Action and Investment to defeat Malaria 2016-2030 (AIM) – for a malaria free world

Frequently asked Questions and Answers

1. Why are there two global malaria documents this time around?

The previous Global Malaria Action Plan (GMAP), which was launched by the Roll Back Malaria (RBM) Partnership in 2008, contained a global strategy, regional strategies, and a description of the roles of the RBM Partnership in implementing those strategies. In 2013, WHO's Malaria Policy Advisory Committee asked the Global Malaria Programme to develop a new strategy for the period 2016-2030. At the same time, the RBM Board decided to develop a new framework to replace GMAP that would be relevant for the Sustainable Development Goals. RBM and WHO agreed that the two documents should be complementary and developed in parallel. In May 2015, *Action and Investment to defeat Malaria 2016-2030 (AIM) – for a malaria free world* (abbreviated AIM) was approved by the RBM Board and the *Global Technical Strategy for Malaria 2016-2030* was endorsed by Member States at the World Health Assembly.

2. Do AIM and the Global Technical Strategy for Malaria share the same goals and targets?

AIM and the *Global Technical Strategy for Malaria* share the 2016-2030 timeframe of the Sustainable Development Goals (SDGs) and the same vision, goals, and milestones. The vision is a malaria free world. The 2030 goals are to reduce malaria mortality and incidence rates by 90% compared with 2015, eliminate the disease in at least 35 more countries, and prevent its re-establishment in countries that are already malaria-free. To reach these goals, milestones for measuring progress have been set for 2020 and 2025. The goals and milestones are ambitious but achievable based on modelling the impact of available interventions.

3. What is the main thrust of AIM?

AIM demonstrates how malaria reduction and elimination will be central to the realization of nearly all the SDGs. It makes the case for investing in malaria, shows that reducing malaria contributes to the core economic, social and business goals of other sectors, and calls for stakeholders in different areas (e.g. agriculture, housing, environment, infrastructure etc.) to intensify their engagement in efforts to defeat malaria.

4. How do the two documents fit together?

In addition to sharing the same timeframe, vision, and goals, AIM and the *Global Technical Strategy for Malaria* focus on two supporting elements:

- Strengthening the enabling environment, including developing coherent policies, generating quality, evidence-based data, and strengthening health systems; and
- Fostering innovation to develop and deliver new tools and technologies.

The *Global Technical Strategy* for Malaria also has three pillars:

- Ensuring universal access to malaria prevention, diagnosis & treatment for all populations at risk;
- Accelerating efforts towards elimination and malaria-free status; and
- Transforming malaria surveillance into a core intervention.

AIM focuses on mobilizing commitment, resources and coordinated action. It reminds us that malaria remains a major cause and a consequence of global poverty and inequity, and that to mount an adequate response we need to diversify our partnerships and work across sectors and between countries.

5. What are the costs and benefits of achieving the 2030 malaria goals?

The *Global Technical Strategy for Malaria* has calculated the total costs of achieving the 2030 malaria goals to be just over US$ 100 billion,[1] with a further US$10 billion needed for research and development new tools. To achieve the first 5-year milestone and put ourselves on course to achieve the 2030 targets, we need to raise US$6.4 billion per year by 2020.

Although these costs are high, AIM calculates that the benefits will be even greater. By 2030, close to 3 billion malaria cases will be averted, more than 10 million lives saved and over US$ 4 trillion of additional economic output generated. These returns will bring greater productivity and growth, reduce household poverty, increase equity and women's empowerment, and make health systems stronger. The global return on making this investment will be 40:1, and increases to an unprecedented 60:1 for sub-Saharan Africa.

6. What is included in these costs?

For endemic countries (countries with on-going malaria transmission), costing figures include costs of prevention through vector control (long-lasting insecticide-treated nets and indoor residual spraying) and chemoprevention (intermittent preventive treatment in pregnancy and seasonal malaria chemoprevention), testing of malaria fevers and non-malaria fevers, treatment of malaria and non-malaria fevers, and surveillance. For non-endemic countries (countries with unstable malaria transmission or that are at later stages of elimination), costing figures were the same as for endemic countries with the exception of chemoprevention.

7. The costs keep on increasing with each of the 5-year milestones. Isn't there any economy of scale?

The calculations highlight how the costs of achieving the 2020 and 2025 milestones and 2030 targets rise progressively with each of the 5-year intervals, especially from 2021. This is due to the high level of investment that is required to reach elimination, in particular for vector control, as well as the on-going investment needed to prevent the reintroduction of malaria. However, it is expected that experience and the introduction of new tools will allow greater efficiency and the reduction of costs over time.

8. How were the benefits calculated?

A mathematical malaria transmission model was used to estimate the impact of reducing *P. falciparum* case incidence and mortality rates under different intervention scenarios. Households and health systems cost savings, as well as wider economic and social benefits that would be generated from people's productivity if they were not killed or incapacitated by malaria were assessed.

These potential direct cost savings were calculated by combining the modeled reduction in country-level malaria incidence with the proportion of patients who would have sought treatment for uncomplicated and severe malaria. The potential reduction in household out-of-pocket payments was calculated by estimating the proportion of patients who would have sought care in formal health facilities and incurred out-of-pocket costs to access care.

The wider economic and social benefits of increased longevity due to malaria mortality reduction were estimated by adapting the "full income" approach proposed by the Lancet Commission on Investing in Health, and calculated by multiplying the number of years of life saved by the monetary value of one year of life gained.

[1] 1 billion means 1000 million

9. What happens if we fail to act and invest?

The cost of failing to achieve the 2020 and 2025 milestones and 2030 targets will be catastrophic and will dwarf the amount needed to achieve those milestones and targets. If the coverage with malaria interventions drops, experience shows that dramatic resurgence will ensue. The associated costs and economic losses will be borne by families, businesses and health systems. They will potentially extend to countries that share borders with a resurging country, even if those countries have continued to invest in suppressing malaria. The brunt of these costs will be borne by households, with the poorest families paying the highest price. Such failure would fundamentally undermine the SDG of seeking to end extreme poverty by 2030. Above all, it would mark a failure to protect the unprecedented investment that has been made to date, and squander the current opportunity to free future generations from this ancient scourge.

10. What is new?

AIM lays out how in today's interdependent world, the spread of new and resurgent diseases - including major malaria epidemics - across increasingly porous borders can threaten national and global health security by posing a risk to political stability, progress and investment. It shows how continuing to reduce the burden of malaria is a global public good that is in everyone's interest. It calls on countries to work together to eliminate the disease, and shows how all sectors can contribute and stand to gain from further reductions in malaria.

AIM shows how less malaria means less worker absenteeism and greater productivity in key economic areas. It also means children can go to school and grow up living healthy, productive lives, and that farmers can engage in agriculture more effectively, increasing crop yields and food security, even in the face of population pressures.

Less malaria also means less inequality, which helps create cohesive societies that can attract international investors and trade. Eliminating malaria enables the safe movement of people across regional and country borders, which brings benefits for economic development zones and tourism.

11. What happens next?

AIM provides new evidence of the powerful return on investing to end malaria. This needs translating into dynamic, effective and fully funded action on the ground. Going forward, we must work to ensure malaria is prioritised in regional and country development plans, and that national malaria plans are integrated into health sector financing plans. AIM makes the case for investing in malaria at global, regional and country level to mobilize increased resources and ensure we meet the 2020 milestone of a 40% reduction in malaria mortality and morbidity, elimination of malaria in at least 10 additional countries compared with 2015, and prevention of its re-establishment in all malaria-free countries.