

# GLOBAL TECHNICAL STRATEGY FOR MALARIA 2016–2030





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WHO Library Cataloguing-in-Publication Data

Global technical strategy for malaria 2016-2030.

1.Malaria - prevention and control. 2.Mosquito Control. 3.Endemic Diseases. 4.Health Planning. I.World Health Organization.

ISBN 978 92 4 156499 1

(NLM classification: WC 765)

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The definitive version of the strategy can be found in the official records of the Sixty-eighth World Health Assembly (document WHA68/2015/REC/1).

Printed in the United Kingdom

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## ACKNOWLEDGEMENTS

The *Global Technical Strategy for Malaria 2016-2030* was developed through an extensive consultation process that began in June 2013 and culminated in the document's adoption by the World Health Assembly at its 68<sup>th</sup> meeting in May 2015. The strategy was developed in close collaboration with numerous colleagues and partners worldwide and under the overall leadership of Robert Newman, John Reeder and Pedro Alonso, Directors of the Global Malaria Programme.

The preparation of the strategy was coordinated by a Steering Committee chaired by Pedro Alonso and including Kevin Baird, David Brandling-Bennett, Tom Burkot, Lesong Conteh, Azra Ghani, Margaret Gyapong, Corine Karema, Sandii Lwin, Fatoumata Nafo-Traore, Bernard Nahlen, Abdisalan Noor, Gao Qi, Ciro de Quadros, Ana Carolina Santelli and Wichai Satimai, with Secretariat support from Erin Shutes, Kristine Silvestri, Sunetra Ghosh and George Davis.

The Global Malaria Programme gratefully acknowledges the important contributions to developing the Strategy by members of WHO's Malaria Policy Advisory Committee chaired by Kevin Marsh and including Salim Abdulla, Fred Binka, Patricia Graves, Brian Greenwood, Rose Leke, Elfatih Malik, Sylvia Meek, Kamini Mendis, Allan Schapira, Laurence Slutsker, Marcel Tanner, Neena Valecha and Nicholas White.

For their critical inputs to drafting and editing, thanks are due to the staff of the Global Malaria Programme, including Andrea Bosman, Richard Cibulskis, Stefan Hoyer, Tessa Knox, Michael Lynch, Abraham Mnzava, Peter Olumese, Edith Patouillard, Aafje Rietveld, Pascal Ringwald, Zsafia Szilagyi and Emmanuel Temu. Many thanks to Graham Brown and Rachel Bronzan for their key contributions to drafting, and to David W. FitzSimons for providing a final technical edit of the document.

The Malaria Regional Advisors and their teams in WHO's Regional and Country Offices provided extensive input and support for the seven regional consultations that facilitated the engagement of over 400 technical experts representing more than 70 Member States. The Global Malaria Programme is grateful for all of their contributions and especially to Hoda Atta, Keith Carter, Eva Christophel, El Khan Gasimov, Leonard Ortega and Issa Sanou. Zsafia Szilagyi coordinated the official documentation process for the World Health Assembly. Camille Pillon coordinated the online consultation and worked on design and layout.

The Technical Strategy was developed in close alignment with the Roll Back Malaria Partnership's *Action and Investment to defeat Malaria 2016-2030* (AIM) to ensure shared goals and complementarity. Many thanks to the AIM Taskforce and Vanessa Racloz for the strong coordination and collaboration.

## FOREWORD

The World Health Organization's *Global Technical Strategy for Malaria 2016–2030* has been developed with the aim of helping countries reduce the human suffering caused by the world's deadliest mosquito-borne disease.

Adopted by the World Health Assembly in May 2015, the strategy provides comprehensive technical guidance to countries and development partners for the next 15 years, emphasizing the importance of scaling up malaria responses and moving towards elimination. It also highlights the urgent need to increase investments across all interventions – including preventive measures, diagnostic testing, treatment and disease surveillance – as well as in harnessing innovation and expanding research.

By adopting this strategy, WHO Member States have endorsed the bold vision of a world free of malaria, and set the ambitious new target of reducing the global malaria burden by 90% by 2030. They also agreed to strengthen health systems, address emerging multi-drug and insecticide resistance, and intensify national, cross-border and regional efforts to scale up malaria responses to protect everyone at risk.

By taking forward this strategy, countries will make a major contribution to implementing the post-2015 sustainable development framework. A major scale-up of malaria responses will not only help countries reach the health-related targets for 2030, but will contribute to poverty reduction and other development goals.

In the next 18 months, we will develop and roll out implementation plans in all WHO regions and support countries in updating their national malaria plans. We stand ready to expand our reach and increase our support to all countries irrespective of where they are along the elimination continuum.

Recent progress on malaria has shown us that, with adequate investments and the right mix of strategies, we can indeed make remarkable strides against this complicated enemy. We will need strong political commitment to see this through, and expanded financing.

We should act with resolve, and remain focused on our shared goal: to create a world in which no one dies of malaria. I remain confident that if we act with urgency and determination, we can beat this disease once and for all.



DR MARGARET CHAN

DIRECTOR-GENERAL  
WORLD HEALTH ORGANIZATION

A handwritten signature in black ink, which appears to read "M. Chan". The signature is fluid and cursive.

## BACKGROUND

Malaria is caused by parasites of the Plasmodium family and transmitted by female *Anopheles* mosquitoes. There are four different human malaria species (*P. falciparum*, *P. vivax*, *P. malariae* and *P. ovale*), of which *P. falciparum* and *P. vivax* are the most prevalent and *P. falciparum* the most dangerous. *P. knowlesi* is a zoonotic plasmodium that is also known to infect humans.

Despite being preventable and treatable, malaria continues to have a devastating impact on people's health and livelihoods around the world. According to the latest available data, about 3.2 billion people were at risk of the disease in 97 countries, territories and areas in 2013, and an estimated 198 million cases occurred (range: 124 million–283 million). In the same year, the disease killed about 584 000 people (range: 367 000–755 000), mostly children aged under 5 years in sub-Saharan Africa.<sup>1</sup> In most countries where malaria is endemic, the disease disproportionately affects poor and disadvantaged people, who have limited access to health facilities and can barely afford the recommended treatment.

Between 2001 and 2013, a substantial expansion of malaria interventions contributed to a 47% decline in malaria mortality rates globally, averting an estimated 4.3 million deaths. In the WHO African Region, the malaria mortality rate in children under 5 years of age was reduced by 58%. During the same period, the global incidence of malaria was reduced by 30%.<sup>1</sup> Target 6.C of Millennium Development Goal 6, namely "Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases", has already been reached, and 55 of the 106 countries that had malaria transmission in 2000 are on track to achieve the goal of reducing malaria incidence by 75% by 2015, as set by the Health Assembly in 2005 in resolution WHA58.2 on malaria control.<sup>2</sup>

Despite this progress, the disease remains endemic in all six WHO regions and the burden is heaviest in the African Region, where an estimated 90% of all malaria deaths occur. Two countries – the Democratic Republic of the Congo and Nigeria – account for about 40% of estimated mortality due to malaria worldwide. Around the world, millions of people remain without access to malaria prevention and treatment, and most cases and deaths go unregistered and unreported. Given the projected growth in the size of the world's population by 2030, more people will be living in countries where malaria is a risk, putting further strains on health systems and national malaria programme budgets.

## NEED FOR A POST-2015 TECHNICAL STRATEGY

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