Malaria Elimination: A Global Partnership Perspective

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Malaria Eradication – Original Guidance
“Now is the time to act. We should not ignore the shrinking of the malaria map, which has been successfully unfolding over the past century.”
Today’s opportunity for elimination success – why today?

African country example of a move toward elimination

A partnership perspective in transitioning from scale-up to elimination

Opportunities for CDC to make a difference:

- A perspective from outside
Malaria Landscape

- From Scale Up for Impact (SUFI) to Elimination
Malaria Landscape

- From Scale Up for Impact (SUFI) to Elimination
Malaria Elimination: Why Today?

- Between the Global Malaria Eradication Program and the start of Roll Back Malaria (1975 – 2000) was a time of science.

- The scientists identified:
  - Prevention directed to the biology of the vector and able to be delivered proactively and to the most vulnerable.
The scientists identified:

- Treatment with combined drugs to optimize efficacy and delay resistance
- Diagnostics that can be deployed close to home and in facilities and can clarify where malaria transmission, illness, and death is occurring
Malaria Elimination: Why Today?

- The scientists are seeking:
  - New/improved prevention, diagnostics and treatment
  - New interventions (vaccines, larval control, repellants)
- And we already have the ‘final intervention’ – surveillance for infection detection and transmission containment
Malaria Elimination: Zambia Example

Transmission intensity, 2006
% households with at least one ITN

% children slept under ITN last night

% pregnant women slept under ITN last night

% pregnant women received 2+ doses IPTp

%HH with an ITN or IRS

80% Target for ownership and use

ITN, Insecticide-treated bed net
IRS, Indoor residual spraying
IPTp, Intermittent preventive treatment in pregnancy
Reported Malaria Cases per 1,000 and Numbers of RDTs Delivered in Kazungula, Zambia

ITNs and IRS introduced

Malaria cases per 1,000 population

2005 2006 2007 2008 2009

ITN, Insecticide-treated bed net
IRS, Indoor residual spraying
RDTs, Rapid diagnostic tests
Reported Malaria Cases per 1,000 and Numbers of RDTs Delivered in Kazungula, Zambia

ITNs and IRS introduced

Malaria cases per 1,000 population

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Reported Malaria Cases per 1,000 and Numbers of RDTs Delivered in Kazungula, Zambia

ITNs and IRS introduced
Malaria cases per 1,000 population
Number of RDTs Used

- ITNs, Insecticide-treated bed net
- IRS, Indoor residual spraying
- RDTs, Rapid diagnostic tests
Incidence Rates for All Districts in Southern Province, Zambia

Malaria cases per 1,000 population

- Provincial
- Choma
- Gwembe
- Itezhi-tezhi
- Kalomo
- Kazungula
- Livingstone
- Mazabuka
- Monze
- Namwala
- Siavonga
- Sinazongwe
Partners: Elimination is on some but not all of their agendas

- WHO, UNICEF, World Bank, UNDP
- US-PMI
- Bill and Melinda Gates Foundation
- Roll Back Malaria
- CDC?

Consider embracing Elimination!
A Partnership Perspective on CDC Engagement

- Focus on Africa, but work elsewhere (you do this)
- Work with many partners (you do this)
  - US-President’s Malaria Initiative (PMI), WHO and others
- What will CDC do with its own resources and focus
  - Do “Control” via US-PMI (you do this)
  - Do “Science of Elimination” on CDC’s dime (do this more explicitly and bring CDC’s strengths)
  - Do “Capacity Building” from CDC’s strengths
Surveillance as an intervention to reduce transmission

"**Surveillance** indicates epidemiological and remedial action.
…to detect cases...these are registered, treated and followed up with an investigation of the source and other possible cases;
…to discover transmission, establish its causes, eliminate residual foci, and to end transmission and avoid its resumption; and
…to substantiate that elimination has been achieved.”

CDC – Doing “Science of Elimination”

- Surveillance as an intervention to reduce transmission
  - Diagnostics
  - Use of antimalarial drugs
  - Investigation procedures
- Test this “intervention” and its ability to contain transmission
CDC – Doing “Capacity Building”

- Capacity development for information management (building on surveillance for transmission reduction)
  - A “Stop Malaria” model (take a lesson from “Stop Polio”)
  - FELTP/FETP model in malaria-endemic countries

- Partner for this work

FELTP, Field Epidemiology Laboratory Training Program
FETP, Field Epidemiology Training Program
Elimination and eradication require a long view…

and CDC should exercise its strength in “sustained public health focus” amidst competing priorities
Global Partnership Role for Elimination

- Bring a durable commitment

- Provide leadership in the “science of elimination”
  - Development of new tools and testing new strategies
  - Train the next generation

- Actively seek strategic partnerships en route to malaria elimination

- Elimination/Eradication is not for the faint of heart!