



Task Force on Priorities and Targets Beyond 2011

Recommended GMAP Objectives, Targets, Milestones and Priorities Beyond 2011

Vision

Achieve a malaria-free world.

Objectives, Targets and Milestones

Objective 1. Reduce global malaria deaths to near zero¹ by end 2015

Target 1.1 Achieve universal access to case management in the public sector.

By end 2013, 100% of suspected cases receive a malaria diagnostic test and 100% of confirmed cases receive treatment with appropriate and effective antimalarial drugs.

Milestone: none, as the target is set for 2013.

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

By end 2015, 100% of suspected cases receive a malaria diagnostic test and 100% of confirmed cases receive treatment with appropriate and effective antimalarial drugs.

Milestone: By end 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 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.

Milestone 1: 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).

Milestone 2: By end 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. Reduce global malaria cases by 75% by 2015 (from 2000 levels)

Target 2.1 Achieve universal coverage with and utilization of prevention measures².

¹ 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.

By end 2013, 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.

Milestone: none, as the target is set for 2013.

Target 2.2 Sustain universal coverage with and utilization of prevention measures¹.

By 2015 and beyond, all countries sustain universal coverage and utilization with an appropriate package of preventive interventions.

Milestone: From 2013 through 2015, universal coverage and utilization of appropriate preventive interventions are maintained in all countries.

Target 2.3 Accelerate development of surveillance systems

By end 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, or a consistent sample of them.

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

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

Milestone: By end 2013, malaria is eliminated in 3 new countries.

Priorities

Priority 1: Accelerate progress and impact in countries with the highest burden of malaria-related deaths.

Priority 2: Fully implement the Global Plan for Artemisinin Resistance Containment (GPARC).

Priority 3: Develop and launch a Global Plan for insecticide resistance management in malaria vectors.

Priority 4: Revise GMAP for the years beyond 2015.

Assumptions

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

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.

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,

² Universal coverage and utilization is defined as every person at risk sleeping under a quality ITN or in a space protected by IRS and every pregnant woman at risk receiving at least one dose of IPTp during each of the second and third trimesters (in settings where IPTp is appropriate).