Global technical strategy for malaria (2016-2030)

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Informal Dialogue
Healthy Migrants in Malaria-free Communities:
Equitable access to prevention, care and treatment in Post 2015
Since 2000, substantial progress achieved

Malaria case incidence has been **reduced by 30%** globally.

Malaria mortality rates have **decreased by 47%** worldwide.

The % of patients with suspected malaria in WHO African Region who received a diagnostic test has **increased by almost 60%**.

### Incidence rate
- **2000**: ~13,000 per 100,000 persons at risk
- **2013**: ~9,000 per 100,000 persons at risk

### Mortality rate
- **2000**: ~50 for 100,000 person at risk
- **2013**: ~25 for 100,000 person at risk

### Diagnostic coverage rate
- **(WHO African Region)**
  - **2000**: <10%
  - **2013**: 62%
Still major gaps and devastating impact on people's health and livelihoods around the world

**Insufficient funding**

Annually required to achieve global targets for control and elimination

- Available in 2013 through international and domestic funds

- 5.1 B$ needed
- 2.7 B$ available

**Far from universal access**

- Only ~50% of the at-risk population had access to an ITN in their household
- 15 of the 35M 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**

- ~200 million cases occurred globally
  - Of which, ~80% in the WHO Africa Region,
  - And 8% globally due to *P. vivax*

- ~580 000 malaria deaths occurred worldwide
  - Of which, ~80% occurred in children aged under 5,
  - And 90% in the WHO Africa Region

Source: World Malaria Report 2014
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.
Structure: pillars and supporting elements

Global Technical Strategy for Malaria 2016-2030

Pillar 1
Ensure universal access to malaria prevention, diagnosis and treatment

Pillar 2
Accelerate efforts towards elimination and attainment of malaria-free status

Pillar 3
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

<table>
<thead>
<tr>
<th>Vision</th>
<th>A world free of malaria</th>
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<tbody>
<tr>
<td><strong>Goals</strong></td>
<td><strong>Milestones</strong></td>
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<tr>
<td>1. Reduce malaria mortality rates globally compared with 2015</td>
<td>≥40%</td>
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<tr>
<td>2. Reduce malaria case incidence globally compared with 2015</td>
<td>≥40%</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>
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<td>4. Prevent re-establishment of malaria in all countries that are malaria-free</td>
<td>Re-establishment prevented</td>
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Elimination strategy for Greater Mekong subregion (2)

**Selected milestones and targets**

By 2017 – each country to have strong surveillance in areas close to elimination, and strengthened surveillance in high-burden areas

Achieve universal coverage with LLINs for all populations at risk

By 2020, or earlier – interrupt malaria transmission of *P. falciparum* in all areas of multidrug resistance, including ACT resistance

By 2025 – *P. falciparum* malaria eliminated in all GMS countries; malaria caused by all species eliminated in Cambodia and Thailand

By 2030 – Malaria eliminated in all countries of the Greater Mekong subregion
Thank you for your attention