1. The world malaria situation
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The world malaria situation

- New methods estimate the number of malaria cases to be 247 million cases for 2006
- 109 countries were endemic for malaria in 2008, 45 within the WHO African region
- Young children remain by far the most likely to die of the disease
- Malaria deaths have declined in several countries, and a few nations in Africa have managed to cut malaria deaths in half by implementing recommended measures
- Increases in funding resulted in accelerated deployment of malaria interventions including bed nets and effective medicines
- Big increase in the supply of access in Africa to artesiminin-based combination therapy (ACT), but more needs to be done to reach children
Malaria population at risk by WHO region

Malaria population at risk by region

- SEARO: 1,300 millions
- WPRO: 800 millions
- AFRO: 600 millions
- EMRO: 200 millions
- AMRO: 100 millions
- EURO: 10 millions
Current Global Burden of Malaria by WHO Region

Malaria cases by species

- Vivax
- Falciparum

Malaria deaths by age group

- 5 yrs+
- Under 5 yrs

• Approx. 250 million cases per year: 85% in AFRO
  9% in SEARO
• Approx. 800,000 deaths: 91% in AFRO
(Source: World Malaria Report, 2008)
The world malaria situation: distribution and trends

- The governments of all 109 countries endemic of malaria have a national malaria control policy covering prevention and case management.

- As a recent first, three African countries reported dramatic reductions in malaria deaths by 50% of more nationwide: Eritrea, Rwanda and San Tome and Principe achieved this result between 2000 and 2006/2007 through a mix of,
  - bed net distribution,
  - indoor insecticide spraying,
  - improved access to treatment and
  - advances in disease surveillance.
Significant improvements were observed in other African countries and areas such as Madagascar, Zambia and Zanzibar (United Republic of Tanzania).

Outside Africa, several regions have reduced their disease burdens, and

- an additional six countries showed that the number of malaria deaths had fallen nationwide by 2006; Cambodia, Lao People's Democratic Republic, the Philippines, Suriname, Thailand and Viet Nam.
# Interventions and Global Targets

<table>
<thead>
<tr>
<th>Control strategy</th>
<th>Target</th>
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</thead>
<tbody>
<tr>
<td>Insecticide-treated nets (ITN)</td>
<td>&gt;80% sleeping under ITN/LLIN</td>
</tr>
<tr>
<td>Indoor residual spraying of insecticide (IRS)</td>
<td>&gt;80% of targeted houses sprayed</td>
</tr>
<tr>
<td>Prompt diagnosis and effective treatment</td>
<td>&gt;80% receiving appropriate treatment within 24h of onset of fever</td>
</tr>
<tr>
<td>Prevention of malaria in pregnancy</td>
<td>&gt;80% of women using IPT (Africa)</td>
</tr>
<tr>
<td>Impact measure</td>
<td>Target</td>
</tr>
<tr>
<td>Reduction in malaria cases</td>
<td>&gt;50% by 2010 as compared with 2000</td>
</tr>
<tr>
<td>Reduction in malaria deaths</td>
<td>&gt;75% by 2015 as compared with 2005</td>
</tr>
</tbody>
</table>
### Summary of coverage by antimalarial interventions in Africa

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Routine data</th>
<th>Household surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>ITNs</td>
<td>26% of persons (2006)</td>
<td>34% household possession</td>
</tr>
<tr>
<td></td>
<td>39% of persons (2007)</td>
<td>23% use in &lt;5 yr-olds</td>
</tr>
<tr>
<td>ACTs</td>
<td>6% of all fever cases</td>
<td>3% of all fever cases</td>
</tr>
<tr>
<td>IRS</td>
<td>6% of population at risk</td>
<td></td>
</tr>
<tr>
<td>IPTp</td>
<td></td>
<td>18% of pregnant women</td>
</tr>
</tbody>
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How countries move from malaria control to elimination

- **Elimination**: Continued measures to prevent re-establishment of transmission are required
- **Eradication**: Intervention measures are no longer needed *once eradication has been achieved.*
Status of Global Malaria Control and Elimination

Control
82 countries

Low to Moderate Endemicity Countries

Pre-elimination
12 countries

• Azerbaijan
• Costa Rica
• Dominican Rep
• Georgia
• Iran
• Kyrghizstan
• Malaysia
• Mexico
• Sri Lanka

Elimination
11 countries

• Algeria
• Argentina
• Armenia
• DPR Korea
• Egypt
• El Salvador
• Iraq
• Paraguay
• Rep of Korea
• Saudi Arabia
• Turkmenistan

Prevention of Re-introduction
5 countries

Zero Cases for 3 years

WHO certification
27 countries

• Jamaica
• Morocco
• Oman
• Russian Fed
• Syria

High Endemicity countries

World Health Organization

GLOBAL MALARIA PROGRAMME

11
GMP leads technically and strategically on the malaria work programme of six WHO regional offices and 150 country offices.
Role of the Global Malaria Programme

- Establishing and setting policies, standards and guidelines on malaria control: prevention and treatment
- Setting priorities in, coordinating and commissioning research and development relevant to malaria control, and taking evidence from research to policy, both globally and in-country
- Contributing to the analysis and forecasting needs of malaria-related commodities from production to use in country
- Surveillance, monitoring and evaluation of malaria control, including regular updates on the malaria situation and progress made in reducing the malaria burden
- Development of strategies for the implementation of policies and tools to assist countries to achieve country-set targets
- Technical support to countries including capacity building for malaria control
What are we doing: WHO's critical role

- Up-to-date and evidence-based policy recommendations, on
  - Tools and strategies for malaria control and elimination
  - Methods for surveillance and products - medicines, diagnostics and insecticides
- Define the research gaps and support the global research efforts
- Undertake global surveillance and reporting of
  - The scale up of malaria interventions, and its impact on the burden of disease
  - Drug and insecticide resistance
Surveillance, Monitoring & Evaluation

- **Surveillance**
  - Support and training for countries in data management, trend & impact analyses
  - Support for establishment of sentinel sites, especially for resistance monitoring

- **GMP Database**
  - Country profiles and database in all endemic countries to assist in program planning globally
  - Resource tracking flow system, particularly focusing on commodities

- **World Malaria Report (annually in October)**
  - Updates on global malaria morbidity & mortality in all countries
  - Updates on coverage of malaria interventions, their cost and their impact
  - Documentation of lessons learnt
Malaria Prevention

- Promoting LLIN and IRS usage
  - Roll out of the LLIN Manual, including training modules
    - Achieving and maintaining full LLIN coverage (campaigns, routine)
    - Replacement and disposal/recycling of expired LLINs
  - IRS strategy development and implementation

- Demonstration of national scaling-up in selected countries
  - Recording country case studies combining IRS & ITNs

- Guidelines and training materials on use of DDT

- Development of pregnancy registries to assess safety of anti-malarial medicines during pregnancy
Revision and update of treatment policies and guidelines

Improving systems to achieve universal coverage at the community level

Integration of malaria treatment delivery with IMCI, ANC & EPI

Monitoring of therapeutic efficacy of antimalarial medicines

Update diagnostic strategies

Policies & strategies for containing multidrug resistant malaria on Thai-Cambodia border

Providing guidelines for and monitoring effectiveness of intermittent preventive treatment in pregnancy (IPTp) in countries
Supply Chain Management

- Phasing out oral artemisinin monotherapies from the market, targeting funding/procurement agencies, manufacturers and national drug regulatory authorities

- Promotion of a WHO code artemisinin marketing standards with manufacturers of artemisinin-based antimalarial medicines

- Harmonization of quality standards for ACTs among international funding and procurement agencies

- Collaboration with multiple agencies to ensure a sustainable supply of artemisinin to meet the global ACT demand
Situation analysis as we look ahead

- Many more mosquito nets are being procured and delivered, especially LLINs, but numbers are still far below need.
  - only six countries had sufficient nets to cover at least 50% of the population at risk in 2006
  - household surveys suggest that only 23% of children <5 and 27% of pregnant women sleep under nets

- Procurement of anti-malarial medicines increased sharply from 2001 to 2006 but use of drugs, especially ACTs is low in all countries surveyed in 2006-7.
  - the percentage of cases receiving ACT ranged from 0.1% in Gambia to 13% in Zambia.
Situation analysis as we look ahead

- Outside Africa the number of cases declined in 22 countries.

- Four African countries/areas had large declines in cases and deaths by implementing at least 2 of the 4 interventions with high coverage.

- Intense implementation of multiple interventions together is the key to malaria control. Countries need to push forward towards the 80% coverage targets for the four interventions to reach the 50% decrease in malaria cases and deaths.
Communicating our work

- Information sharing through the GMP website
- Targeted email communication
- Mailing lists for distribution of new documents
- News releases and interviews with experts on the occasion of major events requiring a WHO statement on malaria
- Multimedia and audiovisual components including podcasts, and short videos on malaria
Our priorities for 2009

- Implement containment project of artemisinine tolerance
- Publication of the global drug efficacy report on malaria
- Publication of the operational manual for malaria Case Management Manual
- Combine LLINs and IRS for vector control
- Scale-up delivery of high quality IRS
- Support AFRO to strengthen routine SME systems in line with consensus
Our priorities for 2009

- SME TAG meeting in May on surveillance standards and methods to monitor mortality reduction
- Support to AMFm and to global mechanisms ensuring sustainable supply of artemisinin
- Operational manuals for good procurement practices of ACTs and RDTs
- Updated bench aids and training materials on malaria microscopy
- To continue to monitor implementation of World Health Assembly Resolution 60.18 on phasing out artemisinin monotherapies