Report from GMP Director: Departmental Activities and the Global Malaria Landscape

Malaria Policy Advisory Committee
Geneva, Switzerland
11 September 2012

Robert D. Newman, MD, MPH
Director, Global Malaria Programme
Outline

- **MPAC**
  - Updates on process and decisions since last meeting

- **Major GMP launches**
  - GPIRM
  - Surveillance manuals
  - T3

- **Other important departmental activities**
  - Capacity Building
  - Malaria Programme Reviews
  - Elimination Scenario Planning
  - Elimination Case Studies
  - Situation Room and ACT Supply Task force
  - Severe Malaria Handbook
  - Integrated Community Case Management (iCCM)
  - World Malaria Report 2012

- **The Global landscape**
  - Financial challenges
  - Australia and “Malaria 2012”
  - Global fund transformation
    - Malaria investment toolkit
  - WHO
    - World Health Assembly Resolution on malaria
    - Global Programme of Work 2014-2019
Overview - MPAC Inaugural meeting

- MPAC met 31 January to 2 February 2012 in Geneva
- Well attended open sessions, diverse voices, valuable inputs
  [Link to participants list]
- Main recommendations (in order of immediate policy relevance):
  - Seasonal Malaria Chemoprevention: Policy Recommendation
  - Larviciding in sub-Saharan Africa: Interim position statement
  - RDT Procurement Criteria
  - Drug Resistance and Containment: Creation of a TEG
  - Malaria Burden Estimation: Convening of an ERG
- Detailed information [Link to February 2012 information]
- Meeting report [Link to meeting report]

Article has already achieved “highly accessed” status
MPAC Feedback to and from RBM partners

- MPAC meets twice a year, every March and September
  - RBM ED (Dr. Fatoumata Nafo-Traore, newly appointed) is a standing observer at MPAC meetings
- All meetings are conducted primarily in open session; other observers, including all RBM partners, welcome to attend
- All pre-reads and presentations, including future meeting dates, available on http://www.who.int/malaria/mpac/mpacmeetings/
- Meeting Reports to be published approximately two months after meetings in the Malaria Journal and on MPAC website
- GMP (as RBM Board member) to provide feedback on MPAC conclusions and recommendations at Board meetings, every May and November, and gather suggestions for future meetings
  - MPAC session now a standing board agenda item
- Feedback also welcome at any time via mpacgmp@who.int
SMC: Process and Timelines

- TEG consultation (May 2011)
- MPAC endorsement – (February 2012)
- WHO Policy Publication – (March 2012)
- Field Implementation Guide manual
  - Development and drafting committee meeting (April 2012)
  - Finalization and editing of manual (September 2012)
  - Layout and printing (October 2012)
  - Launch (November 2012)
Larviciding – WHO Interim Position Statement

- In sub-Saharan Africa:
  - Larviciding measures should normally be used only as a supplement to core interventions (ITNs or IRS); larviciding should never be seen as substitute for ITNs or IRS in areas with significant malaria risk
  - Larviciding most likely to be cost-effective in urban areas, where breeding sites are more likely to be “few, fixed, and findable”
  - In rural settings, larviciding not recommended unless there are particular circumstances limiting the breeding sites, as well as evidence confirming that such measures can reduce the malaria incidence rate in the local setting

- WHO interim position statement now published and available: http://www.who.int/malaria/publications/atoz/larviciding_position_statement
Larviciding – a continuing challenge

- Strong special interest groups continue to push endemic countries in Africa regarding broader use of larviciding
- Recent ECOWAS statements are a vivid example
- Recent engagement with AFRO leadership on issue; agreement on a way forward
“All hands should be on deck in support of the campaign by ECOWAS to eliminate malaria in the West African region by 2015, the President of the ECOWAS Commission, Ambassador Kadré Désiré Ouedraogo has affirmed. The President insisted that the goal of malaria elimination in the ECOWAS region is achievable, through the strengthening of the vector control component (biolarviciding) of an integrated strategy under a Tripartite Agreement between Cuba, Venezuela and the Commission. Implementation of the agreement emphasizes technology transfer, technical and financial support from Cuba and Venezuela to set up factories in West African countries (River States, Nigeria, Ghana and Cote d’Ivoire), for the production of biolarvicide by Cuba’s Labiofam for large scale use for the region’s malaria elimination campaign.”
# WHO Global Malaria Programme
**Information note on recommended selection criteria for procurement of malaria rapid diagnostic tests (RDTs)**
- 12 April 2012 -

<table>
<thead>
<tr>
<th>Product</th>
<th>Catalogue number</th>
<th>Manufacturer</th>
<th>Re-tested product</th>
<th>RDT format</th>
<th>Performance criteria</th>
</tr>
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<tbody>
<tr>
<td><strong>Pan only</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advantage Pan Malaria Card</td>
<td>IR013025</td>
<td>J. Mitra &amp; Co. Pvt. Ltd.</td>
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<td>Cassette</td>
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<tr>
<td>CareStart™ Malaria pLDH (PAN)</td>
<td>G0111</td>
<td>Access Bio, Inc.</td>
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<td>Cassette</td>
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<tr>
<td>Clearview® Malaria pLDH</td>
<td>70884025</td>
<td>Orgenics Ltd. (Inverness Medical Innovations)</td>
<td>✓</td>
<td>Cassette</td>
<td></td>
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<tr>
<td>diagnosticks MALARIA (Pan) Cassette</td>
<td>MPNWBC1007.3</td>
<td>SSA Diagnostics &amp; Biotech Systems</td>
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<td>Cassette</td>
<td></td>
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<tr>
<td>First Response® Malaria Ag pLDH</td>
<td>112FRC30</td>
<td>Premier Medical Corporation Ltd.</td>
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<tr>
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<td>Unimed International Inc.</td>
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<td>OnSight™ - PanScreen (Pan) Malaria Test</td>
<td>539-25-DB</td>
<td>Amgenix International, Inc.</td>
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<td>Parabank™ Device - Rapid test for Malaria Pan</td>
<td>50301025</td>
<td>Zephyr Biomedical Systems</td>
<td>✓</td>
<td>Cassette</td>
<td></td>
</tr>
<tr>
<td><strong>Pv only</strong></td>
<td></td>
<td></td>
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<tr>
<td>SD BIOLINE Malaria Ag Pv</td>
<td>05FK70</td>
<td>Standard Diagnostics, Inc.</td>
<td></td>
<td>Cassette</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Performance criteria**

- A: *P. falciparum* panel detection score $\geq 75\%$ at 200 parasites/µl
- B: *P. vivax* panel detection score $\geq 75\%$ at 200 parasites/µl
- C: False positive rate < 10%
- D: Invalid rate < 5%
**History & Future Product Testing and Lot Testing**

<table>
<thead>
<tr>
<th>Year</th>
<th>Step 1: Start</th>
<th>Step 2: Develop</th>
<th>Step 3: Roll-out</th>
<th>Step 4: Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-2011</td>
<td>Establish patient-derived sample panels</td>
<td>Develop and evaluate recombinant antigen panels</td>
<td>Scale-up and launch recombinant antigen panels</td>
<td>Manufacture and distribute reference materials</td>
</tr>
<tr>
<td>2011-2014</td>
<td>Establish lot testing process</td>
<td>Ongoing lot testing based on cultured parasites</td>
<td>Roll-out lot testing based on recombinant antigens</td>
<td>Local lot testing financed by purchaser</td>
</tr>
<tr>
<td>2015-2016</td>
<td>Product testing round 1 to 3</td>
<td>Ongoing product testing round 4 &amp; 5</td>
<td>Product testing based recombinant panel and partly financed by IVD suppliers</td>
<td>Product testing financed by IVD suppliers</td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cost:**

- 2003-2011: $$$$$
- 2011-2014: $$$$$$$
- 2015-2016: $$
- 2017: $
## Malaria recombinant antigens

<table>
<thead>
<tr>
<th>Product</th>
<th>Product development</th>
<th>Demo &amp; scale up</th>
<th>Roll out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product testing panels</td>
<td>Evaluate recombinant antigens against parasites; assess feasibility, heat stability and determine ideal format</td>
<td>Evaluate new combined panels (Ag, wildtype/culture samples + negatives); fee schedule</td>
<td>Centralized, continuous, IVD funded evaluation scheme</td>
</tr>
<tr>
<td>Lot testing panels</td>
<td>Evaluate recombinant antigens against parasites; assess feasibility, heat stability and determine ideal format</td>
<td>18 labs assessment; manufacturing and establish logistics</td>
<td>Manufacture, distribute &amp; sell</td>
</tr>
<tr>
<td>Positive control wells</td>
<td></td>
<td>2 country demo projects</td>
<td>Manufacture, distribute &amp; sell</td>
</tr>
<tr>
<td></td>
<td>Round 1</td>
<td>Round 2</td>
<td>Round 3</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>No. products</td>
<td>41</td>
<td>29</td>
<td>50</td>
</tr>
<tr>
<td>No. manufacturers</td>
<td>21</td>
<td>13</td>
<td>23</td>
</tr>
<tr>
<td>Resubmissions</td>
<td>-</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Median Pf PDS @ 200 p/ul (range)</td>
<td>70.2%</td>
<td>82%</td>
<td>83.84%</td>
</tr>
<tr>
<td></td>
<td>(1.3-100%)</td>
<td>(22.0-98%)</td>
<td>(2.02 – 98%)</td>
</tr>
<tr>
<td>Median Pv PDS @200p/ul (range)</td>
<td>30%</td>
<td>75%</td>
<td>51.43%</td>
</tr>
<tr>
<td></td>
<td>(0-100%)</td>
<td>(0-95%)</td>
<td>(0 -97.1%)</td>
</tr>
<tr>
<td>Median false positives</td>
<td>1.8%</td>
<td>2.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>against clean negatives</td>
<td>(0-28.0%)</td>
<td>(0.0-37%)</td>
<td>(0.0-44%)</td>
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</table>
### RDTs meeting WHO procurement criteria (April 2012 following MPAC decision)

<table>
<thead>
<tr>
<th>Test</th>
<th>Rounds 1-3</th>
<th>Round 4 (NEW!)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pf only</td>
<td>21</td>
<td>5</td>
<td>26</td>
</tr>
<tr>
<td>Pf + non-Pf species</td>
<td>12</td>
<td>15</td>
<td>27</td>
</tr>
<tr>
<td>Pv only</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Pan</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
GPIRM goal: maintain the effectiveness of malaria vector control
A call to action

If we take action now, we can stay ahead of the curve and maintain the fabulous gains that we have made.
Insecticide resistance is a significant challenge that we need to address.

We must stand united and make sure that our existing vector control tools, including the current insecticides, remain effective until new active ingredients and compounds come to the market.

Hiroki Nakatani, WHO Assistant Director-General HIV/AIDS, TB, Malaria and Neglected Tropical Diseases
The view from endemic countries

This will require heavy investments, but there is no quick fix solution for our ambitious goal of eradicating malaria in the long run.

Dr Richard Kamwi, Minister of Health and Social Services for Namibia

Sudan is committed to implementing the Global Plan for Insecticide Resistance Management, and to do this we need the support of all partners.

Dr Bahar Idris Abu Garda, Federal Minister of Health for Sudan
Partner perspectives
Finding the resources

We will use the financial muscle of the Global Fund to use the limited resources available to build capacity for entomological monitoring and to ensure that these strategies to manage insecticide resistance are in place.

Scott Filler
The Global Fund to Fight AIDS, Tuberculosis and Malaria

We need more tools.
We need to be committed and we need to find the resources.

David Brandling-Bennett
Bill & Melinda Gates Foundation
Surveillance for malaria

Two new global manuals developed by GMP

- Providing guidance to endemic countries on the operation of malaria surveillance systems for control and elimination
- Focusing on program implementation and complementing other existing guidance on malaria indicators
- Updated surveillance guidance has not been issued by WHO since Global Malaria Eradication Programme era

Launched in Namibia by WHO Director-General (24 April 2012)
Surveillance Manuals: Contents

Two volumes: (i) programs in control phase; (ii) programs in elimination phase

Contents

- Overview of Malaria Surveillance in Different Phases of Malaria Control
- Key Concepts in Malaria Surveillance
- Data Recording, Reporting, Analysis and Use
- Establishing Surveillance Systems

Annexes

- Diagnostic tests/ quality assurance
- Core surveillance indicators
- Registers, case investigation forms, report forms, sample analyses
“T3: Test. Treat. Track.” initiative

Coordinated international effort needed

- To support countries in scale-up of diagnostic testing, treatment and surveillance
- End goal is to ensure that
  - Every *suspected* malaria case is tested
  - Every *confirmed* case is treated with a quality-assured antimalarial medicine
  - The disease is tracked through timely and accurate surveillance systems
T3: Test. Treat. Track.
Worldwide Launch: Namibia, World Malaria Day 2012
**Test.**

**Treat.**

**KEY RECOMMENDATIONS**
- Every suspected malaria case should be confirmed by microscopy or RDT prior to treatment
- All diagnostic tools must be quality-assured across all levels of the health system
- Scale-up of malaria diagnostic testing should be integrated with efforts to improve the management of other febrile illnesses

**KEY RECOMMENDATIONS**
- After diagnostic confirmation, every uncomplicated case of *P. falciparum* malaria should be treated with a quality-assured ACT
- Every severe case of *P. falciparum* malaria should be treated with intravenous or intramuscular artesunate, followed by a full course of an ACT
- Antimalarials should be routinely monitored for therapeutic efficacy

**Track.**
Disease Surveillance for Malaria Control & Elimination (2012)

**KEY RECOMMENDATIONS**
- Individual cases should be registered at health facility level. This allows for the recording of suspected cases, diagnostic test results, and treatments administered
- In the malaria control phase, countries should report suspected, presumed and confirmed cases separately, and summarize aggregate data on cases and deaths on a monthly basis
- Countries in elimination phase should undertake a full investigation of each malaria case
“T3: Test. Treat. Track.” initiative

Need to move from set of recommendations to **scale-up**
- Dedicate financial resources and intensify advocacy efforts
- Provide assistance to countries to develop scale-up strategies
- Develop case studies, share lessons learned, strengthen evidence base
- Promote South-South collaboration
- Reach out to wider audiences
T3: Collaborating partners
WHO - Russian project to strengthen human resource capacity in malaria control and elimination

**Goal:**
- Strengthen human resource capacity for malaria control and elimination in malaria endemic countries targeting:
  - Malaria endemic countries in Africa
  - Commonwealth of Independent States (CIS): Armenia, Turkmenistan, Azerbaijan, Georgia, Kyrgyzstan, Tajikistan and Uzbekistan

**Activities:**
- Develop up-to-date training materials for national and district level health workers
- Conduct international training courses for malaria control managers at national and subnational levels:
  - WHO regional malaria training courses (AFR & EMR)
  - Advanced training course on malaria surveillance, monitoring and evaluation for experts from malaria endemic countries in Africa and CIS
- Strengthen the capacity of the malaria endemic countries in CIS in malaria elimination
Developing malaria training materials: Process

Representing academic institutions, malaria researchers, country programme managers, and partners

Convene expert group meeting

Commission an expert to update/develop materials

Independent review by external expert

Field testing

Editing/Layout Printing/Translation

Guide process of updating, review and harmonize revised materials

Dissemination
Developing training materials on malaria control and elimination

Materials finalized

- Entomology and vector control
  - Guide for participants
  - Guide for tutors
- Case management
  - Guide for participants
  - Guide for tutors
- Epidemiological approach
  - Guide for participants
  - Guide for tutors
- Planning and managing programme
  - Guide for participants
  - Guide for tutors
- Malaria elimination
  - Guide for participants
  - Guide for tutors

Materials under development

- E-learning training package: malaria case management (to reach wider audience)

Field testing: Oct 2012

World Health Organization
District level capacity for malaria control

Need for capacity building of district managers

- Country level decentralization of health systems - focus on district level
- Limited technical competence and managerial skills at the district level
- Reducing transmission makes malaria more heterogeneous at local level

- Develop district manual for malaria control with up-to-date, practical and simplified guidance on malaria control at district level for planning, implementing and measuring malaria control locally (in process)

- Develop a generic WHO district malaria training package (learner’s and tutor’s guides) based on the district manual for malaria control (planned)
## Courses

<table>
<thead>
<tr>
<th>Courses</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Anglophone countries in Ethiopia,</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>• Lusophone course in Mozambique</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>• Francophone countries in Benin</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>International course on malaria control and its management for managers/health professional (EMR)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>International course on malaria case management for clinicians (EMR)</td>
<td>✓</td>
<td></td>
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<td></td>
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<tr>
<td>Course malaria microscopy &amp; quality assurance (EMR)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st international course on malaria elimination (EMR)</td>
<td></td>
<td></td>
<td></td>
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<td>International training course on malaria surveillance, monitoring and evaluation for African countries (AFR/EMR)</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>International malaria training course for facilitators/tutors (AFR/EMR)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>International training course on malaria surveillance, monitoring and evaluation for Commonwealth Independent States (EUR)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Regional training course on medical entomology and vector control (EUR)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
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</tbody>
</table>
Malaria Programme Review - Definition

- Periodic, high-level joint programme management process:
  - To review and evaluate progress and performance of country programmes within the national health and development agenda
  - Aim of improving performance (related to program goals, objectives & targets) and/or redefining the strategic direction
Malaria Programme Reviews (MPR)

- Trial edition of guidance issued in 2010
- >20 countries have undertaken programme reviews using guidance
- Three steps
  - desk review
  - field investigation
  - analysis and write up
- Undertaken every 3-5 years; duration 4-9 months
- Need to simply process
Malaria Programme Management Tools

- Malaria Program Performance Review
- Annual Work Plan
- Malaria Strategic Plan
Malaria Programme Reviews (MPR)

- Consultation held August 7-9, 2012 to review current guidance – programme managers, development partners
- Draft meeting report produced
- Timelines for revised MPR guidance
  - Updated by end 2012
  - Field tested Q1 quarter 2013
  - Finalized Q2 2013
MPR and MSP needs going forward

- Make MPR and MSP process and methods simpler and less time- and resource-intensive
- Improve quality of conducted MPR and MSP to meet minimum standards
  - Country leadership and ownership essential
- Set up systems to **follow up reviews**
  - Ensure relevant policy and operational project program changes are executed
- Review, revise, and formally publish manual for developing malaria strategic plans
Need for malaria elimination planning tool

- Substantial progress in fighting malaria worldwide
- Magnitude of progress in some countries raises question of malaria elimination
- Countries considering elimination would benefit from tool to provide rigor for program planning
  - Potential to provide realistic timelines
- WHO and partners (Clinton Health Access Initiative, Global Health Group, & Imperial College - London) developing Elimination Scenario Planning (ESP) tool
ESP tool components

- **Manual**
  - Reviews key concepts in elimination planning
  - Technical, Operational, Financial feasibility of elimination

- **Malaria transmission model**
  - Establish baseline transmission level
  - Explore effect of different combinations of interventions
ESP next steps

- Revise manual and software based on workshop feedback
- Share revised tool for limited peer review
- Release and dissemination
- In long-term, ESP tool could be adapted for settings with *P. vivax* as well as control scenarios (with cost effectiveness component) and tool for strategic program planning
Elimination case studies

- 10 case studies being produced jointly with Global Health Group
- Four to be launched in October at Challenges in Malaria Research: Progress towards malaria elimination - Cape Verde, Sri Lanka, Turkmenistan, Mauritius
- Detailed description of epidemiology, control strategies applied over time, successes and failures and lessons learnt.
- To help NMCPs and other partners contemplating elimination have a better understanding of process involved
Monitoring results in countries with highest malaria burden

- WHO-GMP / RBM Malaria Situation Room to track progress (financing, commodities, intervention coverage and impact) in 10 countries in WHO African Region with highest burden
  - Nigeria, DRC, Tanzania, Uganda, Mozambique, Ghana, Cote d’Ivoire, Burkina Faso, Niger and Cameroun
- Proactively identify bottlenecks requiring resolution: political, financial, procurement and supply chain
- To be executed in collaboration with WHO-AFRO
  - Support data collection efforts of SHOC room
- Proposal for funding submitted to major donor
  - Response pending
Inter-agency ACT Supply Taskforce

- **Established:** September 2011
- **Mandate:** Identify countries at risk of public sector ACT stockouts and promote mitigation actions
- **Members:** WHO/GMP, ALMA, CHAI, Global Fund (AMFm and VPP), USPMI, UNDP, and UNICEF
- **Methodology:** Quarterly monitoring of country ACT and (since Round 3) RDT stocks at central level, and triangulation of results with manufacturer and procurer data where appropriate, in order to predict supplies over subsequent 6-month periods. Mitigating action in case of confirmed supply risks
- **Impact:** Four rounds of data collection and analysis leading to prevention of stockouts in a number of countries through various mechanisms such as accelerated, split and/or new orders
- **Future:** The Taskforce is currently exploring options to improve its monitoring system and better meet country needs
Management of Severe Malaria: A Practical Handbook - Background

- Last update in 2000 (2nd edition)
- Since then, updates in WHO recommendations for diagnosis and treatment of malaria, including severe disease
  - Treatment of severe malaria (April 2011)
- Several recent data and publications on severe malaria (2000-2011)
Management of Severe Malaria: A Practical Handbook – Review Process

- TEG on Malaria Chemotherapy meeting (September 2011) with following objectives:
  - Review current evidence on epidemiology, pathology, pathophysiology and management of severe malaria
  - Update WHO practical handbook on the Management of severe malaria in line with current WHO Guidelines

- Practical Handbook: Status
  - Layout - August 2012
  - Printing and launch - October 2012
  - French translation - TBC
Why should interventions be delivered in community settings?

- Access and Equity
  - Health facility services less likely to be accessed by the poor
  - Not currently possible to achieve universal access without community based delivery mechanisms

- Impact
  - Cannot reach impact goals without universal coverage; therefore integrated Community Case Management (iCCM) critical for reaching health-related MDGs
Malaria, pneumonia and diarrhea are the 3 most important causes of post-neonatal death in U5s.

Large overlap in symptoms between malaria and pneumonia.
Need to introduce parasitological confirmation of malaria at all levels of the health care system

- To improve patient care
  - Need to manage pts with negative RDTs
    - Provide Dx and Tx for other killer diseases (pneumonia, diarrhoea, neonatal sepsis)

- To improve rationale use of antimalarials
- For epidemiological monitoring in a context of declining malaria transmission (elimination)
Key elements of the iCCM package

- **Diseases**: malaria, pneumonia, diarrhea
  - Neonatal sepsis, severe malnutrition

- **Tools**: RDTs, RRtimers, ACTs, AB, Zinc, ORS

- **Workers**: different cadres in different countries
  - (j)HEWs, APE, HSA, RMM/C, ASC, etc
The RAcE 2015 project (Rapid Access Expansion)

- Five-year award from Canadian International Development Agency (CIDA) to WHO-GMP

- **Main objective:** catalyze scale-up of iCCM as an integral part of government health services in sub-Saharan Africa
  - increase coverage of diagnostic, treatment, and referral services for major causes of childhood mortality

- **Secondary objective:** stimulate policy review and regulatory update in each country
  - generate evidence to inform WHO programmatic guidance on iCCM

- DRC, Malawi, Mozambique, Niger, and Nigeria selected
Operating Principles for WHO with regard to RAcE 2015

- Working across different layers of the WHO:
  - Vertically: HQ ↔ AFRO ↔ country offices
  - Horizontally: Malaria ↔ Child Health Departments

- Putting the MOH in a leadership position in each country
  - Malaria ↔ Child Health Departments
  - Letters of intent → Guidance workshops → Full grant applications → Grants
RAcE 2015: Next Steps

- Call for letters of interest: September-October 2012
- Guidance workshops in each country co-facilitated by WHO and MOH: October-November 2012
- Full proposals received and reviewed: January-February 2013
- Grants awarded April 2013
Chapter on malaria surveillance systems: focusing on quality of data received

Impact chapter to be shortened and more focused; much detailed information to be presented in new “regional profiles”

Plan to present and analyze country-level burden estimates (2010 estimates)

Maps in country profiles being produced in conjunction with Malaria Atlas Project

To be launched December 11
Delivered commodity needs to meet 2015 targets in Sub-Saharan Africa total $6.7B, with $3.5B committed to date.

Sub-Saharan Africa funding needs, commitments, and gap by commodity, 2012-2015

- **Vector control**: $4.5B (Gap: $2.2B, Committed: $2.4B)
- **ACTs**: $1.2B (Gap: $0.5B, Committed $0.6B)
- **RDTs**: $1.0B (Gap: $0.5B, Committed: $0.5B)
- **Total commodity need**: $6.7B (Gap: $3.2B, Committed: $3.5B)

Additional investments are required to support strengthening health systems (e.g., CHWs, M&E).

1 Malaria Commodities Gap Analysis, ALMA, April 18, 2012
2 LLINs and IRS; costs will vary depending on IRS use
3 Includes procurement and distribution costs
The yearly projected commodity gap is increasing between 2012-2015

SSA funding commitment and gap by year, 2012-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Committed</th>
<th>Gap</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>1.4</td>
<td>0.7</td>
<td>2.1</td>
</tr>
<tr>
<td>2013</td>
<td>1.0</td>
<td>0.5</td>
<td>1.5</td>
</tr>
<tr>
<td>2014</td>
<td>0.9</td>
<td>1.7</td>
<td>2.6</td>
</tr>
<tr>
<td>2015</td>
<td>1.1</td>
<td>1.5</td>
<td>2.6</td>
</tr>
<tr>
<td>Total</td>
<td>3.5</td>
<td>6.7</td>
<td>10.2</td>
</tr>
</tbody>
</table>

- The Global Fund aspires to cover 2/3 of the $3.2B gap, focused on addressing the 2014-15 need.
- Need to focus near-term efforts on addressing ~$1.1B gap in 2012-13 through other means.

1 Malaria Commodities Gap Analysis, ALMA, April 18, 2012
The Global Fund accounts for the majority of funding already committed between 2012 and 2015.

Breakdown of committed funding by source, 2012-2015:

- **PMI / USAID**: 14%
- **DFID**: 6%
- **World Bank**: 6%
- **UNICEF**: 3%
- **National**: 1%
- **Other**: 2%

1 RBM Secretariat financing survey of 47 African countries
Australia – increasing engagement in malaria

“Saving Lives from Malaria in the Asia-Pacific Region”
- Oct 31- Nov 2 2012 in Sydney: 2-day policy discussion followed by ministerial and senior agency representatives meeting

Focus is on areas for action, covering:
1) Regional political commitment and role of regional institutions
2) Sustainable financing
3) Access to quality medicines and commodities
4) Priority countries / programming
5) Research and development
6) Role of private and non-state sector

Goal: Accelerate progress towards achieving global target of 75% reduction in malaria cases & deaths in the Asia Pacific region by 2015
- invigorating and sustaining regional and international action to control and eliminate malaria in the Asia Pacific region, and
- protecting the gains to date in malaria control and elimination in the Asia Pacific region and beyond by addressing malaria drug resistance by 2015
UNAIDS published an investment framework last year
- High level global document
- Well received by Global Fund

Request to have similar document for TB and malaria
- Driven by evidence of mismatch in some cases between public health needs and investment for HIV and TB

Push-back from malaria community
- Already have a functioning system to guide investments through a country driven process
- Eventual agreement to produce a meta-document that groups components of malaria investment tool kit in one place
Four tools support strategic investment

Demand forecasts
Investment framework
Unit cost benchmarks
Portfolio analysis

Focus of this session

- Provide quality estimates of demand, programmatic and financial gaps
- Inform the development of requests through common guidance
- Provide costing guidance
- Built into framework when ready
- Allow monitoring and optimization of investments (presented at July SIIC)
Why apply an investment framework?

HIV and AIDS: high investment in BCC with low evidence of impact

High MDR-TB country: limited funds to share between DOTS / MDR-TB

Share of GF prevention spending (%)

- Diagnosis
- Blood safety
- PMTCT
- Condoms
- Testing / counseling
- BCC

Phase 1: DOTS strategy only

Phase 2: Reprogramming to MDR-TB, covering only 300 cases

Challenge under limited funding: share of funding between DOTS and MDR-TB

Caveats: other donor spending not accounted for and differing costs by interventions. Definitional / data challenges.

1. Less than 15% of total MDR-TB cases in the country

Source: UNAIDS, Global Fund
# Potential uses in the Global Fund process

<table>
<thead>
<tr>
<th>Process stage</th>
<th>Potential use</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Concept note</td>
<td>Influence funding requests</td>
</tr>
<tr>
<td></td>
<td>Inform dialogue¹</td>
</tr>
<tr>
<td>2 Independent technical review</td>
<td>Potential cross-check for strategic investment</td>
</tr>
<tr>
<td>3 Grant-making</td>
<td>Guide Secretariat and potentially TRP recommendations</td>
</tr>
<tr>
<td>4 Renewals and Reprogramming</td>
<td></td>
</tr>
</tbody>
</table>

Note: Exact use of framework will depend on its final content  
1. As part of the guidance package including indicative funding levels, Secretariat information / analysis, minimum standards, investment framework
Malaria Investment Tool Kit

RBM
Global Malaria Action Plan

RBM harmonization working group implementation guidance

Malaria programme performance review & Malaria strategic planning in each country

Programmatic and financial gap analysis and costing tool

Monitoring progress – annual World Malaria Report

Quality-assured and value-for-money commodities: WHO Rapid Diagnostic Test Performance; WHOPES (LLINs); WHO prequalification (antimalarials)

WHO technical recommendations & WHO Global Fund proposal development: Policy brief on malaria
<table>
<thead>
<tr>
<th>High burden: Africa</th>
<th>Moderate-to-high burden: Outside of Africa</th>
<th>Low burden / elimination countries: worldwide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General interventions</strong></td>
<td><strong>Geographically specific interventions</strong></td>
<td><strong>Additional interventions for artemisinin resistance</strong></td>
</tr>
<tr>
<td>• Universal access to:</td>
<td>• Intermittent Preventive Treatment in pregnancy (IPTp)</td>
<td>• Routine monitoring of therapeutic efficacy</td>
</tr>
<tr>
<td>• Vector control (LLINs and/or IRS) in at risk populations</td>
<td>• Intermittent Preventive Treatment in infancy (IPTi)</td>
<td>• Elimination of oral artemisinin-based monotherapies</td>
</tr>
<tr>
<td>• Diagnostic testing</td>
<td>• Seasonal malaria chemoprevention (SMC)</td>
<td>Where resistance is identified:</td>
</tr>
<tr>
<td>• Treatment (uncomplicated and severe malaria)</td>
<td></td>
<td>• Intensified and accelerated control to universal coverage including:</td>
</tr>
<tr>
<td>• Surveillance</td>
<td>• Alternative vector control strategies in selected locations</td>
<td>• Reaching migrant and mobile populations</td>
</tr>
<tr>
<td>• Integrated community case management</td>
<td>• Primaquine for radical cure of <em>P. vivax</em> infections</td>
<td>• Accelerate coverage to 100% for vector control</td>
</tr>
<tr>
<td><strong>Additional interventions for insecticide resistance</strong></td>
<td><strong>Additional interventions for insecticide resistance</strong></td>
<td><strong>Programme Management: Capacity building, performance monitoring, evidence-based planning</strong></td>
</tr>
<tr>
<td></td>
<td>• Plan &amp; implement resistance management strategies (e.g. rotations, combinations)</td>
<td></td>
</tr>
</tbody>
</table>
Strategic investment

Malaria investment tool kit

1. Costed National Malaria Strategic Planning based on rigorous Malaria Programme Performance Review is at heart of tool kit

2. Track record: tool kit already in widespread use with strong results; no evidence of mis-spend in malaria portfolio

3. Core malaria response options generally very similar across countries

4. Underlines risk of resurgence resulting from failure to maintain vector control and treatment – need for Continuity of Services

5. Strong emphasis on role of malaria in strengthening MCH service delivery at facility and community level

6. Emphasizes return on investment and value-for-money perspectives

7. Provides added clarity on roles of key malaria partners
Malaria Resurgences

- Recent review found vast majority (>90%) of malaria resurgences over past 80 years due, at least in part, to weakening of malaria control programmes; resource constraints most commonly identified factor

- Failure to replace a single LLIN before it is worn out places individual lives at risk, especially as continuous protection against malaria diminishes acquisition of partial immunity

- Failure to replace a cohort of LLINs in a timely manner places entire populations at risk of dramatic resurgences in malaria transmission
Continuity of Services for Malaria

- To ensure malaria does not resurge, need similar CoS approach as for TB and HIV/AIDS
- Preliminary analysis accounting for when grants end, and what has previously been funded by GF, estimates maximum need should CoS policy be applied to malaria control in Africa, as outlined in table below
- Given next funding modality being launched soon, unlikely that many of projected costs for 2014 will be required, further reducing potential costs
- Currently under discussion by the GF SIIC

<table>
<thead>
<tr>
<th></th>
<th>LLINs gap</th>
<th>ACTs gap</th>
<th>RDT gap</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$13,625,468</td>
<td>$553,927</td>
<td>$1,344,927</td>
<td>$15,524,321</td>
</tr>
<tr>
<td>2013</td>
<td>$55,360,985</td>
<td>$9,580,244</td>
<td>$14,490,731</td>
<td>$79,431,960</td>
</tr>
<tr>
<td>2014</td>
<td>$102,737,602</td>
<td>$11,303,186</td>
<td>$13,807,142</td>
<td>$127,847,931</td>
</tr>
<tr>
<td>Total</td>
<td>$171,724,055</td>
<td>$21,437,357</td>
<td>$29,642,800</td>
<td>$222,804,212</td>
</tr>
</tbody>
</table>
WHA Resolution 64.17 on malaria

- Passed by 64th World Health Assembly in May 2011, urging Member States to intensify efforts in fight against malaria, and calling on WHO to:
  - Continue to update evidence-based norms, standards, policies and guidelines
  - Monitor global progress and provide support to countries in validating and analysing data from surveillance systems
  - Help countries to strengthen their human resource capacities
  - Support countries with GPARC implementation, and develop the GPIRM;
  - Promote transfer of technology to ACT manufacturers, strengthen country capacities to meet WHO prequalification standards
  - Support countries in monitoring ACT accessibility and affordability;
  - **Report to WHA in 2013 and 2015 on implementation of resolution, through Executive Board**
MISSION
To act as the directing and coordinating authority on international health work, towards the objective of the attainment by all peoples of the highest possible level of health as a fundamental right.
Next 10 years: need to fight false dichotomies

Tools for malaria control vs. Tools for malaria elimination
We need both

New tools vs. Existing tools
We need both

Facility interventions vs. Community-based interventions
We need both

Donor funding vs. Domestic funding
We need both

Research vs. Programme
We need both