Key Facts, Figures and Strategies

The Global Malaria Action Plan

ROLL BACK MALARIA

“Malaria defeated the international community many years ago. We cannot allow this to happen again. A single global action plan for malaria control, that enjoys Partnership-wide support, is a strong factor for success.”

Margaret Chan, Director-General of the World Health Organization

"I believe that if you show people a problem, and then you show them the solution, they will be moved to act. The Global Malaria Action Plan lays out an achievable blueprint for fighting malaria – now it's time for the world to take action."

Bill Gates, Co-Chair, Bill & Melinda Gates Foundation

Malaria is a leading global killer – especially of children – and a consistent driver of poverty worldwide. Half of the world's population – 3.3 billion people living in 109 countries – are at risk of malaria. In 2000, malaria caused between 350-500 million illnesses and more than one million deaths.

Beyond the suffering malaria causes individuals, families and communities, the disease also deepens and reinforces poverty in some of the poorest areas of the world. Malaria costs Africa at least US$ 12 billion in direct losses and much more than that in lost economic growth each year.

After years of uncoordinated and insufficient responses to this global health threat, the Roll Back Malaria Partnership (RBM) was formed in 1998 to align global health and development advocates, raise malaria on political and development agendas and unite key stakeholders behind an ambitious but achievable strategy to end malaria worldwide. The RBM strategy includes moving quickly and decisively to reduce malaria cases through the widespread application of existing public health measures, while focusing global attention on the need for new technological advances and resources to eliminate malaria in all endemic areas in the future.

Today, this once intractable killer is on the retreat. Over the past several years, concerted, coordinated action by members of the RBM significantly increased access to malaria prevention and treatment, reducing the burden of disease in a number of countries.

International funding for malaria prevention and treatment grew from just US$ 51 million annually in 2003, to an estimated US$ 1.1 billion in 2008.[1]

The upsurge in resources and in political commitment has created life-saving results for individuals and communities at risk. Where prevention and treatment strategies were rolled out on a large scale, malaria cases dropped by more than 50 percent.[2]

This positive impact has reinforced a growing collective conviction that halting malaria is both worthwhile and feasible.

Fifty years ago, a number of countries dramatically reduced malaria cases and deaths as part of a global campaign to eradicate the disease. Yet, political commitment waned and funding diminished before the campaign could be completed. Left unchecked, malaria resurged in a number of areas where it had previously been in sharp decline.

Today, we have another chance to end malaria – and we must do it right.

The renewed attention and commitment to malaria over the past ten years continues to fuel momentum and presents a unique opportunity to combat the disease and reach the targets posed for 2010 and 2015. The Global Malaria Action Plan offers a detailed framework for the ongoing fight against malaria.

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[1] *This calculation includes only international funding estimates, primarily through the Global Fund to Fight AIDS, Tuberculosis and Malaria, World Bank, President's Malaria Initiative and USAID.*

[2] *World Malaria Report 2008, World Health Organization.*

Malaria reduction goals

The RBM Partnership reaffirms the targets articulated in its *Global Strategic Plan 2005-2015.*

By 2010, through targeting universal coverage:

- 80% of people at risk from malaria are using locally appropriate vector control methods such as long-lasting insecticidal nets (LLINs), indoor residual spraying (IRS) and, in some settings, other environmental and biological measures;
- 80% of malaria patients are diagnosed and treated with effective anti-malarial treatments;
- in areas of high transmission, 100% of pregnant women receive intermittent preventive treatment (IPT);
- the global malaria burden is reduced by 50% of the 2000 levels: ~175-250M cases annually and less than 500,000 deaths annually from malaria.

By 2015:

- universal coverage continues with effective interventions;
- global and national mortality is near zero for all preventable deaths; global incidence is reduced by 75% from 2000 levels: below ~85M to 125M cases per year;
- the malaria-related MDG is achieved: halting and beginning to reverse the incidence of malaria by 2015;
- at least 8-10 countries currently in the elimination stage will have achieved zero incidence of locally transmitted infection.

Beyond 2015:

- global and national mortality stays near zero for all preventable deaths;
- universal coverage (which translates to ~80% utilization) is maintained for all populations at risk until local field research suggests that coverage can gradually be targeted to high-risk areas and seasons only, without risk of a generalised resurgence;
- countries currently in the pre-elimination stage achieve elimination.

In the long term, malaria will be eradicated worldwide. At this point, a timeline has not been set for achieving this target. As new tools and approaches are developed, the RBM Partnership will review its targets to determine when it will be possible to specify timelines for global eradication.

AN ANCIENT DISEASE - A MODERN APPROACH

Malaria has affected people since the beginning of recorded history and the disease will not disappear easily. This persistent enemy adapts to changing circumstances by developing resistance to anti-malarial drugs and pesticides and resurges whenever action against it slows. Eliminating malaria in countries will require a determined, collaborative and sustained effort by donors, national governments, policy-makers, health services, researchers, individuals and communities, not only in Africa but also in South-East Asia, the Americas, and the Middle East & Eurasia where the disease exists today.

The Global Malaria Action Plan provides a roadmap for malaria control that includes all endemic countries. This global approach is needed to ensure that the gains that one country makes against the disease are not lost by the lack of effective control measures in a neighbouring country. Without a global strategy, the malaria parasite can too easily be reintroduced from an endemic country into regions where control efforts have successfully stopped the spread of the disease.

This is the core approach of the RBM Partnership's Global Malaria Action Plan – the first single comprehensive blueprint for global malaria control and elimination. The Plan will rally support and resources and inform decision-making at national, regional and global levels to control and ultimately eliminate the disease.

The knowledge and tools to dramatically reduce malaria worldwide already exist. The immediate challenge is to effectively employ these tools on a much larger scale, through greatly expanded networks of collaboration, financing and political leadership. New tools and strategies will also be needed in order to eradicate malaria completely. The Plan outlines the research agenda to develop these tools, including new drugs, vaccines, and mosquito control strategies.

Freeing the world from malaria is a bold vision. Three main factors render it more achievable today than it has been in the past: staunch international and national commitment, increasing resources and a much tighter coordination of global, regional and national efforts.

The Roll Back Malaria Partnership's Global Malaria Action Plan:

- presents a unified global strategy for action to achieve a malaria-free future;
- reflects the input of 30 endemic countries, 65 international institutions and over 250 experts from fields as diverse as economics, public health and epidemiology;
- offers a comprehensive overview of the global malaria epidemic, including the complexities of large regional and national variations in malaria incidence and services;
- recommends strategies to deliver effective protection and treatment to all people at risk for malaria by 2010, and to stay the course until the disease is eliminated worldwide;
- provides a yearly budget for an essential package of malaria control activities in each region.

Key tools for malaria prevention and treatment

- **Long-lasting insecticidal nets (LLINs):** sleeping under insecticide-treated nets to prevent infectious mosquito bites.
- **Indoor Residual Spraying (IRS):** indoor application of long-lasting chemical insecticides to kill malarious mosquitoes.
- **Intermittent Preventive Treatment during pregnancy (IPTp):** in which pregnant women, who are at increased risk for malaria infection, illness and death, receive regular preventative treatment during their pregnancies.
- **Other vector (mosquito) controls:** including larviciding and environmental management.
- **Diagnosis:** prompt parasitological diagnosis by microscopy or rapid diagnostic tests (RDTs).
- **Treatment:** prompt provision of antimalarial drugs (ACTs for P. falciparum and chloroquine and primaquine for P. vivax).

Implementing the Global Malaria Action Plan will save millions of lives and boost economic growth.

Up to an estimated 4.2 million lives could be saved by 2015 in the 20 highest burden African countries alone. Implementing the Plan will also generate economic growth and liberate critical healthcare resources in regions struggling to strengthen their health systems.

The meaning of universal coverage[3]

Prevention

100% of the population at risk is provided with locally appropriate preventive interventions. Coverage is defined as follows:

- **LLINs:** one long lasting insecticidal net for every two people.
- **IRS:** a household is routinely sprayed with indoor residual spraying.
- **IPTp:** every pregnant woman living in a high transmission setting receives at least 2 doses of an appropriate antimalarial drug during her pregnancy.

Case management

100% of patients receive locally appropriate case management interventions. Coverage is defined as follows:

- **Diagnosis:** prompt parasitological diagnosis by microscopy or rapid diagnostic tests (RDTs).
- **Treatment:** treatment with effective drugs within 24 hours after the first symptoms appear.

[3] *A full description of universal coverage can be found in section 2, Control: Overcoming Malaria, of The Global Malaria Action Plan, 2008. Available at www.rollbackmalaria.org/gmap*

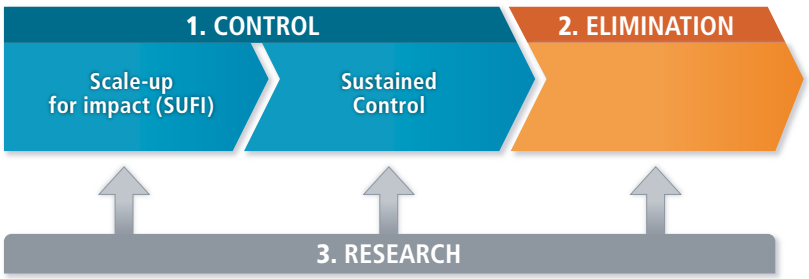
"The Global Malaria Action Plan aims to ensure that no country is left behind in the global fight against malaria - comprehensive, continent-wide coverage is critical to long-term success."

Tedros Adhanom Ghebreyesus, Minister of Health of Ethiopia

THE PLAN

The Global Malaria Action Plan presents a two-phase blueprint for action against the disease in countries: controlling malaria in the short and medium terms, while moving to improve the necessary conditions, (develop the tools and increase the global commitment) to eliminate malaria in the long-term. The Plan's recommended actions are based on the experience of countries working successfully to control the burden of malaria in diverse regions of the world.

Three Core Components of the Strategy



35 countries (30 in Sub-Saharan Africa and 5 in Asia) account for 98 percent of global malaria deaths. These countries need rapid international support.

MALARIA CONTROL

Scaling-up for impact (SUFI)
The first, essential step to controlling malaria is ensuring the universal availability of malaria prevention and treatment to all people at risk, and ensuring that at least 80 percent of people who need these services use them. Prevention services include provision of long-lasting insecticidal nets, indoor residual spraying, and provision of intermittent preventative therapy during pregnancy, while treatment focuses on artemisinin combination therapy for P. falciparum and chloroquine and primaquine for P. vivax.

Malaria affects 109 countries worldwide – yet 35 countries suffer 98 percent of the global malaria death toll. Just five of these – Nigeria, the Democratic Republic of Congo, Uganda, Ethiopia and Tanzania – account for 50 percent of global deaths and 47 percent of all malaria cases. Providing comprehensive support to help high-burden countries provide universal coverage of malaria prevention and treatment is a key strategic priority of the Global Malaria Action.

The Global Malaria Action Plan presents a united framework and strategy to dramatically reduce the global burden of malaria and achieve internationally agreed targets for malaria control, elimination and, ultimately, eradication.

Sustained control

The second step in malaria control is creating sustained coverage and use of malaria prevention and treatment. Sustaining the gains of universal coverage is critical to the overall success of the global effort against malaria. In some countries with naturally high transmission rates, control measures may need to be maintained for 15 to 20 years, if not longer, until new tools enabling elimination are developed or new research indicates control measures can be safely reduced without risk of resurgence.

Strengthening health systems

Effective, long-term malaria control is inextricably linked to the strength of health systems. Strong health systems can deliver effective safe, high-quality interventions when and where they are needed and assure access to reliable health information and effective disease surveillance. At the same time, integrating malaria treatment, prevention and surveillance into existing health programs and activities in endemic countries will ensure that funding earmarked for malaria control contributes to the development, expansion and continuous improvement of national health systems.

Malaria research priorities include: research into new tools, new policy guidelines and new mechanisms for rapid delivery of high quality interventions.

ELIMINATION

Elimination means reducing local malaria transmission to zero. While elimination is not yet achievable in certain endemic regions, it is epidemiologically feasible in more settings than previously thought. The Global Malaria Action Plan defines the key components of a malaria elimination strategy, as well as the criteria for preparedness planning that countries should undertake before embarking on an elimination strategy.

Today, more than 20 low-transmission countries, mainly in the Middle East & Eurasia, North Africa and the Americas are striving to eliminate malaria. While elimination is generally considered to be a long and costly phase of the malaria response on a per case basis, the benefits are substantial: as countries achieve elimination, malaria prevention and treatment costs fall dramatically and the risk of resurgence decreases.

RESEARCH

Underlying each stage of malaria control and elimination is the need for greatly expanded research into the development of new prevention and treatment technologies, including new drugs, mosquito (vector) control, diagnostics and vaccines as well as new mechanisms for efficient delivery and quality assurance.

The Global Malaria Action Plan reports on advances in each of these areas that are currently in the pipeline, while highlighting both existing challenges and opportunities for new research. The Plan also calls for additional research on how to better use the tools we have available today in a variety of country conditions, and proposes a strategy to improve international and national policies so as to increase access to and use of the best available malaria diagnosis, protection and treatment tools and technologies.

Providing protection, diagnosis and treatment for every person at risk of malaria by 2010 will require ten times the current access to interventions over the coming two and a half years...

COMMODITIES AND SERVICES REQUIRED

- **Protective nets:** 730 million long-lasting insecticidal nets (LLINs) are needed globally. Of these, 350 million nets are needed for Africa (50-100 million need to be distributed in 2008 and 250-300 million need to be distributed between 2009 and 2010).
- **Indoor spraying with insecticide:** approximately 172 million households need annual spraying.
- **Preventive treatment for pregnant women:** annually, nearly 25 million pregnant women in Africa need to receive (IPTp)[4] every year.
- **Diagnostic tests:** approximately 1.5 billion are needed globally on an annual basis.
- **Drugs:** an estimated 228 million doses of ACTs are needed to treat P. falciparum annually; additional 19 million doses of chloroquine and primaquine are needed annually for P.vivax.[5]

In addition, more than US$ 8.9 billion is needed over ten years for malaria research and development:

- US$ 1.2 billion is needed for vector control
- US$ 3.5 billion is needed for drug development
- US$ 2.6 billion is needed for vaccines
- US$ 140 million is needed for diagnostics

An additional US$ 1.5 billion is needed for the launch and assessment of these products.

[4] *This estimate is only for high transmission areas in sub-Saharan African countries where IPTp is currently recommended.*

[5] *This estimates assumes that malaria cases are properly diagnosed with microscopy or rapid diagnostic tests.*

...and four times the currently available funding.

TOTAL FUNDING REQUIRED

Malaria endemic countries are among the poorest in the world. Many of them cannot afford to acquire and deliver malaria commodities, to train and compensate health and community workers and put in place effective monitoring and evaluation systems. Most countries are still at low levels of coverage. To reach targets of universal coverage, a substantial amount of interventions need to be funded and delivered globally.

While international funding has increased dramatically over the last 5 years, significant funding gaps remain in each endemic region. For Africa alone the estimated funding shortfall between 2007 and 2009 targets is US$ 1.6 billion. The gaps for the other regions are significant as well: US$ 50 million in the Americas, US$ 2.5 billion in Asia and US$ 134 million in Middle East & Eurasia.

Current spend and funding required by region

US$ Millions	Spend[6]	Gap	Estimated funding required		
	2007		2009	2010	2011-20 avg
Africa	622	1,577	2,199	2,686	2,291
Asia Pacific	216	2,505	2,721	3,008	2,467
The Americas	177	50	227	261	224
Middle East and Eurasia	92	134	188	226	147
Total	**1,107**	**4,266**	**5,335**	**6,180**	**5,126**

Note: See appendices in the full GMAP on methodologies used to estimate costing needs and current funding.
Source: GMAP costing model, WHO, GFATM, World Bank, PMI.

[6] *Spend includes international funding and national governmental spending on malaria. It does not include household spending.*

The challenge today is to ensure that all people at risk of malaria use effective prevention and treatment.

“It is imperative that universal coverage of prevention and treatment for the millions of people who suffer and die from malaria is attained. The Global Malaria Action Plan will guide and unify the malaria community in its efforts to provide timely and effective assistance to endemic countries. With sufficient funding and political support, this plan will help us reap dramatic gains against malaria in the coming years.”

Awa Marie Coll-Seck, Executive Director of the Roll Back Malaria Partnership

"The Global Malaria Action Plan makes a strong case for investing in malaria. I urge advocates in countries and at global level to use this plan to mobilise resources for malaria control and help answer the UN Secretary General's call for universal access to malaria prevention and treatment."

Ray Chambers, UN Special Envoy for Malaria

INVESTING WISELY

Malaria prevention and treatment saves more lives per dollar spent and has greater impact on health in Sub-Saharan Africa than other health interventions, with the exception only of childhood immunization.[7]

Studies by the Copenhagen Consensus showed that investments in key malaria treatment (ACT) and prevention (LLINs) interventions yield higher annual benefits and cost-benefit ratios than most other health interventions.[8]

Malaria interventions are highly cost effective

	Sub-Saharan Africa	
Category	**Cost per DALY averted (US$)**	**Burden (in M of DALYs)**
Childhood immunization	1-5	Not assessed
Malaria prevention	2-24	35.4
Surgical services & emergency care	7-215	25-134.2
Childhood illnesses	9-218	9.6-45.1
Cardiovascular disease	9-273	4.6
HIV/AIDS (prevention)	6-377	56.8
Maternal / neonatal care	82-409	29.8-37.7
HIV/AIDS (treatment)	673-1494	56.8
Tuberculosis (treatment)	4129-5506	8.1

[7] *Jamison, D. "Disease Control". Chapter in Solutions for the World's Biggest Problems: Costs and Benefits. (Bjorn Lumberg (ed.) Cambridge University Press.*

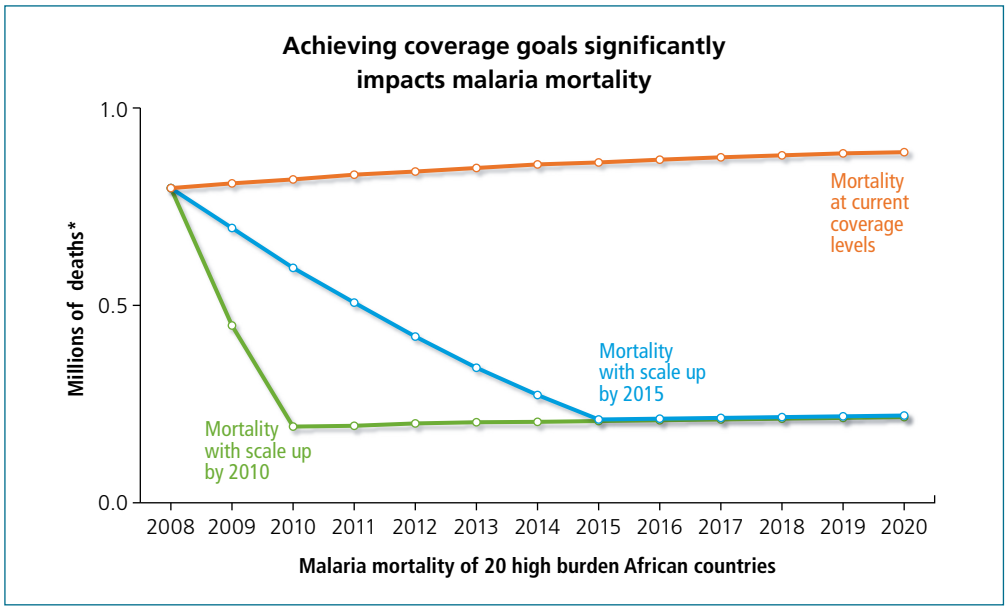
[8] *Mills, A, and Shillcutt S. Copenhagen Consensus Challenge paper on Communicable Diseases 2004.*

Despite the costs, malaria control is among the most cost-effective health efforts.

SAVING LIVES

An indicative analysis of 20 high-burden African countries shows that more than 4.2 million lives will be saved between 2008 and 2015 if the 2010 malaria coverage goals are met.[9]

If scale up targets are not achieved until 2015, only 2.8 million lives will be saved over that same period.



* *Countries evaluated represent ~82% of global malaria mortality. Source: based on CHERG Child Survival Model.*

[9] *IMPACT model measuring child survival developed via a consortium of organizations led by the Institute of International Programs at Johns Hopkins Bloomberg School of Public Health, based on work by the CHERG (the Child Health Epidemiology Reference Group) and using software developed by the Futures Institute.*

Countries evaluated represent ~82 percent of global malaria mortality: Angola, Burkina Faso, Cameroon, Chad, DRC, Cote d'Ivoire, Ethiopia, Ghana, Guinea, Kenya, Madagascar, Mali, Mozambique, Niger, Nigeria, Senegal, Sudan, Tanzania, Uganda, Zambia. The model only looks at the impact on deaths due to P. falciparum.

COUNTRIES AT WORK[10]

Africa
After delivering long-lasting insecticidal nets (LLINs) and artemisinin-based combination therapies (ACTs) to 60% of the population at risk, malaria cases among children under 5 years of age decreased by 64% and malaria deaths by 66% between 2005 and 2007 in Rwanda. Over the same time period cases decreased by 60% and deaths by 51% in Ethiopia in the same age group.

The most persuasive evidence of reduction in morbidity and mortality attributable to specific interventions comes from Eritrea, Rwanda, Sao Tome and Principe and Zanzibar (United Republic of Tanzania). All four countries/areas reduced malaria burden by 50 percent or more between 2000 and 2006-2007 thanks to high coverage and good surveillance.

Asia Pacific
The recorded number of malaria deaths has declined in six countries in South-East Asia: Cambodia, Philippines, Lao People's Democratic Republic, Suriname, Thailand and Vietnam.

The Americas
Brazil's stepped-up control program is still new, having been implemented since the last disease peak in 2006, but the results are promising. After the first year, total malaria cases decreased by 17% and falciparum cases by 37%. Hospital admissions for malaria were cut by one-third.[11]

Malaria cases reported in the Americas declined by 30.5% between 2000 and 2007[12] due to significant investments of government and international resources in malaria. With extra funding, access to diagnosis and prevention improved, health systems were strengthened and a better surveillance and early detection system was put in place.

[10] *Extracted from World Malaria Report 2008, World Health Organization.*

[11] *The Global Malaria Action Plan, 2008. http://www.rollbackmalaria.org/gmap*

[12] *Pan American Health Organization - regional office of the World Health Organization. Report from the 142nd SESSION OF THE EXECUTIVE COMMITTEE. June 2008. http://www.paho.org/English/GOVICE/ce142-16-e.pdf*

THE GLOBAL MALARIA ACTION PLAN AT WORK

For governments and multilateral agencies the Global Malaria Action Plan:

- Supports institutional planning. The Plan details the needs in countries with high, low and very low malaria rates in each endemic region of the world and specifies and costs the technical assistance required to reach the malaria targets.
- Informs policy decisions. It shares lessons learned from malaria control activities in different regions and signals pitfalls that the malaria community should avoid.
- Stimulates exchange and innovation. It highlights issues that need further development and elaboration.

For donors the Global Malaria Action Plan:

- Shows what the investment in malaria control will buy and sets a timeline for the returns.
- Details how much funding is needed and when.
- Provides a regional breakdown of funding needs and gaps, thus facilitating donors in pursuing their regional priorities.

For advocates the Global Malaria Action Plan:

- Sets the global malaria advocacy agenda for reaching the short-term, medium-term and long-term malaria targets.
- Serves as a tool for advocates in countries and at global level to better argue the case for investing in malaria control.
- Facilitates improved communication with key target groups in countries. It outlines what needs to happen in countries to increase usage of key life-saving interventions.

For civil society the Global Malaria Action Plan:

- Empowers civil society to demand commitment to malaria control from their leadership.
- Enables community groups to demand universal coverage of malaria prevention and treatment for all people at risk from local authorities.
- Emphasizes the important role of community leaders and community volunteers for achieving universal coverage.

ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS

Deploying in the Global Malaria Action Plan will help solve some of the greatest health and development challenges of our time and help the world to meet the Millennium Development Goals (MDGs), the most comprehensive health and human development goals ever established.

Malaria & the Millennium Development Goals

MDG 1.
Eradicate Extreme Poverty
Malaria keeps people poor.

MDG 2.
Universal Primary Education
Malaria is a leading cause of absenteeism for children in Africa.

MDG 4.
Reduce Child Mortality
Malaria is a leading cause of child mortality in Africa.

MDG 5.
Improve Maternal Health
Pregnant women are 4 times more likely than other adults to contract malaria, which is life-threatening for both mother and child.

MDG 6.
Combat HIV/AIDS, Malaria & Other Diseases
Malaria significantly aggravates the condition of HIV-infected people and increases HIV transmission.

MDG 8.
Develop Global Partnerships
Malaria control requires a concerted global response from all sectors. Public-private partnerships have emerged to improve access to affordable malaria medicines and life-saving interventions.

HISTORIC MILESTONES IN THE FIGHT AGAINST MALARIA

Sept. 2008	The RBM Global Malaria Action Plan is launched to set priorities, tighten coordination and achieve results quickly.
April 2008	UN Secretary General calls for universal coverage by the end of 2010.
June 2007	The G8 pledges US$ 60 billion to strengthen health systems in Africa and advance the MDGs related to HIV, tuberculosis and malaria.
Nov. 2005	Yaoundé Declaration - commitment by Partnership to work towards harmonized planning, monitoring and coordination at country level.
	The Gates Foundation pledges US$ 258.3 million for research and development.
June 2005	The World Bank Booster Program for Malaria Control in Africa is launched. Funding for 2005 to 2008 increases nine-fold from the US$ 50 million committed by the World Bank from 2000 to 2005.
	The President's Malaria Initiative (PMI) is launched, pledging to increase US funding by more than 1.2 billion over 5 years.
Jan. 2002	The Global Fund - the world's largest donor for disease and poverty is founded Its mandate includes providing funding for malaria, HIV and tuberculosis.
Sept. 2000	The MDGs, agreed by every UN member state, articulate the goal of halting and reversing malaria incidence by 2015.
April 2000	African heads of states pledge to halve malaria mortality in Africa by 2010.
Nov. 1998	RBM is founded to mobilise action and resources against malaria.

THE ROLL BACK MALARIA PARTNERSHIP

- The RBM Partnership is the leading forum for mobilizing action and resources, and for forging consensus and coordinating efforts, in the global fight against malaria.

- The RBM Partnership is comprised of more than 200 partners ranging from malaria-endemic countries, their bilateral and multilateral development partners, the private sector, nongovernmental and community-based organizations, foundations, and research and academic institutions.

- The RBM Partnership is served by a Secretariat, led by the Executive Director, and is hosted by the World Health Organization in Geneva, Switzerland. The Secretariat works to facilitate information sharing, advocacy, effective governance of Partnership structures and essential coordination in support of country scale-up.

To learn more, view the complete Global Malaria Action Plan, available at:
http://www.rollbackmalaria.org/gmap/

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