Malaria 2025:
Accelerate to Eliminate
The Global Technical Strategy for Malaria: 2016 - 2025

Overarching themes & the Pathway to Elimination
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Overview of document structure

<table>
<thead>
<tr>
<th>Draft document structure</th>
<th>Section titles</th>
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</thead>
</table>
| Introduction             | • List of Abbreviations  
                            | • Foreword (to be developed)  
                            | • Strategy at a Glance (to be developed)  
                            | • Executive Summary (to be developed)  |
| Core concepts            | • The need for a new Global Technical Strategy for Malaria  
                            | • Global Progress to Date  
                            | • Challenges  
                            | • Core Values  
                            | • Vision, Strategic Directions, and Goals  
                            | • Malaria Pathway to Elimination  |
| Strategic directions     | • Surveillance and Response  
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                            | • Innovation and Implementation Research  
                            | • Development and Health Systems Strengthening  |
| Conclusion               | • Call to Action  
                            | • Glossary  
                            | • Annexes (to be developed)  |
Challenges

Purpose of Challenges section

- Although significant progress, it is critical to highlight the barriers and obstacles that prevent acceleration of impact against malaria

- Acknowledging challenges also provides relevant contextual information

Key questions

- Are there significant additional challenges that should be included in this section?

- Should existing information be presented differently?
## Overview of challenges

<table>
<thead>
<tr>
<th>Category</th>
<th>Challenge</th>
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</thead>
<tbody>
<tr>
<td><strong>Drug resistance</strong></td>
<td>• The long-term usefulness of ACTs is threatened by fostering the emergence or spread of resistance to artemisinin</td>
</tr>
<tr>
<td><strong>Insecticide resistance</strong></td>
<td>• Pyrethroids are key to vector control but resistance is widespread</td>
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<tr>
<td><strong>Infectious reservoir</strong></td>
<td>• Millions of people with undetected malaria infection represent a large reservoir of parasites that can fuel transmission.</td>
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<tr>
<td><strong>P. vivax</strong></td>
<td>• <em>P. vivax</em> poses numerous unique diagnostic and therapeutic challenges that disproportionately affect vulnerable groups</td>
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<td><strong>Outdoor biting mosquitoes</strong></td>
<td>• These mosquitoes are not targeted by core vector control methods and pose a challenge for prevention of transmission</td>
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<tr>
<td><strong>Unregulated private sector</strong></td>
<td>• Many people seek treatment in the private sector where there is poor regulation of diagnostic and therapeutic practices</td>
</tr>
<tr>
<td><strong>Health systems</strong></td>
<td>• Shortages of human and material resources and poor infrastructure adversely affect case management and surveillance</td>
</tr>
<tr>
<td><strong>Financial resources</strong></td>
<td>• The greatest threat to continued success in malaria efforts is financial</td>
</tr>
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</table>
Core Values

Purpose of Core Values

- Core values are the foundation on which this document is built; they represent the principles which are fundamental to the enduring worth of the Strategy.
- Core values establish the principles that underlie the purpose of each strategic direction.

Key questions

- Are the current proposed core values appropriate?
- Are the current proposed core values comprehensive? Should there be more, or less?
- Is each proposed core value presented and defined clearly?
Five fundamental guiding principles

<table>
<thead>
<tr>
<th>Country leadership</th>
<th>Using data for programmatic decisions</th>
<th>Acceleration</th>
</tr>
</thead>
<tbody>
<tr>
<td>The aim is for countries to provide meaningful input and to lead implementation of the strategy.</td>
<td>Surveillance is a key component of strategic planning; data should guide selection of the most appropriate mix of interventions.</td>
<td>The strategy should enable country programmes to accelerate progress to reduce burden and transmission, and achieve elimination.</td>
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<table>
<thead>
<tr>
<th>Sustained success</th>
<th>Equity</th>
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<tbody>
<tr>
<td>Commitment and financial support are mandatory to sustain success and prevent resurgence of malaria burden.</td>
<td>Equity is a goal of, and a road to, malaria reduction and elimination; the most vulnerable populations must have access to malaria interventions.</td>
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Vision and Goals

- This section is core to the GTS, by setting the direction and providing concrete targets that the malaria community should aim for in the coming decade.

- Vision and Goals provide the strategic frame to regional and local level programmes when developing their own strategies.

Key questions:

- Are the proposed vision / goals sufficiently aggressive and ambitious to drive change and accelerate impact in the coming decade?

- Is the overall strategic frame clear, consistent, and comprehensive?
Vision and Goals

A single vision: a world free of malaria

To accelerate progress to a world free of malaria

Goal 1 – to reduce malaria mortality rates globally by 75% compared to 2015

Goal 2 – to reduce malaria case incidence globally by 75% compared to 2015

Goal 3 – to eliminate* malaria from 20** countries that had ongoing transmission of malaria in 2015

*eliminate refers to no indigenous transmission of malaria; not certification
** 20 countries to be confirmed
Pathway to elimination

• The pathway to elimination broadly illustrates the route that countries and sub-national areas can take to reach and sustain elimination
• Reduce includes both the initial scale-up of high coverage of interventions and the strengthening of interventions using data in areas where further reductions are required
• Progression along the pathway is dependent on both the level of endemicity and the ability of health systems to track and respond to every case

Key questions

• Are the concepts clearly defined and appropriately conveyed?
Malaria Pathway to Elimination

Pathway to elimination

1. Reduce
   - Scale-up key interventions to significantly reduce malaria transmission
   - Strengthen intervention coverage in high transmission areas where further reductions are needed

2. Eliminate
   - Deploy targeted interventions to interrupt local transmission

3. Sustain
   - Sustain elimination through high quality surveillance and response to prevent reestablishment of malaria

Accelerate
Five strategic directions

- **Surveillance and response**
- **Prevent cases and reduce transmission**
- **“T3: Test, Treat, Track”**
- **Innovation and implementation research**
- **Development and health systems strengthening**
Overview of strategic direction: Surveillance and Response

Why Surveillance and Response?

- Surveillance is an essential part of all stages on the pathway to malaria elimination
- Effective surveillance enables programmes to both target resources where they are needed most and provides indicators of programme performance

Structure of the section

1. Successes and challenges in malaria surveillance
2. The five building blocks of malaria surveillance
3. Features of surveillance systems in different epidemiological settings
4. Five strategies for strengthening surveillance systems and the use of information
5. Stratification for programme planning
6. Using data to improve programme performance
Overview of strategic direction: Preventing cases and reducing transmission

Why prevent cases & reduce transmission?

• Prevention of human infection with *Plasmodium* is fundamental to the global strategy to fight malaria

• The two current pillars of prevention are vector control and preventive chemotherapy

Structure of the section

1. **Vector control**
   - Long-lasting insecticidal nets
   - Indoor residual spraying
   - Complementary vector control methods – larval source management and integrated vector control

2. **Insecticide resistance monitoring and management**

3. **Medicines to prevent malaria and reduce transmission**
   - Intermittent preventive treatment in pregnancy (IPTp)
   - Intermittent preventive treatment in infants (IPTi)
   - Seasonal malaria chemoprevention (SMC)
   - Chemoprophylaxis in travelers
   - Transmission-blocking chemotherapy

Why T3: Test. Treat. Track?

Malaria-endemic countries must ensure that every suspected malaria case is tested, that every confirmed case is treated with a quality-assured antimalarial medicine, and that the disease is tracked through timely and accurate surveillance systems to guide policy and operational decisions.

Structure of the section

1. Test – Parasitological testing
   – Rapid diagnostic tests
   – Microscopy
   – Diagnostics in the elimination setting
   – Diagnosis of *Plasmodium vivax*

2. Treat – Artemisinin-based combination therapies
   – Integrated community case management
   – Parasite resistance to antimalarials

3. Track – Surveillance for decision making
Overview of strategic direction:
Innovation and Implementation Research

Why Innovation and implementation research?

Numerous countries have eliminated malaria using currently available tools, and more are currently doing so, but in high transmission and receptive settings, new tools are needed for elimination.

Structure of the section

1. Near-term innovation (next 5 years)
   - Vaccines
   - Diagnostic Tests
   - Antimalarials

2. Medium-term innovation (next 5-10 years)

3. Long-term innovation (10+ years)

4. Implementation research
   - Mass Screening and Treatment and Mass Drug Administration
Overview of strategic direction:
Development and health systems strengthening

Why Equity, access, & development?
Ensuring that everyone has access to needed malaria interventions regardless of wealth or proximity fixed health facilities is critical

Structure of the section

1. Equity
2. Health Systems Strengthening
   – Health systems access
   – Hard-to-reach populations
   – Human resource capacity
   – Private Health Sector Challenges
3. Development and Governance
Equity

- There are multiple socioeconomic determinants of malaria
- Poverty particularly strongly linked to malaria
- National malaria programmes must ensure equitable distribution of preventive measures and equal access to diagnosis and treatment
- Communities can be empowered through the sharing of knowledge about malaria and its burden
Health Systems Strengthening

- Efficient and effective health systems are essential for equitable distribution of individual health care and public health services

- HSS means addressing key constraints related to health worker staffing, infrastructure, health commodities, logistics, tracking progress and effective financing

- Health policies should explicitly cite equitable access, treatment and coverage as foundational principles of health service delivery
HSS – health systems access

- Engage community members as health service providers (e.g. iCCM)
- Integration and coordination of malaria activities with other programmes can create synergies and improve efficiency
  - Programmes examples: Maternal and child health, EPI, NTDs, WASH
  - Activity examples: outreach, IEC, BCC
- Malaria elimination activities are highly specialized (e.g. focus investigation, active infection detection) and not well suited for integration
- Decentralization can improve provision of special, locally appropriate services; activities must fit within the context of national programmes
- There must be no financial obstacle to health care access
HSS – hard to reach populations

- Certain populations are particularly difficult to reach with health services due to:
  - occupation
  - nomadic or migrant lifestyle
  - geographic location
  - other factors (social, ethnic or religious)
  - military (suggested yesterday)

- Special and innovative approaches will be needed for each individual situation

- Political acceptance of all groups and affirmation of the right to health care are vital

- Hard-to-reach populations can be engaged, educated, empowered through IEC/BCC and through health services provided by trained community health workers
Human resource capacity

- Strengthening human resource capacity is a critical part of reinforcing health systems

- Pre-service/in-service training needed for:
  - Physicians
  - Nurses
  - Lab technicians
  - Vector control specialists
  - Programme management (added yesterday)

- District level skills particularly important where the health system is decentralized and with increasingly heterogeneous nature of malaria

- Also need supportive supervision, incentives to retain trained personnel, identification of opportunities for career progression

- Malaria is being used as an entry point for human resources capacity building in a number of countries
Private Health Sector Challenges

- Private sector provides a significant proportion of patient services in many malaria-endemic countries
- Private sector can be an excellent platform for IEC and BCC activities
- For certain hard-to-reach populations, the private sector may be the only source of health services – private providers may be particularly important in reaching these populations
- Private sector poses challenges with respect to regulation – strengthening and enforcing regulations essential
- Private sector typically not included in facility-based data collection through health information systems – can lead to incomplete understanding of disease burden, intervention coverage and impact
Sustainable malaria reduction and elimination requires expanding malaria strategies to include socio-economic development.

Multisectoral Action Framework led by RBM and UNDP presents concrete, implementable actions to transform malaria responses to a multi-faceted, multisectoral approach.

Wide range of stakeholders must be engaged – advances can be made at little or no cost to health or malaria programmes.

Multisectoral approach especially important in settings where efforts to reduce malaria have been successful, to solidify progress and prevent resurgences (as when countries pre-maturely divert resources to other diseases when malaria viewed as no longer a public health problem).
Call to action

- To meet or exceed the Goals for 2025, the malaria community needs to
  1. Maximize the use of today’s tools
  2. Develop innovations in anticipation to challenges
  3. Maintain political and financial momentum

- Achieving universal coverage in at risk populations and improving the quality of care is key to success

- Biological threats including antimalarial and insecticide resistance must be eliminated where possible and managed carefully to prevent the loss of current tools

- Adequate and predictable financing from both affected countries and international partners is critical to success

- Scientific community and private sector are essential partners in developing new tools and providing access to the at risk population
List of proposed annexes

- Countries and organizations that contributed to the elaboration of the GTS
- Process of development of the document (Steering committee, regional consultations, joint process with GMAP2)
- Assumptions and methodology for establishing goals – quantitative work by Azra’s team
- Costing and funding methodology and assumptions
- Recommended indicators