The 10+1 Initiative an intensified effort to reduce malaria cases and deaths

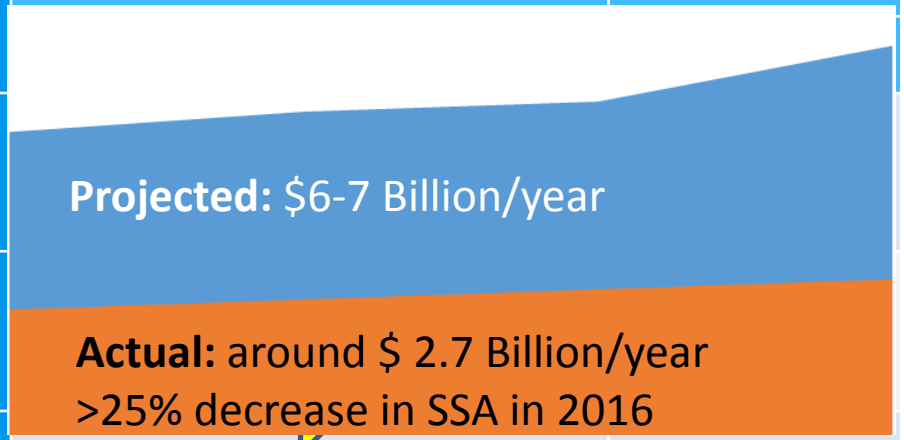
Getting back on track to achieve the
WHO Global Technical Strategy targets

Global **Malaria** Programme

World Health Organization

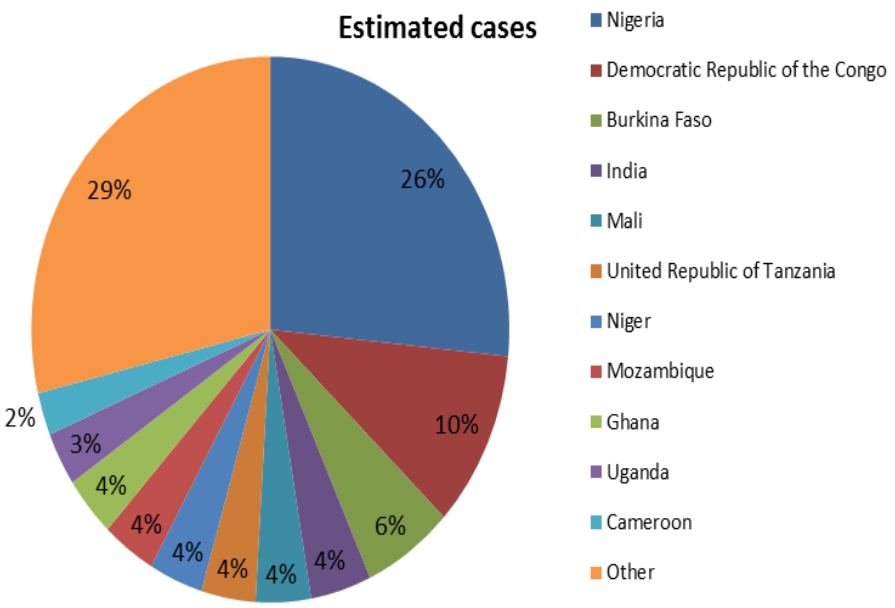
GTS 2016-2030: vision, goals, milestones & targets

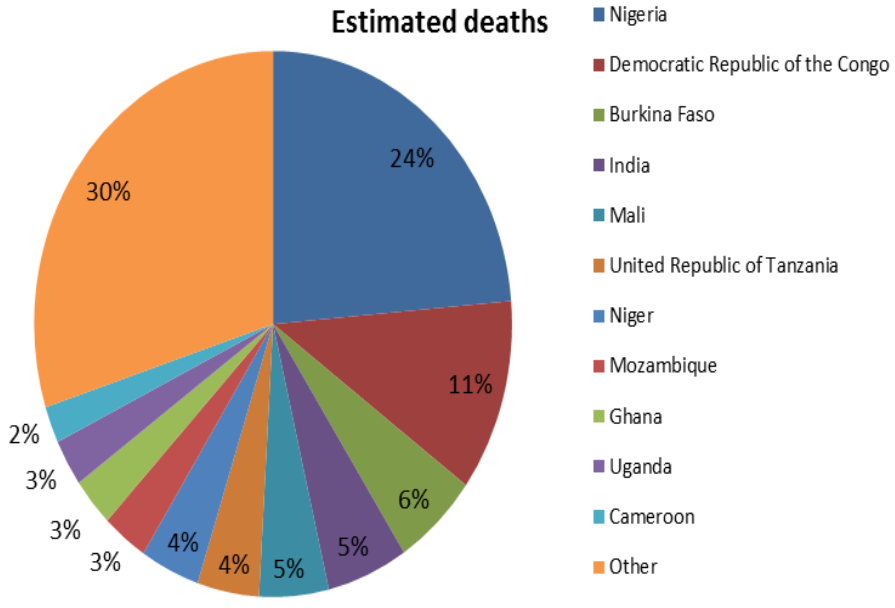
Vision: A world free of malaria

Goals	Milestones		Targets
1. Reduce malaria mortality rates globally compared with 2015			
2. Reduce malaria case incidence globally compared with 2015			
3. Eliminate malaria from countries in which malaria was transmitted in 2015	At least 10 countries	At least 20 countries	At least 35 countries
4. Prevent re-establishment of malaria in all countries that are malaria-free	Re-establishment prevented	Re-establishment prevented	Re-establishment prevented

Rationale for 10+1 Initiative

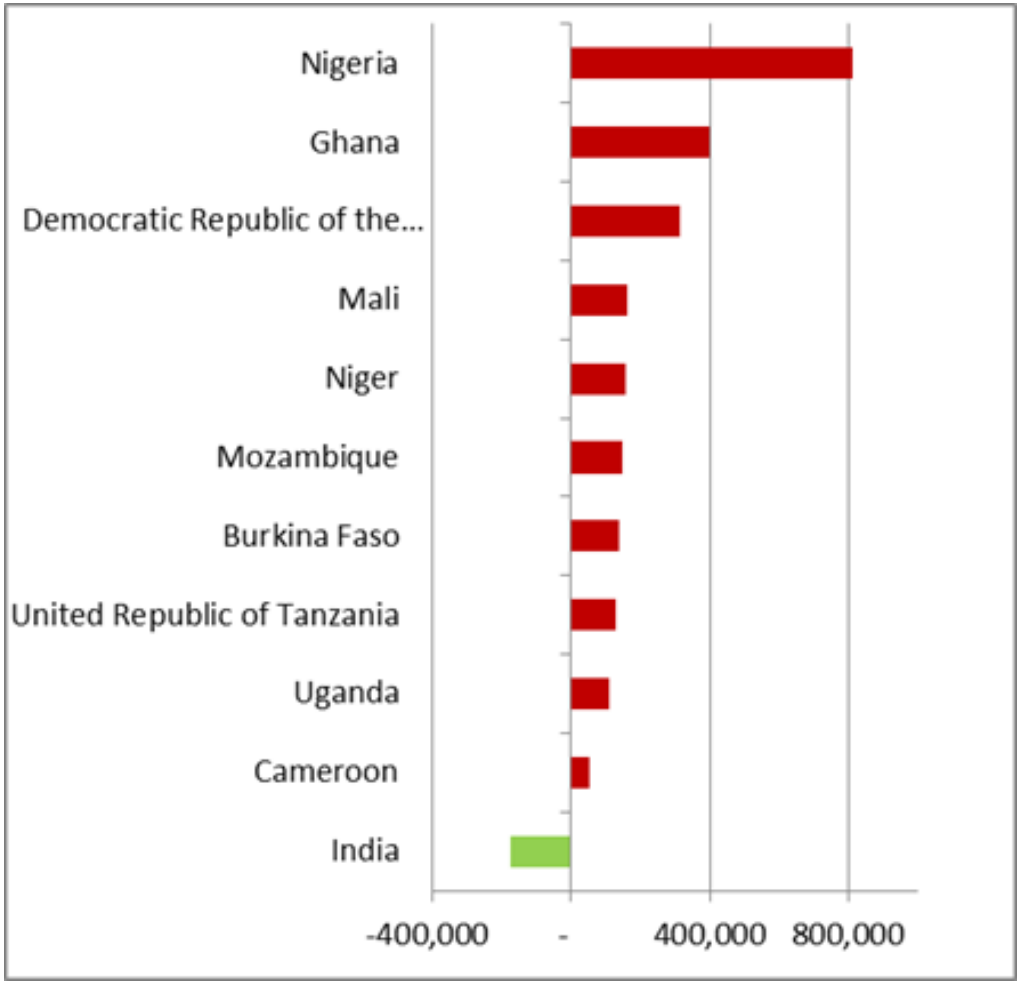
10+1 countries attribute to 71% of cases and 70% of estimated deaths globally





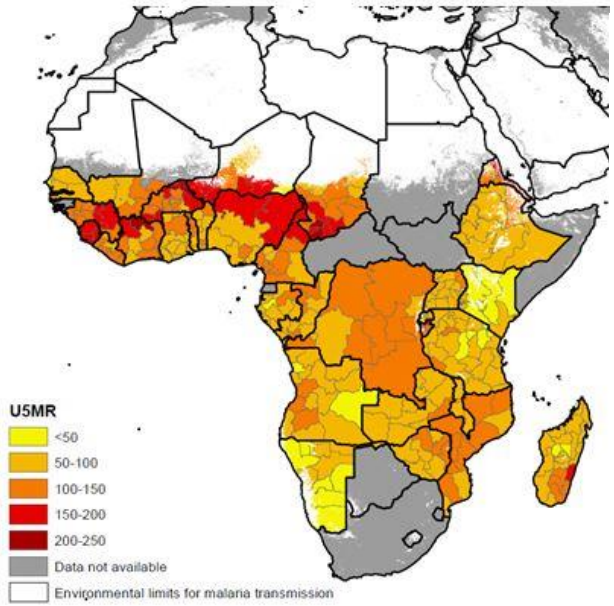
…Rationale for 10+1 Initiative

All the 10 countries in sub-Saharan Africa had increase in estimated case incidence in 2016 compared to 2015



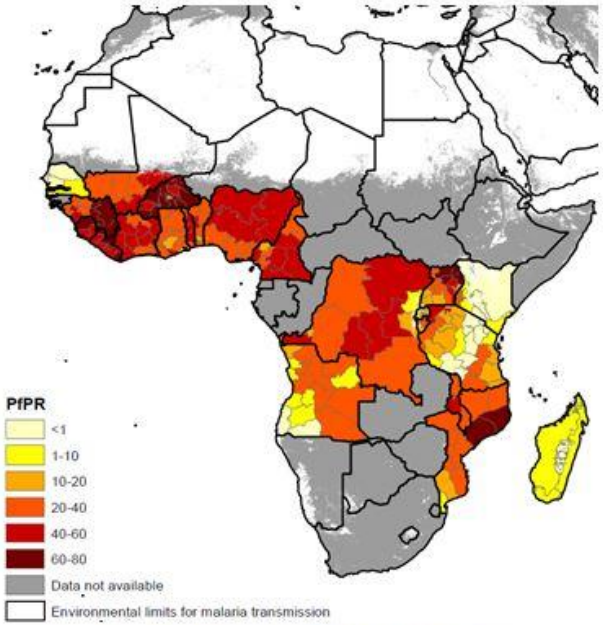
…Rationale for 10+1 Initiative

U5M (surveys in 32 countries)



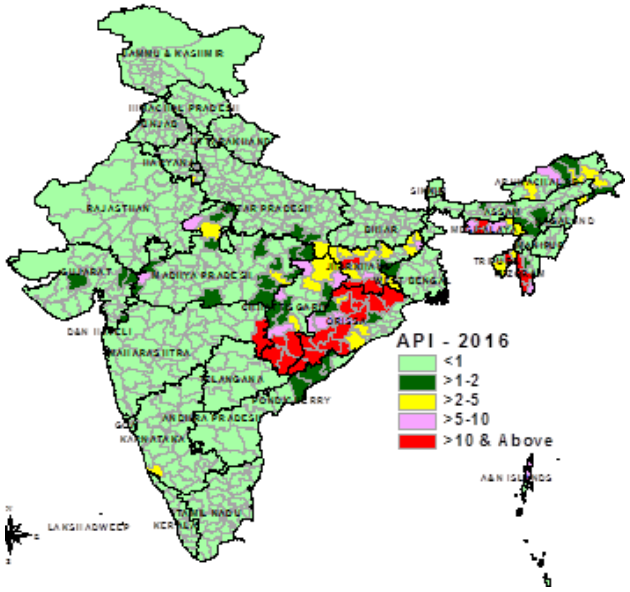
Source : WHO calculation using Demographic and Health Surveys (as of 15 March 2018). DHS were conducted in 2016 in Uganda, Senegal and Ethiopia, in 2015-16 in Angola, Malawi and Tanzania, in 2015 in Zimbabwe, in 2014-15 in Chad and Rwanda, in 2014 in Ghana and Kenya, in 2013-14 in DRC, Togo and Zambia, and in 2013 in Gambia, Liberia, Namibia, Nigeria, Sierra Leone, in 2012-13 in Mali, in 2012 in Comoros, Gabon, Guinea and Niger, in 2011-2012 in Benin, Congo, Côte d'Ivoire, in 2011 in Cameroon and Mozambique, in 2010 in Burundi and Burkina Faso, in and in 2008-09 in Madagascar and Sao Tome and Principe.

PfPR (surveys in 22 countries)



Source : WHO calculation using DHS/MIS (as of 26 March 2018) conducted in 2016 in Ghana, Liberia, Madagascar, Senegal, Sierra Leone and Uganda, in 2015-16 in Angola and Tanzania, in 2015 in Kenya, Mali, Mozambique and Nigeria, in 2014-15 in Rwanda, in 2014 in Burkina Faso and Malawi, in 2013-14 in DRC and Togo, in 2013 in Gambia, in 2012 in Burundi and Guinea, in 2011-2012 in Benin and Côte d'Ivoire.

API in India, 2016



Contributes to **>62%** of cases and deaths outside Africa

Goal of the Initiative

- To get the world back on track to achieve GTS milestones by 2025 and sustain gains to reach the GTS goals by 2030.
  - Initial focus: accelerate reduction of **malaria deaths primarily, while reducing** case incidence in the top 10 countries in Africa, as well as India.
  - Learning from the success, expand to other high burden countries

What is new…

- Highest political and financial dialogue
  - Raise profile of malaria, particularly at country level
  - Domestic financing
- Focused on reducing deaths
  - With current available tools, no-one should die
- Moving from blanket to granular data for action – to prioritize interventions (stratification)

Guiding principles

- Country ownership and leadership
- Impact at country level & alignment with WHO strategic priorities - universal health coverage (UHC) and strengthening health systems
- Focused, tailored and intensified actions
- Integration
- Multi-sectoral

Response elements (tiers)

1. Political and financial dialogue, advocacy, and resource mobilization
2. Technical guidance on policies and strategies adaptable to the country situations
3. Intensified technical support to countries to prioritize interventions for impact
4. Country action

Response elements (tiers)

1. **Political and financial dialogue, advocacy, and resource mobilization**
   - Malaria as a strategic priority for the WHO DG and RDs
     - Packaging health & socioeconomic benefits as rationale for investing in malaria
   - Advocacy targeting heads of states for increased funding and commitment
   - Dialogue with partners
     - Global - Global Fund, PMI, DFID and others
     - Sensitization of leaders at AU and other venues.
     - Tap into technical & operational expertise –regional & local institutions

Response elements (tiers)

- Advocacy at the country level
  - Establish NMC/modify existing task force with political weight
  - Reach out to parliamentary and other political forces
  - Country ownership and leadership at all levels
  - Accountability mechanisms
  - Grassroots engagement promoting personal responsibility
    - “Zero Malaria Starts with Me”
    - Community awareness & ownership: e.g “malaria champions”

Response elements (tiers)

2. Technical guidance on policies/strategies adaptable to country situations

- Currently, the rationale for mixes of interventions are not that explicit
  - **High priority:** commodities and case management, universal coverage of vector control (least defined on how to mix or prioritize)
  - **Medium priority:** basic surveillance, monitoring and evaluation, SMC, severe malaria, IPTp
  - **Low priority:** iCCM, IPTi, LSM, private-sector case management
- WHO to embark on in-depth analysis and review of the policies and strategies to better suit country needs & the realities on the ground (to reduce mortality in prioritized areas)
  - Including guidance on right mix of interventions

Response elements (tiers)

3. **Intensified technical support to countries to prioritize interventions for impact**
   - Develop analytical framework - systematic approach
   - Update national policies, strategies and plans
   - Stratification and high coverage of the interventions in areas with highest mortality
     - Tailoring of interventions e.g epidemiological, operational , etc
   - Develop evidence-based response plan with reduction of mortality as priority
   - Change of mind-set: from "**blanket**" to "**more granular data**"

Response elements (tiers)

4. Country action

- **Operationalization** based on **analytical framework** and stratification
- **Political leadership**, commitment partnership and accountability
- **Strengthen national and local capacities** (multisectoral approach)
- **Strengthen surveillance:** bulletins, stratification, epidemic preparedness and response
- **Identify key bottlenecks and barriers** with deliverable solutions
- **Actions:** focused, decentralized, rigorous, well supervised, result-oriented and not business as usual
- **Strong WHO-lead:** quality technical and operational support
- **Partnership:** coordinated, accountable, result oriented

Tracking progress

- **Surveillance** using DHIS2 or other platforms
  - Granular: spatial and temporal data
  - Progress in reducing mortality & morbidity in prioritized areas
- **National taskforce on SME** to track progress and impact
- **Web-based tracking system**
- **Periodic review by WHO and key partners**
  - Annual review and operational planning
  - External evaluation on interval basis

Communication - messaging

- Malaria remains a major public health problem & countries account for >70% of cases & deaths
- Main cause of under 5 mortality in the 10 African countries;
- India accounts for 6% of global cases but 62% of cases outside Africa
- These countries are **not on track** to meet the 2020 GTS targets
- Accelerated actions required to meet the GTS 2025 milestones
- Political leadership and ownership by country leaders
- The initiative is **not a financing mechanism nor does it intend to guarantee to bring additional international funding** but…
  - mobilize political commitment and domestic resources
  - explore innovative funding mechanisms
  - harness in-country partnership
  - maximize mortality reduction in prioritized areas

"10+1" Initiative implementation, 2018

Key Activities	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Consensus building: countries, WHO & partners									
2. Soft launch during WHA and meeting with concerned Ministers									
High level launch by the DG in presence of the RDs, respective ministers and partners									
3. High level mission for in-country for advocacy and political and financial dialogue									
4. In-depth analysis, including identification of bottlenecks, and planning per country									
5. Implementation of key activities as per country plan									
6. Provision of technical support by WHO and/or key partners									
7. Side meeting with concerned Health Ministers during RC in AFRO									
8. External resource mobilization									
9. Country-specific operational planning for 2019									
10. Convening of Program Managers and key partners									

Thank you