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# Global technical strategy for malaria (2016-2030)

Dr Pedro L. Alonso  
Director, Global Malaria Programme

Informal Dialogue  
Healthy Migrants in Malaria-free Communities:  
Equitable access to prevention, care and treatment in Post 2015

# Since 2000, substantial progress achieved

Malaria case incidence has been **reduced by 30% globally**

2000

## Incidence rate

**~13 000**  
per 100 000  
persons at risk

2013

**~9 000**  
per 100 000  
person at risk

Malaria mortality rates have **decreased by 47% worldwide**

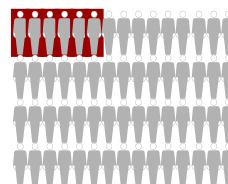
## Mortality rate

**~50**  
for 100 000  
person at risk

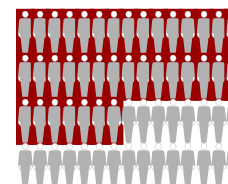
**~25** for  
100 000  
person at  
risk

The % of patients with suspected malaria in WHO African Region who received a diagnostic test has **increased by almost 60%**

## Diagnostic coverage rate (WHO African Region)



<10%

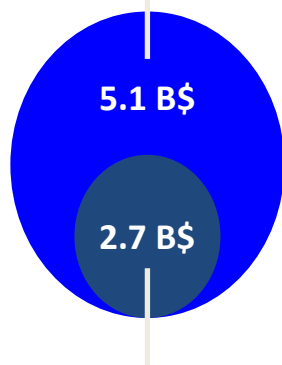


62%

# Still major gaps and devastating impact on people's health and livelihoods around the world

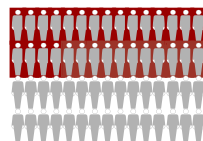
## Insufficient funding

Annually required to achieve global targets for control and elimination

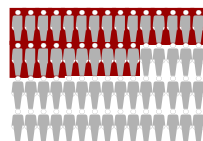


Available in 2013 through international and domestic funds

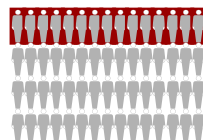
## Far from universal access



Only **~50%** of the at-risk population had access to an ITN in their household



**15 of the 35M** pregnant women at risk did not receive a single dose of IPTp



**Less than 26% children** with malaria received an ACT, i.e. **~60 M children went untreated**

## Still high incidence & mortality

**~200 million** cases occurred globally

- Of which, **~80%** in the WHO Africa Region,
- And **8%** globally due to *P. vivax*

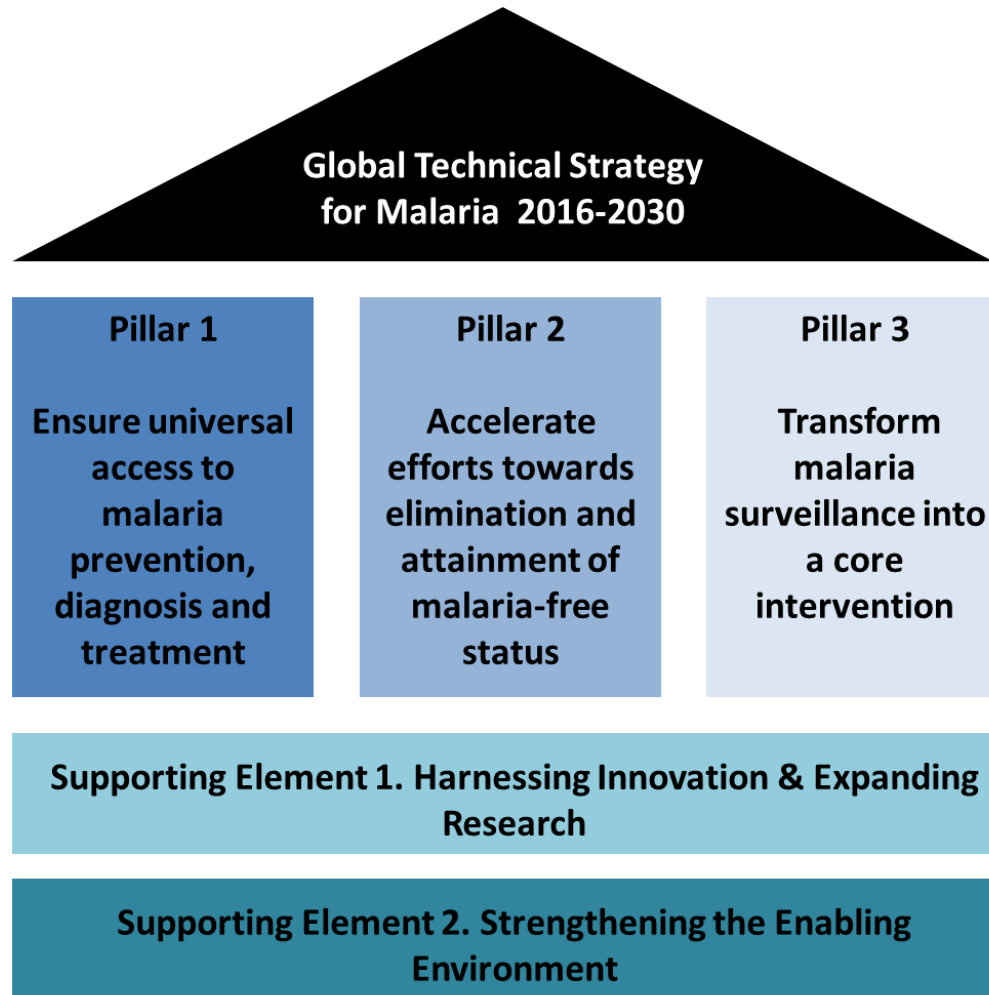
**~580 000** malaria deaths occurred worldwide

- Of which, **~80%** occurred in children aged under 5,
- And **90%** in the WHO Africa Region

# Strategy principles

1. **All countries can accelerate** efforts towards elimination through combinations of interventions tailored to local contexts.
2. **Country ownership and leadership**, with involvement and participation of communities, are essential to accelerating progress through a multisectoral approach.
3. **Improved surveillance, monitoring and evaluation**, as well as **stratification** by malaria disease burden, are required to optimize the implementation of malaria interventions.
4. **Equity in access to services** especially for the most vulnerable and hard-to-reach populations is essential.
5. **Innovation in tools and implementation approaches** will enable countries to maximize their progression along the path to elimination.

# Structure: pillars and supporting elements



# Vision, goals, milestones and targets

Vision		A world free of malaria		
Goals		Milestones		Targets
		2020	2025	2030
1.	Reduce malaria mortality rates globally compared with 2015	≥40%	≥75%	≥90%
2.	Reduce malaria case incidence globally compared with 2015	≥40%	≥75%	≥90%
3.	Eliminate malaria from countries in which malaria was transmitted in 2015	At least 10 countries	At least 20 countries	At least 35 countries
4.	Prevent re-establishment of malaria in all countries that are malaria-free	Re-establishment prevented	Re-establishment prevented	Re-establishment prevented

# Elimination strategy for Greater Mekong subregion (2)

## Selected milestones and targets

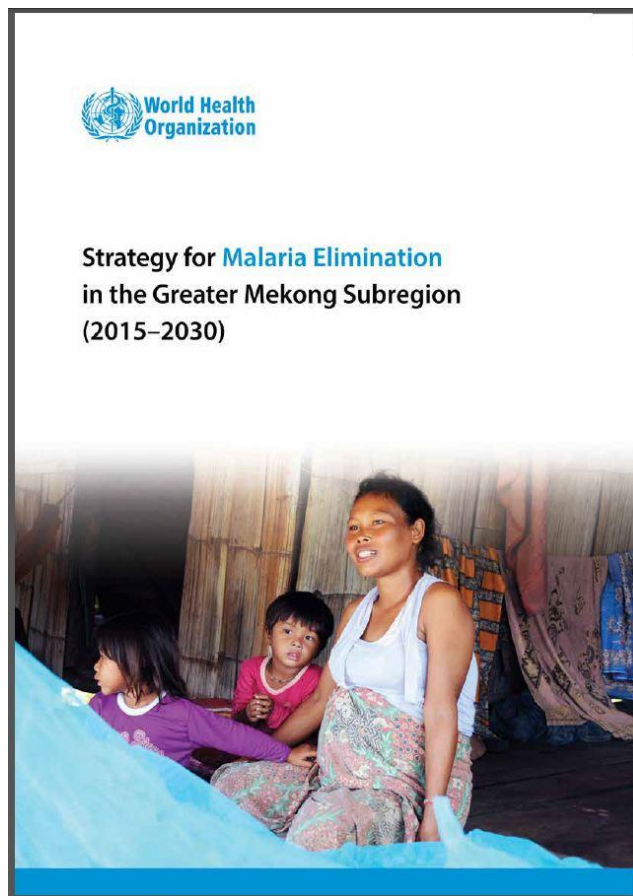
**By 2017** – each country to have strong surveillance in areas close to elimination, and strengthened surveillance in high-burden areas

Achieve universal coverage with LLINs for all populations at risk

**By 2020, or earlier** – interrupt malaria transmission of *P. falciparum* in all areas of multidrug resistance, including ACT resistance

**By 2025** – *P. falciparum* malaria eliminated in all GMS countries; malaria caused by all species eliminated in Cambodia and Thailand

**By 2030** – Malaria eliminated in all countries of the Greater Mekong subregion



**Thank you for your attention**

