

E-2020

**UPDATE ON THE E-2020 INITIATIVE OF
21 MALARIA-ELIMINATING COUNTRIES**



**World Health
Organization**

Foreword

The final mile for 21 countries

This document captures the progress of a group of diverse countries, spanning five regions, on the path to malaria elimination. What they have in common is an end goal: to achieve zero indigenous cases of the disease by 2020.

These countries – 21 in total – were identified by WHO in 2016 as having the potential to eliminate malaria by 2020. They were selected based on an analysis that looked at the likelihood of elimination across key criteria.

Reaching malaria-free status is a critically important public health and sustainable development goal. It is also a core objective of the WHO *Global Technical Strategy for Malaria 2016–2030*, which calls for the elimination of malaria in at least 10 countries by the year 2020.

A key milestone featured in this report is the WHO certification of malaria elimination in Paraguay, the first country in the Americas to be granted this status in 45 years. The reporting of zero indigenous cases in 2017 by China and El Salvador, a first for both nations, and zero cases in Algeria for the fifth consecutive year are also highlighted in the coming pages.

However, the report shows that a number of countries are experiencing increases, a development that could jeopardize headway in many of them. Now at the midpoint to 2020, we seek not only to assess the progress made across the malaria-eliminating countries, but also to bring a level of urgency to address the elimination issues and bottlenecks identified in this report.

Fortunately, the challenges countries are facing are not necessarily new, and we know they can be tackled with added resources, resolve and political commitment. WHO is proud to support the 21 malaria-eliminating countries; we hope their journey will inspire others to get to zero, no matter where they are in the elimination continuum.

“ Reaching malaria-free status is a critically important public health and sustainable development goal.”

Dr Pedro Alonso

Director, Global Malaria Programme
World Health Organization



the brief

In May 2015, the World Health Assembly endorsed a new *Global Technical Strategy for Malaria 2016–2030*. The strategy set ambitious goals aimed at dramatically lowering the global malaria burden over this 15-year period, with milestones along the way to track progress.

A key milestone for 2020 is the elimination of malaria in at least 10 countries that had the disease in 2015. To meet this target, countries must report zero indigenous cases in 2020. According to a WHO analysis published in 2016, 21 countries have the potential to reach this target. The analysis was based on three criteria:

- ✓ **Trends in malaria case incidence** between 2000 and 2014
- ✓ **Declared malaria objectives** of affected countries
- ✓ **Informed opinions** of WHO experts in the field

Through the E-2020 initiative, WHO is working with these countries to scale up efforts to achieve elimination within the 2020 timeline. This includes a new *Framework for malaria elimination*, launched by WHO in March 2017, that provides countries with an updated set of tools, activities and strategies for interrupting transmission and preventing re-establishment of the disease. The framework also offers a clear and streamlined process for countries to obtain malaria-free certification from WHO.

To keep elimination high on both the programmatic and political agendas in E-2020 countries, WHO convened a global forum in March 2017, bringing together malaria programme managers from the 21 eliminating countries. The inaugural E-2020 meeting mapped progress, reviewed countries' elimination strategies, and enabled the sharing of lessons and solutions to common challenges.

For WHO, the forum resulted in two new independent bodies to better support countries on their elimination journey: the Malaria Elimination Oversight Committee, which guides countries in their efforts to eliminate malaria, and the Malaria Elimination Certification Panel, tasked with verifying a country's malaria-free status.

Building on the success of this first global forum, a second forum was held in June 2018, hosted by Costa Rica.

Common challenges, shared solutions

The E-2020 countries are part of a concerted effort to eliminate malaria in an ambitious but technically feasible time frame.

To get where they are today, the 21 countries have focused on improving the systems and tools needed to capture and treat remaining pockets of indigenous cases, and to prevent onward transmission from imported malaria. The combined impact of these and other efforts have resulted in many E-2020 countries reporting significant declines in malaria burden.

Good progress has been realized across many eliminating countries. Most notably, in June 2018, Paraguay was the first in the E-2020 group to be certified malaria-free by WHO. In 2017, Algeria reported zero indigenous cases for the fifth consecutive year and kick-started the certification process, while both China and El Salvador noted zero cases for the first time. Several other countries recorded important declines in malaria transmission, bringing them even closer to elimination.

However, achieving elimination and maintaining zero indigenous cases is not without its challenges. As shown in this report, eight E-2020 countries reported increases in indigenous malaria cases in 2017. For several countries, these increases were substantial.

Where progress has slowed, there are several common factors that may have hampered the ability of countries to stay on track. These include:



INSUFFICIENT FUNDING

Reductions in malaria burden often result in reduced malaria funding. Decreases in investments towards national malaria programmes threaten continuity of elimination activities, including preventing the re-establishment of the disease.



LAPSES IN SURVEILLANCE

Inadequate investments in surveillance systems impede the ability to identify, treat, track and respond to every infection, or clusters of infections, in a rapid and effective manner.



COMPETING PRIORITIES

Different demands within ministries of health may shift the focus away from malaria elimination, diverting resources and political commitment.



INADEQUATE TRAINING

Healthcare personnel may not have the specific skills required in elimination settings.



DISRUPTIONS IN VECTOR CONTROL MEASURES

Shortages in prevention tools such as long-lasting insecticidal nets, or inefficient, poor quality, and ill-timed spraying campaigns reduce the effectiveness of core interventions.



EXPIRED STRATEGIES

Out-of-date national strategic malaria plans or elimination strategies may no longer reflect the country's current elimination context.



ILL-TARGETED ACTIONS

The absence of fine-scale maps of malaria risk, at the lowest levels possible ('stratification'), result in missed opportunities to target interventions.



LIMITED OUTREACH

In areas with ongoing malaria transmission, community mobilization may be inadequate, particularly for groups known to be at high risk of infection.

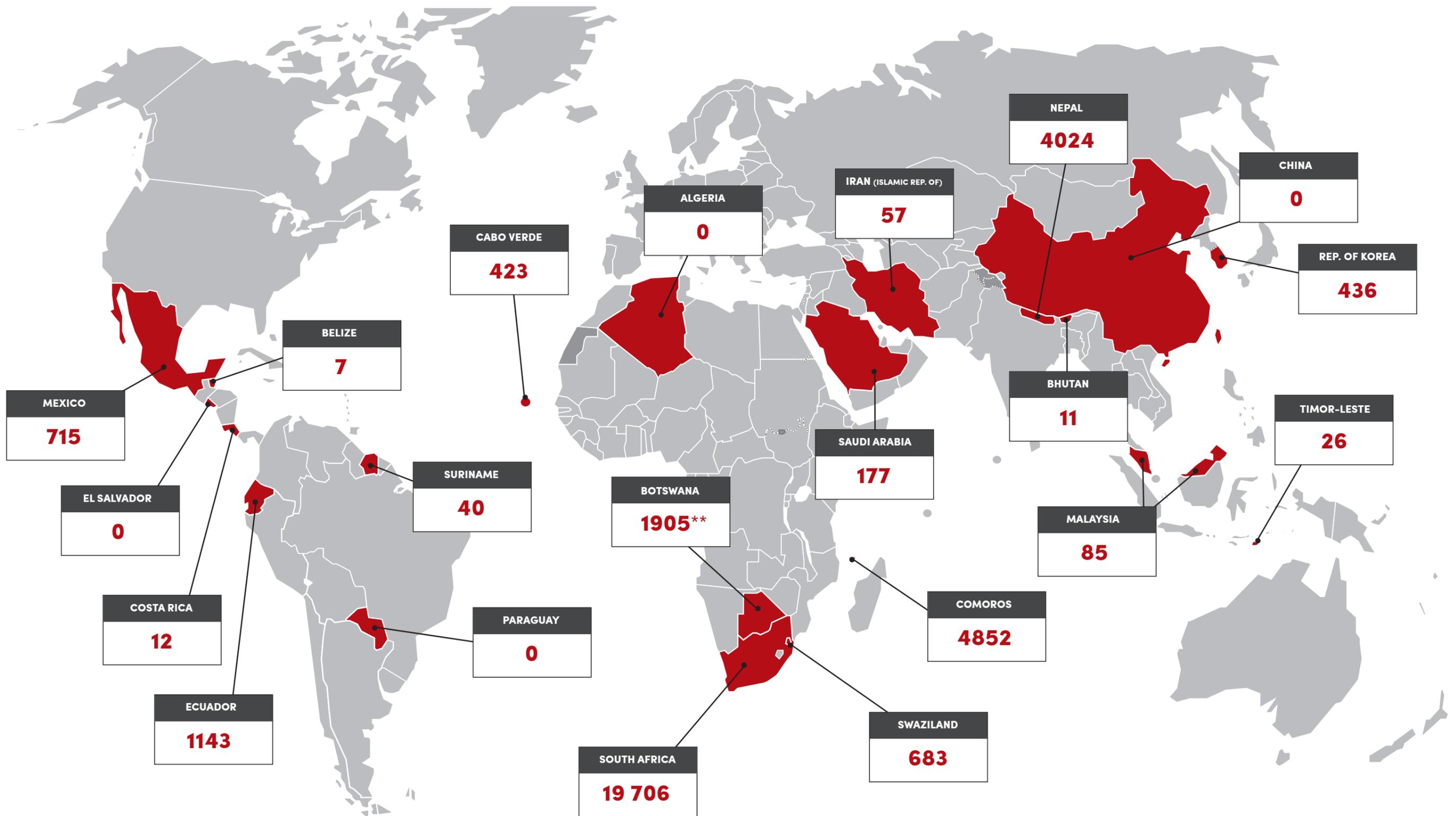


WEAK CROSS-BORDER COLLABORATION

Poor communication and cooperation with malaria programmes in neighbouring countries make it difficult to protect communities on both sides of the border, especially in malaria-endemic areas with high migration flows.

E-2020 countries

Snapshot of indigenous malaria cases in 2017*



* Preliminary figures

** 2016 figure (data not available for 2017)

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

ELIMINATION PROGRESS

| Country* | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017** | Change 2016 to 2017 | 2020*** |
|------------------------------|---------|--------|--------|--------|--------|-------|-------|---------------|------------------------|---------|
| Africa | | | | | | | | | | |
| Algeria | 1 | 1 | 55 | 0 | 0 | 0 | 0 | 0 | ↔ | ● |
| Botswana | 5 222 | 1 225 | 536 | 1 224 | 3 592 | 877 | 1 905 | not available | not available | ● |
| Cabo Verde | 47 | 7 | 1 | 22 | 26 | 7 | 48 | 423 | ↑ | ● |
| Comoros | 36 538 | 24 856 | 49 840 | 53 156 | 2 203 | 1 300 | 1 066 | 4 852 | ↑ | ● |
| South Africa | 8 060 | 9 866 | 5 629 | 8 645 | 11 705 | 555 | 4 323 | 19 706 | ↑ | ● |
| Swaziland | 268 | 549 | 562 | 962 | 711 | 157 | 350 | 683 | ↑ | ● |
| Americas | | | | | | | | | | |
| Belize | 150 | 72 | 33 | 20 | 19 | 9 | 4 | 7 | ↑ | ● |
| Costa Rica | 110 | 10 | 6 | 0 | 0 | 0 | 4 | 12 | ↑ | ● |
| Ecuador | 1 888 | 1 219 | 544 | 368 | 242 | 618 | 1 191 | 1 143 | ↓ | ● |
| El Salvador | 19 | 9 | 13 | 6 | 6 | 3 | 13 | 0 | ↓ | ● |
| Mexico | 1 226 | 1 124 | 833 | 495 | 656 | 517 | 551 | 715 | ↑ | ● |
| Paraguay | 18 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | ↔ | ● |
| Suriname | 1 712 | 771 | 356 | 729 | 401 | 81 | 76 | 40 | ↓ | ● |
| Eastern Mediterranean | | | | | | | | | | |
| Iran (Islamic Republic of) | 1 847 | 632 | 756 | 479 | 358 | 167 | 81 | 57 | ↓ | ● |
| Saudi Arabia | 29 | 69 | 82 | 34 | 30 | 83 | 272 | 177 | ↓ | ● |
| South-East Asia | | | | | | | | | | |
| Bhutan | 436 | 192 | 82 | 15 | 19 | 34 | 15 | 11 | ↓ | ● |
| Nepal | 43 363 | 32 660 | 20 523 | 16 232 | 8 067 | 6 609 | 4 224 | 4 024 | ↓ | ● |
| Timor-Leste | 113 269 | 36 187 | 8 081 | 1 563 | 521 | 122 | 143 | 26 | ↓ | ● |
| Western Pacific | | | | | | | | | | |
| China | 4 990 | 3 367 | 244 | 86 | 56 | 39 | 3 | 0 | ↓ | ● |
| Malaysia | 5 194 | 3 954 | 3 662 | 2 921 | 3 147 | 242 | 266 | 85 | ↓ | ● |
| Republic of Korea | 1 267 | 505 | 394 | 383 | 557 | 627 | 601 | 436 | ↓ | ● |

* Argentina and Uzbekistan have reported zero indigenous cases of malaria since 2011 and have requested WHO certification of elimination.

** Preliminary data for 2017 (Source: national malaria control programme reports); final figures will be published in the *World malaria report 2018*

*** ● on track, less than 100 indigenous cases ● somewhat off track, between 100 and 999 indigenous cases ● off track, more than 1000 indigenous cases ● certified malaria-free by WHO

These thresholds are based on an analysis in the *World malaria report 2016* that indicated that 75% of 17 countries that successfully eliminated malaria had fewer than 100 indigenous cases three years before reaching zero.

Getting to 2020

With less than three years to go to meet the 2020 milestone, the road ahead is clear for eliminating countries: reaching zero indigenous cases will require an added sense of urgency resulting in decisive actions. For those experiencing setbacks, extra focus will be needed to overcome the hurdles they encounter.

But the journey does not end with elimination: preventing re-establishment of the disease requires keeping robust technical capabilities

and skilled know-how in place. Integrating malaria activities into public health programmes is a way to ensure central functions are sustained.

The 21 eliminating countries are engaged in a potentially historic effort that demonstrates what is possible when a joint end goal is identified and pursued. The combined actions of the E-2020 countries are helping to bring the international community closer to the common vision of a malaria-free world.

Widening the elimination net

Looking beyond the 21 countries, the Global Technical Strategy provides a basis for all malaria-endemic countries to work towards elimination. This progress is vital if WHO Member States are to achieve the 2030 elimination target of the strategy: eliminating malaria from at least 35 countries in which the disease was transmitted in 2015.

For countries with a high malaria burden, elimination – undoubtedly – is a longer-term goal, requiring a longer-term view. Yet, it is still the ultimate end goal. The Global Technical Strategy outlines the critical requirements needed to achieve and maintain elimination at every level of malaria transmission intensity in every endemic country. It is founded on five core principles that highlight the need for:

1. Country ownership

For elimination efforts to succeed, government stewardship in malaria-endemic countries is essential, together with the engagement and participation of affected communities. Malaria responses within national borders can be optimized through cross-border and regional collaboration.

2. Tailored responses

All countries can accelerate progress towards elimination through an effective mix of interventions and strategies tailored to local contexts.

3. Strengthened surveillance

Malaria surveillance helps countries identify gaps in coverage of malaria control tools and take action based on the data received. As countries approach elimination, detecting every infection, or clusters of infections, becomes increasingly important to halt any remaining areas of transmission.

4. Equity in access to health services

As some countries approach elimination, a high proportion of cases are found among vulnerable populations living in rural and remote areas. Progress can be accelerated by ensuring access to malaria prevention, diagnosis and treatment for all at-risk groups. This is particularly key for hard-to-reach populations like undocumented migrants.

5. Innovation in malaria control tools

Eliminating malaria in all countries, especially those with a high disease burden, will likely require new tools that are not available today. Investing in the research and development of improved diagnostics, more effective medicines, new insecticides and innovative vector control tools must be a priority.

The WHO elimination certification process at a glance

Certification of malaria elimination is the official recognition by WHO of a country's malaria-free status.

WHO grants this certification when a country has proven, beyond reasonable doubt, that the chain of indigenous malaria transmission by *Anopheles* mosquitoes has been interrupted nationwide for at least the past three consecutive years. Additionally, the country must demonstrate the capacity to prevent the re-establishment of transmission.

The burden of proof falls on the country requesting certification. A national surveillance system capable of rapidly detecting and responding to malaria cases (if they were occurring) must be operational, together with an appropriate programme to prevent re-establishment of transmission.

The final decision on granting certification of malaria elimination rests with the WHO Director-General, based on a recommendation by the Malaria Elimination Certification Panel.

Certification of malaria elimination is managed by the WHO Global Malaria Programme and involves rounds of expert reviews, field assessments and the compilation of a final evaluation report that determines, based on evidence gathered, if a country is ready to be certified as free of malaria.

This process is voluntary and can be initiated only after a country has submitted an official request to WHO.



Malaria Elimination Oversight Committee

Helping countries get to zero

The Malaria Elimination Oversight Committee (MEOC) works with countries to achieve malaria-free status. Established in April 2018, the committee aims to maintain a 360-degree overview of how countries and regions are advancing towards malaria elimination. Progress is assessed in line with the milestones and timelines set by countries, through programme reviews and occasional field visits carried out by the committee. An important function of the MEOC is identifying issues that could threaten elimination. By sharing such findings, potential risks can be addressed by WHO, regional initiatives or the country's national malaria programme. Further, as an independent body, the committee can raise difficult issues while remaining impartial.

Malaria Elimination Certification Panel

Verifying malaria-free status

Countries that have interrupted indigenous malaria transmission for at least the past three consecutive years may request WHO certification of elimination. Tasked with reviewing such requests – and making a recommendation to the WHO Director-General – is the Malaria Elimination Certification Panel (MECP). Formed in December 2017, the panel assesses evidence submitted by countries (e.g. national malaria reports), analyses independent sources (e.g. articles, research, country visit reports) and conducts evaluation missions, all to arrive at a recommendation either to certify the country as malaria-free or postpone certification based on its assessment.

For more information on the members and functions of the MEOC and the MECP, please visit: <http://www.who.int/malaria/areas/elimination/advisory-committees/>

ACKNOWLEDGEMENTS



The progress described in this report would not have been possible without the leadership and commitment of the 21 eliminating countries and the efforts of a broad coalition of partners. WHO would like to acknowledge, in particular, the national malaria programmes of the E-2020 countries, their respective ministries and other in-country partners and stakeholders. Their support has been critical in making the E-2020 initiative a reality.

Funding for the production of this report and overall support to the E-2020 initiative was gratefully received from The Global Fund to Fight AIDS, Tuberculosis and Malaria, the Bill & Melinda Gates Foundation and other donors.

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