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# **The Global Malaria Action Plan**

## For a Malaria-Free World

25<sup>th</sup> September 2008



# What is the Global Malaria Action Plan (GMAP)?

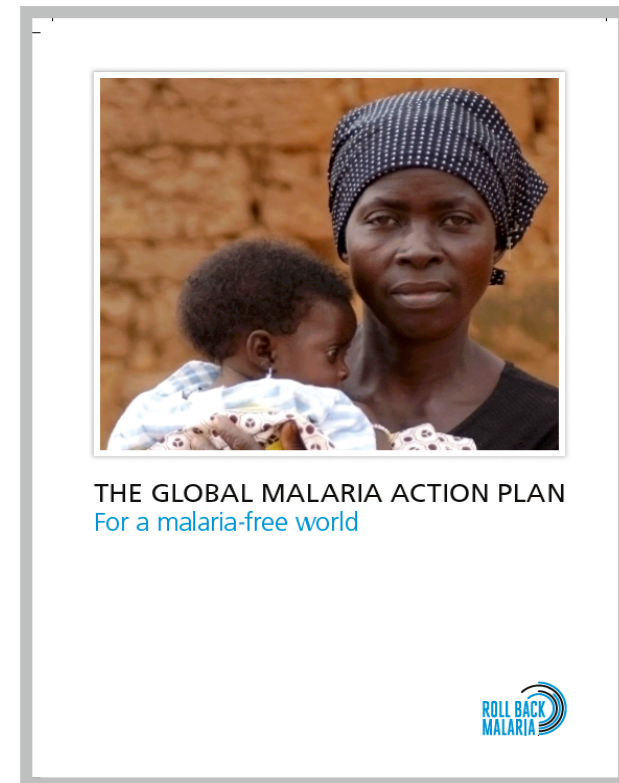
The Global Malaria Action Plan (GMAP) is a global framework for action around which those working against malaria can coordinate their efforts

The GMAP expands the focus of our activities to

- Medium and long-term activities as well as the near-term activities
- All 109 malarious countries around the world
- All human types of Malaria (*P. falciparum*, *P. vivax*, *P. malariae* and *P. ovale*)

This plan has been developed consensually over the past year by more than

- 30 endemic countries and regions around the world
- 65 international institutions
- 250 experts in fields as diverse as economics, public health and epidemiology



Ultimately, the GMAP will help us achieve  
a world free of malaria

# The targets of the Global Malaria Action Plan are ambitious

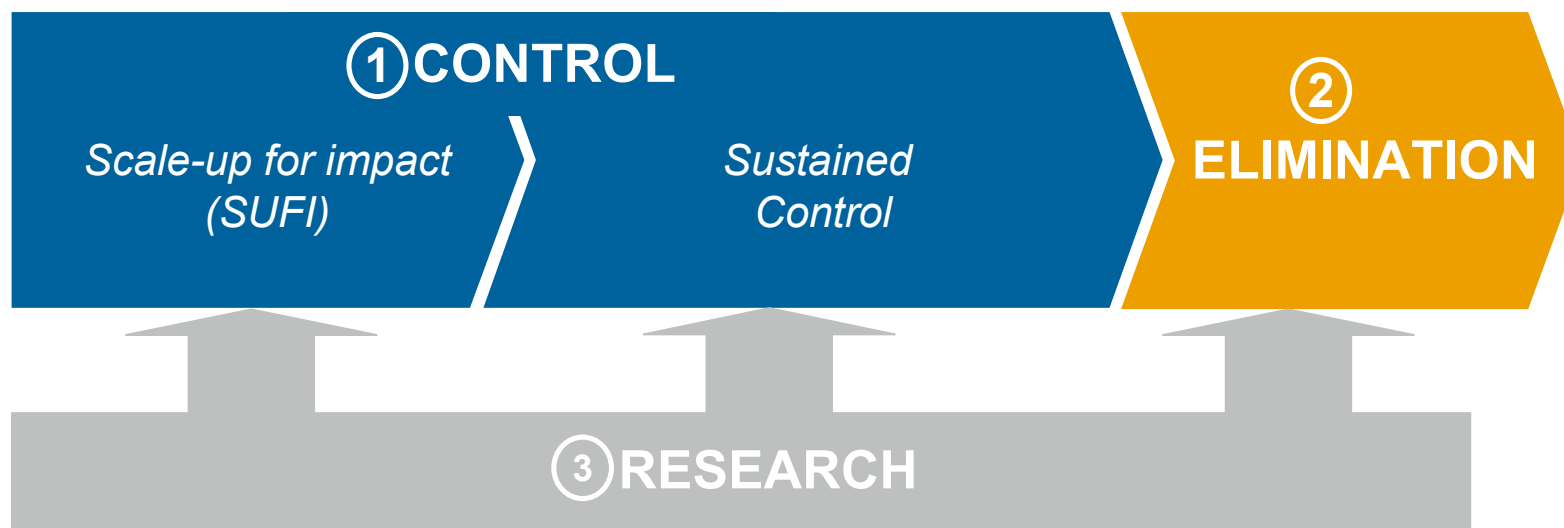
The GMAP targets are to:

- **Achieve** universal coverage by 2010 and **sustain** universal coverage indefinitely;
- **Reduce** global malaria cases from 2000 levels by 50% in 2010 & by 75% in 2015;
- **Reduce** global malaria deaths from 2000 levels by 50% in 2010 & to near zero in 2015;
- **Eliminate** malaria in 8-10 countries by 2015 and afterwards in all countries in the pre-elimination stage today; and
- In the long term, **eradicate** malaria world-wide through progressive elimination in countries

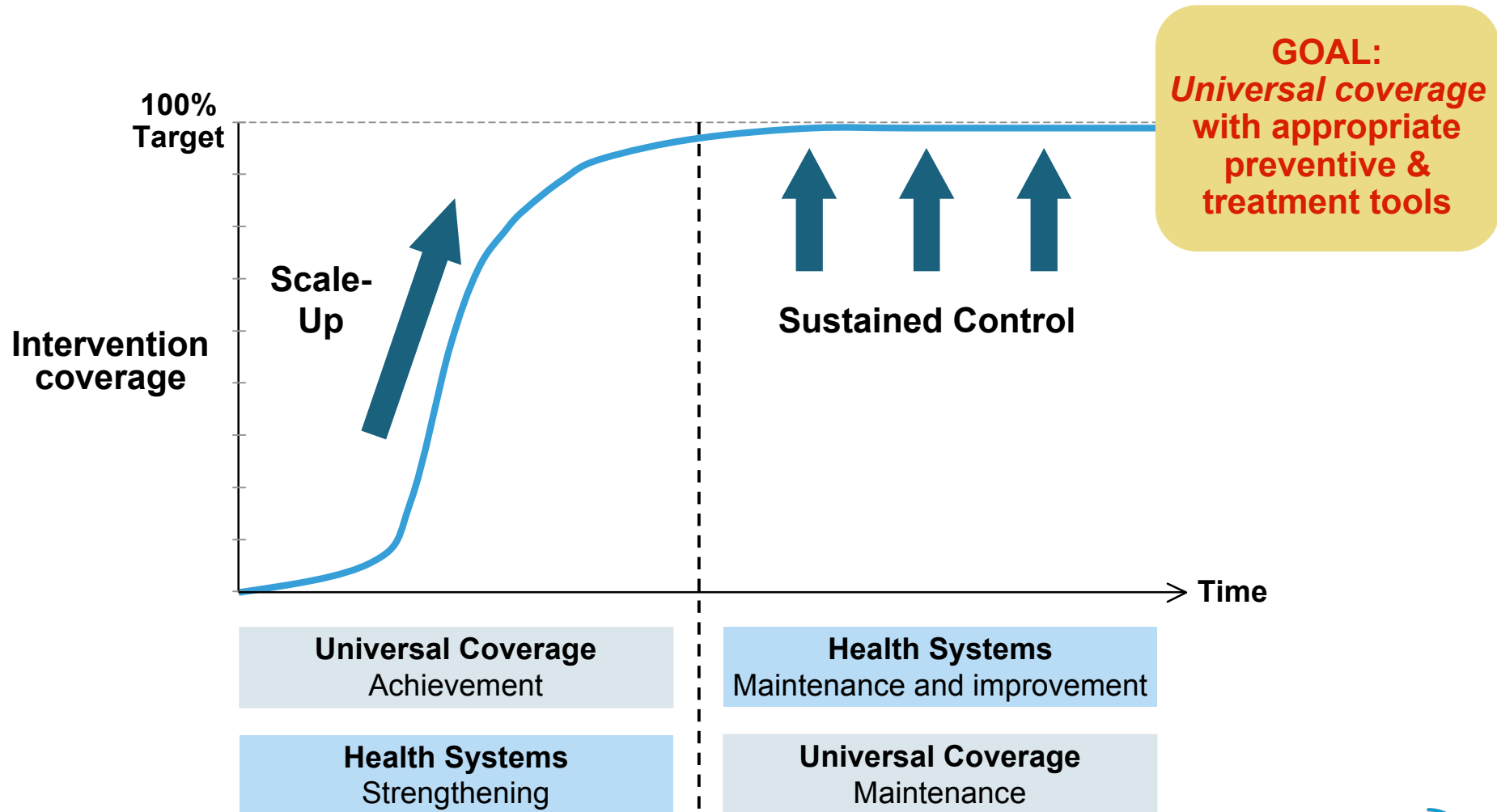
By meeting these targets, the malaria MDG will be achieved and there will be progress towards the other MDGs

# The Global Strategy

# GMAP proposes 3-part global strategy to achieve targets

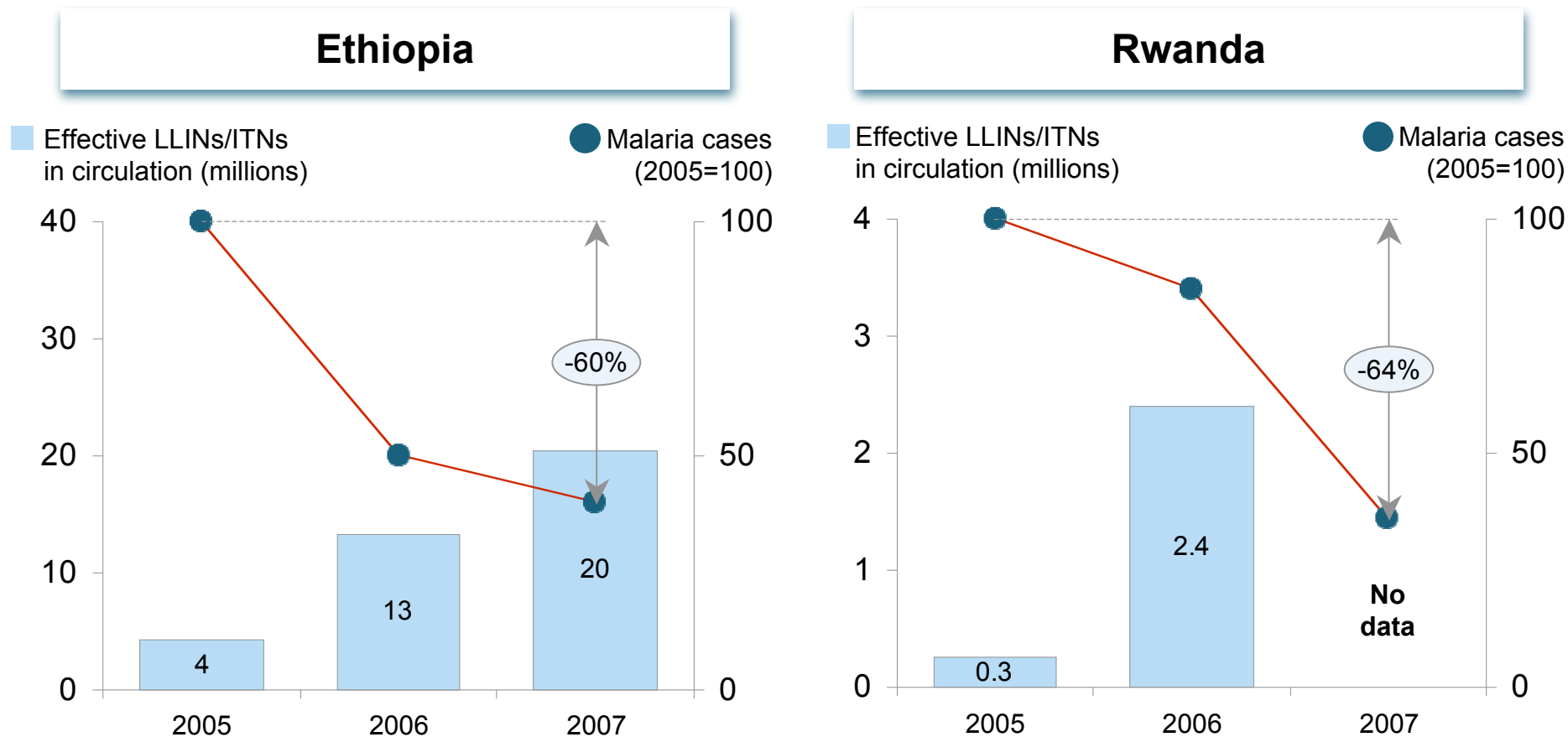


# 1 Control strategy: countries *scale-up* and then *sustain* control



# Scaling up will have big impact: >60% decrease in cases

## Example: Impact of increased LLIN and ACT distribution in Ethiopia & Rwanda



Source: Intervention data based on *World Malaria Report 2008*. Geneva, World Health Organization, 2008; Impact data based on *Impact of long-lasting insecticidal-treated nets (LLINs) and artemisinin-based combination therapies (ACTs) measured using surveillance data, in four African countries*. Geneva, World Health Organization, Global Malaria Program, 2008

## 2 Elimination strategy: support countries that are ready today with local elimination

**Elimination is defined as reducing to zero the incidence of locally acquired malaria infection in a specific geographic area through deliberate efforts**

**The RBM Partnership endorses elimination efforts in countries where appropriate, e.g.**

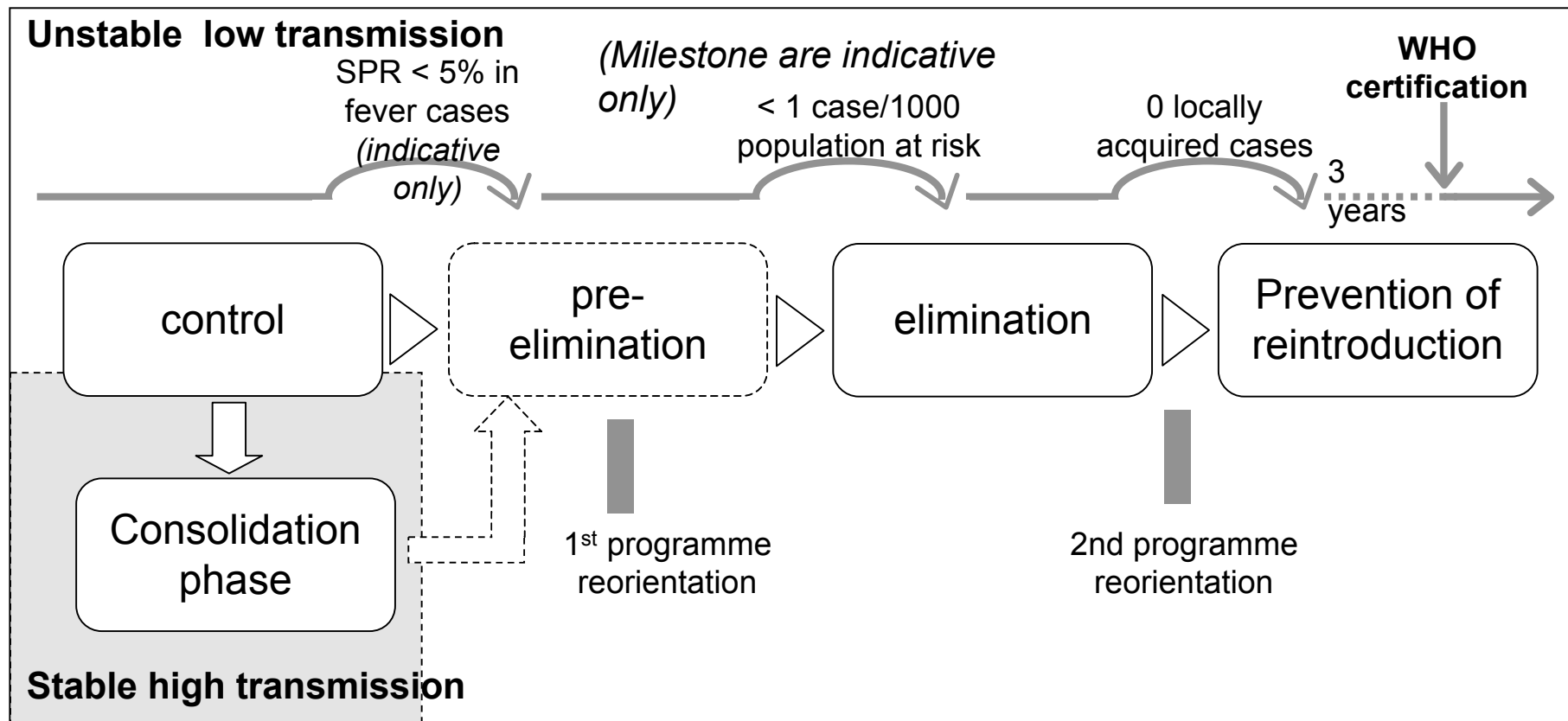
- meet epidemiological criteria for low burden
- lie near the natural borders of disease
- managing potential for reintroduction via porous borders
- leaders are politically and financially committed to elimination
- health systems & surveillance capacity are sufficient to manage an elimination program
- parasite and vector species and technical factors make elimination feasible

**The RBM Partnership encourages support of countries pursuing elimination through collection and dissemination of best-practice approaches, R&D for new tools, and funding and technical assistance by individual partners as desired**

**Eradication, or reducing the global incidence of malaria to zero, is the long-term goal and will be achieved through progressive elimination in countries where feasible**



## 2 WHO defines multiple steps for elimination



Source: "Malaria Elimination: A Field Manual for Low and Moderate Endemic Countries" WHO 2007

### 3 Research strategy: conduct rigorous research in 3 areas

Research & development  
for new tools



#### **New and better tools**

- New vaccines
- Better drugs
- More vector control options
- Effective diagnostics
- In case of resistance

Research  
to inform policy



#### **International & national policies**

- For different regional contexts
- On new vaccines, drugs, insecticides and diagnostics

Operational and  
implementation research

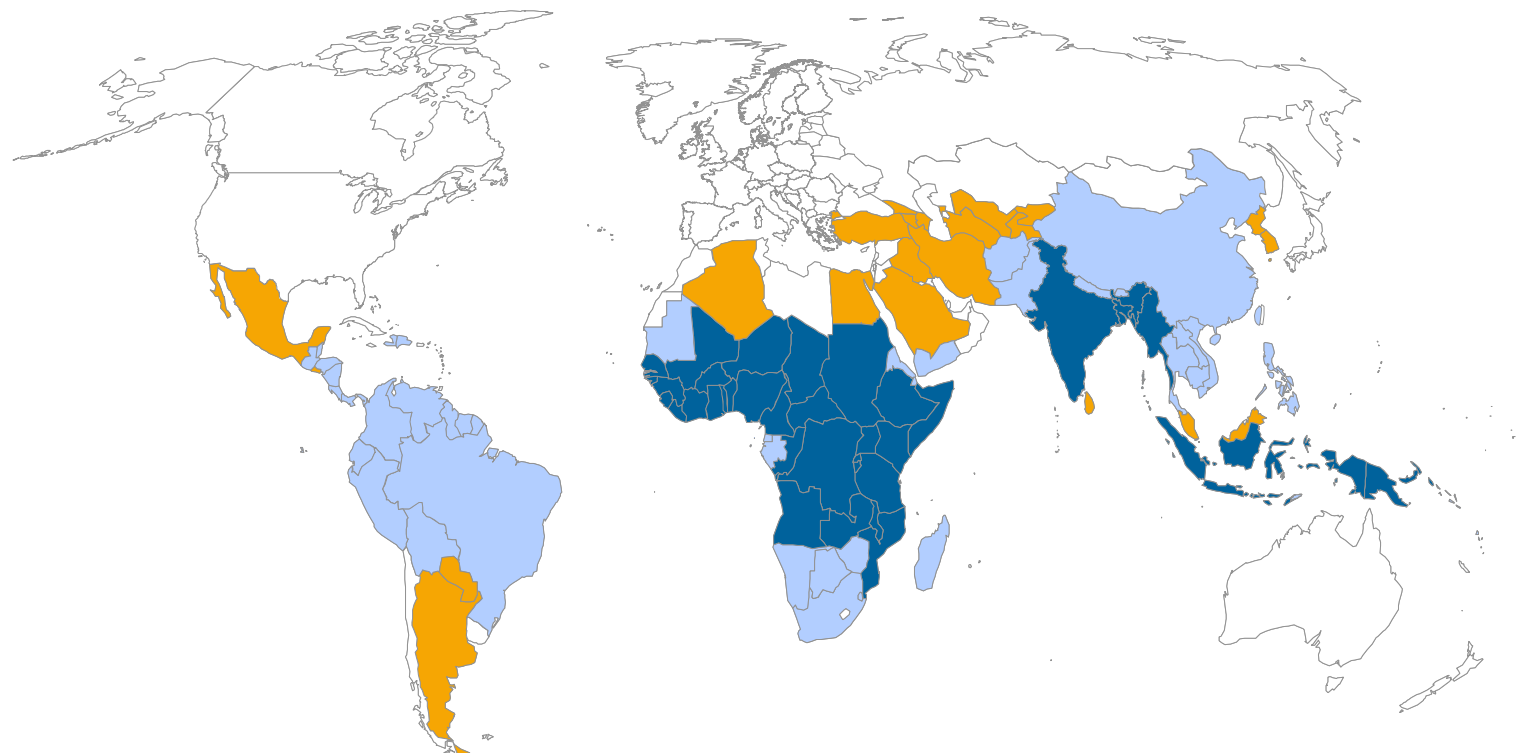


#### **Published studies on**

- Effective use interventions
- Best delivery of drugs, vaccines, vector control, etc
- Highest quality interventions

## Regional Strategies

# Today, there are 109 malarious countries in 4 regions



-  **Control: high global deaths**
-  **Control: low global deaths**
-  **Elimination**
-  **Malaria-free / prevention of reintroduction**

Source: *World Malaria Report 2008*. Geneva, World Health Organization, 2008

# Africa: 50 countries, most with significant malaria deaths

## Africa

### 50 malarious countries

- 46 in control and 4 in elimination

### Malaria targets in Africa

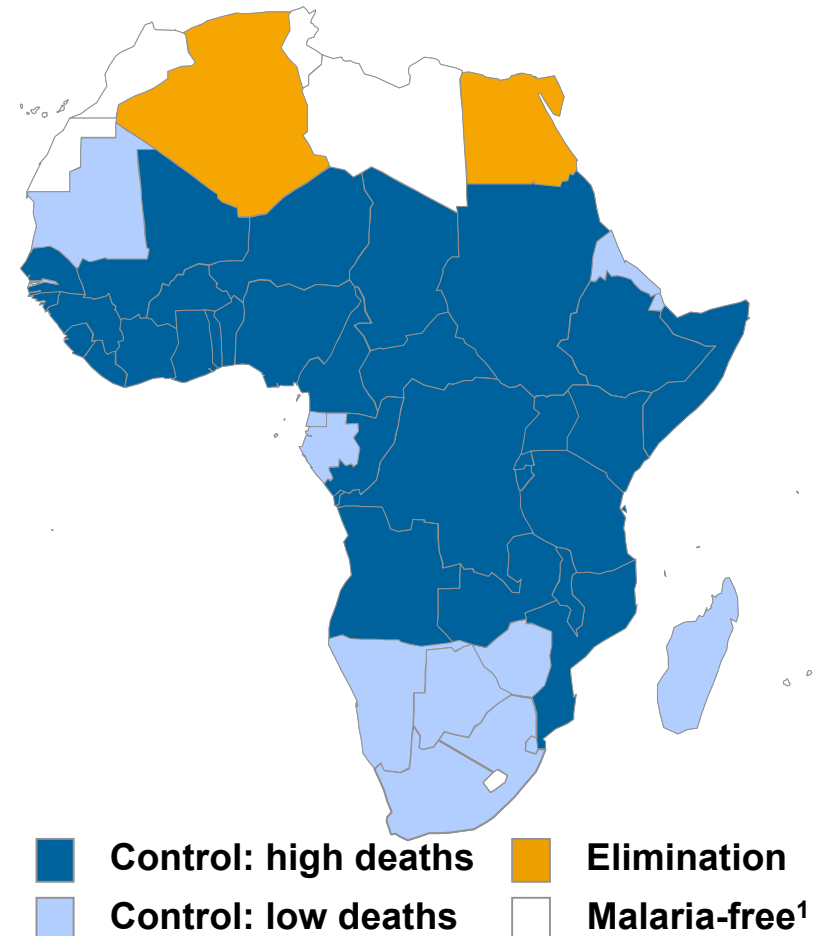
- Reduce cases from 365 M -> 158 M -> 79 M in 2015
- Reduce deaths from 963 K -> 480 K -> near 0 in 2015

### Priority support for

- Human resource and managerial capacity building
- Better monitoring and evaluation systems
- Regionally-tailored R&D and operational research
- Stronger procurement and supply chain systems
- Streamlining donor financing and reporting processes
- More effective emergency response mechanisms
- Treating people infected with HIV / AIDS and malaria

### Funds needed to support all countries

- US\$ 2.2 billion in 2009
- US\$ 2.7 billion in 2010



1) Includes prevention of reintroduction countries

Source: *World Malaria Report 2008*. Geneva, World Health Organization, 2008

# The Americas: Concentrated burden in remote areas



1) Includes prevention of reintroduction countries

Source: *World Malaria Report 2008*. Geneva, World Health Organization, 2008

## The Americas

### 22 malarious countries

- 17 in control and 5 in elimination

### Malaria targets in the Americas

- Keep regional deaths low (maintain below 1,000)
- Reach elimination in one or more elimination countries

### Priority support for

- Better health services for isolated pop. in Amazon
- Communication programs to improve use of tools
- Monitoring drug and insecticide resistance
- Building managerial capacity
- Fostering cross-country coordination
- Expanding operational research in American setting
- Strengthening monitoring & evaluation

### Funds needed to support all countries

- US\$ 227 million in 2009
- ~~US\$ 261 million in 2010~~

# Asia-Pacific: Burden across vast geographical areas

## Asia-Pacific

### 20 malarious countries

- 16 in control and 4 in elimination

### Malaria targets in the Americas

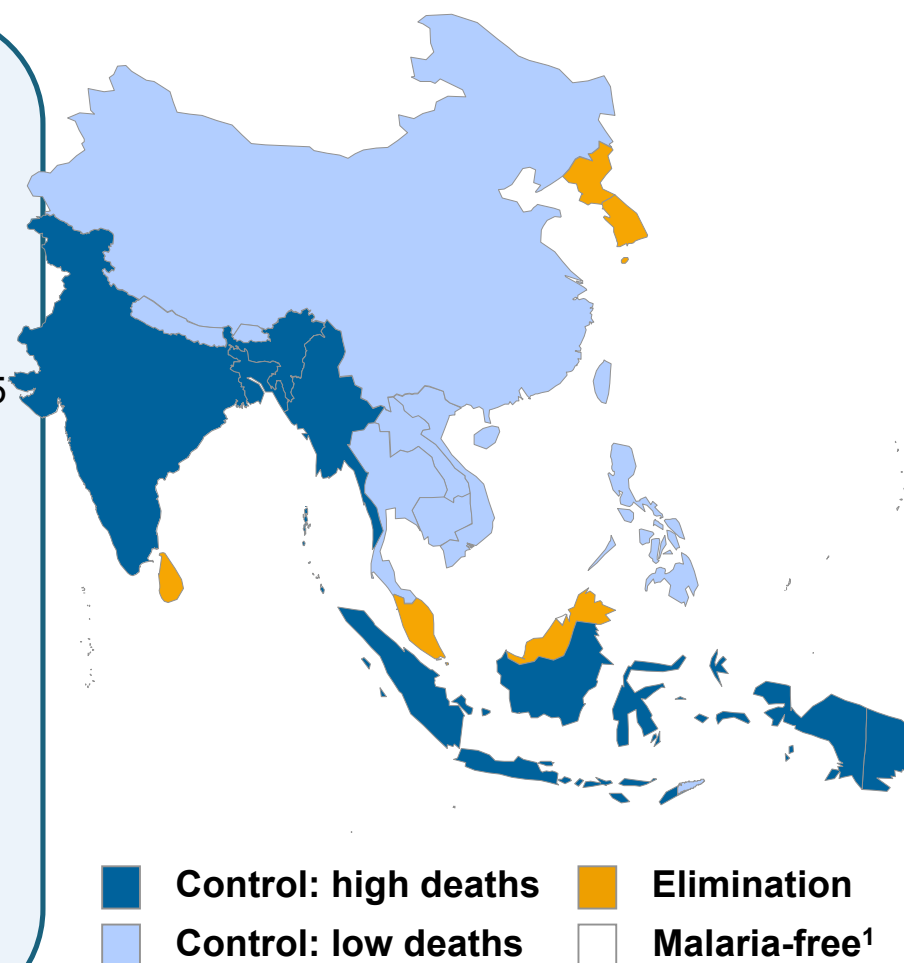
- Reduce cases from 134 M -> 67 M -> 33 M in 2015
- Reduce deaths from 105 K -> 52 K -> near 0 in 2015

### Priority support for

- Dealing with large in-country variations
- Building managerial capacity
- Addressing anti-malarial drug resistance to ACTs
- Monitoring insecticide resistance
- Quality control of drugs & other products
- Control & elimination against *P. vivax*
- Forest malaria and migrant populations

### Funds needed to support all countries

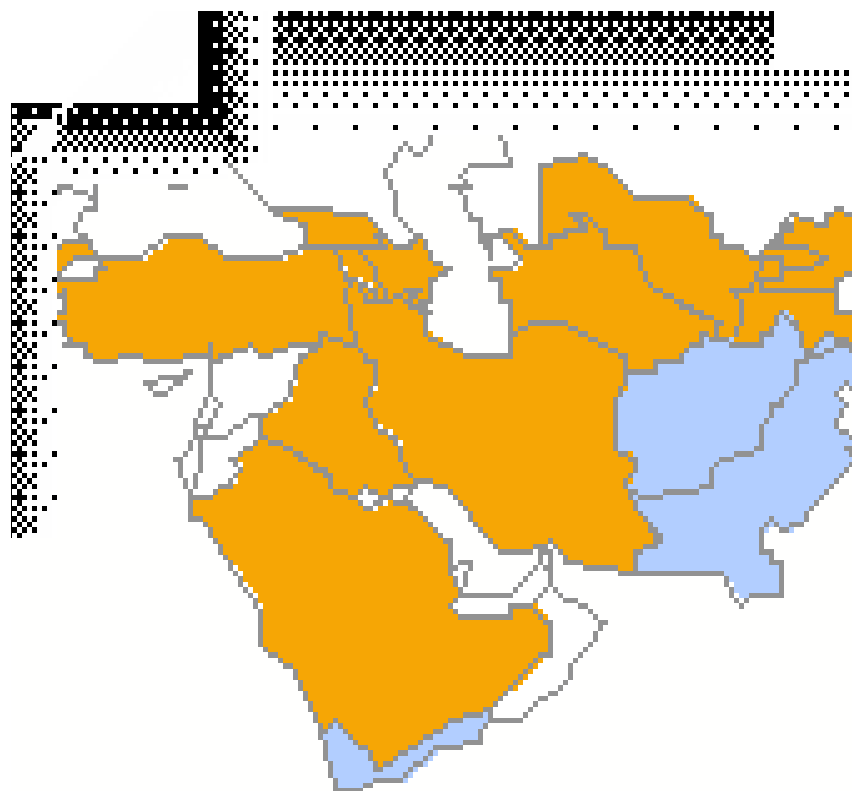
- US\$ 2.7 billion in 2009
- US\$ 3.0 billion in 2010



1) Includes prevention of reintroduction countries

Source: *World Malaria Report 2008*. Geneva, World Health Organization, 2008

## Middle East and Eurasia: Most countries in elimination



1) Includes prevention of reintroduction countries

Source: *World Malaria Report 2008*. Geneva, World Health Organization, 2008

### Middle East and Eurasia

#### 17 malarious countries

- 3 in control and 14 in elimination

#### Malaria targets in the Americas

- Many countries may reach 2015 elimination targets
- Pakistan, Yemen and Afghanistan reduce cases and deaths in line with 2010 and 2015 targets

#### Priority support for

- Preventing large scale epidemics
- Managing migrant populations and increasing cross-border cooperation
- Adapting to changing agricultural behaviors
- Sustaining political and financial commitment to elimination

#### Funds needed to support all countries

- US\$ 188 million in 2009
- US\$ 226 million in 2010

# The Role of the RBM Partnership

# The Roll Back Malaria brings together partners to fight malaria



### Multilaterals

Logos for UNDP, ADB, UNICEF, and other multilateral organizations.

### NGOs

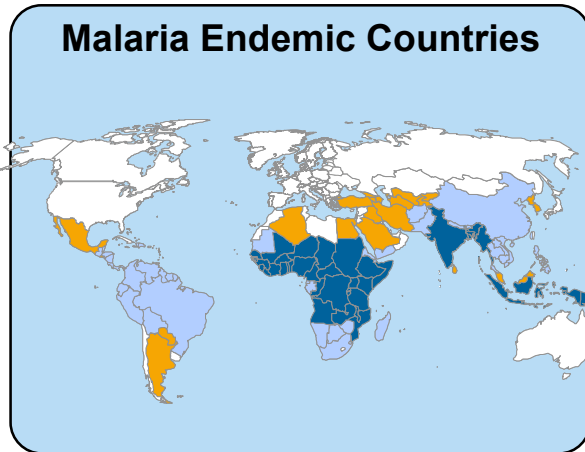
Logos for various NGOs including CORE, AMREF, MASTA, merlin, path, and others.

### Private Sector

Logos for private sector partners like World Economic Forum, ExxonMobil, Novartis, Bayer, P&G, and Sanofi Aventis.

### Foundations

Logos for the United Nations Foundation, Clinton Global Initiative, and Bill & Melinda Gates Foundation.



### Ex officio members

Logos for The Global Fund, UNITAID, and UN Special Envoy for Malaria.

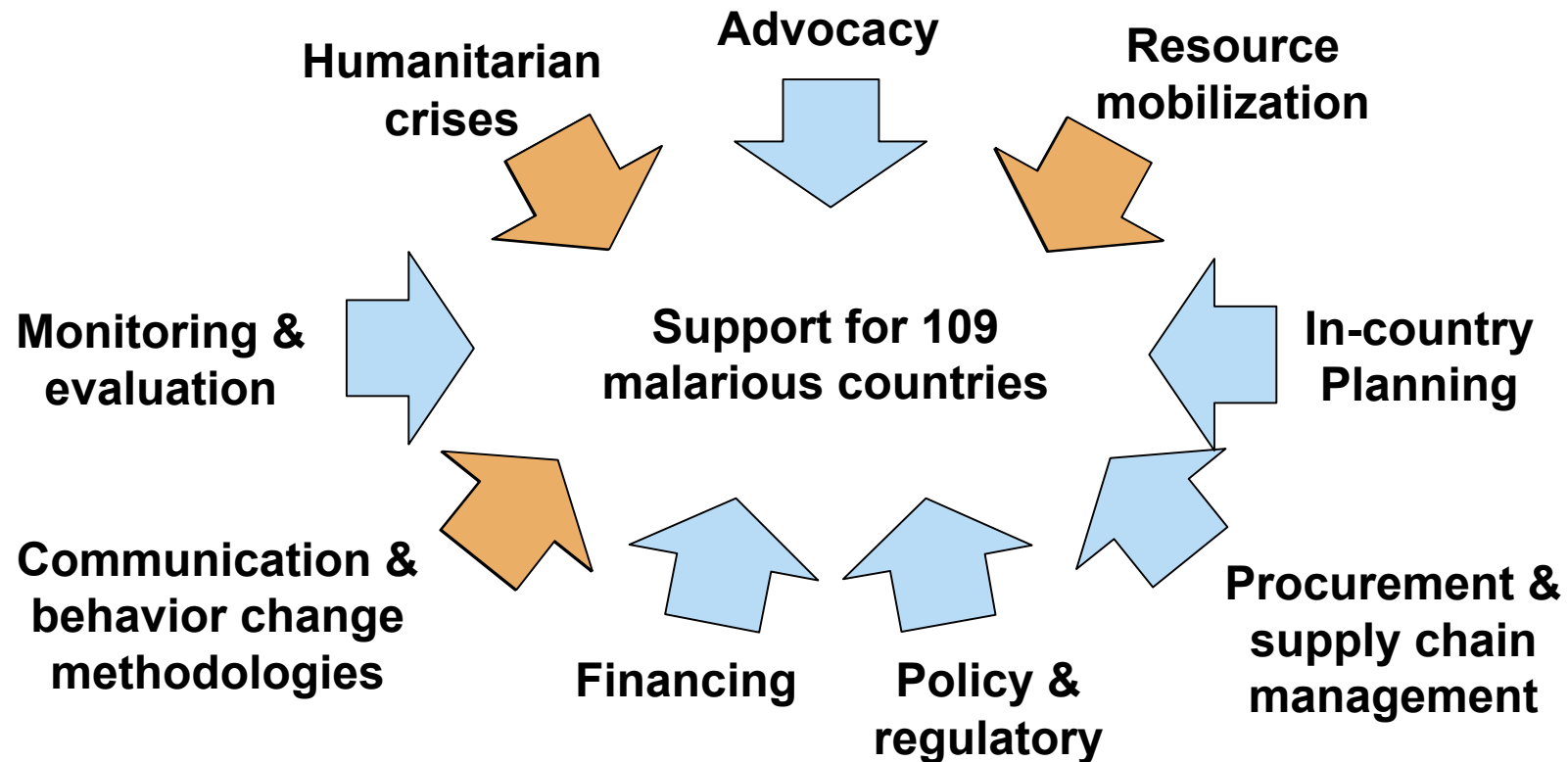
### Donor Countries

Logos for donor countries including USAID, DFID, AusAID, Sida, and others.

### Research & Academia

Logos for research and academic institutions like Wellcome Trust, Malaria Journal, and others.

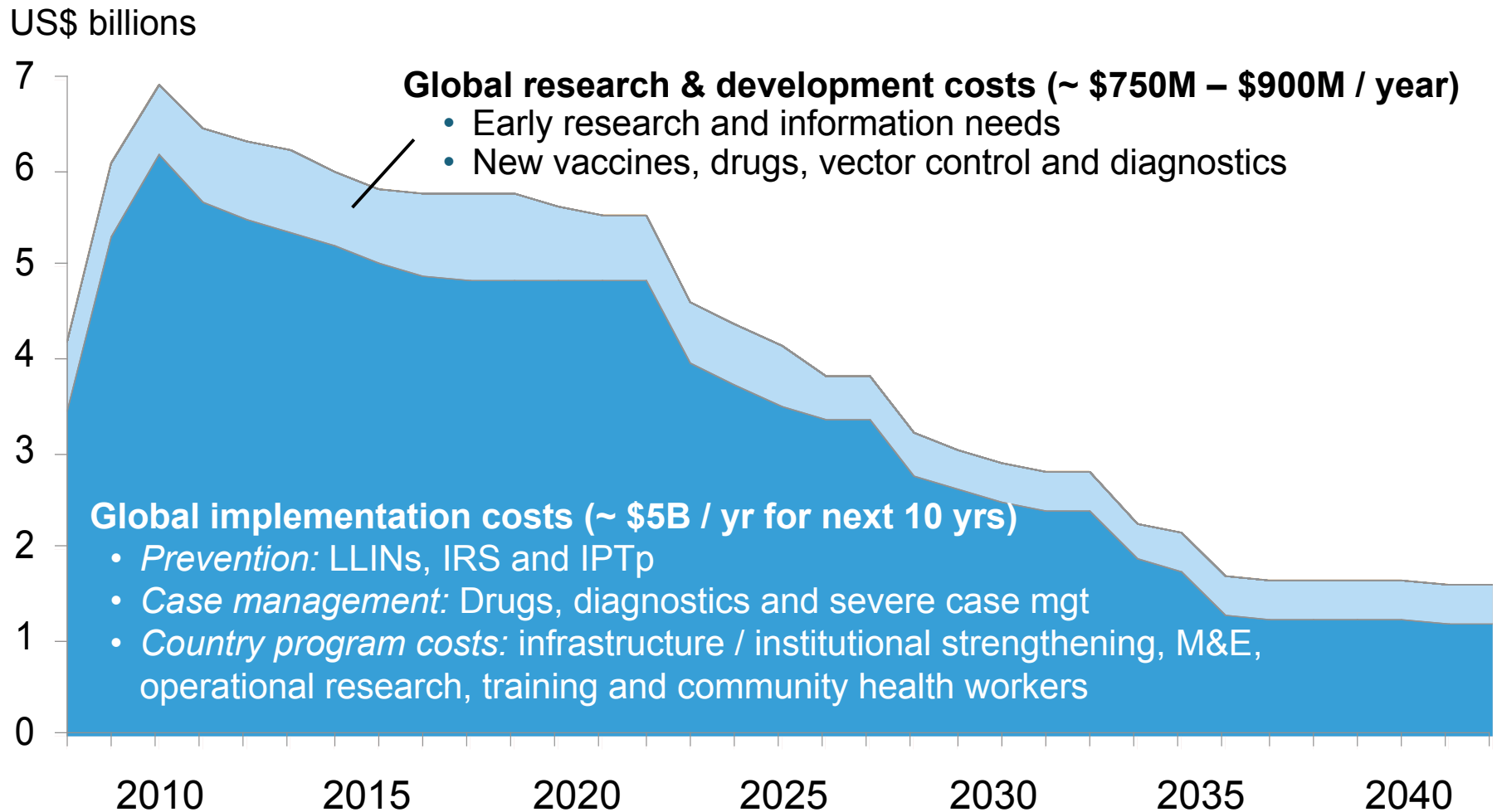
# The RBM Partnership supports countries in many ways



**Support to be strengthened for Resource Mobilization, Communication / BC and Humanitarian Crises**

# The Cost and Benefits of the Global Malaria Action Plan

# Global malaria implementation and R&D are expensive...



Source: GMAP costing model

UN\_GMAP launch\_25Sept08.ppt



## ...but will have a big impact globally

### ***Malaria control saves lives today and prevents deaths tomorrow***

- Up to an estimated 4.2 million lives will be saved by 2015 in the 20 highest burden African countries

### ***Malaria control is highly cost effective***

- Malaria cost \$2-24 per disability-adjusted life year (DALY) saved - only childhood immunization is more cost effective

### ***Investments in research will improve control, increase cost-effectiveness and support efforts to eliminate malaria***

- Preventative interventions (LLINs, IRS, etc) with greater field effectiveness could decrease costs US\$ 100 million per year

### ***A lower malaria burden yields positive economic benefits and can reduce poverty***

- Minimizing the malaria burden means more people at work, more children at school and a break in the cycle of poverty

### ***Progress in malaria will support five of the eight Millennium Development Goals***

- 1) Eradicate extreme poverty and hunger
- 2) Achieve universal primary education
- 3) Reduce child mortality
- 4) Improve maternal health
- 5) Combat HIV/AIDS, malaria and other diseases

# How can the GMAP help you in your work?

**The GMAP is being launched on September 25<sup>th</sup> at the UN Special Session on the Millennium Development Goals in New York**

- It has wide-spread support from governments and heads of state around the world

**Use the GMAP. The GMAP can be powerful tool to**

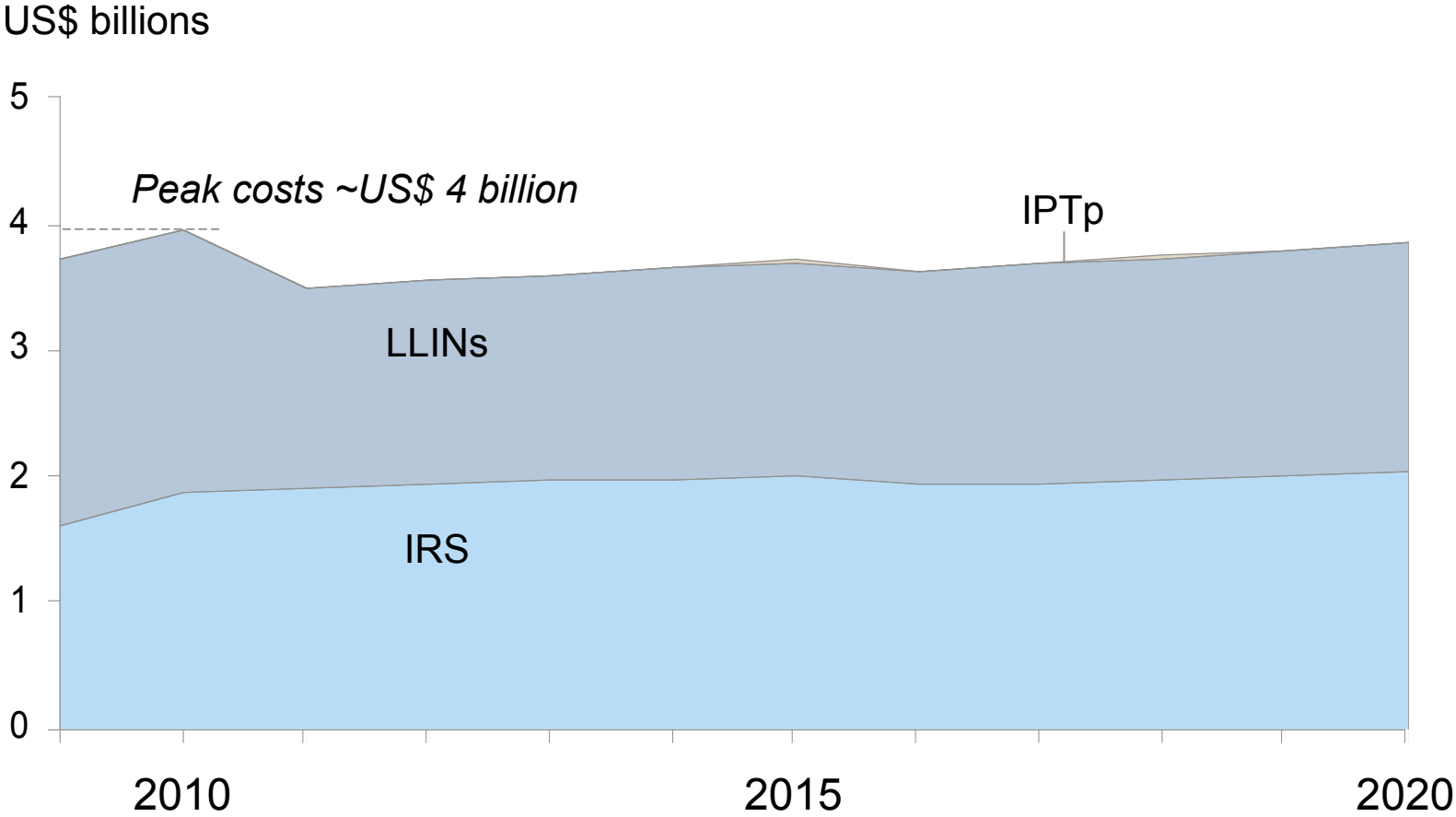
- empower civil society to demand commitment to malaria control from their leadership
- enable community groups to demand universal coverage of malaria prevention and case management for all people at risk from local authorities
- emphasize the important role of community leaders and community volunteers for achieving universal coverage
- serve as a tool for advocates in countries and at global level to better argue the case for investing in malaria control
- facilitate improved communication with key target groups in countries and outline what needs to happen in countries to increase usage of key life-saving interventions

**Please let the Roll Back Malaria Partnership know what more we can do to help you**

## Appendices

- Global control and implementation cost estimates
- Global R&D cost estimates
- Estimate of mortality impact

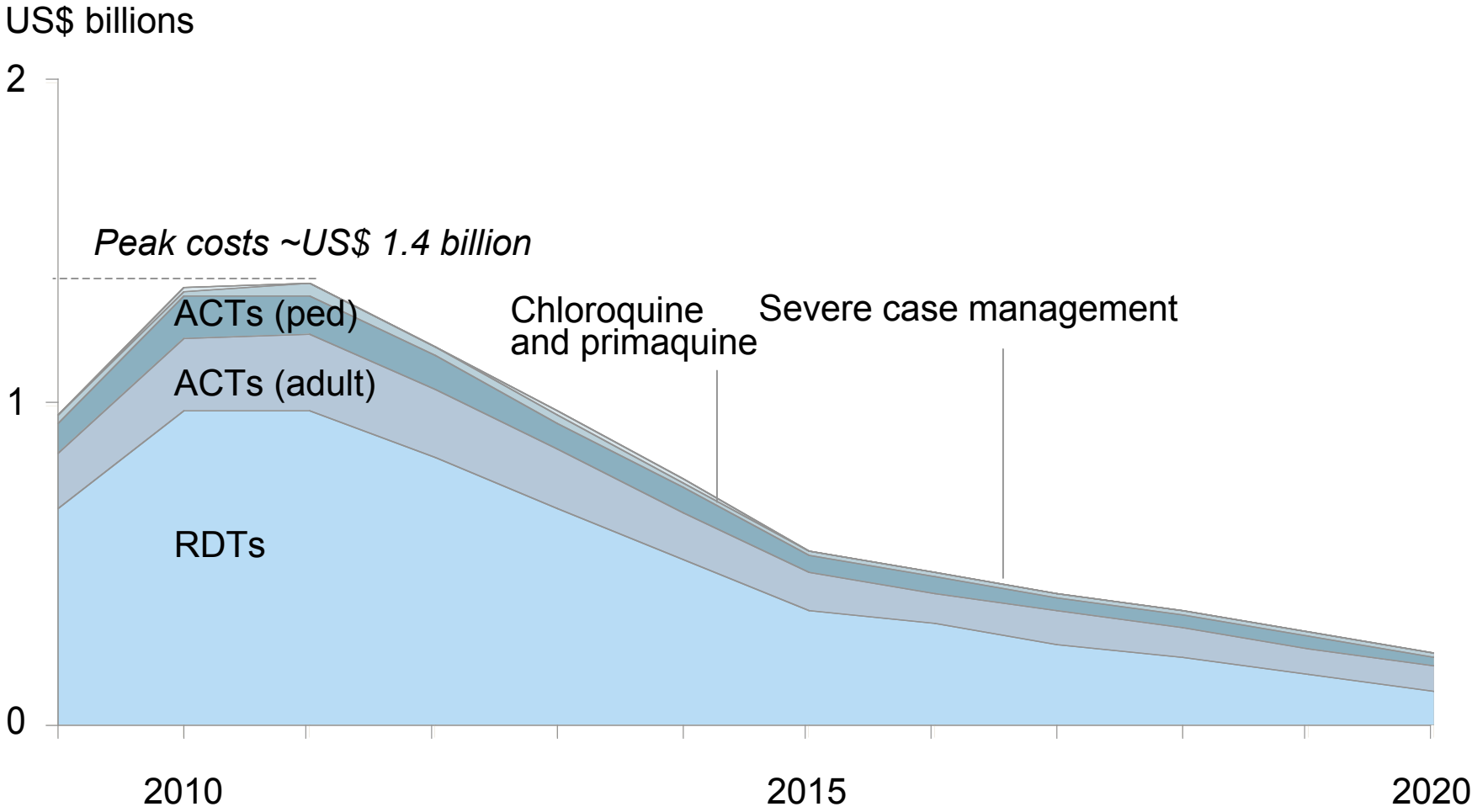
# Global preventive intervention costs



Source: GMAP costing model



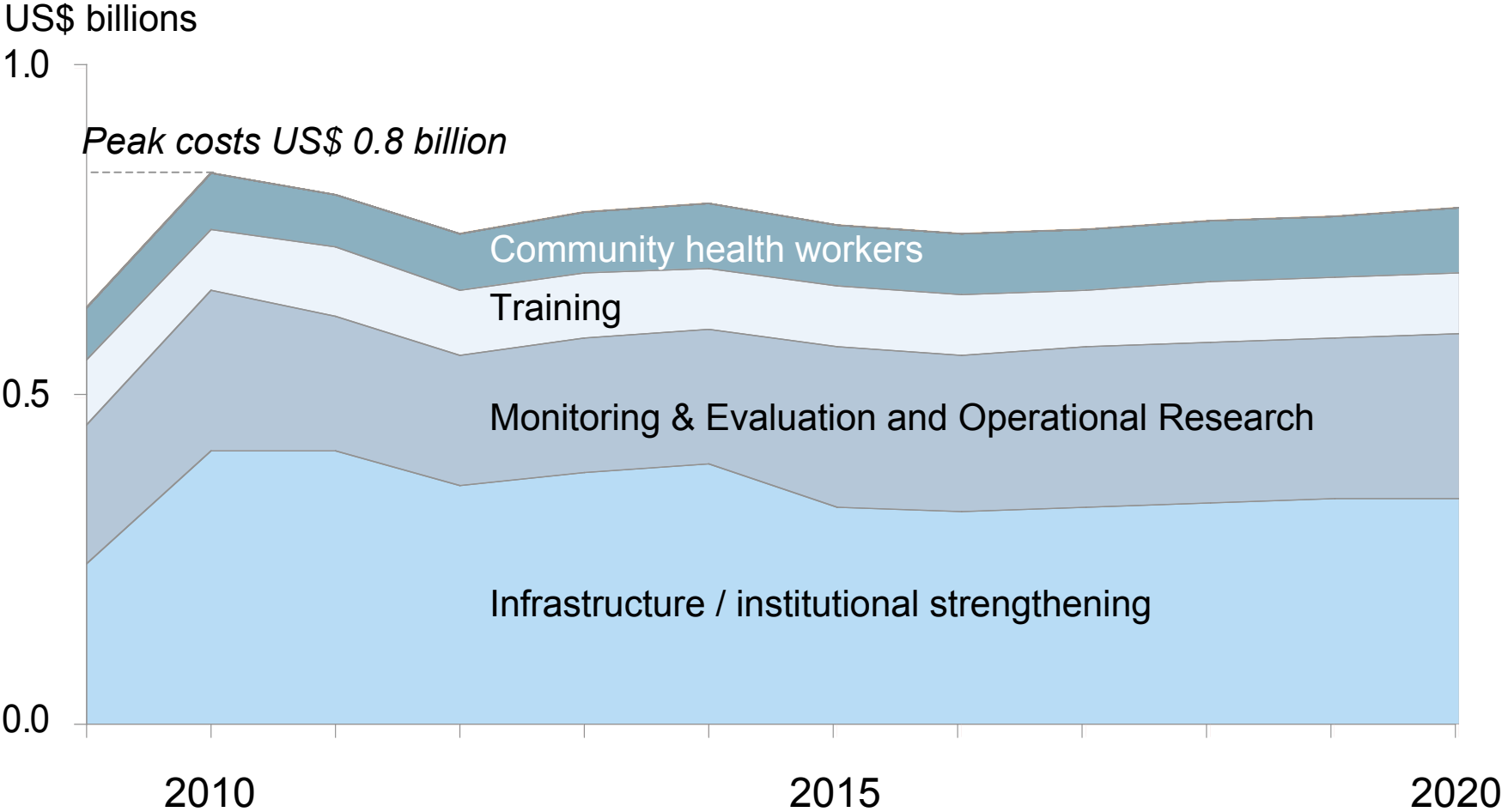
# Global case management costs



Source: GMAP costing model



# Global malaria program costs

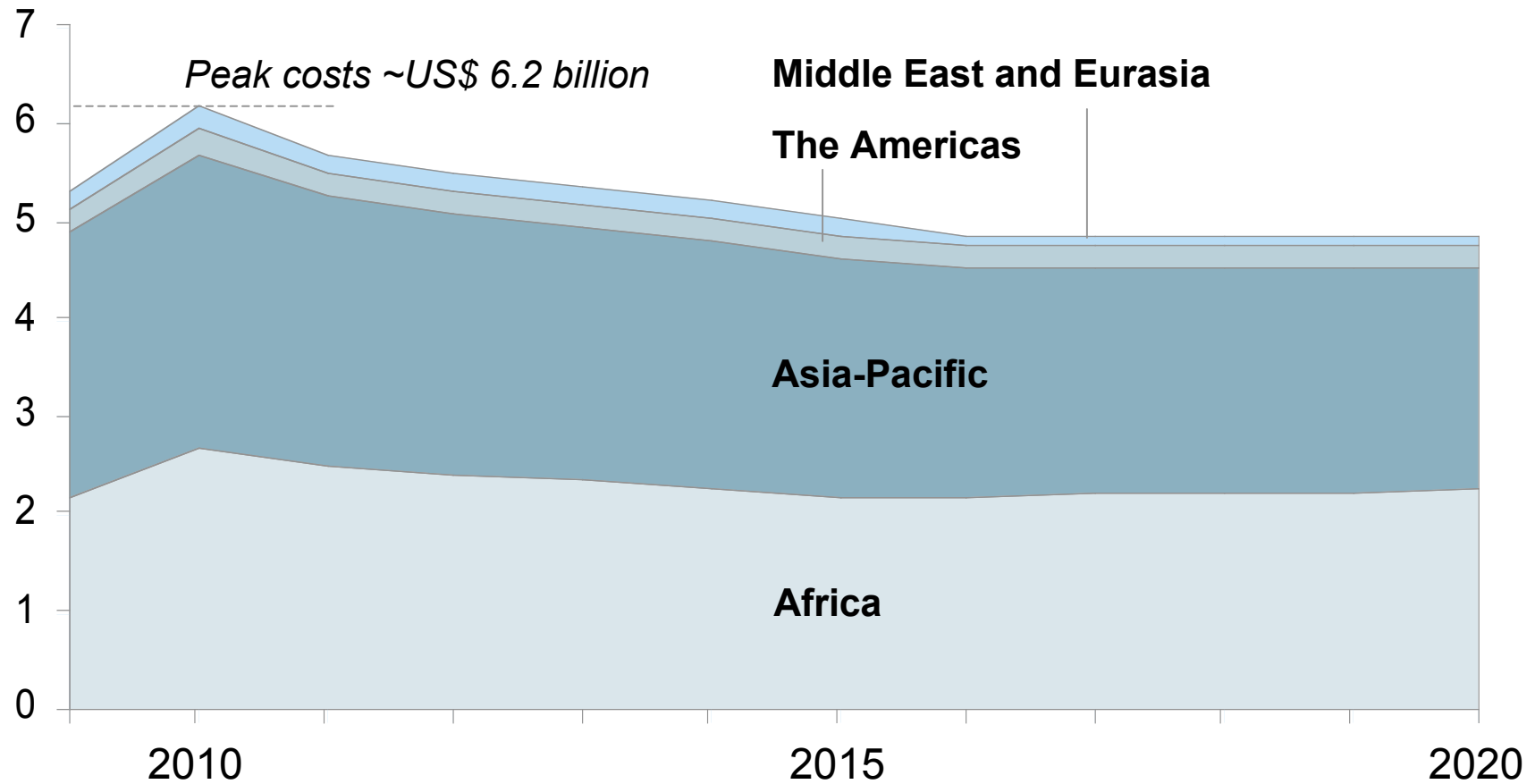


Source: GMAP costing model



# Total global costs by region

US\$ billions

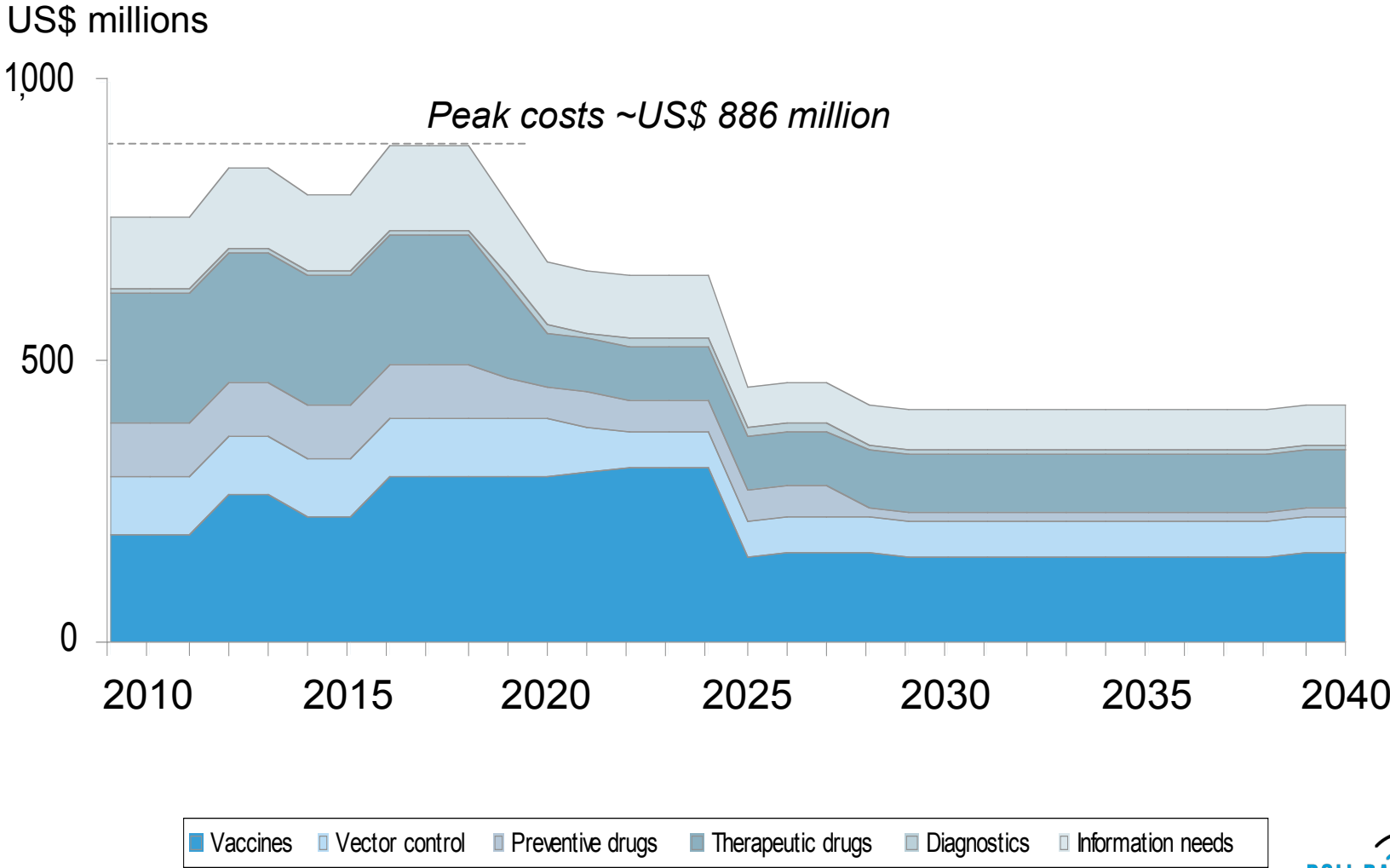


Source: GMAP costing model

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# Global malaria research and development costs

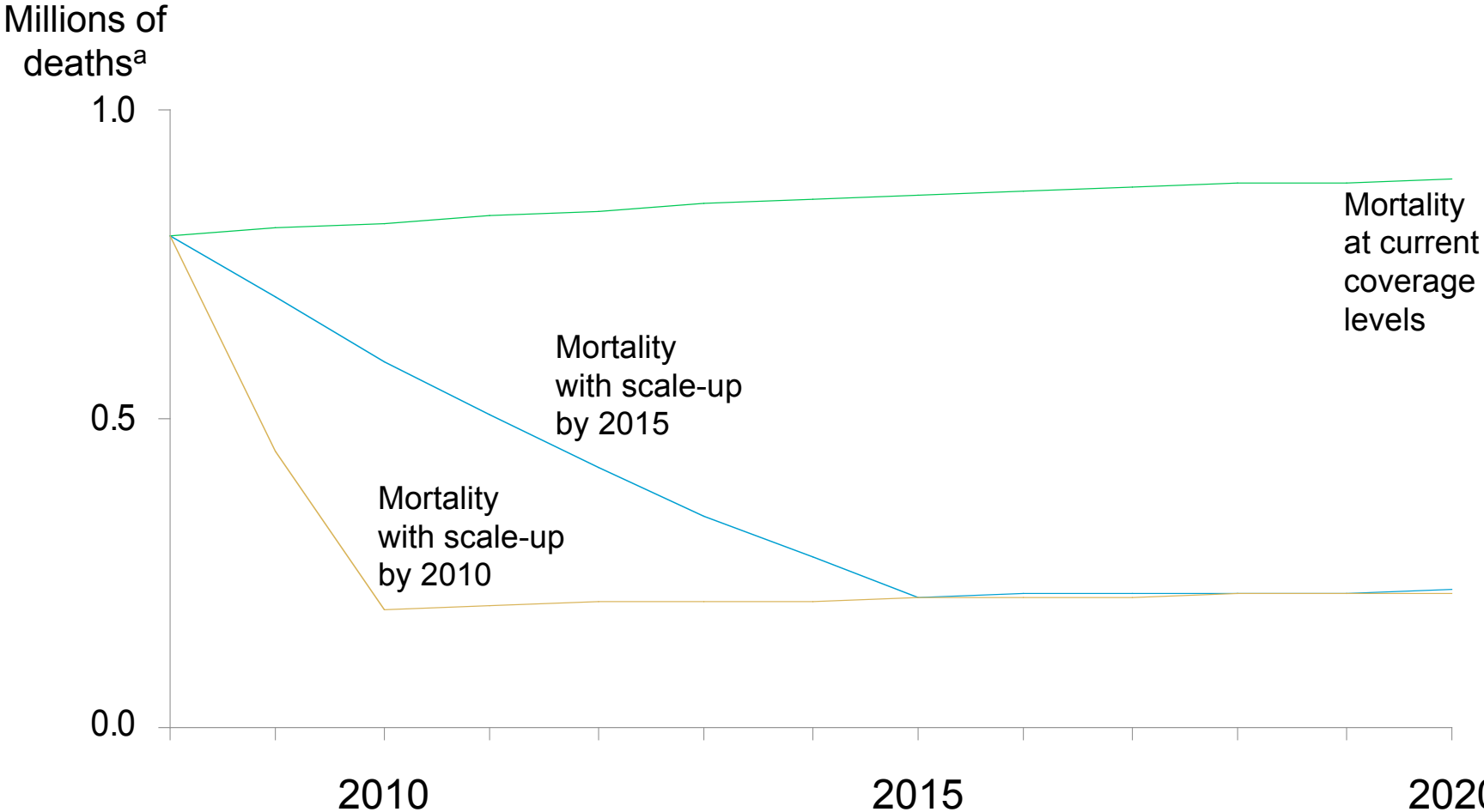


Source: GMAP costing model

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# Impact of scale-up on malaria mortality in 20 high burden African countries



a) Countries evaluated represent ~82% of global malaria mortality  
Source: Child Survival IMPACT model. Developed by consortium led by the Institute of International Programs at Johns Hopkins Bloomberg School of Public Health based on work of the Child Health Epidemiology Reference Group (CHERG)

