



BMGF MALARIA STRATEGY TO 2020

Supporting the Drive to Elimination in Mesoamerica & Hispaniola

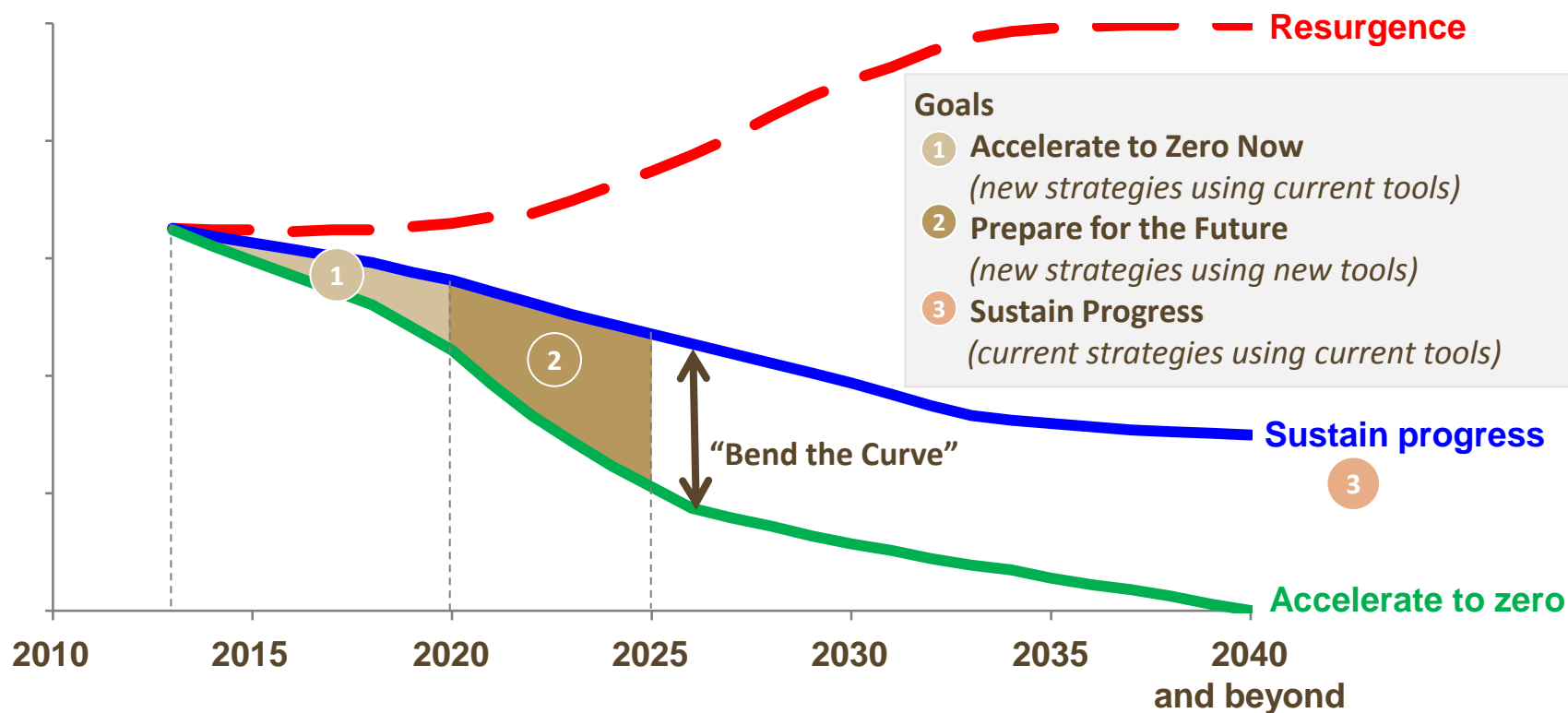
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September 25, 2014

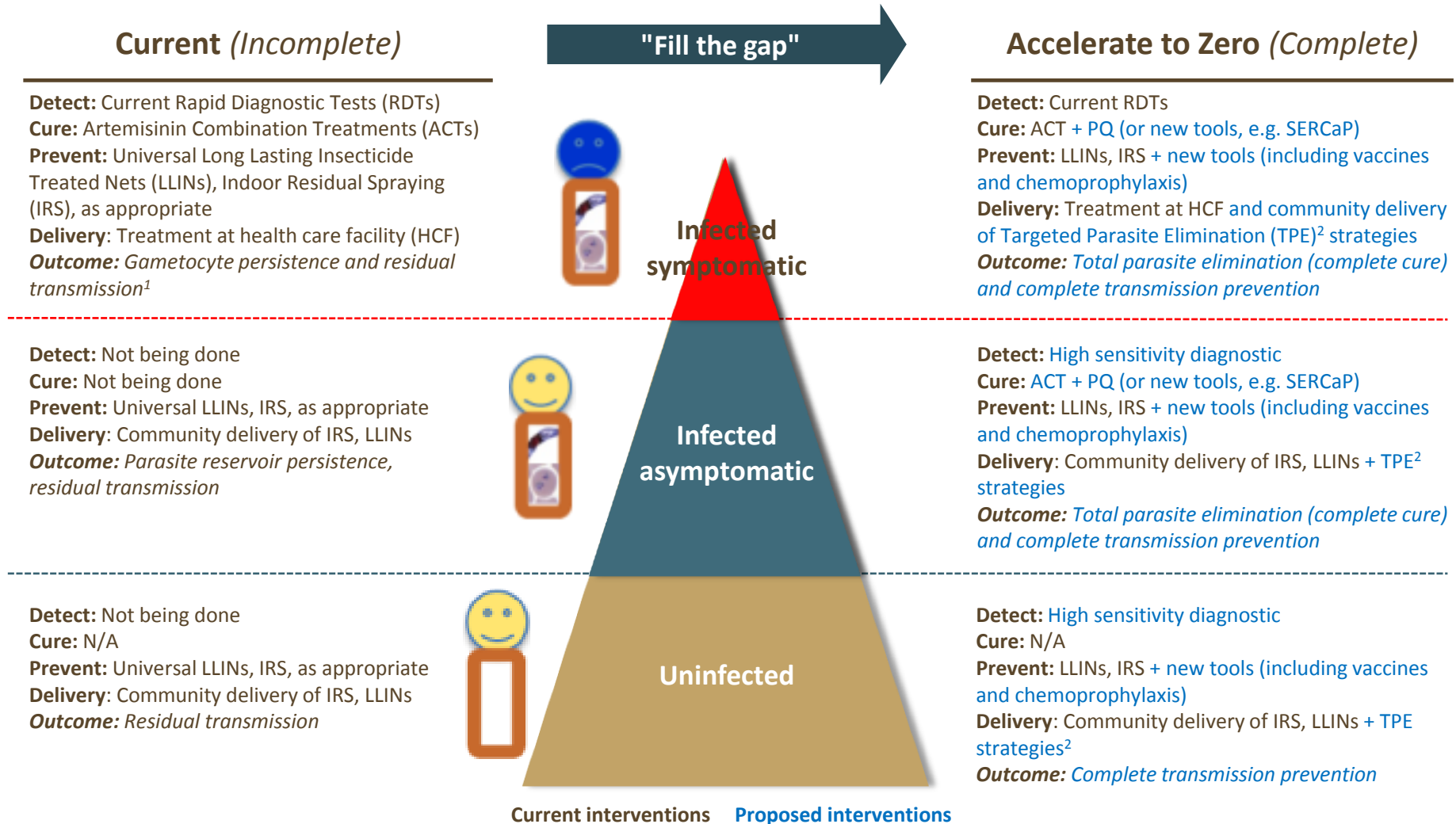
The world has three potential future trajectories for malaria...

...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

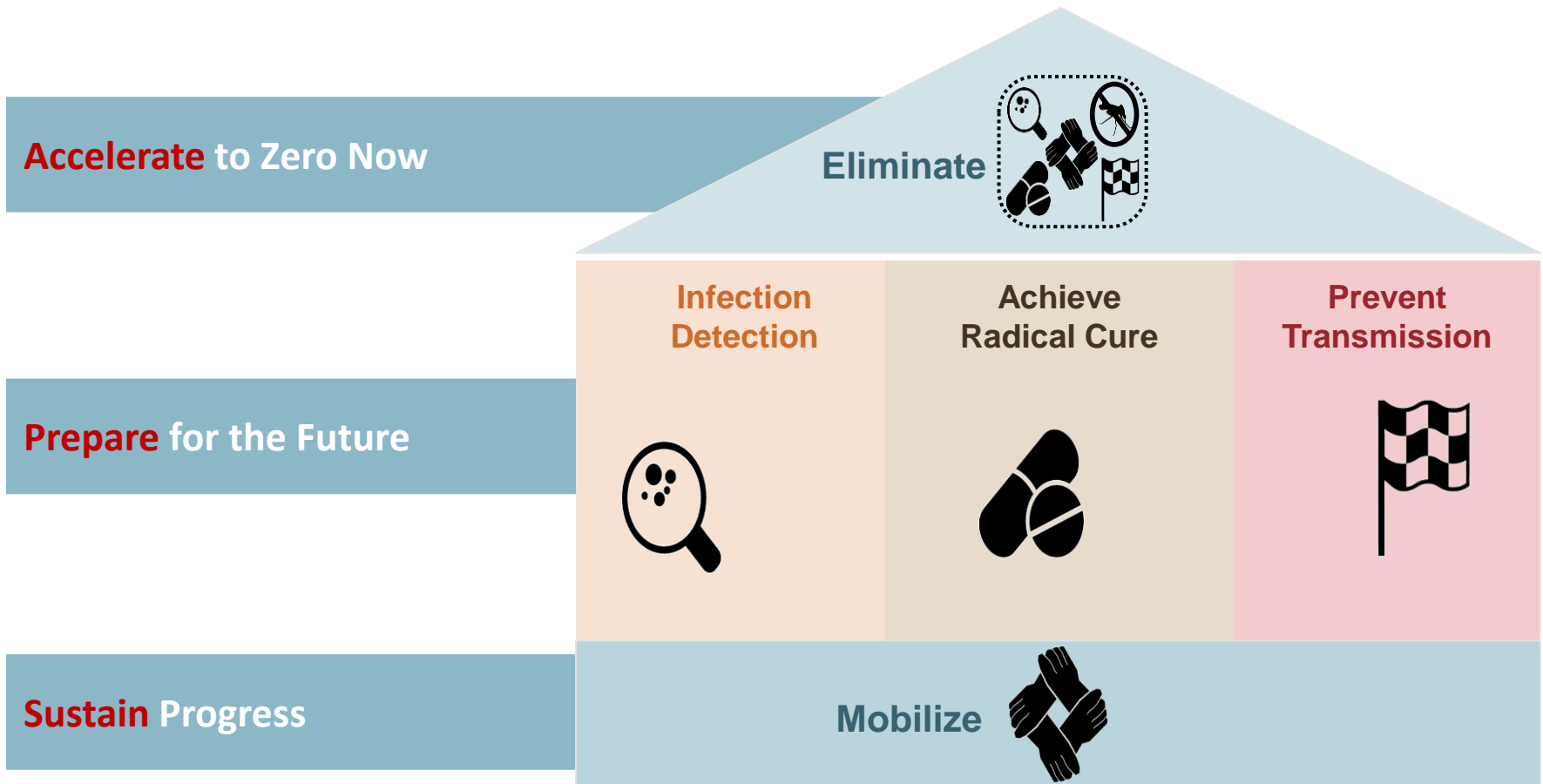


ACCELERATE TO ZERO STRATEGIES



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



Opportunity “Landscape” % Population living in high transmission zones

Opportunity Prioritization

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

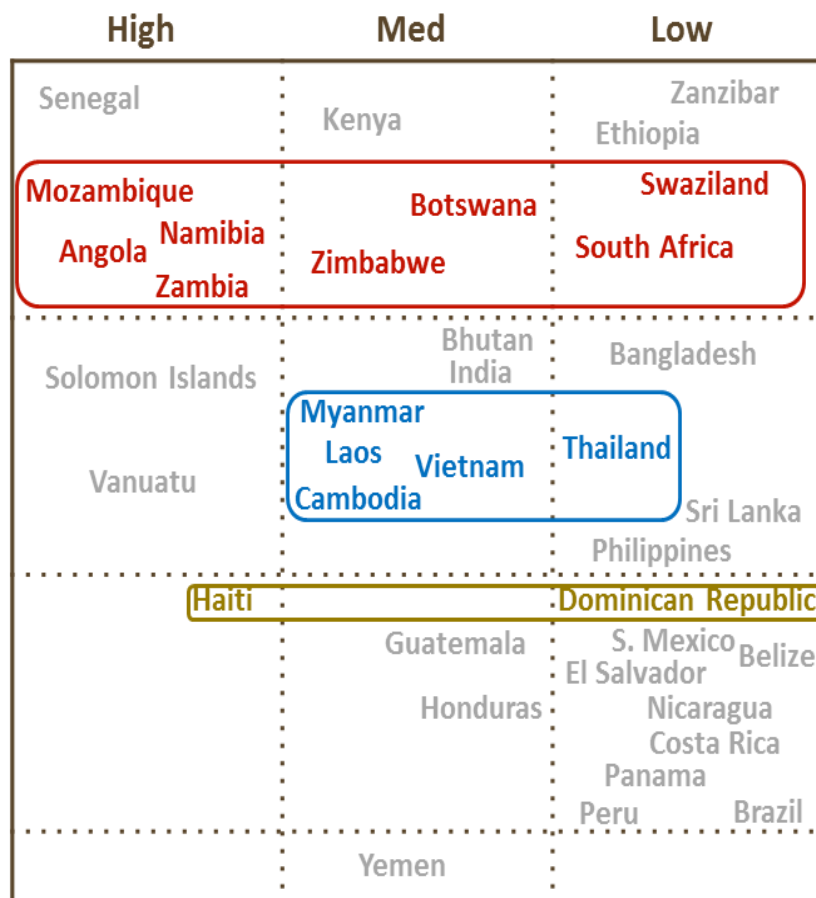
Geographic and epidemiologic diversity was prioritized

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

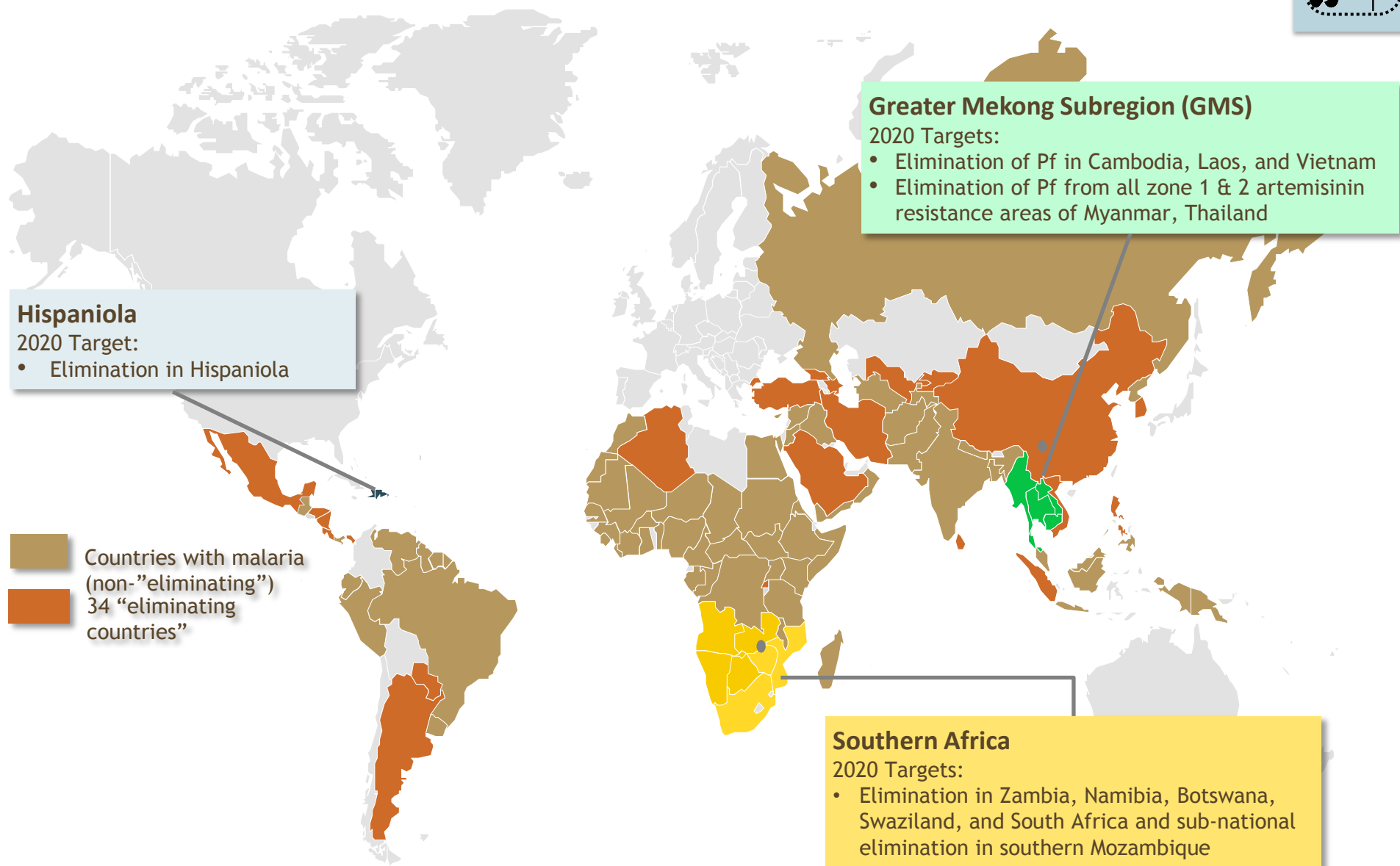
Geopolitical area



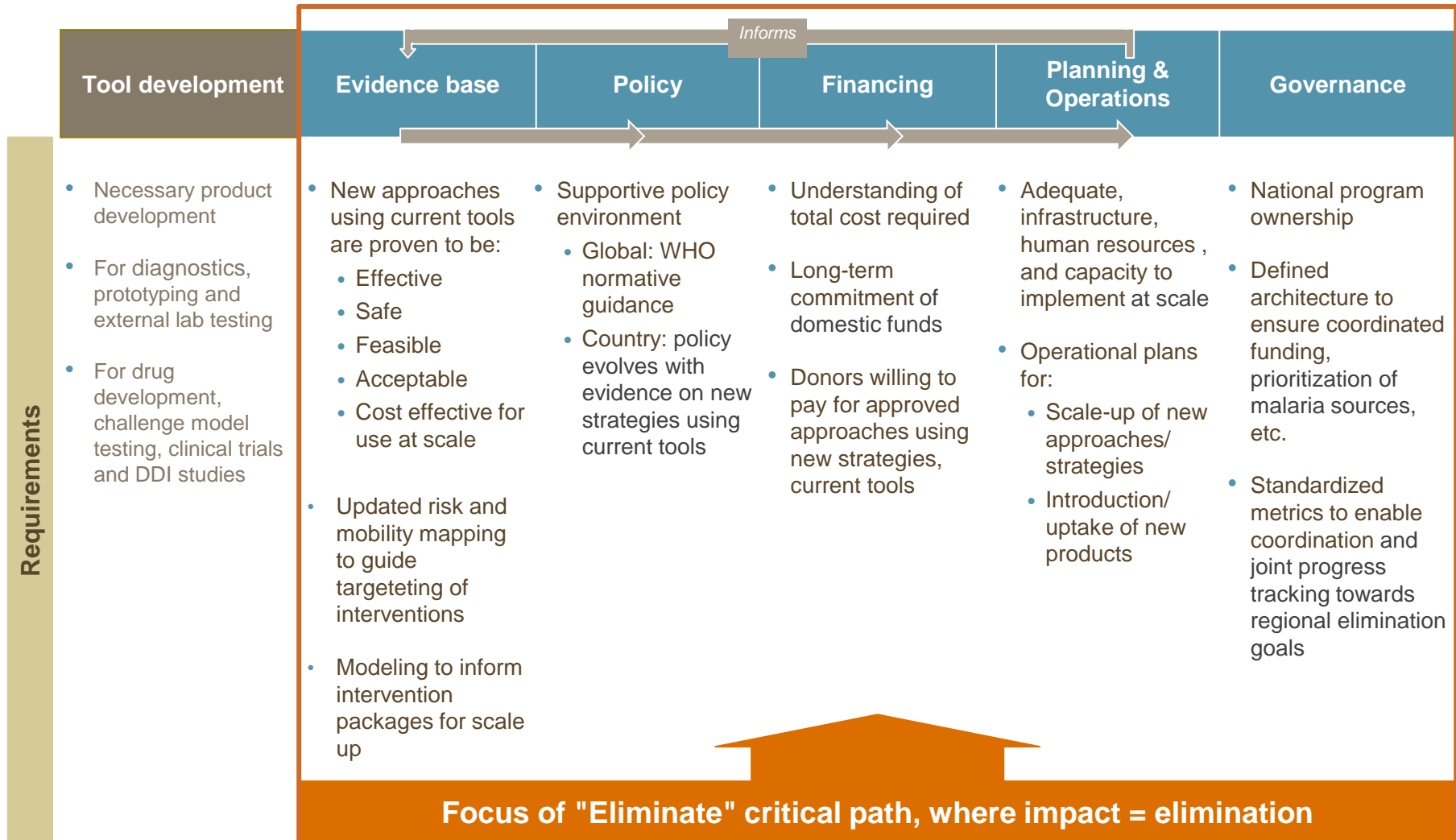
Note: Plotted opportunities include range of plausible engagement options identified through our selection processes and expression of interest

1. Transmission level positions roughly assigned based on percentage of population living in high transmission areas (≥1 case per 1,000 population), as reported by the World Malaria Report 2012: >50% = High; 10-50% = Med; <10% = Low.

ACCELERATE TO ZERO NOW IN 3 PRIORITY REGIONS



BUILDING BLOCKS REQUIRED TO ACHIEVE IMPACT UNDERPIN INVESTMENTS AND ENGAGEMENT STRATEGY



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
1 Adopted evidenced-based strategy & operational plan	<ul style="list-style-type: none"> Adoption of elimination strategy and costed operational plan All needed drugs registered Risk & mobility maps updated 5 policy/program relevant OR protocols approved 	<ul style="list-style-type: none"> Results from 5 OR studies available Revised operational plan Cost estimates updated Program M&E data available 	<ul style="list-style-type: none"> Revised operational plan (if needed) Mid-term program M&E data reported (including post-TPE interventions surveys) OR plan revised, new studies initiated 	<ul style="list-style-type: none"> Revised operational plan (if needed) Cost estimates updated All remaining OR studies implemented 	<ul style="list-style-type: none"> M&E plan for ongoing program to detect and react to malaria reintroduction All studies in OR plan completed
2 Resources secured sufficient for elimination	<ul style="list-style-type: none"> GF grant secured supporting malaria elimination Donor landscape assessment and resource mobilization plan completed 	<ul style="list-style-type: none"> GF grant money disbursed to partners and all GF-supported activities underway Plan for appropriate and coordinated use of additional resources developed 	<ul style="list-style-type: none"> Resource needs secured for activities through 2018 	<ul style="list-style-type: none"> Resource needs secured for activities through 2020 GF grant secured supporting malaria elimination 	<ul style="list-style-type: none"> Resource mobilization plan completed that estimates resource needs necessary for maintaining cessation of indigenous transmission through 2025
3 Improved surveillance systems	<ul style="list-style-type: none"> Routine reporting from all program areas established 80% of cases receive diagnostic confirmation 	<ul style="list-style-type: none"> Active surveillance established in all higher risk communes; All communes reporting using SMS rapid reporting 	<ul style="list-style-type: none"> 100% of cases receiving diagnostic confirmation; All facilities meet timeliness and completeness standard 	<ul style="list-style-type: none"> 100% health facilities using management system for quality improvement 	<ul style="list-style-type: none"> All regional teams integrated with other disease control activities
4 Increased coverage of elimination interventions	<ul style="list-style-type: none"> >80% coverage of 2 rounds MDA achieved in initial intervention areas Teams follow up 100% of cases reported in initial targeted areas 	<ul style="list-style-type: none"> TME initiated in all areas identified as having active transmission nationwide >80% estimated coverage achieved 	<ul style="list-style-type: none"> 80% of cases followed up with home visit and fMDA/fMTAT<1 week after report 	<ul style="list-style-type: none"> 100% of cases followed up with home visit and fMDA/fMTAT<1 week after report Completed post intervention assessments in all initial TME areas; 	<ul style="list-style-type: none"> Documentation of parasite clearance in all areas where interventions have been completed

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

1 Preliminary Assessment

Leverage opportunities (driving to national elimination)

Technically feasible to achieve?



Technically feasible to maintain?



Operationally feasible?



Achievable without additional funding?



Influence on regional/global opinion or policy?



Learning opportunities (generating new evidence)

Have we already identified this question?

Is this it being address under other investments/partners?

Is the question on strategy?

Will results be sufficient to drive change?

Can gains achieved be maintained?

2 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 BMGF-funded 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

THANK YOU

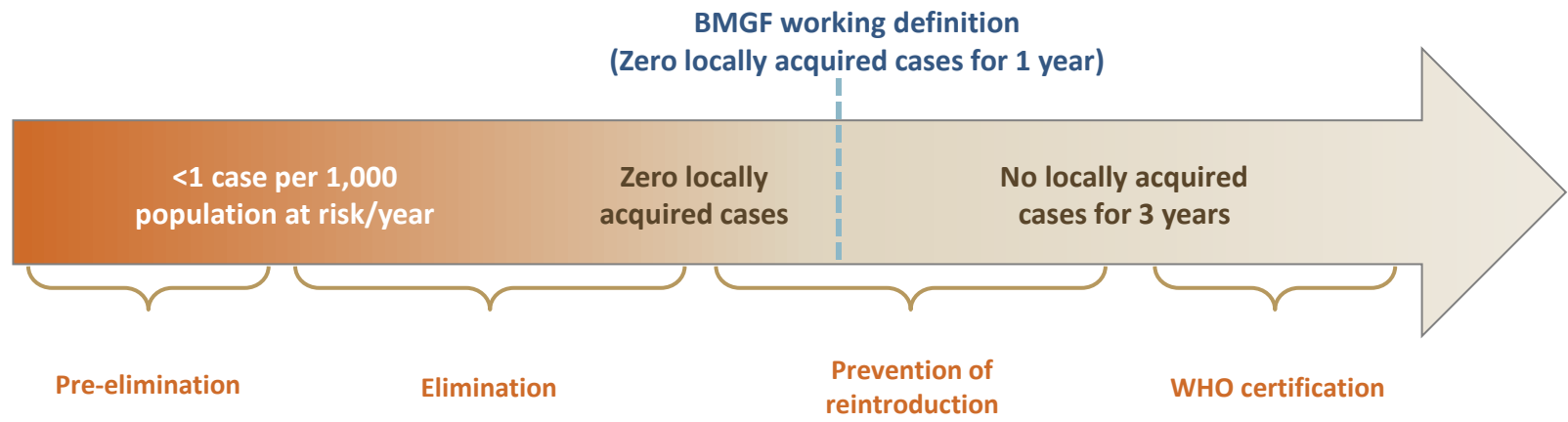
BACK UP



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)



Phases as currently defined by the WHO*

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