

Evolving landscape of malaria from MDGs to SDGs

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Global **Malaria** Programme



**World Health
Organization**

2015: quite a year

- Ebola outbreak
- Approval of the GTS by WHA
- Launch of the AIM document
- Launch of the GMS elimination strategy
- Launch of the new vivax strategy
- New guidance on MiP, MDA
- Deep review of the Elimination Manual
- Guidance on PBO nets
- Zika outbreak

Global Technical Strategy for Malaria 2016–2030: Implications for Strategies and Structures at HQ

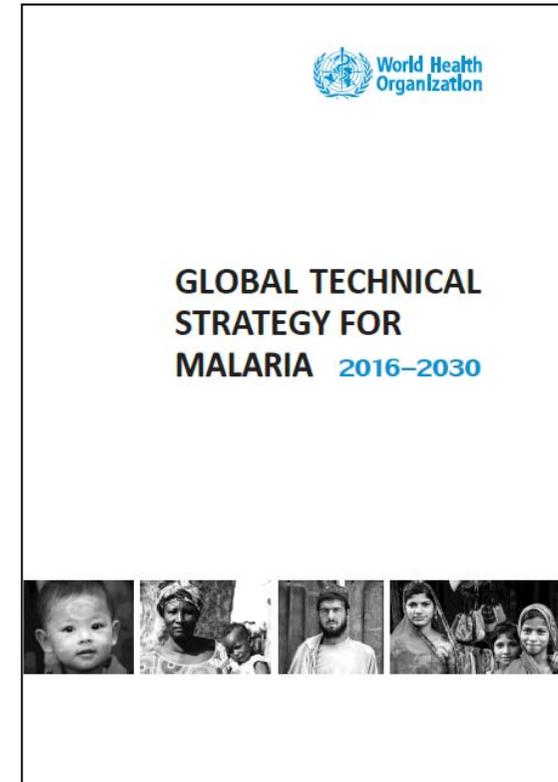
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The Global Technical Strategy represents a major step forward

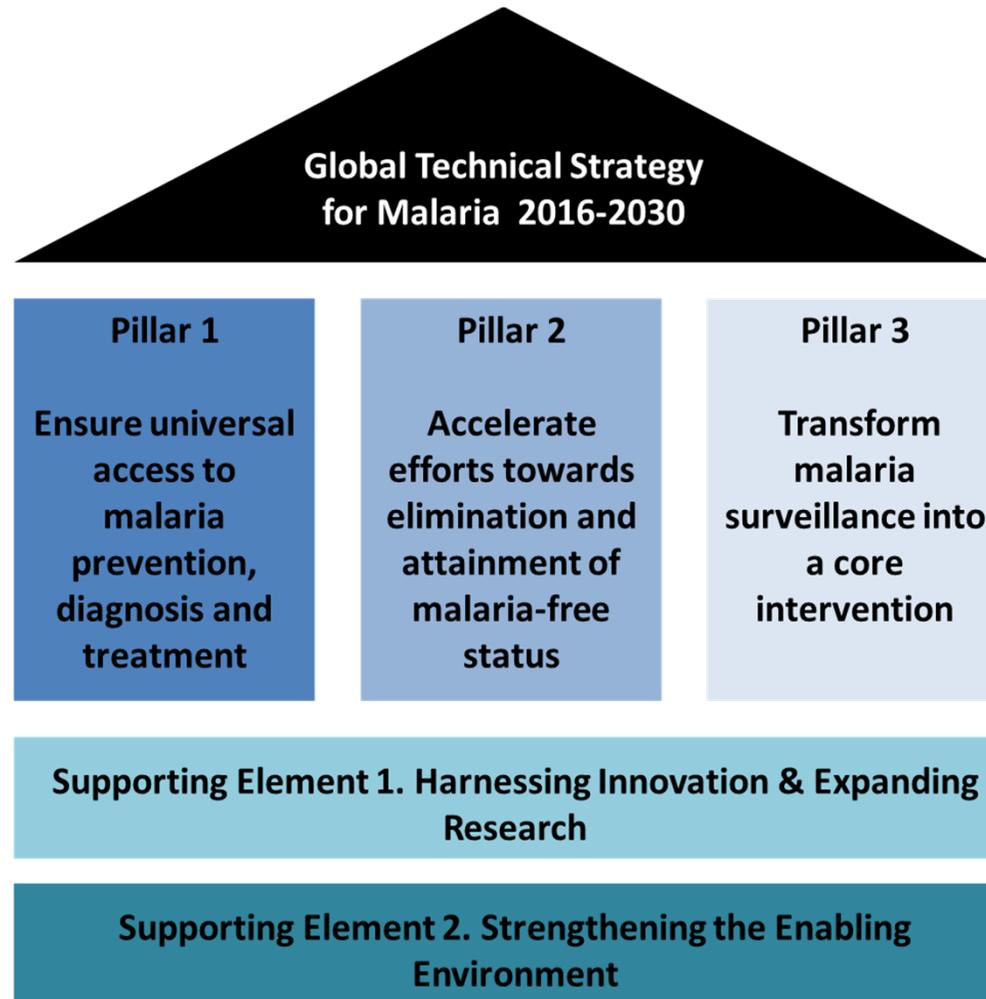
1. **All countries can accelerate** efforts towards elimination through combinations of interventions tailored to local contexts.
2. **Country ownership and leadership**, with involvement and participation of communities, are essential to accelerating progress through a multisectoral approach.
3. **Improved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



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	≥40%	≥75%	≥90%
2. Reduce malaria case incidence globally compared with 2015	≥40%	≥75%	≥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

Structure: pillars and supporting elements



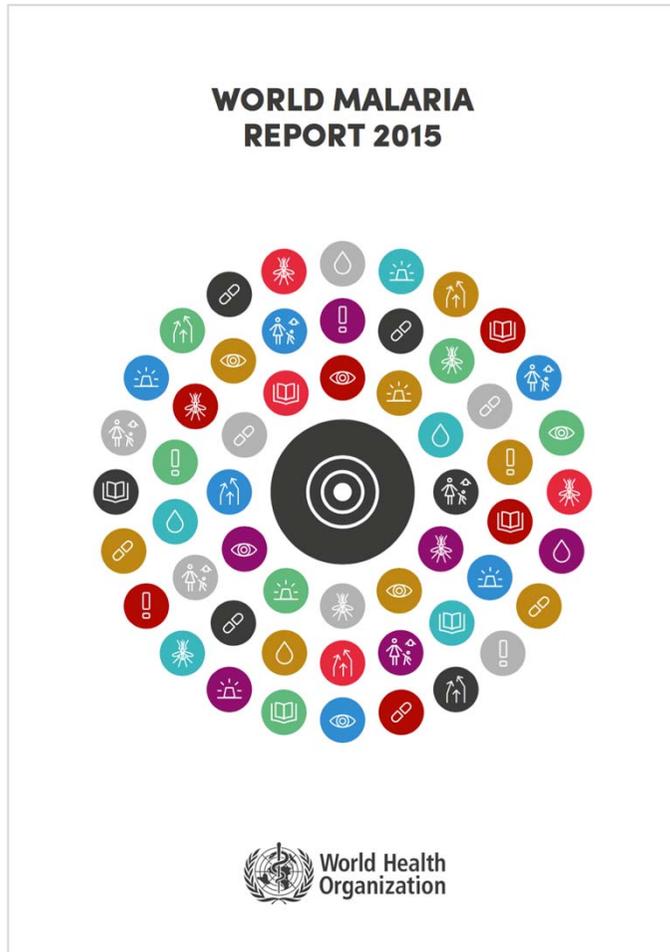
2015: quite a year

- Large strategy refresh of the GMP team
- PAN meeting in Montreaux
- Evolving discussions on the nature and structure of RBM: the malaria partnership
- Disestablishment of the secretariat at WHO and end of the hosting arrangement
- The end of the MDG
- Adoption of the SDG

MDGs to SDGs

- SDGs are relevant to all countries worldwide. While the MDGs set a limited number of human development targets for poverty eradication, health education, food security and nutrition, the SDGs go much further and ask much more from the world's countries.
- The new agenda integrates all three dimensions of sustainable development (economic, social and environmental) around people, planet, prosperity, peace and partnership.
- Health has a central place as a major contributor and beneficiary of SDGs policies.
- Almost every one of the 17 new goals is directly related to the health of the world's people or will contribute indirectly.

World Malaria Report 2015



- Released 9 December 2015
- Annual reference on the status of global malaria control & elimination. Data to 2014 and 2015
- Principal data source is national malaria control programmes with support from: WHO country and regional offices, ALMA, CDC, DHS/ Measure, FIND, Global Fund, Imperial College, JHSPH, KFF, Oxford University, Tulane University, UNICEF, UNSE, USAID
- Includes trends in financing, intervention coverage and malaria cases and deaths and documents progress towards international targets
- Profiles for 6 WHO regions and 96 endemic countries and areas

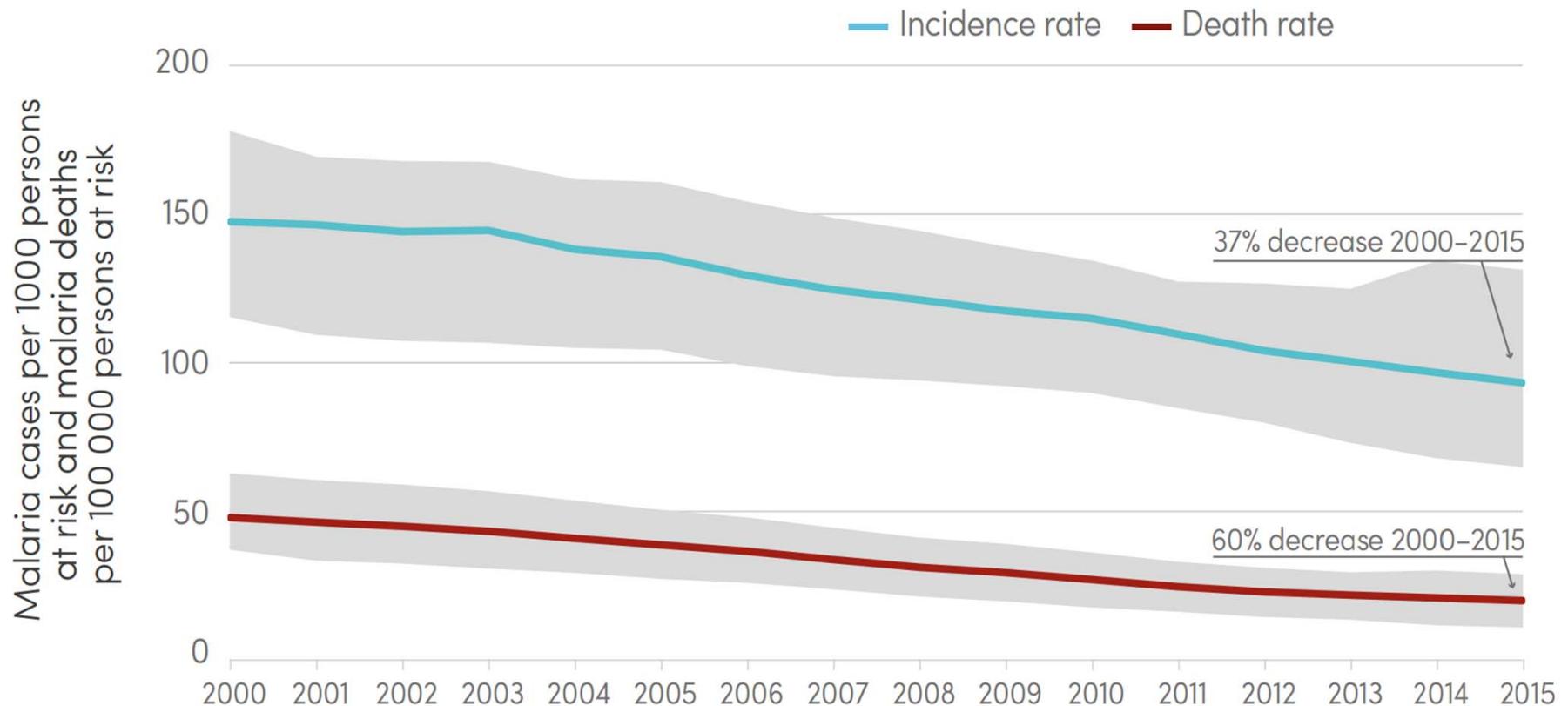
There have been large reductions in malaria cases and deaths 2000–2015

WHO region	Estimated number of malaria cases (000's)				Change	Estimated number of malaria deaths				Change
	2000	2005	2010	2015	2000–2015	2000	2005	2010	2015	2000–2015
African	214 000	217 000	209 000	188 000	-12%	764 000	670 000	499 000	395 000	-48%
Americas	2 500	1 800	1 100	660	-74%	1 600	1 200	1 100	500	-69%
Eastern Mediterranean	9 100	8 600	4 000	3 900	-57%	15 000	15 000	7 000	6 800	-51%
European*	36	5.6	0.2	0	-100%	0	0	0	0	
South-East Asia	33 000	34 000	28 000	20 000	-39%	51 000	48 000	44 000	32 000	-37%
Western Pacific	3 700	2 300	1 700	1 500	-59%	8 100	4 200	3 500	3 200	-60%
World	262 000	264 000	243 000	214 000	-18%	839 000	738 000	554 000	438 000	-48%
Lower bound	205 000	203 000	190 000	149 000		653 000	522 000	362 000	236 000	
Upper bound	316 000	313 000	285 000	303 000		1 099 000	961 000	741 000	635 000	

* There were no recorded deaths among indigenous cases in WHO European Region for the years shown.

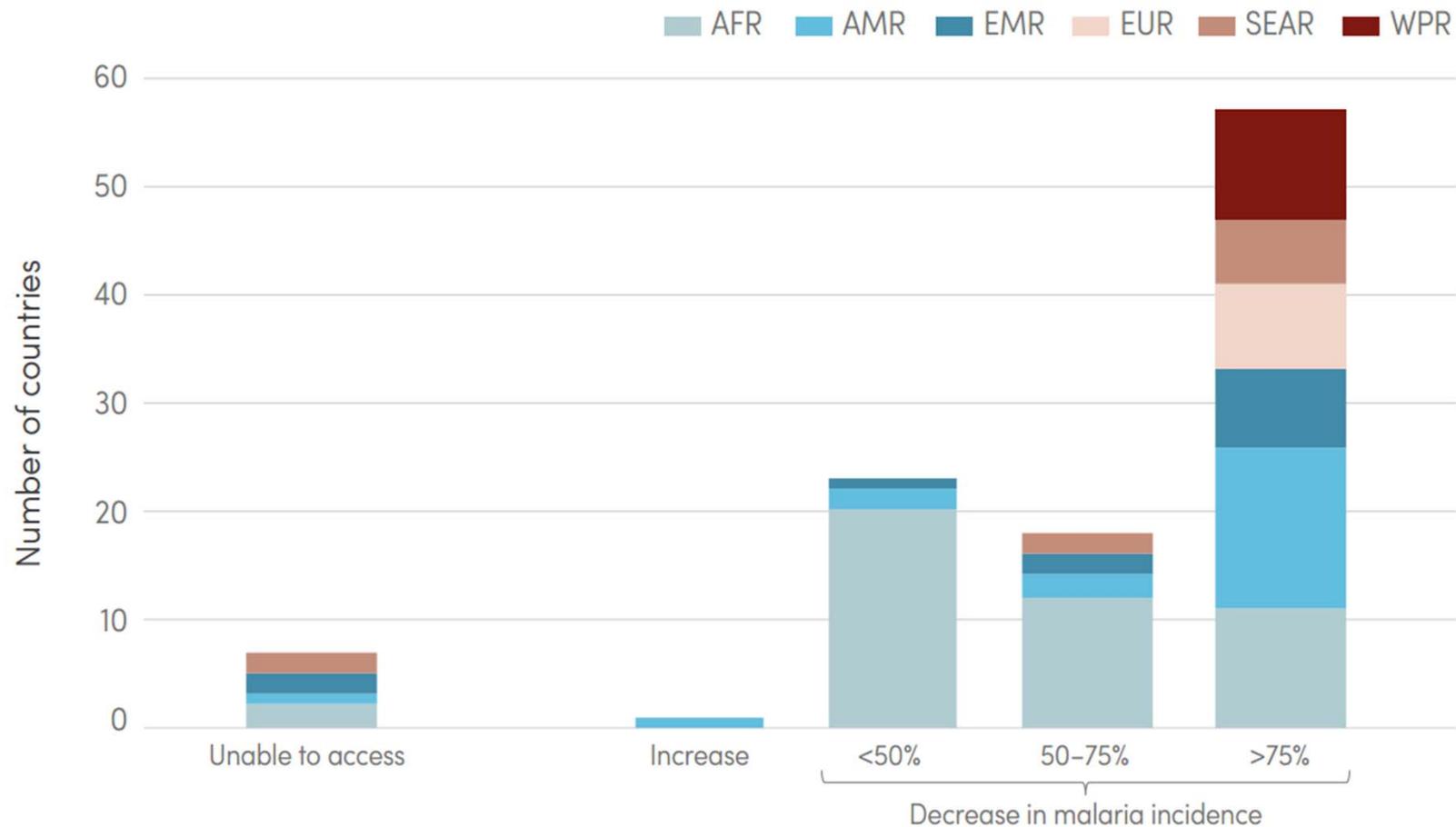
Source: WHO estimates

MDG 6 target – to halt and reverse the incidence of malaria – has been achieved



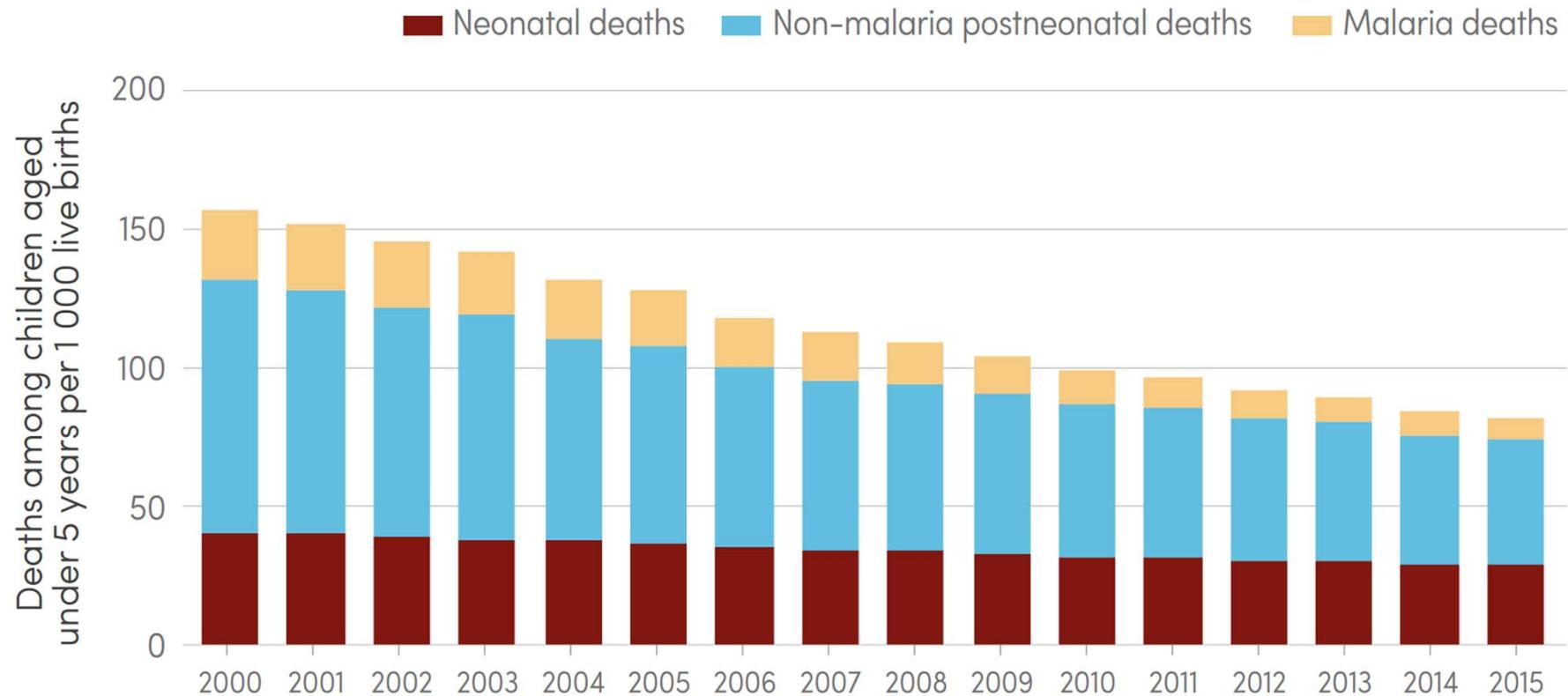
- Reductions in mortality rates have been even larger in children under 5
- 65% globally and 71% in sub-Saharan Africa

Substantial progress in every WHO region towards WHA targets of 75% reduction in disease burden



- 57 countries have reduced malaria incidence by 75% or more. A further 18 countries have reduced incidence by 50-75%

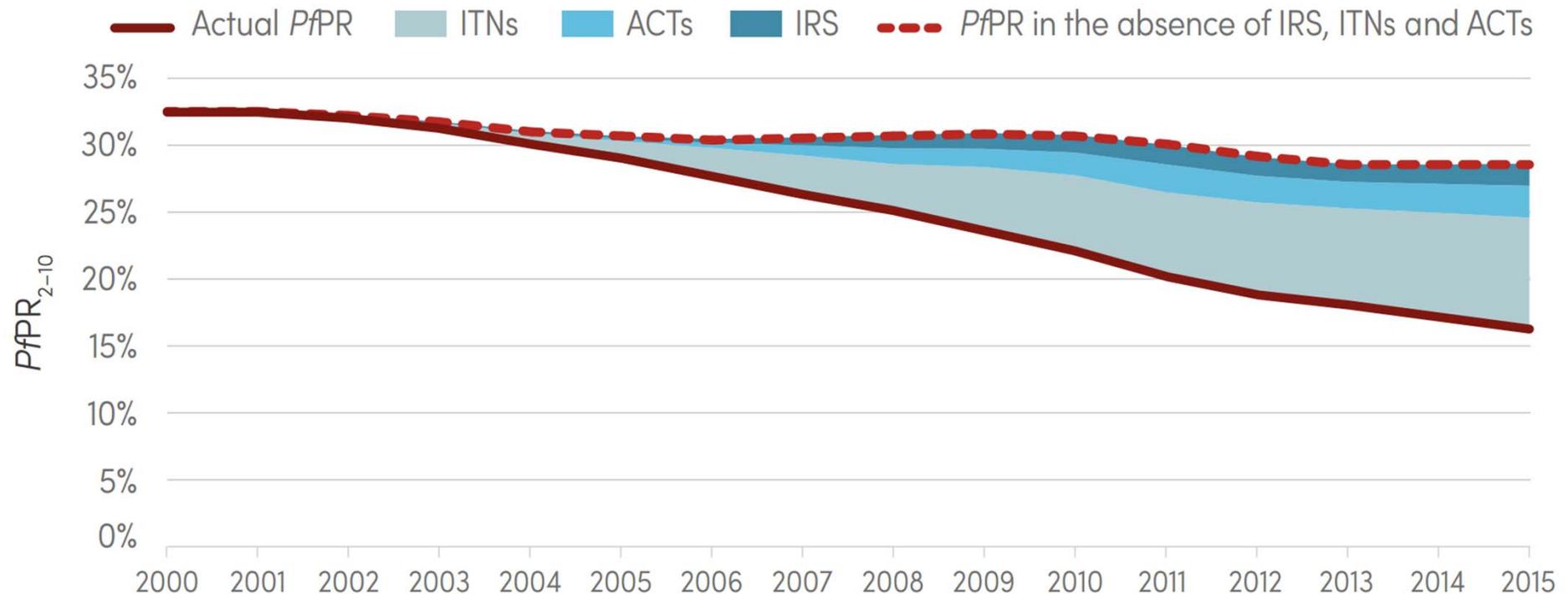
Malaria reductions have contributed to progress in MDG 3 in sub-Saharan Africa (reduce under-5 mortality rate by 2/3)



Source: WHO estimates

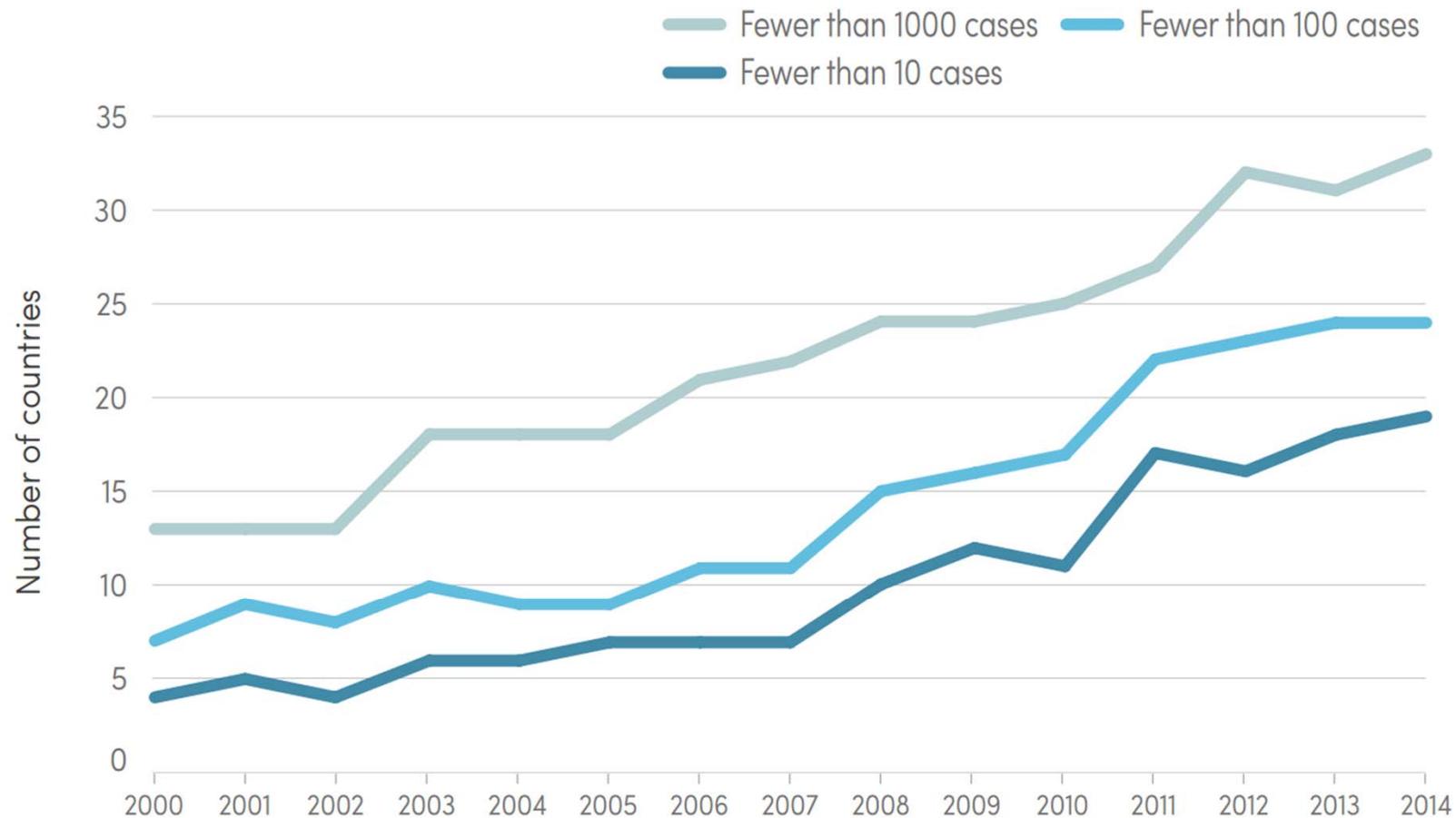
- Malaria was the leading cause of death in children <5 in 2000, it is now the fourth biggest killer

Malaria interventions – ITNs, IRS, ACTs – are responsible for most of the decreases in malaria since 2000



- Investments in malaria control – which have risen from US\$ 200 million in 2000 to US\$2.5 billion in 2015 – have had a profound effect

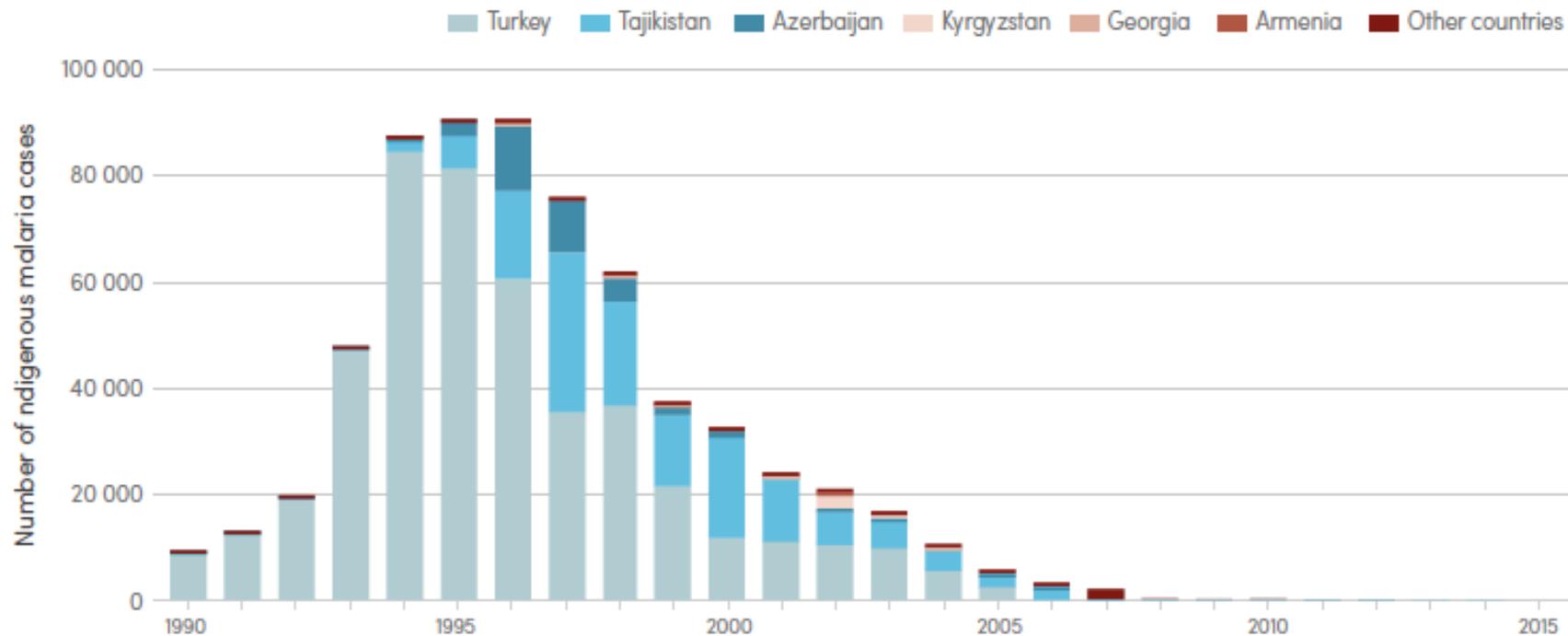
More countries are close to eliminating malaria



Source: WHO estimates

- 33 countries have fewer than 1000 cases in 2015 compared to just 13 in 2000

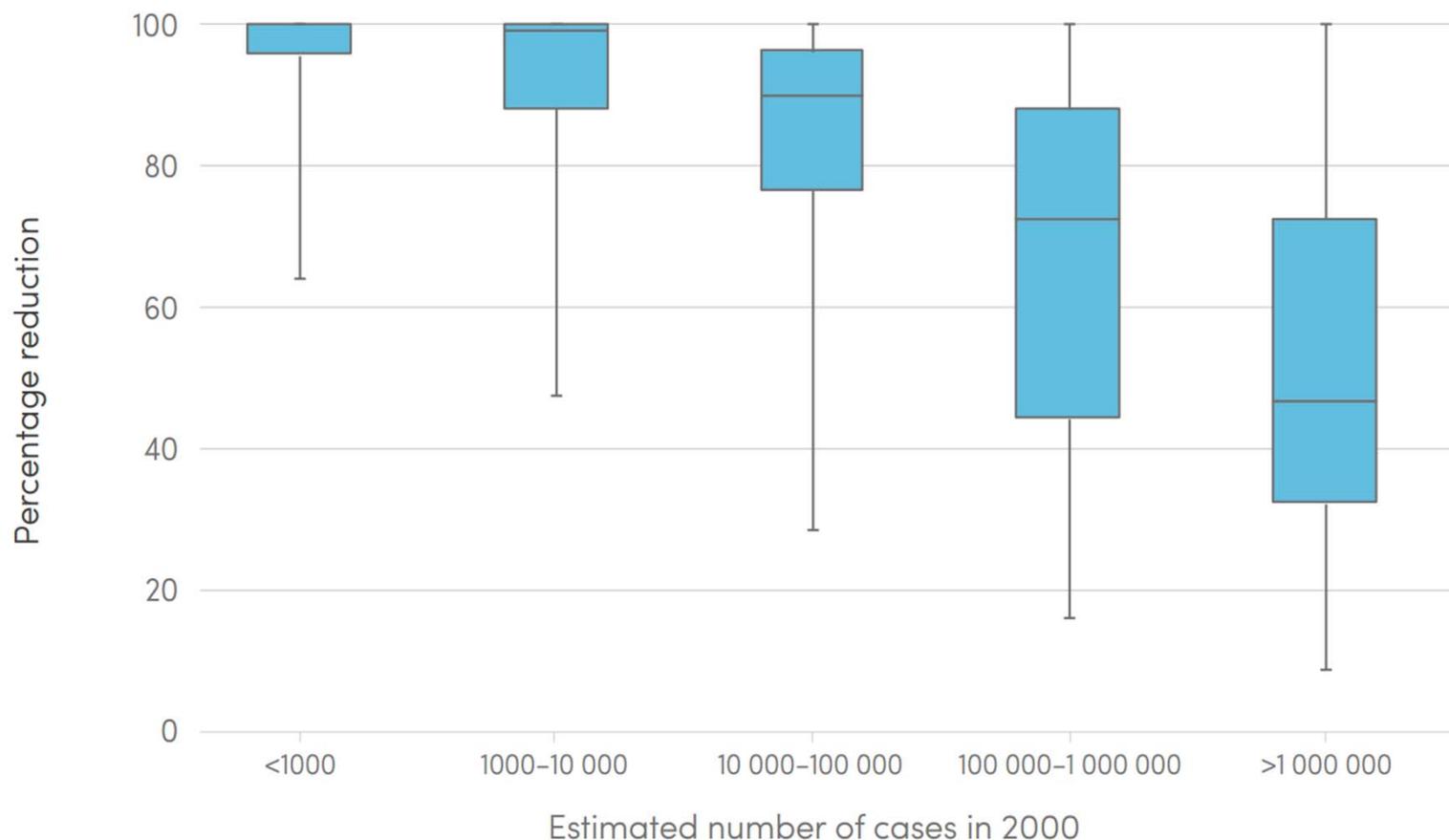
In 2015 WHO European Region reported zero indigenous malaria cases for the first time



Source: National malaria control programme reports and WHO estimates

- In line with goal of Tashkent Declaration to eliminate malaria by 2015

But progress has been slower in countries with the highest malaria burden

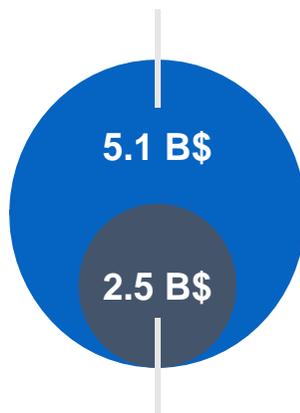


- There are still large gaps in intervention coverage: 269 million people do not have access to an ITN or IRS, 68-80 million children with malaria do not get an ACT

But the job is far from being completed

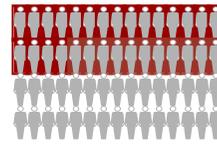
Insufficient funding

Annually required to achieve global targets for control and elimination

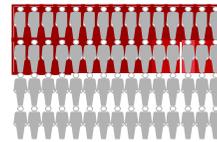


Available in 2014 through international and domestic funds

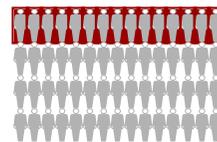
Far from universal access



Only ~67% of the at-risk population had access to an ITN in their household



15 of the 28M pregnant women at risk did not receive a single dose of IPTp



Less than 26% children with malaria received an ACT, i.e. ~60 M children went untreated

Still high incidence & mortality

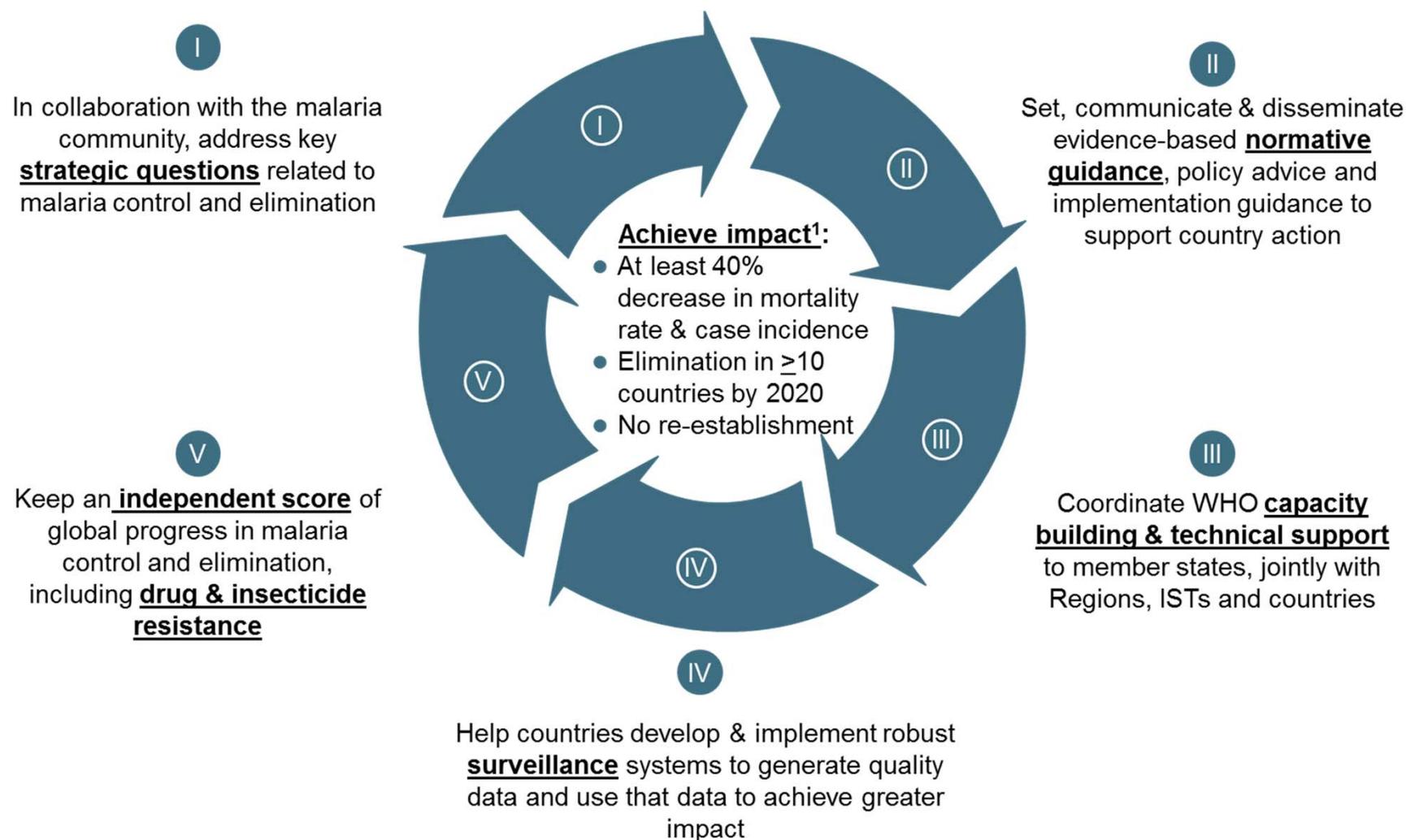
~214 million cases occurred globally

- Of which, ~88% in the WHO Africa Region,
- And 8% globally due to *P. vivax*

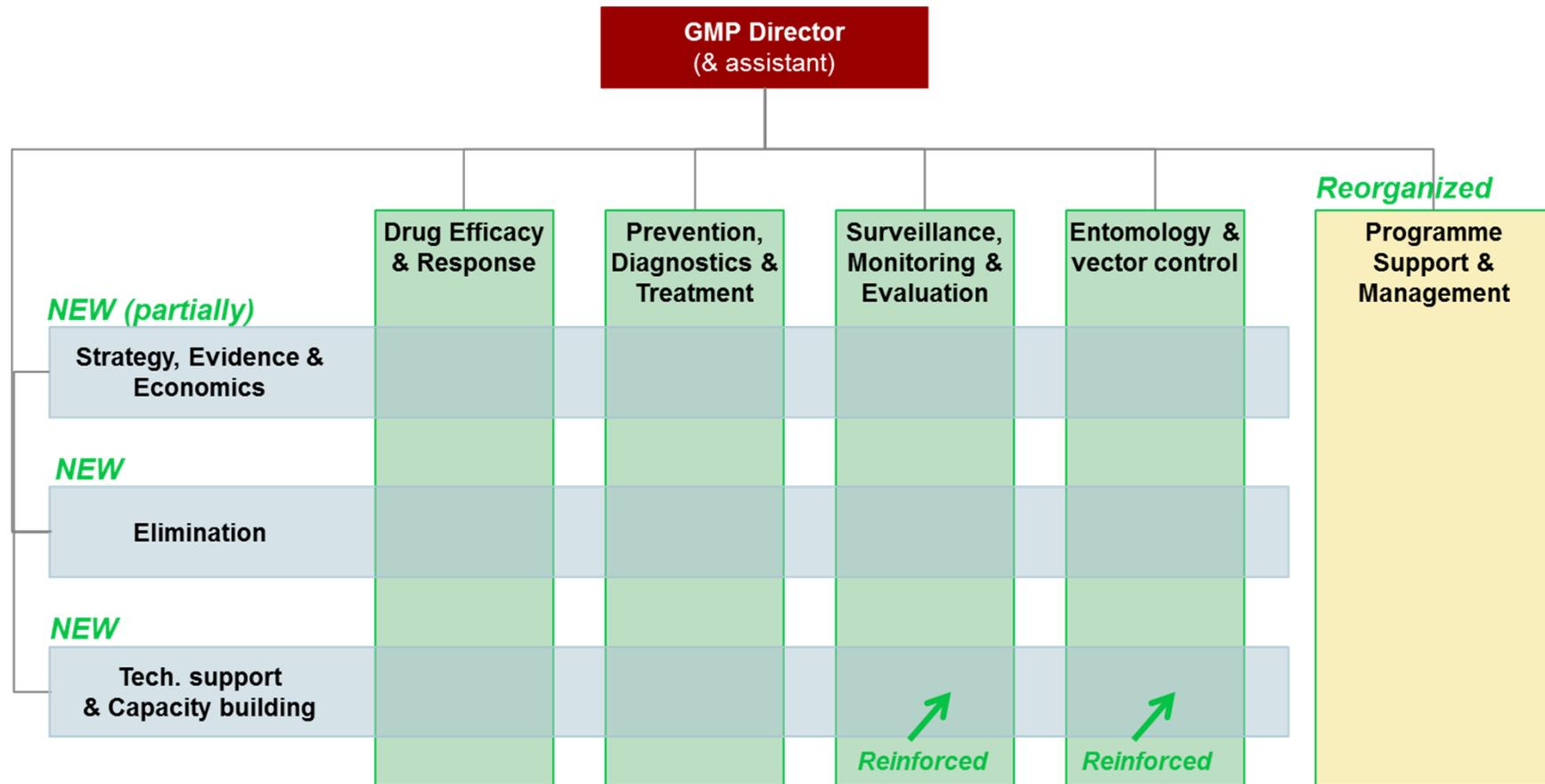
~438 000 malaria deaths occurred worldwide

- Of which, ~70% occurred in children aged under 5,
- And 90% in the WHO Africa Region

GMP Core Roles



GMP Matrix organizational structure



- Reinforcement of SM&E and Vector control teams
- Creation of 3 cross-unit teams to cover critical areas & enhance collaboration
- Strengthened support to department via Programme Support & Management

Update on RBM transition

- At its 28th session in May 2015 the RBM Board established a Transition Oversight Committee (TOC) to take forward the development of a new Governance Architecture and set of Operating Mechanisms that would allow the Roll Back Malaria Partnership to be optimally effective in the post MDG era.
- The TOC presented its proposal to the RBM 29th Session in December 2015. The proposal was adopted by the Board with some minor adjustments.

Outline of the new RBM model

- Partnership Board
- Chief Executive Officer (CEO)
- Malaria Council
- Partner Committees

Next steps

- The Board agreed as a priority action the selection process of the new Partnership Board should move forward.
- A set of nominations for the Selection Committee was established and agreed.
- Call for nominations for the new Partnership Board was launched and closed on 12 February 2016.
- Nominations will be reviewed by a set of pre-approved criteria.
- The selection process will be managed to ensure the right combination and blend of expertise to ensure a well rounded Board.
- The Selection Committee will propose the nominees to current Board for approval in February.
- It was agreed that affected countries would nominate at least 21 names and the Selection Committee must select at least 7 from this list.

Interim Transition Oversight

- At the request of the Board, Admiral Tim Ziemer and Minister Parirenyatwa agreed to oversee the execution of decisions taken at the 29th Board meeting, until establishment of new Board.
- WHO has agreed to provide transitional support to the implementation of the HWG plan with funds remaining after RBM Secretariat closure.
- Support to the selection committee and to other processes will be provided by the Transition Oversight Team hosted by Malaria No More UK.
- It is expected that most major RBM work will be put on hold until the establishment of the new Partnership Board in early March 2016.