

# E-2020

**UPDATE ON THE E-2020 INITIATIVE OF  
21 MALARIA-ELIMINATING COUNTRIES**



**World Health  
Organization**

## Foreword

# The final mile for 21 countries

This document captures the progress of a group of diverse countries, spanning five regions, on the path to malaria elimination. What they have in common is an end goal: to achieve zero indigenous cases of the disease by 2020.

These countries – 21 in total – were identified by WHO in 2016 as having the potential to eliminate malaria by 2020. They were selected based on an analysis that looked at the likelihood of elimination across key criteria.

Reaching malaria-free status is a critically important public health and sustainable development goal. It is also a core objective of the WHO *Global Technical Strategy for Malaria 2016–2030*, which calls for the elimination of malaria in at least 10 countries by the year 2020.

A key milestone featured in this report is the WHO certification of malaria elimination in Paraguay, the first country in the Americas to be granted this status in 45 years. The reporting of zero indigenous cases in 2017 by China and El Salvador, a first for both nations, and zero cases in Algeria for the fifth consecutive year are also highlighted in the coming pages.

However, the report shows that a number of countries are experiencing increases, a development that could jeopardize headway in many of them. Now at the midpoint to 2020, we seek not only to assess the progress made across the malaria-eliminating countries, but also to bring a level of urgency to address the elimination issues and bottlenecks identified in this report.

Fortunately, the challenges countries are facing are not necessarily new, and we know they can be tackled with added resources, resolve and political commitment. WHO is proud to support the 21 malaria-eliminating countries; we hope their journey will inspire others to get to zero, no matter where they are in the elimination continuum.

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**Dr Pedro Alonso**

Director, Global Malaria Programme  
World Health Organization

In May 2015, the World Health Assembly endorsed a new *Global Technical Strategy for Malaria 2016–2030*. The strategy set ambitious goals aimed at dramatically lowering the global malaria burden over this 15-year period, with milestones along the way to track progress.

A key milestone for 2020 is the elimination of malaria in at least 10 countries that had the disease in 2015. To meet this target, countries must report zero indigenous cases in 2020. According to a WHO analysis published in 2016, 21 countries have the potential to reach this target. The analysis was based on three criteria:

- ✓ **Trends in malaria case incidence**  
between 2000 and 2014
- ✓ **Declared malaria objectives**  
of affected countries
- ✓ **Informed opinions** of WHO experts  
in the field

Through the E-2020 initiative, WHO is working with these countries to scale up efforts to achieve elimination within the 2020 timeline. This includes a new *Framework for malaria elimination*, launched by WHO in March 2017, that provides countries with an updated set of tools, activities and strategies for interrupting transmission and preventing re-establishment of the disease. The framework also offers a clear and streamlined process for countries to obtain malaria-free certification from WHO.

To keep elimination high on both the programmatic and political agendas in E-2020 countries, WHO convened a global forum in March 2017, bringing together malaria programme managers from the 21 eliminating countries. The inaugural E-2020 meeting mapped progress, reviewed countries' elimination strategies, and enabled the sharing of lessons and solutions to common challenges.

For WHO, the forum resulted in two new independent bodies to better support countries on their elimination journey: the Malaria Elimination Oversight Committee, which guides countries in their efforts to eliminate malaria, and the Malaria Elimination Certification Panel, tasked with verifying a country's malaria-free status.

Building on the success of this first global forum, a second forum was held in June 2018, hosted by Costa Rica.

# Common challenges, shared solutions

The E-2020 countries are part of a concerted effort to eliminate malaria in an ambitious but technically feasible time frame.

To get where they are today, the 21 countries have focused on improving the systems and tools needed to capture and treat remaining pockets of indigenous cases, and to prevent onward transmission from imported malaria. The combined impact of these and other efforts have resulted in many E-2020 countries reporting significant declines in malaria burden.

Good progress has been realized across many eliminating countries. Most notably, in June 2018, Paraguay was the first in the E-2020 group to be certified malaria-free by WHO. In 2017, Algeria reported zero indigenous cases for the fifth consecutive year and kick-started the certification process, while both China and El Salvador noted zero cases for the first time. Several other countries recorded important declines in malaria transmission, bringing them even closer to elimination.

However, achieving elimination and maintaining zero indigenous cases is not without its challenges. As shown in this report, eight E-2020 countries reported increases in indigenous malaria cases in 2017. For several countries, these increases were substantial.

Where progress has slowed, there are several common factors that may have hampered the ability of countries to stay on track. These include:



### **INSUFFICIENT FUNDING**

Reductions in malaria burden often result in reduced malaria funding. Decreases in investments towards national malaria programmes threaten continuity of elimination activities, including preventing the re-establishment of the disease.



### **LAPSES IN SURVEILLANCE**

Inadequate investments in surveillance systems impede the ability to identify, treat, track and respond to every infection, or clusters of infections, in a rapid and effective manner.



### **COMPETING PRIORITIES**

Different demands within ministries of health may shift the focus away from malaria elimination, diverting resources and political commitment.



### **INADEQUATE TRAINING**

Healthcare personnel may not have the specific skills required in elimination settings.



### **DISRUPTIONS IN VECTOR CONTROL MEASURES**

Shortages in prevention tools such as long-lasting insecticidal nets, or inefficient, poor quality, and ill-timed spraying campaigns reduce the effectiveness of core interventions.



### **EXPIRED STRATEGIES**

Out-of-date national strategic malaria plans or elimination strategies may no longer reflect the country's current elimination context.



### **ILL-TARGETED ACTIONS**

The absence of fine-scale maps of malaria risk, at the lowest levels possible ('stratification'), result in missed opportunities to target interventions.



### **LIMITED OUTREACH**

In areas with ongoing malaria transmission, community mobilization may be inadequate, particularly for groups known to be at high risk of infection.

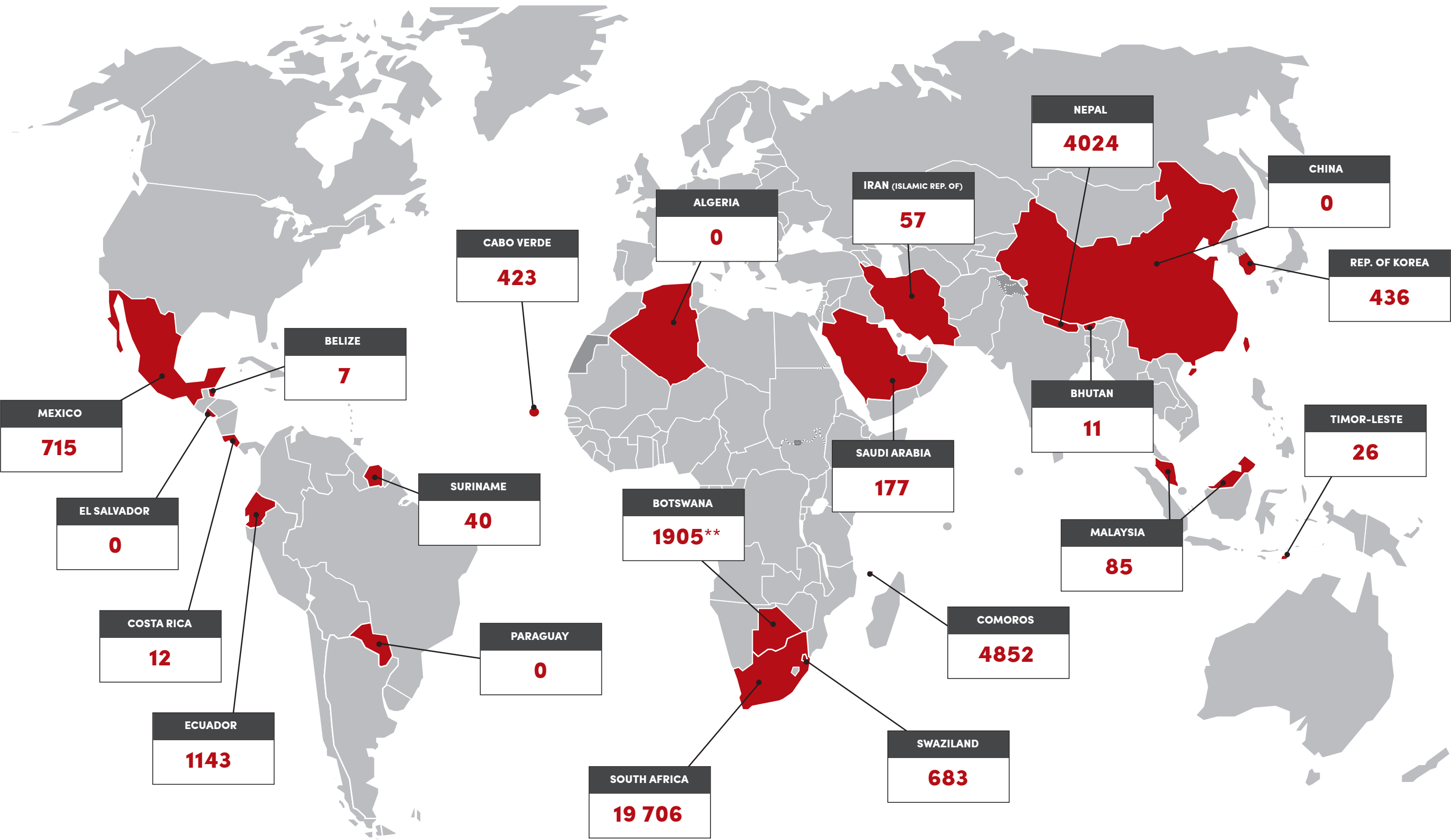


### **WEAK CROSS-BORDER COLLABORATION**

Poor communication and cooperation with malaria programmes in neighbouring countries make it difficult to protect communities on both sides of the border, especially in malaria-endemic areas with high migration flows.

# E-2020 countries

Snapshot of indigenous malaria cases in 2017\*



\* Preliminary figures  
\*\* 2016 figure (data not available for 2017)

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

## ELIMINATION PROGRESS

	Country*	2010	2011	2012	2013	2014	2015	2016	2017**	Change 2016 to 2017	2020***
Africa	Algeria	1	1	55	0	0	0	0	0	↔	●
	Botswana	5 222	1 225	536	1 224	3 592	877	1 905	not available	not available	●
	Cabo Verde	47	7	1	22	26	7	48	423	↑	●
	Comoros	36 538	24 856	49 840	53 156	2 203	1 300	1 066	4 852	↑	●
	South Africa	8 060	9 866	5 629	8 645	11 705	555	4 323	19 706	↑	●
	Swaziland	268	549	562	962	711	157	350	683	↑	●
Americas	Belize	150	72	33	20	19	9	4	7	↑	●
	Costa Rica	110	10	6	0	0	0	4	12	↑	●
	Ecuador	1 888	1 219	544	368	242	618	1 191	1 143	↓	●
	El Salvador	19	9	13	6	6	3	13	0	↓	●
	Mexico	1 226	1 124	833	495	656	517	551	715	↑	●
	Paraguay	18	1	0	0	0	0	0	0	↔	●
	Suriname	1 712	771	356	729	401	81	76	40	↓	●
Eastern Mediterranean	Iran (Islamic Republic of)	1 847	632	756	479	358	167	81	57	↓	●
	Saudi Arabia	29	69	82	34	30	83	272	177	↓	●
South-East Asia	Bhutan	436	192	82	15	19	34	15	11	↓	●
	Nepal	43 363	32 660	20 523	16 232	8 067	6 609	4 224	4 024	↓	●
	Timor-Leste	113 269	36 187	8 081	1 563	521	122	143	26	↓	●

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