Ending Malaria in Nigeria: The WHO Agenda

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Nigeria contributes the highest burden to global malaria morbidity and deaths.

- 25% of global malaria cases; about 30% of global malaria deaths
Percent children aged 6-59 months who tested positive for malaria by microscopy. 2015 MIS
Ending Malaria in Nigeria: The strategies

Pre-Elimination in 2020

- Effective coordination and good governance towards achieving all objectives
- Robust Integrated Vector Management to reach all
- Accurate Diagnosis at all levels
- Prompt and Effective Treatment at all times
- Demand and use of malaria preventive and management services by all
- Timely availability of all products everywhere
- Virtually all facilities reporting through an integrated HMIS
## Current evidence-based strategies and actions

### Prevention
- Long Lasting Insecticide Treated Nets (LLINs)
- Indoor Residual Spraying
- Larval source reduction

In areas of high and stable transmission:
- IPT in pregnancy (IPTp)
- IPT in infancy (IPTi)

In areas of high seasonal transmission:
- Seasonal Malaria Chemoprevention (SMC)

### Diagnosis & Treatment
- Parasite based diagnosis
  - Microscopy
  - Rapid Diagnostic Tests
- Artemisinin-based combination therapies (ACTs)
- IV Artesunate (Severe malaria)

Case management service delivery areas:
- Health facilities
- Community Case Management
- Private sector

### Surveillance, M & E and Research
- Routine HMIS
- Malaria surveillance and response systems
- Household surveys

### Advocacy Communication and Social mobilization
- BCC/IEC
- Community sensitization
- Advocacy

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**Strengthening health systems**

World Health Organization
The WHO agenda

• Endorsed by the 68th World Health Assembly
Goals, milestone and targets for GTS

**VISION – A WORLD FREE OF MALARIA**

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<th>GOALS</th>
<th>MILESTONES</th>
<th>TARGETS</th>
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<td>1. Reduce malaria mortality rates globally compared with 2015</td>
<td>2020: At least 40%</td>
<td>2030: At least 90%</td>
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<td>2025: At least 75%</td>
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<td>2. Reduce malaria case incidence globally compared with 2015</td>
<td>2020: At least 40%</td>
<td>2030: At least 90%</td>
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<td>2025: At least 75%</td>
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<td>3. Eliminate malaria from countries in which malaria was transmitted in 2015</td>
<td>2020: At least 10 countries</td>
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<td>2025: At least 20 countries</td>
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<td>4. Prevent re-establishment of malaria in all countries that are malaria-free</td>
<td>2020: Re-establishment prevented</td>
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<td>2025: Re-establishment prevented</td>
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<td>2030: Re-establishment prevented</td>
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Key Principles of the GTS

- **Accelerate efforts towards elimination** through combinations of interventions tailored to local contexts.
- **Country ownership and leadership**, with involvement and participation of communities.
- **Improved surveillance, monitoring and evaluation**, as well as **stratification of programmes**.
- **Equity in access to services** especially for the most vulnerable and hard-to-reach populations.
- **Innovation in tools and implementation approaches** will enable countries to maximize their progression along the path to elimination.
Concepts of the GTS

**PILLAR 1.** Ensure universal access to malaria prevention, diagnosis and treatment

**PILLAR 2.** Accelerate efforts towards elimination and attainment of malaria-free status.

**PILLAR 3.** Transform malaria surveillance into a core intervention.

**SUPPORTING ELEMENT 1.** Harnessing innovation and expanding research

**SUPPORTING ELEMENT 2.** Strengthening the enabling environment
**PILLAR 1. Ensure universal access to malaria prevention, diagnosis and treatment**

- All core malaria interventions – namely vector control, chemoprevention, diagnostic testing and treatment – should be scaled up to cover all populations at risk.

- Universal coverage is a key principle of the draft strategy, applying to all core interventions.

- The draft strategy recommends stratification according to malaria risk, which would enable the tailoring of interventions to local contexts and ensure efficient use of resources.
PILLAR 2. Accelerate efforts towards elimination and attainment of malaria-free status

• All countries should intensify efforts to eliminate the disease, especially in areas with low transmission.

• The GTS lists priorities for elimination, highlighting among others the importance of renewing political commitment and strengthening cross-border collaboration.

• At the same time, countries should seek to lower malaria transmission by reducing the pool of infections through implementation of strategies such as transmission-blocking chemotherapy for falciparum malaria.
PILLAR 3. Transform malaria surveillance into a core intervention

• All countries where malaria is endemic, and those receptive to malaria, should have an effective malaria surveillance system in order to:
  – direct resources to the most affected populations,
  – identify gaps in programme coverage, detect outbreaks, and
  – assess the impact of interventions to guide changes in programme planning and implementation.

• Countries should substantially strengthen malaria surveillance so that it functions as a core intervention.
**SUPPORTING ELEMENT 1. Strengthening the enabling environment**

- Strong political commitment, sustainable financing and increased multisectoral collaboration for further progress.
- An overall strengthening of health systems and improvement in the enabling environment will help to optimize national malaria responses,
- Enable the adoption and introduction of new tools and strategies in a timely manner.
- Empowerment of communities, a skilled health workforce and strong regulatory frameworks are also cornerstones of success.
Supporting Element 2. Harnessing innovation and expanding research

• Affected countries and the global malaria community should harness innovation and expand basic, clinical and implementation research.

• Successful innovation in product development and service delivery will make a major contribution to accelerating progress.

• Basic research is essential for a better understanding of the parasite and the vectors, and for the development of more effective diagnostics and antimalarial medicines, improved and innovative vector control methods, and other tools such as vaccines.

• Implementation research will be fundamental to optimizing impact and cost–effectiveness, and to facilitating rapid uptake of new tools.
Global Malaria Targets

• Achieve universal access to case management in the public sector
• Achieve universal access to case management, or appropriate referral, in the private sector
• Achieve universal access to community case management of malaria
• Achieve universal access to and utilization of preventive measures
• Sustain universal access to and utilization of preventive measures
• Accelerate development of surveillance system
Indicators for progress

• Universal access to Case Management of Malaria

• % suspected malaria cases that receive a parasitological test

• % children aged under 5 years with fever in the last 2 weeks who had a finger/heel pricked for malaria test

• % confirmed cases that receive first line antimalaria treatment according to the national policy

• % first line treatment among children < 5 years with fever in the last 2 weeks who received any antimalaria drugs
Indicators for progress

- Universal access to and utilization of preventive measures

- % population with access to an ITN within their households
- % population who slept under an ITN the previous night
- % population protected by IRS within the past 12 months
- % households with at least one ITN for every 2 persons and or sprayed by IRS within 12 months
- % women who received intermittent preventive treatment for malaria during ANC visits in their last pregnancy
• Accelerate development of surveillance system

• % districts reporting monthly number of suspected malaria cases, # of cases receiving a diagnostic test and number of confirmed malaria cases
Malaria Control and Elimination Continuum

Control

Pre-elimination

Elimination

Prevention of re-introduction

WHO certification

1st programme re-orientation

2nd programme re-orientation

SPR < 5%

<1 case / 1000 pop. at risk

zero local cases

3 years
Role of WHO

- Set, communicate and disseminate normative guidance, policy advice and implementation guidance.
- Provide guidance to countries to review and update national malaria strategies.
- Work with countries to improve management and use of data for decision-making;
- Monitor implementation and progress toward targets (2020, 2025 and 2030).
- Promote research and knowledge generation to accelerate progress toward elimination.
- Update the GTS regularly to ensure linkage to the latest policy recommendations.
Role of Governments

• Adapt the GTS tailored to local context
• Review the National Malaria Strategic Plan
• Stratify the country based on epidemiological context
• Implement current evidence based strategies
• Ensure universal coverage of interventions
• Monitor and evaluate interventions
Role of Research Institution

- Contribute evidence for the stratification of the country’s malaria epidemiology
- Monitor drug and insecticide resistance
- Disseminate and publish research evidence to guide interventions
- Monitor and evaluate interventions
- Provide new evidence for innovation and developments
Role of the community

- Participate in community malaria work
- Change in Health seeking behaviour
- Participate in environmental control
- Adopt and use multiple malaria prevention strategies
- Participate in activities geared at mosquito control
Challenges to effective control of Malaria

• Inadequate coverage of population at risk with effective vector control interventions
• Inadequate access to quality diagnosis and treatment
• Weak health system and institutions
• Evidence of resistance to antimalaria drugs
• Development of resistance to insecticides
• Inadequate funding
• Lack of local evidence for action
Way Forward: Situation analysis

• Where are we in the stages of malaria control?
• Have we been able to deploy these interventions to scale?
• Is every region having similar risk of malaria transmission?
• What current tools are working for us?
• What current tools are not working?
• What are the challenges and bottlenecks affecting current malaria control strategies?
• What solutions do we have in the near future?