

WHO technical brief for countries preparing malaria funding requests for the Global Fund (2020–2022)



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FOREWORD

After many years of great progress in our fight against malaria, our trajectory is plateauing and the world will not achieve the 2020 malaria targets for morbidity and mortality reduction. With over 400 000 deaths and in excess of 200 million malaria cases each year, we must urgently evolve our approach if we are to realize the full potential of current tools and the available resources and get back on track.

The country-led “High burden high impact” (HBHI) response, launched in 2018 by WHO and the RBM Partnership to End Malaria, aims to reignite the pace of progress in the global malaria fight and is guided by four key elements (1).¹

Clear evidence-informed guidance is one, critical, response element. This document summarizes all of the current WHO malaria recommendations. These remain unchanged and are the product of careful evaluation following standardized procedures as part of the WHO normative processes. WHO uses strictly defined processes to assess the strength of the recommendations and the certainty of the evidence upon which they are based. Our recommendations tend to be summary statements, which are usually accompanied by supplementary statements that draw attention to contextual and implementation considerations and key desirable and undesirable effects. This document helps to distinguish the formal recommendations from the supplementary statements. We are working to improve the development, presentation and flexibility of our recommendations. In future, we aim to produce living guidelines which will be updated more rapidly following the availability of new evidence.

A second response element focuses on the strategic use of local data. This acknowledges the great contextual diversity within which we collectively operate. A good understanding of the different types of settings within each country – or strata – is essential to identify the optimal mix of interventions, and the best means to deliver them. We are therefore working with countries to strengthen the use of local information for stratification, the definition of optimal mixes of interventions and the rational, safe and ethical prioritization of resources to maximize impact. Local data are also essential to understand the impact of the strategies deployed, providing opportunities to further refine sub-national strategies and to inform global knowledge.

This document builds on the principles articulated in the global technical strategy, elaborated in the elimination framework and the HBHI approach. In 2019, the Malaria Policy Advisory Committee (MPAC), an independent advisory group of global experts that advises WHO, endorsed the fundamental need to invest in data collection, collation and curation at the country level, and to build capacity to use these data to inform prioritization processes (2).

This document is an evolution of previous guidance and intended to support national malaria programmes in the development of robust funding proposals that are tailored to their contexts, and the evaluation of the proposals by the Global Fund’s Technical Review Panels. The first section provides an overview of the purpose of the brief. Section 2 describes the process of stratification, that guides intervention mixes for local contexts, and prioritization. Section 3 presents the evidence-based recommendations that have been developed through WHO’s standard, stringent processes. The final section comprises a quick reference table which summarizes the link between the recommendations and their potential adaptations as part of a tailored malaria intervention approaches, informed by local data.

1 HBHI four key elements: 1) political will to reduce malaria deaths; 2) strategic information to drive impact; 3) better guidance, policies and strategies; and 4) a coordinated national malaria response.

1. INTRODUCTION

The *World malaria report 2019* estimates that 405 000 deaths and 228 million cases were due to malaria in 2018 (3). The global priority is to reduce the high malaria burden, while retaining the long-term vision of malaria eradication. This document was developed by the WHO Global Malaria Programme as a summary of existing guidance and its application to the formulation of Global Fund grants. It is not intended as a substitute for the published WHO documents on which it is based but highlights the need to adapt global guidance according to national needs and evidence.

Malaria control and elimination efforts are guided by the *Global technical strategy for malaria 2016–2030* (GTS) (4). Adopted by the World Health Assembly in May 2015, the strategy defines goals, milestones and targets on the path to a world free of malaria and (**table 1**). The goals focus attention both on the need to reduce morbidity and mortality, and to progressively eliminate malaria from countries that had malaria transmission in 2015.

Table 1: Goals, milestones and targets for the *Global technical strategy for malaria 2016–2030*

GOALS	MILESTONES		TARGETS
	2020	2025	2030
1. Reduce malaria mortality rates globally compared with 2015	At least 40%	At least 75%	At least 90%
2. Reduce malaria case incidence globally compared with 2015	At least 40%	At least 75%	At least 90%
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

Figure 1: *Global technical strategy for malaria 2016–2030* – framework, pillars and supporting elements

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