The malaria strategy mix for 2015-2025 – implications for other documents, including revision of the Global Malaria Action Plan (GMAP) and the development of a roadmap for malaria eradication

September 2012 – note for MPAC discussion

In 2008, the Roll Back malaria partnership launched the Global Malaria Action Plan (GMAP) following an extensive consultative process with a wide range of stakeholders. While the GMAP does not contain an end date (and in fact some of the projections, such as costs, go out for 20 years of more), there has been a request by some members of the RBM Board to consider a revision of the GMAP before the end of 2015. At its May 2012 meeting, the RBM Board requested the Bill & Melinda Gates Foundation, which had funded the initial development of the GMAP, to lead a task force that would explore options for revising the GMAP, and would report back to the Board at its December 2012 meeting.

During the discussion leading up to the May 2012 RBM Board meeting and at the meeting itself, GMP has repeatedly made the point that any revision of the GMAP should be based on the strategy mix as recommended by WHO-GMP under the guidance of the Malaria Policy Advisory Committee (MPAC). The RBM partnership should use the revision of the GMAP to reflect on the activities and actions required to advocate for the implementation of these WHO-recommended strategies, harmonize partners in support of National Malaria Control Programmes, and mobilize the needed resources. It is also an opportunity to reflect on the multi-sectoral requirements of an integrated and sustained response to malaria. However, it would not be appropriate for the revision of the GMAP to be seen as a means of obtaining consensus on the mix of technical strategies recommended for intervention over the next decade or more.

The question is whether the collection of WHO policy recommendations for malaria is sufficiently clear as they are now, or whether an over-arching review of the strategy mix, from 2015-2025, for example, should be commissioned by GMP under the oversight of the MPAC.

In addition, there has been a strong call from some in the malaria community, including senior leadership at the Gates Foundation and some MPAC members, for a detailed strategy (or roadmap) for eventual malaria eradication. This effort would need to bring together state-of-the-art modeling, costing, and existing roadmaps for new tool development that would chart the path for where we expect to be, perhaps in 5 year intervals, between now and ultimate malaria eradication. Such a document could: 1) provide a useful metric against which to score progress; 2) better refine the financial
requirements for malaria eradication; and 3) identify the likely “choke points” at which modeling suggests further progress may not be possible without new tools. Such a roadmap could be a powerful driver of investments both in scaling up today’s interventions as well as research and development for tomorrow’s tools.

**Questions for MPAC:**

1) Should the recommendation to RBM be that the technical basis of the next GMAP be the existing WHO recommended malaria control and elimination strategies, making it clear that this is not an area where consensus building is required?

2) Should there be a dedicated working group to develop a strategy mix for 2015-2025 as preparation for the development of the next iteration of the GMAP?
   a. If the MPAC recommends an actual strategy review process, how would the MPAC suggest that GMP commission this work, and how would MPAC like to oversee the process?

3) In the overall process of revision of the GMAP, are there particular issues that MPAC wishes to go on record as recommending for attention?

4) Should GMP, under the oversight of MPAC, develop a technical roadmap for eradication as described above?
   a. If so, should this process be separate from the process of developing the technical strategy mix and the GMAP?