6th RBM Partnership Case Management Working Group
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GMAP objectives, targets and milestones 2015

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Three GMAP Objectives

Objective 1: Reduce global malaria deaths to near zero by end 2015 (in areas where public health facilities are able to provide a parasitological test to all suspected malaria cases, near zero malaria deaths is defined as no more than 1 confirmed malaria death per 100,000 population at risk)

Objective 2: Reduce global malaria cases by 75% by end 2015 (from 2000 levels) (universal access to and utilization is defined as every person at risk sleeping under a quality insecticide-treated net or in a space protected by indoor residual spraying and every pregnant woman at risk receiving at least one dose of intermittent preventive treatment (IPTp) during each of the second and third trimesters (in settings where IPTp is appropriate). risk)

Objective 3: Eliminate malaria by end 2015 in 10 new countries (since 2008) and in the WHO Europe Region
Assumptions

1. The Board recognizes that the objectives, targets, and milestones for 2012-2015 are **aspirational** but asserts that any effort short of achieving universal access to and utilization of available and effective preventive, diagnostic, and treatment measures is accepting continued intolerable suffering from malaria.

2. Sufficient and timely domestic and international **funding** is available to accomplish and sustain scale-up of the interventions needed to meet the objectives, targets and milestones.

3. Scale-up of preventive measures and greater access to diagnostic testing and treatment through the public and private sectors and community case management, along with referral when needed, are **sufficient to allow effective treatment** of all cases of confirmed malaria.

4. **Political commitment** to sustain malaria control interventions and high-quality surveillance - including the elimination of malaria where that is technically, operationally, and financially feasible - continues even as malaria cases and deaths decline significantly.

5. Access to vulnerable populations and the safety and security of health workers are preserved to ensure surveillance, outbreak response, and delivery of diagnostic, treatment, and preventive interventions to populations in **fragile and conflict-affected states**.
Seven GMAP targets

Objective 1

Target 1.1 Achieve universal access to case management in the public sector
By 2012, 100% of suspected cases receive a malaria diagnostic test and 100% of confirmed cases receive treatment with appropriate and effective antimalarial drugs.

Target 1.2 Achieve universal access to case management, or appropriate referral, in the private sector
By 2015, 100% of suspected cases receive a malaria diagnostic test and 100% of confirmed cases receive treatment with appropriate and effective antimalarial drugs.

Target 1.3 Achieve universal access to community case management (CCM) of malaria
By 2015, in countries where CCM of malaria is an appropriate strategy, 100% of fever (suspected) cases receive a malaria diagnostic test and 100% of confirmed uncomplicated cases receive treatment with appropriate and effective antimalarial drugs, and 100% of suspected and confirmed severe cases receive appropriate referral.

Objective 2

Target 2.1 Achieve universal coverage with and utilization of prevention measures
By 2012, in countries where universal coverage and utilization have not yet been achieved, achieve 100% coverage and utilization for all populations at risk with locally appropriate interventions.

Target 2.2 Sustain universal coverage with and utilization of prevention measures
By 2015 and beyond, all countries sustain universal coverage and utilization with an appropriate package of preventive interventions.

Target 2.3 Accelerate development of surveillance systems
By 2015, all districts are capable of reporting monthly numbers of suspected malaria cases, number of cases receiving a diagnostic test and number of confirmed malaria cases from all public health facilities.

Objective 3

Target 3.1 is the same as the Objective
Eliminate malaria in 10 new countries (since 2008) and in the WHO Europe Region by 2015
Six Milestone

Objective 1

Target 1.1 Achieve universal access to case management in the public sector
Target 1.2 Achieve universal access to case management, or appropriate referral, in the private sector

By 2013, in endemic countries, 50% of persons seeking treatment for malaria-like symptoms in the private sector report having received a malaria diagnostic test and 100% of confirmed cases having received treatment with appropriate and effective antimalarial drugs.

Target 1.3 Achieve universal access to community case management (CCM) of malaria

By 2012, all countries where CCM of malaria is an appropriate strategy have adopted policies to support CCM of malaria (including use of diagnostic testing and effective treatment).

By 2013, in all countries where CCM of malaria is an appropriate strategy, 80% of fever cases receive a malaria diagnostic test and 80% of confirmed cases receive treatment with effective anti-malarial drugs.

Objective 2

Target 2.1 Achieve universal coverage with and utilization of prevention measures

□ Target 2.2 Sustain universal coverage with and utilization of prevention measures

In 2012, 2013 and 2014, universal coverage and utilization of appropriate preventive interventions are maintained in all countries.

Target 2.3 Accelerate development of surveillance systems

By 2013, 50% of malaria endemic countries have met the 2015 target.

Objective 3

Target 3.1 Eliminate malaria in 10 new countries (since 2008) and in the WHO Europe Region by 2015

By 2012, eliminate malaria in 3 countries.
Possible priority actions underpinning 2013 workplan

1. Support roll-out of surveillance guidelines in public sector
2. Support development of a comprehensive private provider strategy based on
   – Initial landscaping by Ian Boulton
   – Work by AMFm Task Force led by Alan Court
     • Evaluate impact of commodity subsidies at global or national scale
   – Tiered pricing approach in the private sector
3. Evaluate health systems circumstances where CCM is an appropriate case management delivery strategy
4. Mainstreaming good malaria control in all health services (IMCI, IMAI) by engaging senior managers in MOHs (Director of Health, Permanent Secretary) to ensure motivated well performing health workers