

High burden to high impact

A targeted malaria response



World Health
Organization



Partnership
To End Malaria

“A MASSIVE WAKE-UP CALL”

Since the turn of the century, the global fight against malaria has been marked by a steady series of advances resulting in millions of cases averted and millions of lives saved. The effort represents one of public health’s greatest triumphs: mortality caused by the disease plummeted by nearly 60%.

But that downward trend has come to an end. In 2017, WHO reported that the number of malaria cases had levelled off. Now, for a second consecutive year, the battle – on a global scale – has failed to make new gains; and in some places, mainly in sub-Saharan Africa, it has lost ground.

According to the *World malaria report 2018*, there were 219 million cases of the disease in 2017, compared to 217 million the year before. Of particular concern is the report’s finding that, among the 10 highest burden African countries, there were 3.5 million more cases in 2017 over the previous year (See Graph “Malaria cases in the 10 highest burden countries in Africa, 2010–2017”).

“This is a massive wake-up call that has refocused attention on the countries hardest hit by malaria,” says Dr Pedro Alonso, Director of the WHO Global Malaria Programme. The numbers, he notes, underscore the need for an immediate change in approach against a disease that is both preventable and curable.

Every two minutes, a child dies of malaria. In 2017, the estimated global tally of malaria deaths stood at 435 000, a similar number to the previous year. Beyond loss of life, the damage inflicted by malaria runs deep.

“Malaria disproportionately affects vulnerable groups, including women and children, particularly from the poorest households,” says Dr Winnie Mpanju-Shumbusho, Board Chair of the RBM Partnership to End Malaria. “The high burden of malaria often means that farmers stay off their fields, children miss school, workers stay at home or spend much time and resources going to clinics,” she adds.

219

MILLION
MALARIA CASES

&

435 000

MALARIA DEATHS
IN 2017

A NEW COUNTRY-LED APPROACH

The *Global Technical Strategy for Malaria 2016–2030* (GTS) calls for reducing malaria cases and deaths by at least 40% by 2020, at least 75% by 2025 and at least 90% by 2030. Without a major turnaround, these targets are unlikely to be met – a challenge further compounded by insufficient levels of funding for malaria control. Investments in 2017 represented less than half of the 2020 US\$ 6.6 billion funding target set by the GTS.

In May 2018, at the 71st World Health Assembly, the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, called for an aggressive new approach to accelerate progress against malaria. Heeding the call, ministries of health in affected nations have been working with WHO and the RBM Partnership to End Malaria to map out a way forward.

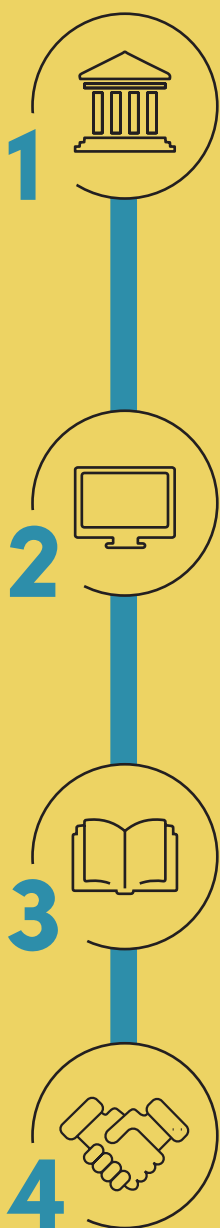
“High burden to high impact” is a country-led response – catalyzed by WHO and the RBM Partnership – to reignite the pace of progress in the global malaria fight. The new response has been prioritized by a number of partners; the WHO Director-General, for example, has made it a flagship initiative of the Organization.

“We need to change course and improve how we combat malaria, particularly in those countries with the highest burden. The status quo will take us further off track and have significant negative socio-economic consequences beyond malaria.”

Dr Tedros Adhanom Ghebreyesus, WHO Director-General

4 KEY ELEMENTS

There is no standing still with malaria. Continuing with the status quo will take us further off track in the fight against this deadly disease. Key elements of the new “High burden to high impact” response include:



Political will to reduce malaria deaths

The approach calls on high burden countries and global partners to translate their stated political commitment into resources and tangible actions that will save more lives. Ownership of the challenge lies in the hands of governments most affected by malaria. Grassroots initiatives that empower people to take action to protect themselves from malaria, like the *Zero Malaria Starts with Me* campaign, can help foster an environment of accountability and action.

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Strategic information to drive impact

We are moving away from a ‘one-size-fits-all’ approach to malaria. Through better analysis and the strategic use of quality data, countries can pinpoint where to deploy the most effective malaria control tools for maximum impact. They can also use data to optimize the way tools are delivered to those in need through all conduits of delivery, including improved primary health care.

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Better guidance, policies and strategies

WHO will draw on the best evidence to establish global guidance that can be adapted by high burden countries for a range of local settings. This guidance will be continually updated and refined based on country experience and the development of new tools.

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A coordinated national malaria response

Key to success is a more coordinated health sector response complemented by other sectors, such as environment, education and agriculture. Aligning partners behind this country-led approach will ensure that scarce resources are used as efficiently as possible.

WHERE MALARIA IS HITTING HARDEST

Approximately 70% of the world's malaria burden is concentrated in just 11 countries – 10 in sub-Saharan Africa (Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda and United Republic of Tanzania) and India. These high-burden nations are home to an estimated 151 million cases of malaria and 275 000 deaths.

In 2017, all of the 10 highest burden African countries reported increases in malaria cases over the previous year, ranging from an estimated 131 000 more cases in Cameroon to 1.3 million additional cases in Nigeria. Only India marked progress in reducing its disease burden, registering a 24% decrease compared to 2016.

“HIGH BURDEN TO HIGH IMPACT” IS GUIDED BY THE FOLLOWING PRINCIPLES

- Country-owned, country-led, and aligned with the GTS, the health-related Sustainable Development Goals (SDGs), national health goals, strategies and priorities;
- Focused on high-burden settings;
- Able to demonstrate impact, with an intensified approach to reducing mortality while ensuring progress is on track to reach the GTS targets for reducing malaria cases;
- Characterized by packages of malaria interventions, optimally delivered through appropriate channels, including a strong foundation of primary health care.

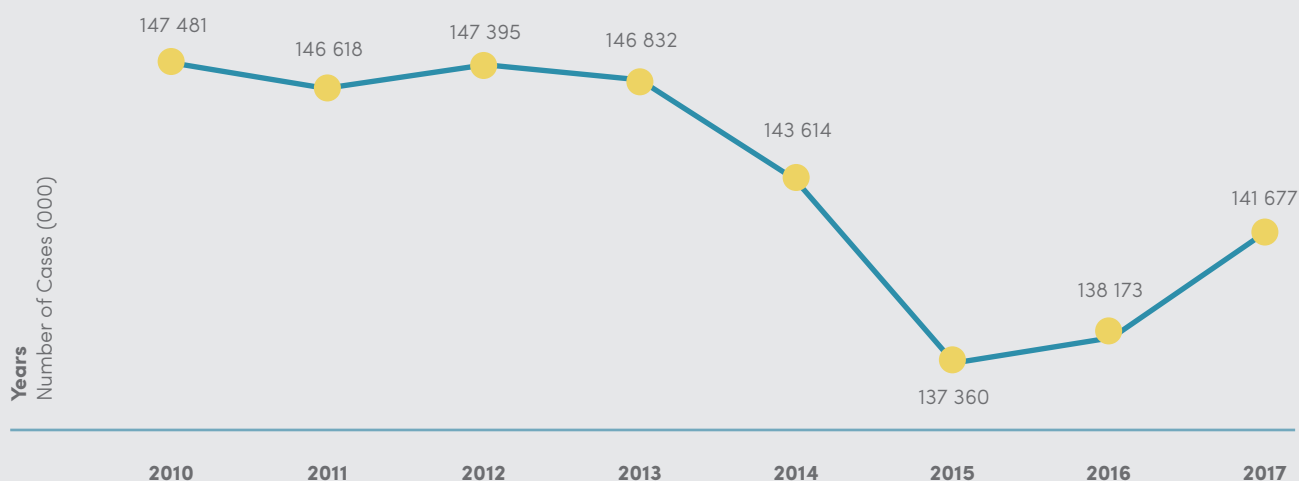
“The fight against malaria needs renewed vigour. ‘Business as usual’ will not get us back on track to end malaria. We need better data, closer coordination among partners on the ground, and new and improved tools that will help us counter emerging resistance and other threats.”

Dr Kesete Admasu, former CEO of the RBM Partnership to End Malaria

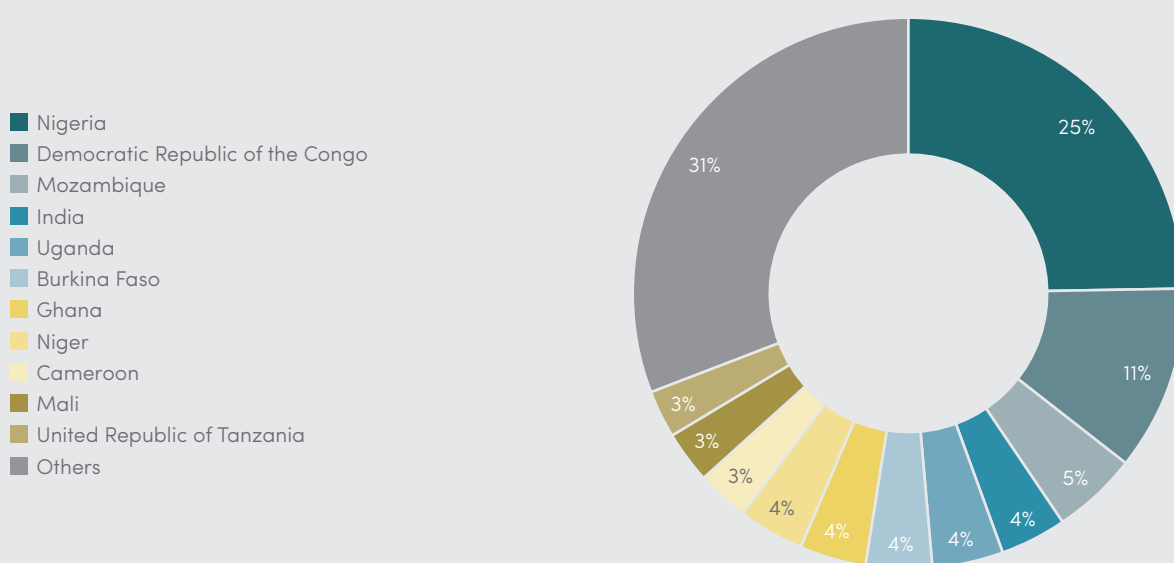
KEY DATA AND TRENDS AT A GLANCE

Source: WHO World malaria report 2018

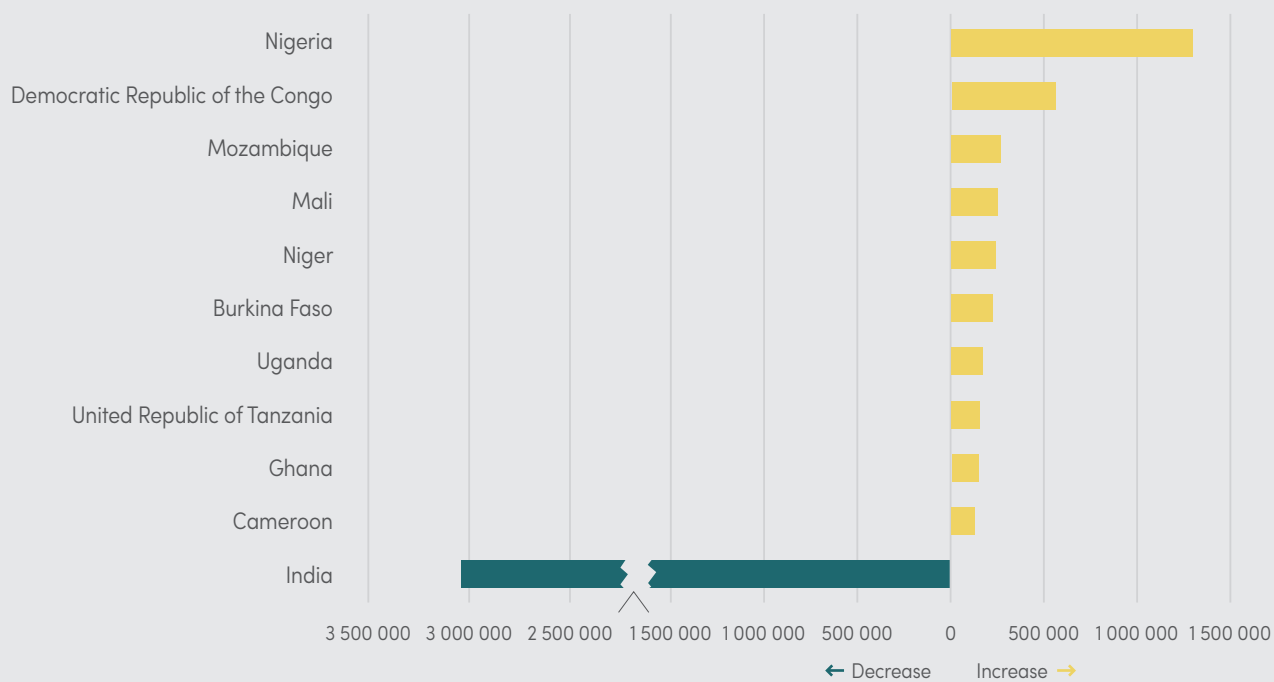
Malaria cases in the 10 highest burden countries in Africa, 2010–2017



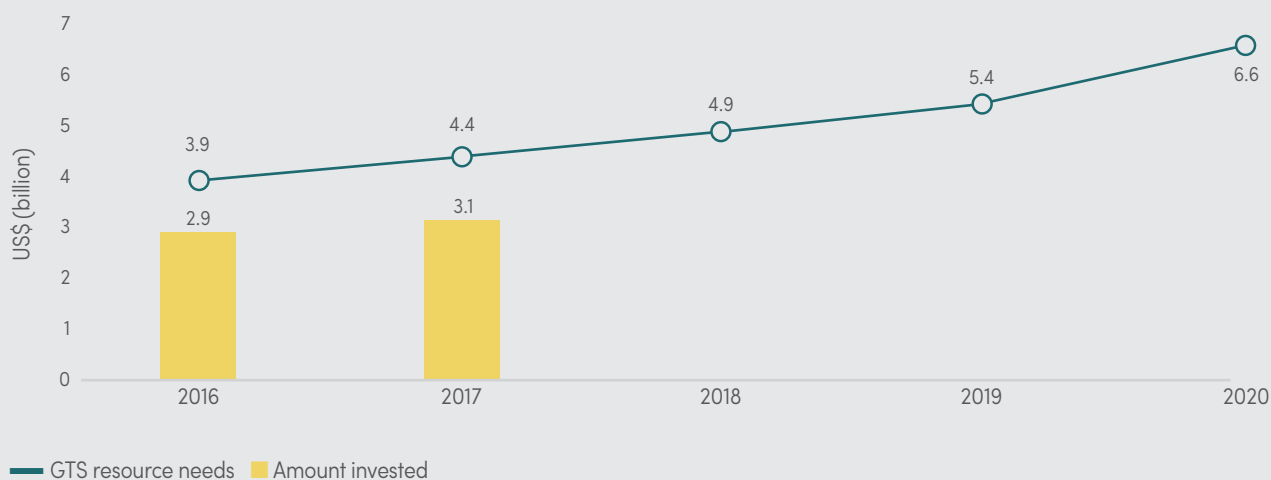
Estimated country share of total malaria cases in the 11 highest burden countries, 2017



Estimated reduction (green) or increase (yellow) of more than 100 000 malaria cases in the 11 highest burden countries between 2016 and 2017



GTS investment targets for the period 2016–2020 and estimated levels of investment in 2016 and 2017



SUCCESS DEFINED

The attainment of the GTS targets – or the failure to do so – will define whether the approach succeeds in achieving its most pressing goal: getting the response back on track, and then making further gains to ensure that the 2030 goals are met.

However, it can succeed on other levels, too. The more efficient and effective use of resources envisioned through this approach is expected to lead countries to increase long-term financial commitments to fighting malaria. Better malaria control will also yield demographic, social and economic benefits for each of those nations over the coming decades.

The 11 countries that currently carry the highest burden of the disease are trailblazers – early adopters of the high impact approach. Lessons learned from efforts in this first group of countries will be applied, in due course, to all countries with high transmission of the disease.

THE CLOCK IS TICKING

If optimally applied, the existing package of tools for preventing, detecting and treating malaria will help to get us back on track and save lives. In tandem, WHO and partners are working together to accelerate the development and introduction of more effective malaria control tools, suited to the challenging contexts faced by high burden countries.

However, changing the trajectory of the disease will require far more than a smarter use of new and existing tools. Above all, it will demand high-level political leadership, country ownership and commitment from a broad coalition of stakeholders.

With more than 400 000 people projected to die this year alone from a preventable and treatable disease, and a global response that is off track, we must move quickly and decisively.