Strategic Advisory Group on Malaria Eradication

MPAC
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Global Malaria Programme
World Health Organization
SAGme Terms of Reference

• Advise WHO on the **feasibility, potential strategies and cost of eradicating malaria** over the next decades.
  
  • To prepare an *analysis of future trends* of malaria
  • Based on these analyses of the determinants described above, provide advice to WHO on the feasibility, expected cost and potential strategies of malaria eradication over the next decades, including through provision of a final report

• SAGme has met 4 times in 2016, 2017 and 2018

• Likely final meeting in June 2019
Approach

- Developed a report to the Executive Board in 2017 affirming malaria eradication as the ultimate goal
- Identified critical work streams to analyze determinants of malaria in the future and understand feasibility and cost
- Collaborated with WHO and collaborating centers, and commissioned analyses and position papers to complete the work packages
- Met several times to review progress and redirect
- Last meeting, developed general conclusions
- Currently editing papers into body of a report and developing the executive summary
1. Developing people-centred health systems through community engagement
2. Health systems determinants for elimination
3. Global megatrends and impact on future scenarios for malaria eradication
4. Mitigating potential threats to malaria eradication
5. Targeting the last areas first: interventions for the areas likely to be the most difficult for eradication
6. Global economic benefits on the path to malaria eradication
7. Lessons learned from other disease elimination and eradication efforts
8. Lessons from the history of global policies against malaria and aspects of contemporary developments in global health governance
Key Findings (1)

• **Health Systems**
  • Stronger health systems associated with greater reduction of malaria incidence at national level
  • Investments in malaria specific activities will achieve significant impact even in countries with weak health systems but strong health systems needed for last mile

• **Megatrends**
  • Population growth and urbanization most significant in Africa
  • Urbanization and development positively effect malaria elimination
  • Migration most important within large regions or countries
  • Land-use change impact will depend on type and region
  • Climate change impact will be on elimination through decadal variations
Key Findings (2)

- **Megatrends (cont.)**
  - Socioeconomic development the most important factor in future scenarios
  - By 2050, the aggregate effects of these megatrends in Africa may result in substantial declines in transmission, but not widespread elimination

- **Threats to elimination**
  - Complex emergencies are likely to cause disruptions but should not deter
  - Mitigation through community engagement, stronger health systems with strong surveillance capacity, specific emergency preparedness plans, and surge capacity when needed
  - Transmission potential of simian malaria could change, and continued surveillance and research are merited, but efforts to eradicate human malaria should not be derailed by focusing on simian malaria
Key Findings (3)

• Economic benefits

  • Reducing malaria incidence by 20 percent is associated with an increase of 1% of GDP per capita.
  • Malaria eradication, corresponding to a 100% decrease in malaria incidence, would therefore be associated with a 5% increase in GDP capita on average.
  • This is equivalent to an estimated gain of 0.15% of world GDP in 2015.
  • Incentives for investment at country level will depend on other national priorities.
  • Cost estimates of eradication *per se* are not possible given uncertainty over the last-mile strategy in high-burden countries.
• Lessons learned from other eradication efforts
  • Smallpox started with 100,000 cases in 1959
  • Polio started with 350,000 cases in 1988
  • Guinea worm started with 423,000 in 1991
  • In 2017, 219 million estimated malaria cases
  • If GTS targets achieved in 2030, 32 million cases remaining

*Numbers of cases are in millions.
Key Findings (5)

• History of global policies and contemporary developments in global health governance
  • Must distinguish between conceptual feasibility and practical feasibility (or actionability).
  • If a plan for malaria eradication is promised too early in order to use it as a resource mobilization strategy, there is a danger.
    o Massive underestimation of the costs of malaria eradication was a reason for the failure of the 1955 GMEP.
  • The time and energy of the malaria community could be better invested by harnessing opportunities and focusing on avoiding setbacks
    o Disagreement on long-term projections or eradication feasibility should not distract from what can be done now.
Key Findings (6)

• History of global policies and contemporary developments in global health governance
  • Central task is probably not to project at what point in time the journey towards eradication will be successfully completed. Rather, the question is where the journey is currently heading and what crossroads are coming up in the near future.
Preliminary Conclusions
Conclusions

- Global megatrends will contribute but won’t be enough to eradicate by 2050, even with full scale-up of current interventions
- New tools will be needed, particularly for vector control
- Good, people-centred health systems will be fundamental to achievement of eradication
- Strong surveillance and response will help adapt to and mitigate threats
- Estimation of costs will not be possible to calculate until the strategy is clearer
- Willingness of Member States to embark on eradication is likely to be affected by the consequences of, and reflections on, the polio transition
- Targets for the Global Technical Strategy for Malaria 2016-2030 are achievable and contribute significantly towards eradication
Setting the Prerequisites for Malaria Eradication

**GTS 2030**
Subnational strategies to get back on track to meet 2030 milestones

**OTHER DISEASES**
Achieve and reflect on eradication of polio

**NEW TOOLS**
Develop new tools to attack malaria in the most difficult places

**REGIONS**
Establish and achieve national and regional elimination goals

**RESEARCH**
Resolve bottlenecks through operational and implementation research

**CAPACITY**
Develop a national and global malaria workforce

**FINANCING**
Continue financial commitment to malaria eradication

**HEALTH SYSTEMS**
Make key investments in strengthening people-centred health systems

**OTHER PRIORITIES**
Build investment cases for contribution to other national priorities

**LEADERSHIP**
Countries take ownership of malaria elimination and eradication

Global Malaria Programme
Thank you