

BMGF MALARIA STRATEGY TO 2020

Supporting the Drive to Elimination in Mesoamerica & Hispaniola

Diana Measham, DrPH, MSc

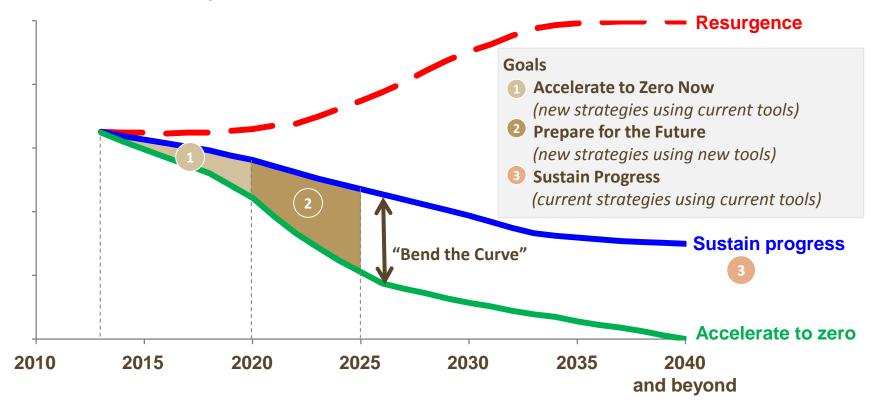
Lead – Eliminate Initiative

September 25, 2014

The world has three potential future trajectories for malaria...

...in our strategy, we have chosen to 'Accelerate to Zero', which leads to three overarching goals for the period (2014-2020)

Global annual malaria parasite incidence



ACCELERATE TO ZERO STRATEGIES

Current (Incomplete)

Detect: Current Rapid Diagnostic Tests (RDTs) **Cure:** Artemisinin Combination Treatments (ACTs) **Prevent:** Universal Long Lasting Insecticide
Treated Nets (LLINs), Indoor Residual Spraying

(IRS), as appropriate

Delivery: Treatment at health care facility (HCF) **Outcome**: Gametocyte persistence and residual

transmission1

Detect: Not being done **Cure:** Not being done

Prevent: Universal LLINs, IRS, as appropriate **Delivery**: Community delivery of IRS, LLINs **Outcome:** Parasite reservoir persistence,

residual transmission

"Fill the gap"



Infected symptomatic

Accelerate to Zero (Complete)

Detect: Current RDTs

Cure: ACT + PQ (or new tools, e.g. SERCaP)

Prevent: LLINs, IRS + new tools (including vaccines

and chemoprophylaxis)

Delivery: Treatment at HCF and community delivery of Targeted Parasite Elimination (TPE)² strategies **Outcome:** Total parasite elimination (complete cure)

and complete transmission prevention

Detect: High sensitivity diagnostic

Cure: ACT + PQ (or new tools, e.g. SERCaP)

Prevent: LLINs, IRS + new tools (including vaccines

and chemoprophylaxis)

Delivery: Community delivery of IRS, LLINs + TPE²

strategies

Outcome: Total parasite elimination (complete cure)

and complete transmission prevention

Detect: Not being done

Cure: N/A

Prevent: Universal LLINs, IRS, as appropriate **Delivery:** Community delivery of IRS, LLINs

Outcome: Residual transmission



Infected asymptomatic

Detect: High sensitivity diagnostic

Cure: N/A

Prevent: LLINs, IRS + new tools (including vaccines

and chemoprophylaxis)

Delivery: Community delivery of IRS, LLINs + TPE

strategies²

Outcome: Complete transmission prevention

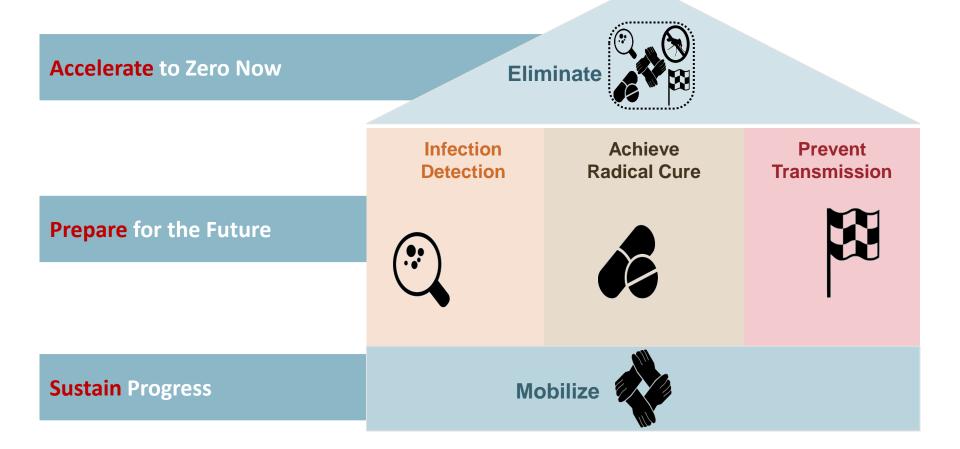


Current interventions

Proposed interventions

HOW WE'VE ORGANIZED OUR WORK

Three strategic goals... ... supported by six initiatives that organize our work



WE ARE FOCUSED ON CATALYZING ELIMINATION IN DEFINED MALARIA REGIONS

Low



Opportunity "Landscape"

% Population living in high transmission zones

Med

High

Zanzibar Senegal Kenya Ethiopia Swaziland Mozambique **Botswana** Namibia Angola South Africa Zimbabwe Zambia Bhutan Bangladesh India Solomon Islands Myanmar Thailand Laos **Vietnam** Vanuatu Cambodia Sri Lanka **Philippines** (Haiti Dominican Republic S. Mexico Belize Guatemala El Salvador Honduras . Nicaragua Costa Rica Panama Brazil

Yemen

Opportunity Prioritization

Opportunities were prioritized based on the need to **act regionally**, focusing on full malaria ecosystems and their malaria sources and sinks

Geographic and epidemiologic diversity was prioritized

Additional selection criteria included the threat of artemisinin resistance, national/regional political will, partnerships. and leverage

We have prioritized the following regional foci:

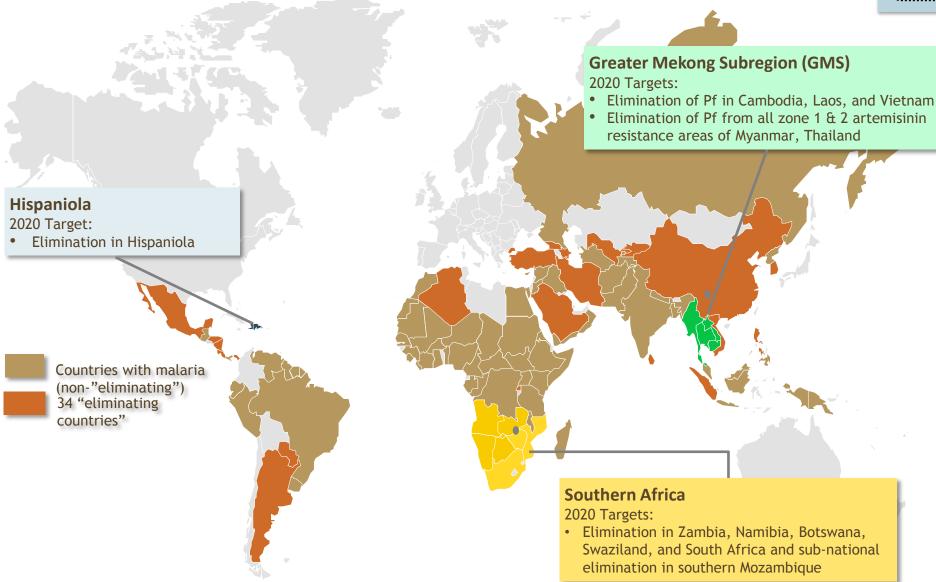
- Southern Africa
- Greater Mekong Sub-region (GMS)
- Hispaniola
- Other learning or leverage opportunities

Note: Plotted opportunities include range of plausible engagement options identified through our selection processes and expression of interest

Geopolitical area

ACCELERATE TO ZERO NOW IN 3 PRIORITY REGIONS





BUILDING BLOCKS REQUIRED TO ACHIEVE IMPACT UNDERPIN INVESTMENTS AND ENGAGEMENT STRATEGY



		Informs					
	Tool development	Evidence base	Policy	Financing	Planning & Operations	Governance	
Requirements	 Necessary product development For diagnostics, prototyping and external lab testing For drug development, challenge model testing, clinical trials and DDI studies 	 New approaches using current tools are proven to be: Effective Safe Feasible Acceptable Cost effective for use at scale Updated risk and mobility mapping to guide targeteting of interventions Modeling to inform intervention packages for scale up 	Supportive policy environment Global: WHO normative guidance Country: policy evolves with evidence on new strategies using current tools	 Understanding of total cost required Long-term commitment of domestic funds Donors willing to pay for approved approaches using new strategies, current tools 	 Adequate, infrastructure, human resources, and capacity to implement at scale Operational plans for: Scale-up of new approaches/strategies Introduction/uptake of new products 	 National program ownership Defined architecture to ensure coordinated funding, prioritization of malaria sources, etc. Standardized metrics to enable coordination and joint progress tracking towards regional elimination goals 	
		Focus of "Eliminate" critical path, where impact = elimination					

INVESTMENT: MALARIA ELIMINATION IN HISPANIOLA

Summary

- Grantee: CDC Foundation with CDC, PAHO, CHAI, The Carter Center, Tulane, LSHTM in support of Governments of Haiti and D.R. and in partnership with other donors, partners
 - Haiti Malaria
 Elimination
 Consortium HaMEC
- Anticipated start date: November 1, 2015
- Duration: 6 years
- Builds on grant to CHAI made in early 2014 to ensure short-term TA for elimination-focused program reorientation

Primary Outcome

Elimination of indigenous malaria by 2020

Intermediate Outcomes

- Adoption of an evidence-based strategy and operational plan by the government of Haiti for achieving malaria elimination by 2020
- Mobilization of resources sufficient to achieve elimination by 2020
- Improved malaria surveillance systems to support elimination decision-making and action
- Reduction of malaria transmission, ultimately leading to elimination by 2020

HISPANIOLA INVESTMENT: TARGETS OVER TIME

Outcomes	By Dec 2015	By Dec 2016	By Dec 2017	By Dec 2018	By Dec 2019
Adopted evidenced- 1 based strategy & operational plan	 Adoption of elimination strategy and costed operational plan All needed drugs registere Risk & mobility maps updated 5 policy/program relevant OR protocols approved 	Program M&E data available	 Revised operational plan (if needed) Mid-term program M&E data reported (including post-TPE interventions surveys) OR plan revised, new studies initiated 	 Revised operational plan (if needed) Cost estimates updated All remaining OR studies implemented 	M&E plan for ongoing program to detect and react to malaria reintroduction All studies in OR plan completed
Resources secured sufficient for elimination	 GF grant secured supporting malaria elimination Donor landscape assessment and resource mobilization plan completed 	 GF grant money disbursed to partners and all GF-supported activities underway Plan for appropriate and coordinated use of additional resources developed 	 Resource needs secured for activities through 2018 	 Resource needs secured for activities through 2020 GF grant secured supporting malaria elimination 	Resource mobilization plan completed that estimates resource needs necessary for maintaining cessation of indigenous transmission through 2025
Improved 3 surveillance systems	 Routine reporting from all program areas established 80% of cases receive diagnostic confirmation 	 Active surveillance established in all higher risk communes; All communes reporting using SMS rapid reporting 	 100% of cases receiving diagnostic confirmation; All facilities meet timeliness and completeness standard 	 100% health facilities using management system for quality improvement 	 All regional teams integrated with other disease control activities
Increased coverage of elimination interventions	 >80% coverage of 2 rounds MDA achieved in initial intervention areas Teams follow up 100% of cases reported in initial targeted areas 	 TME initiated in all areas identified as having active transmission nationwide >80% estimated coverage achieved 	 80% of cases followed up with home visit and fMDA/fMTAT<1 week after report 	 100% of cases followed up with home visit and fMDA/fMTAT<1 week after report Completed post intervention assessments in all initial TME areas; 	 Documentation of parasite clearance in all areas where interventions have been completed

DECISION MAKING FRAMEWORK FOR INVESTMENTS OUTSIDE OF PRIORITY REGIONS (PRELIMINARY)

Preliminary Assessment

Leverage opportunities (driving to national elimination)		Learning opportunities (generating new evidence)
Technically feasible to achieve?		Have we already identified this question?
Technically feasible to maintain?		Is this it being address under other investments/partners?
Operationally feasible?		, paration
		Is the question on strategy?
Achievable without additional funding?	•	Will results be sufficient to drive change?
Influence on regional/global opinion or policy?	• • •	Can gains achieved be maintained?

In-depth Assessment

Detailed assessment against key criteria, including: opportunities for new partnership, level of national political commitment, opportunities for donor leverage, opportunities to integrate with/leverage other programs, etc.

INVESTMENT: ACCELERATION OF MALARIA ELIMINATION IN MESOAMERICA & HISPANIOLA

Summary

Grantee: CHAI

• Start date: April 17, 2014

• End-date: October 31, 2015

- Focus countries: Honduras, Guatemala, Nicaragua, Haiti
- Light-touch efforts:

 Panama, Costa Rica, El
 Salvador, Belize, Mexico,
 and Dominican Republic
- Follow up to BMGFfunded Elimination training for Meso/Hispaniola national programs, conducted by ISGlobal Feb. 2014

Primary Outcome

Reorientation of national malaria programs in Mesoamerica towards malaria elimination

Intermediate Outcome & Outputs

Optimized implementation plans for achieving elimination available throughout the region and based on a robust evidence.

Outputs:

- Development of rapidly updatable, high resolution malaria risk maps
- Mapping of malaria parasite movement and connectivity
- Technical evaluation of surveillance systems
- Assessment of key operational, social, and/or epidemiological drivers of malaria persistence

'Eliminate' initiative

THANK YOU

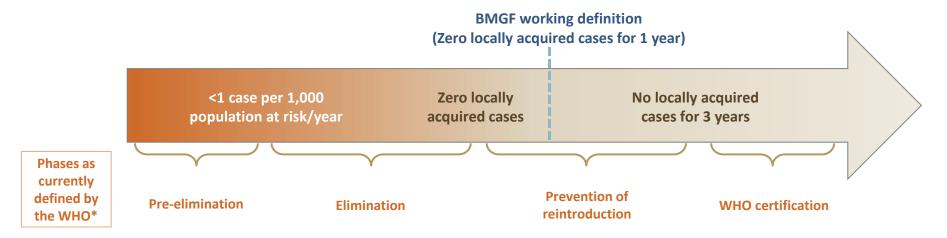
'Eliminate' initiative

BACK UP

DURING THIS STRATEGY PERIOD WE WILL DEFINE ELIMINATION AS ZERO LOCALLY ACQUIRED CASES FOR 1 YEAR

This working definition implies that:

- All cases that arise are imported or derived directly from an imported case (as assessed by travel history and molecular methods, as they become available)
- High-quality active and passive surveillance are required to effectively monitor case load over time; these
 interventions are also essential in accelerating to and achieving zero
- A limited reservoir of asymptomatic parasitemia is possible and will not be detected unless it results in a case, is found during case investigation, or is evaluated via full population screening (used in select foci only)



^{*}These definitions will be refined by the WHO Malaria Policy Advisory Committee in 2014