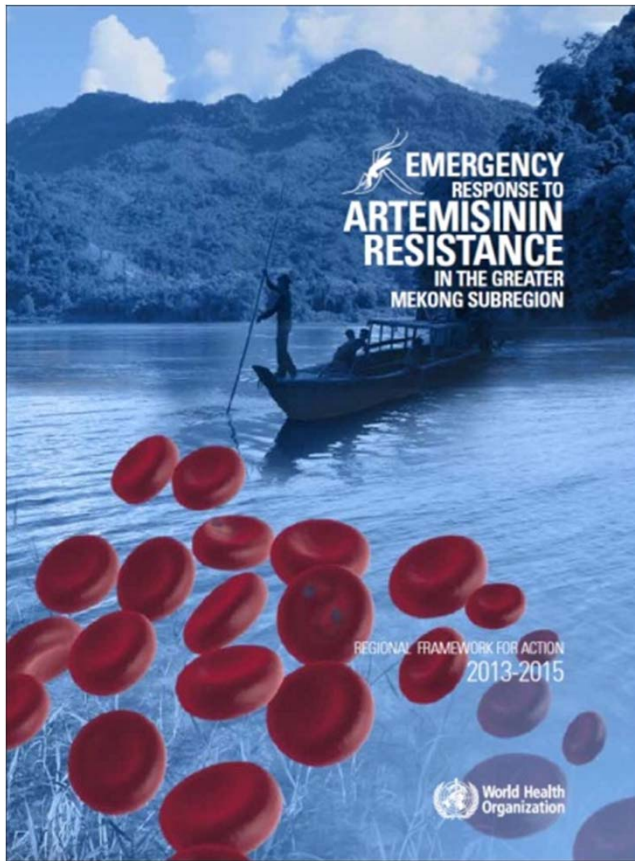


Data shown are for standard bioassays. Where multiple insecticide classes or types, mosquito species or time points were tested, the highest resistance status is shown.

*Source: National malaria control programme reports, African Network for Vector Resistance, Malaria Atlas Project, President's Malaria Initiative (United States), scientific publications.*

# Multi drug resistance

*P. falciparum* resistance to artemisinin has been detected in five countries in the Greater Mekong subregion. Chloroquine resistance in *P. vivax* has been confirmed in 10 countries





Cambodia Malaria  
Elimination Action  
Framework 2016-2020



Kingdom of Cambodia  
Ministry of Health



Cambodia Malaria  
Elimination Action  
Framework  
2016-2020  
(MEAF)

# New report from WHO



Global **Malaria** Programme



# Country progress: 2000 - 2015

## **In recent years, more countries have been moving towards elimination**

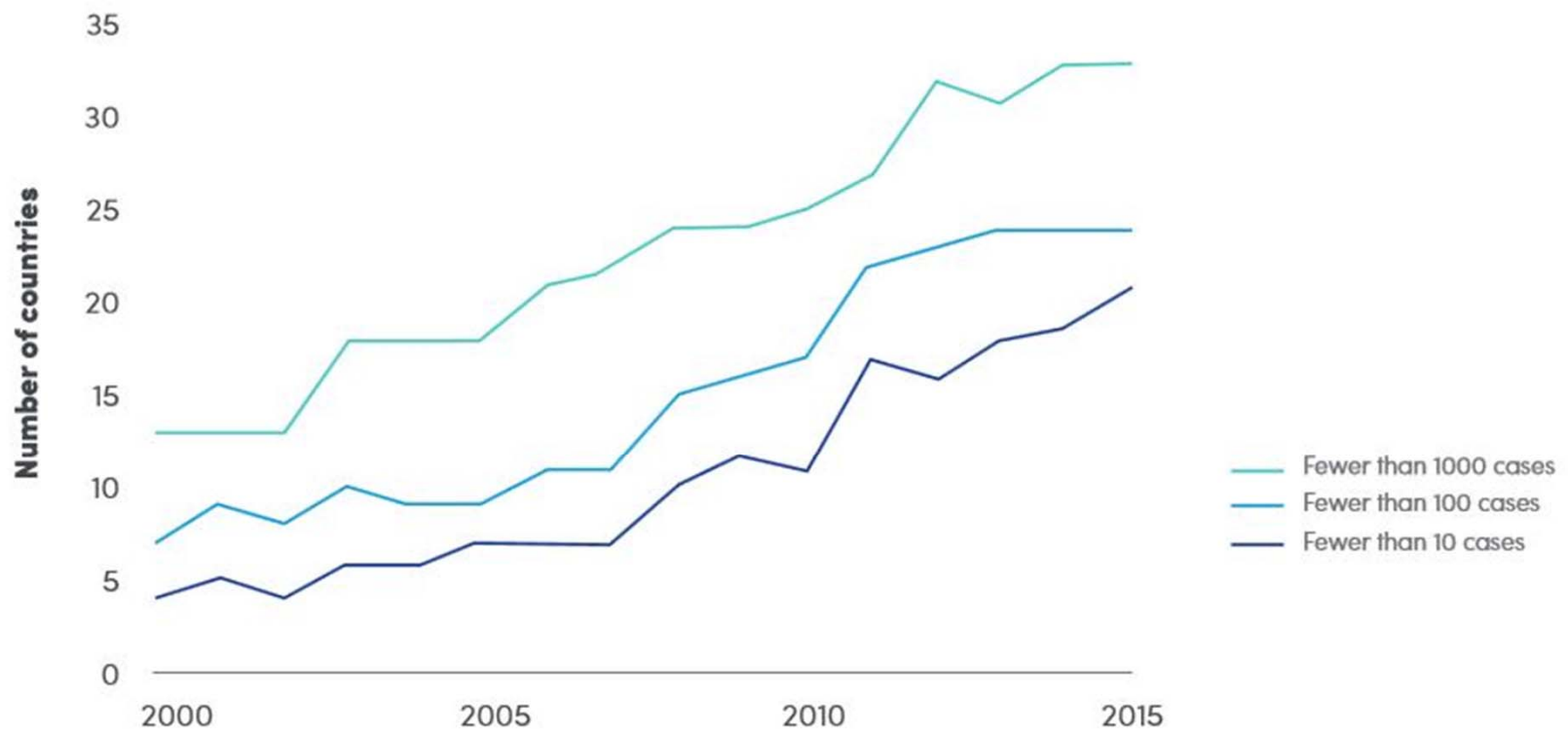
- In 2000, 13 countries had fewer than 1000 cases of malaria. By 2015, 33 countries had achieved this milestone.
- The number of countries with fewer than 100 cases of malaria, and with fewer than 10 cases of the disease, has also increased sharply since 2000.



# Country progress: 2000 - 2015

FIGURE 2.

**Country progress towards malaria elimination, 2000-2015**

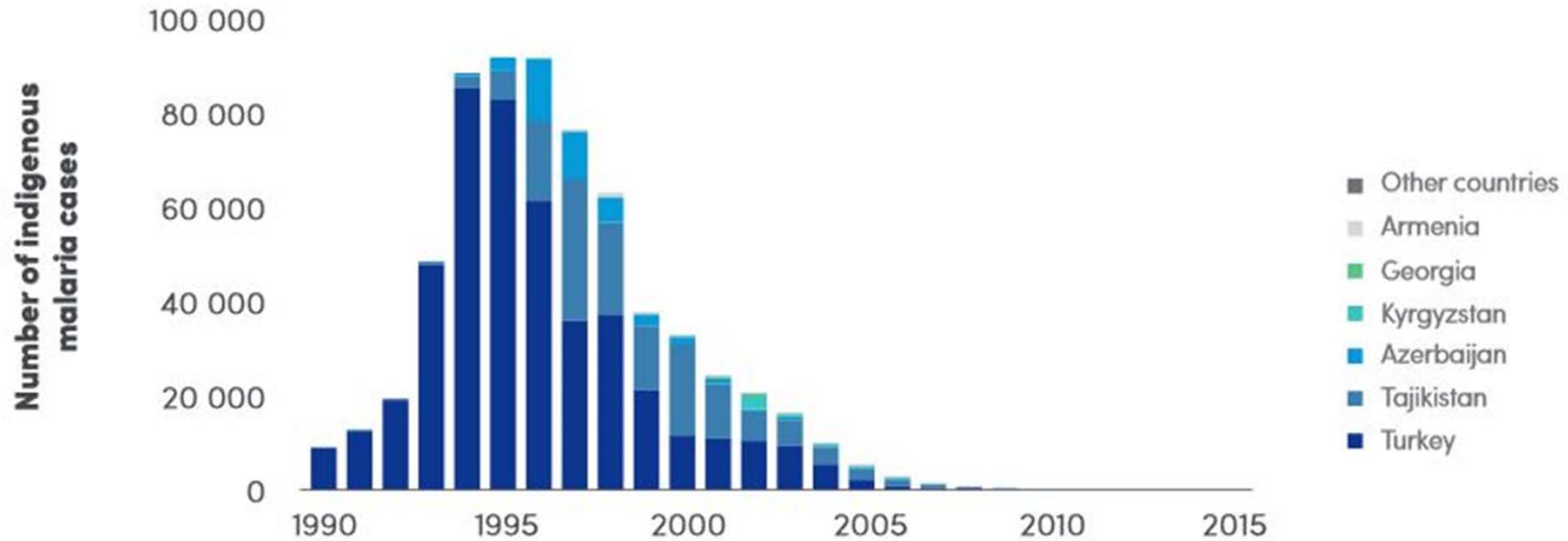


# Elimination in Europe

- Through the 2005 Tashkent Declaration, leaders of affected countries made a joint regional pledge to eliminate malaria from the WHO European Region by 2015. This goal was achieved.
- In 2015, all countries in the European Region reported zero indigenous cases of malaria, down from just over 32,000 cases in 2000.

# Elimination in Europe

FIGURE 1.  
**Achieving zero indigenous cases in the WHO European Region**

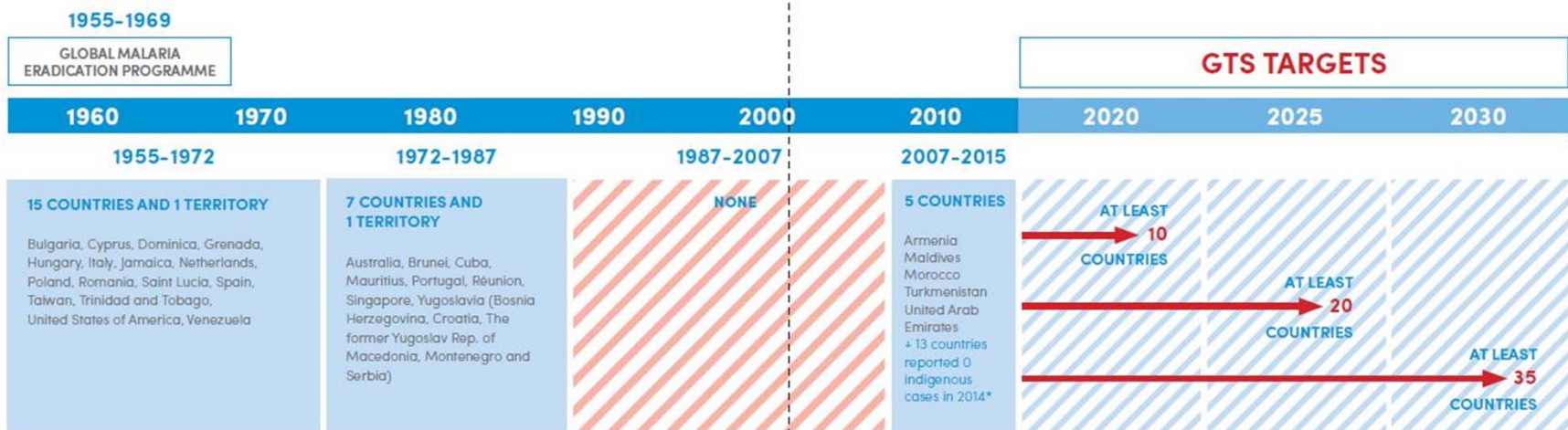


# Countries certified by WHO as malaria-free

- Since the early 1960s, 33 countries and territories have been certified and entered in the WHO official register.
- The most recent additions: UAE (2007), Morocco (2010), Turkmenistan (2010), Armenia (2011).
- The Maldives was certified in 2015 but has not yet been added to the WHO official register.
- Three countries recently started this certification process: Argentina, Kyrgyzstan and Sri Lanka.

# Countries certified as malaria-free and future elimination targets

TABLE 1.  
Countries certified as malaria-free by WHO (1955–2015) and future elimination targets



**GTS elimination targets:** The Global Technical Strategy for Malaria (GTS) calls for the elimination of malaria in at least 10 countries by 2020. To meet this target, a country must achieve at least one year of zero indigenous cases by 2020. According to the WHO analysis presented in this report, 21 countries have the potential to reach this target: Algeria, Belize, Bhutan, Botswana, Cabo Verde, China, Comoros, Costa Rica, Ecuador, El Salvador, Iran (Islamic Republic of), Malaysia, Mexico, Nepal, Paraguay, Republic of Korea, Saudi Arabia, South Africa, Suriname, Swaziland and Timor-Leste.

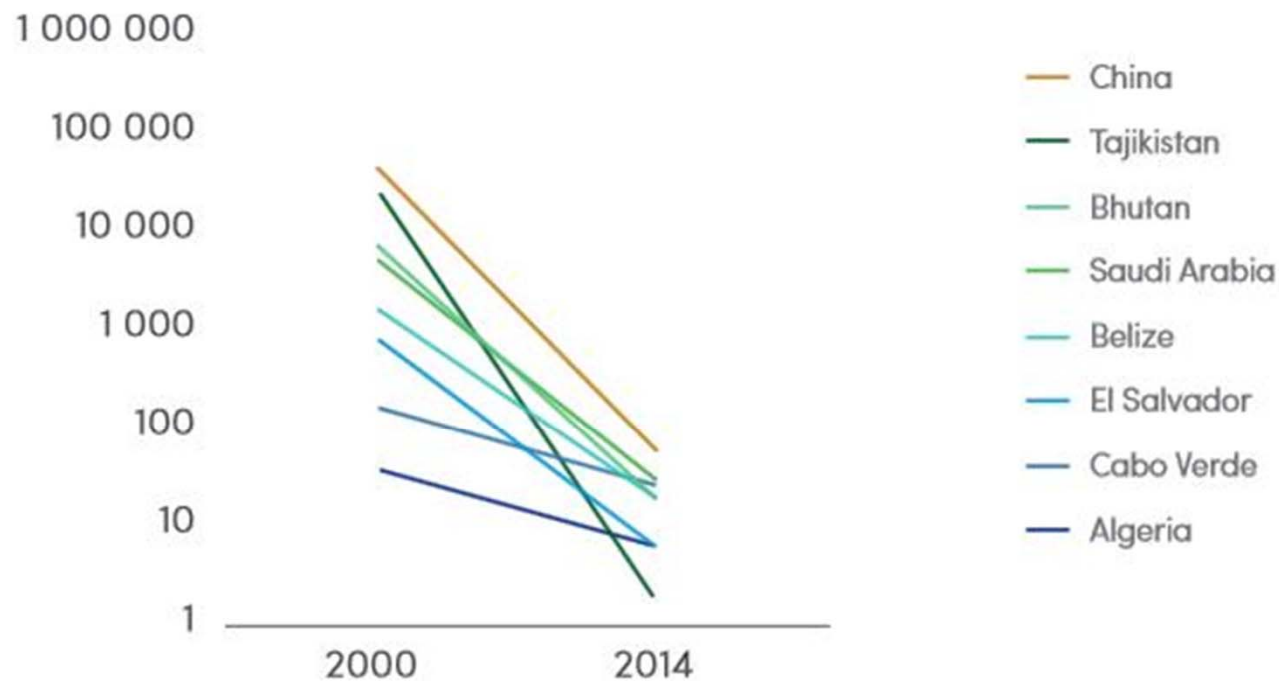
**Certification of malaria elimination:** Countries that achieve at least three consecutive years of zero indigenous cases are eligible to apply for a WHO certification of malaria-free status. Between 1955 and 2015, 27 countries and two territories received this WHO certification. Three countries recently started the certification process: Argentina, Kyrgyzstan and Sri Lanka.

**\*Zero indigenous cases:** In 2014, 13 countries reported 0 indigenous cases of malaria. They are: Argentina, Azerbaijan, Costa Rica, Georgia, Iraq, Kyrgyzstan, Oman, Paraguay, Sri Lanka, Syrian Arab Republic, Tajikistan, Turkey and Uzbekistan.

# Recent trends in malaria cases

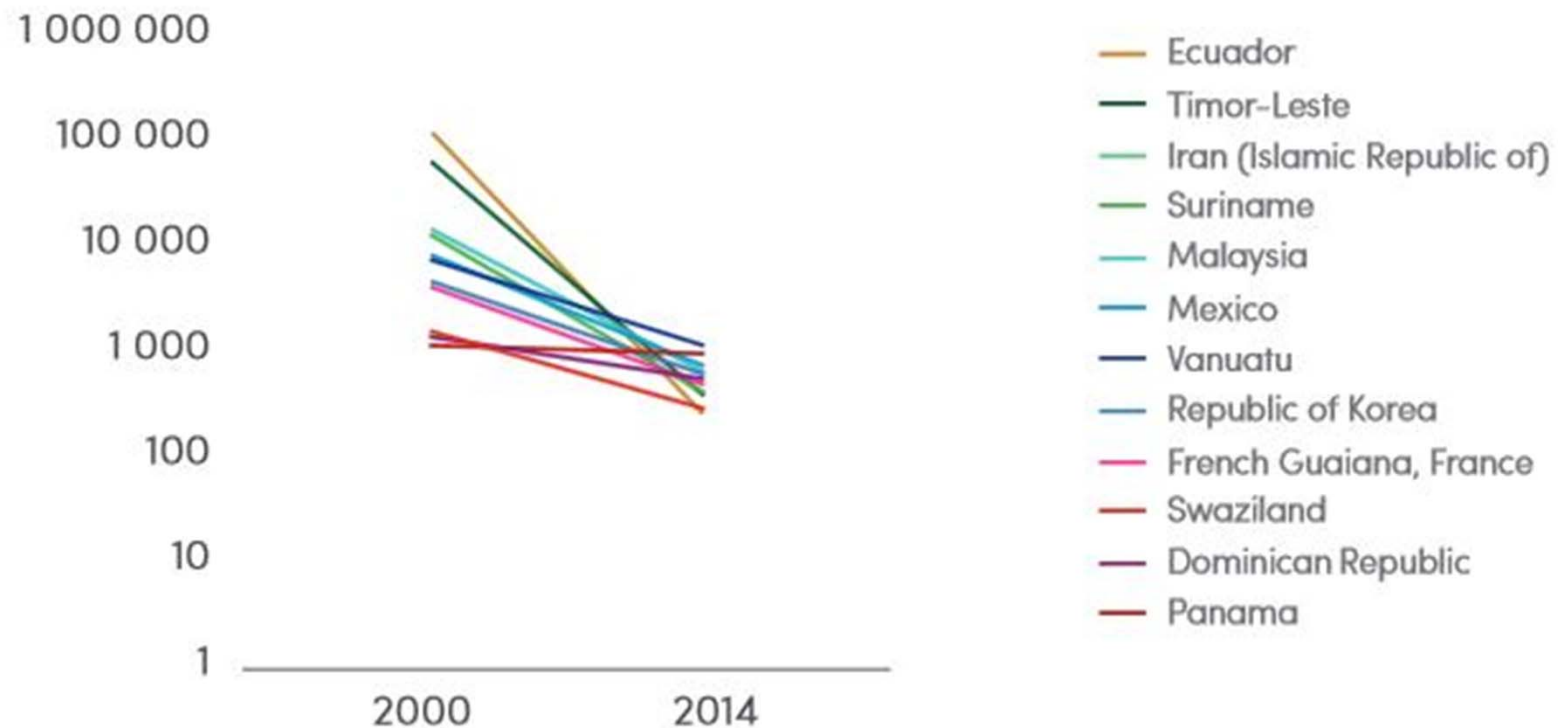
FIGURE 3.

## Countries with fewer than 100 indigenous malaria cases in 2014



# Recent trends in malaria cases

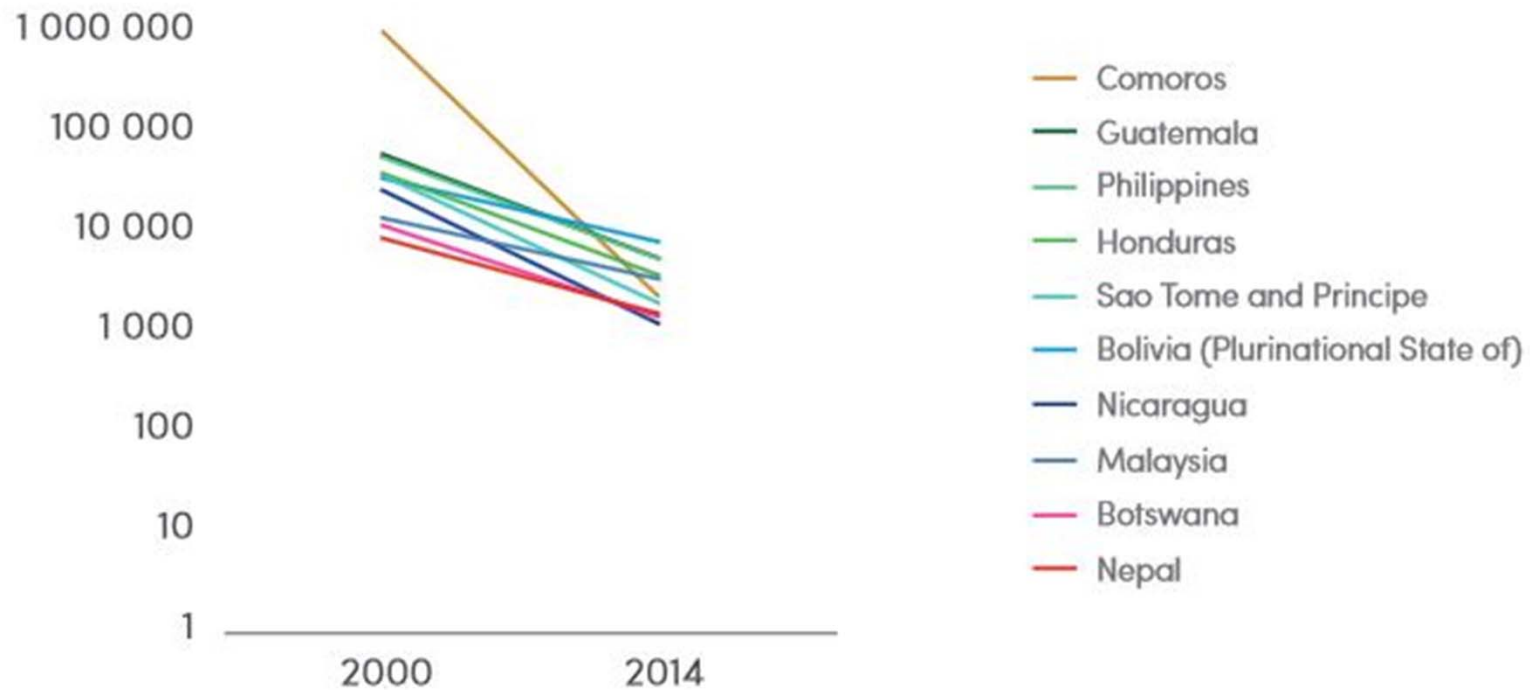
## Countries with 100 to 1000 indigenous malaria cases in 2014<sup>10</sup>



(10) The number of malaria cases shown for Malaysia in this table includes those caused by *P. falciparum* and *P. vivax* but excludes *P. knowlesi* cases

# Recent trends in malaria cases

**Countries with 1000 to 10 000 indigenous malaria cases in 2014**





# 21 countries by the year 2020

## Countries with the potential to eliminate local transmission of malaria by 2020

WHO Region	Country
African Region	Algeria, Cabo Verde, Comoros Botswana, South Africa, Swaziland
Region of the Americas	Belize, Costa Rica, Ecuador, El Salvador, Mexico, Paraguay, Suriname
Eastern Mediterranean Region	Iran (Islamic Republic of), Saudi Arabia
South-East Asian Region	Bhutan, Nepal, Timor-Leste
Western Pacific Region	China, Republic of Korea, Malaysia

# Core principles of the Global Technical Strategy

**All countries can accelerate progress towards malaria elimination. To this end, WHO highlights the need for:**

- Malaria responses that are tailored to local settings
- Country ownership and leadership
- Strong surveillance systems
- Equity in access to health services
- Innovation in malaria control tools

Malaria: a problem to be solved not simply a task to be performed

gracias