



Wilton Park



Image: UCSF

Report

## **Malaria elimination in Asia Pacific and Southern Africa: political leadership and sustained financing**

Wednesday 30 September – Friday 2 October 2015 | WP1390

In partnership with:

---

**UCSF** Global Health  
Sciences  
Global Health Group



## Report

# Malaria elimination in Asia Pacific and Southern Africa: political leadership and sustained financing

Wednesday 30 September – Friday 2 October 2015 | WP1390

### Context

- “Malaria elimination in Asia Pacific and Southern Africa: political leadership and sustained financing,” was the third Wilton Park conference on malaria elimination. This ministerial-level meeting continued to build on the outcomes from past malaria-focused Wilton Park meetings by highlighting the political leadership and sustainable financing required for successful malaria elimination in Asia Pacific and Southern Africa.
- Today, there are currently 35 countries actively pursuing national or subnational malaria elimination goals<sup>1</sup>. These progressive malaria elimination efforts are supported by global goals and targets set by the World Health Organisation’s (WHO) Global Technical Strategy for Malaria 2016-2030 (GTS)<sup>2</sup> and Roll Back Malaria Partnership’s (RBM) Action and Investment to Defeat Malaria (AIM)<sup>3</sup>. These global milestones and goals were reaffirmed by the new Sustainable Development Goals, launched at the United Nations (UN) General Assembly in 2015<sup>4</sup>. Additionally, *From Aspiration to Action: What will it take to end malaria?* (*From Aspiration to Action*)<sup>5</sup> calls on leaders to commit to globally eradicate malaria within a generation. All four documents were launched and endorsed prior to the Wilton Park conference.
- At a time when countries and regions are accelerating progress towards elimination, the conference provided a forum for a diverse group of malaria stakeholders to discuss malaria elimination in two regions that are paving the way in regional collaboration for malaria elimination. Seven current or former ministers of health and finance participated, as well as other key decision makers from 17 Asia Pacific and Southern African countries. The meeting also included representatives from regional and international organisations, large financing agencies, and multi- and bi-lateral donor organisations.
- The diverse, high-level participants contributed to a dynamic dialogue. In particular, the representatives from the Ministries of Finance provided an important perspective on how to engage multi-sector stakeholders, including key decision makers within their own ministries. The conference also provided a concrete opportunity to raise awareness among Ministry of Finance representatives on the importance of malaria elimination to economic growth and development. This meeting was the first time that representatives from the African Leaders’ Malaria Alliance (ALMA), Elimination 8 (E8), Asia Pacific Malaria Elimination Network (APMEN), and Asia Pacific Leaders’ Malaria Alliance (APLMA) have convened to share lessons learned about effective regional collaboration.
- Participants discussed challenges and opportunities related to sustaining political and financial support for malaria elimination at the national, regional, and global levels. Several regional and country case studies were presented on topics

including (1) achieving and sustaining zero malaria cases; (2) garnering political support for malaria; (3) financing malaria elimination; and, (4) fostering regional collaboration. These sessions highlighted the links between malaria elimination, health security, health system strengthening, and the value of regionally coordinated elimination efforts.

- This report provides an overview of presentations and discussions from the three-day meeting reflecting the robust dialogue surrounding case study presentations and subsequent calls to action at the national and regional level. Participants endorsed the Wilton Park Statement on Malaria Elimination and Acceleration towards a Malaria Free World (Annex 1) thereby recognizing that increased political support and financing for malaria elimination, particularly at domestic and regional levels, will be required if global malaria eradication is to be achieved. Supporting text

## Setting the Scene

1. Through a combination of aggressive control and elimination efforts, countries and regions are making unprecedented progress in driving down malaria. Since the year 2000, global malaria cases and deaths declined by 37 percent and 60 percent respectively, resulting in an estimated 6.2 million lives saved<sup>67</sup>. The Millennium Development Goal (MDG) 6 target, to have ‘halted and begun to reverse’ the incidence of malaria has been surpassed<sup>7</sup>. The Millennium Development Goal (MDG) 6 target, to have ‘halted and begun to reverse’ the incidence of malaria has been surpassed<sup>7</sup>. These gains are largely attributed to increased financing, innovative new tools, the expansion of core malaria interventions, strong multi-sectoral partnerships, and economic development<sup>7</sup>. Increasingly, countries are achieving and maintaining zero locally transmitted malaria cases and 35 malaria-eliminating countries are actively pursuing national or subnational elimination goals<sup>1</sup>. These achievements have heralded optimism and enthusiasm for the continued fight against malaria. Elimination is considered an attainable goal by most national malaria programmes and there is a renewed conversation about the possibility of global eradication within a generation.
2. These successes in fighting malaria have been bolstered by unprecedented political and financial support internationally and domestically. Annual global investment in malaria grew by more than 2,000 percent from less than USD \$100 million in 1998 to USD \$2.7 billion in 2013<sup>3</sup>.
3. The past year has been pivotal in accelerating the malaria elimination agenda. Three significant global documents were released in 2015. The WHO’s GTS provides a technical framework for malaria control and elimination efforts. The GTS sets out global targets for 2030, including the elimination of malaria from 35 countries<sup>2</sup>. The RBM’s AIM is a companion document to the GTS and serves as a global advocacy tool to mobilise the necessary resources to reach the malaria targets set forth by the WHO [3]. Both the GTS and AIM support progressive malaria elimination<sup>2, 3</sup>. From Aspiration to Action, alternatively, was developed to discuss the prospect of malaria eradication within a generation. From Aspiration to Action uses a theoretical date of 2040 for global malaria eradication and outlines the necessary commitments and inputs required to achieve this “ambitious but attainable” target<sup>5</sup>. The recently adopted 2030 Sustainable Development Goals (SDGs) by the UN General Assembly articulates a goal to end malaria, along with other diseases including HIV and tuberculosis, and focuses on inter-related issues of health system strengthening, economic development, and climate change<sup>4</sup>.
4. Despite enthusiasm to accelerate progress in driving down malaria, current financing is not sufficient to meet any of the goals and targets that have been set<sup>3,5</sup>. While malaria was exceptionalised and promoted during the MDG-era, continued momentum will require multi-sector engagement and a renewed commitment to mobilise financial

“Since the year 2000 ... an estimated 6.2 million lives saved”

“Despite enthusiasm to accelerate progress in driving down malaria, current financing is not sufficient to meet any of the goals and targets that have been set.”

resources and political commitment.

5. Countries in Asia Pacific and Southern Africa are accelerating progress towards elimination. In recognition of the importance of regional and cross-border collaboration for furthering and sustaining their gains, countries in Asia Pacific and Southern Africa have formed regional malaria elimination initiatives. In Asia Pacific, APLMA, an affiliation of Heads of Government, is seeking to promote health security and mobilise political commitment to eliminate malaria in the region by 2030. Similar to APLMA, ALMA is an intergovernmental organisation supporting elimination in sub-Saharan Africa by 2030, a goal set by leaders in the African Union. The Wilton Park meeting sought to capitalise on the experience of these high-level affiliations to galvanize political and financial support among leaders in both regions.

## Key Themes

### Malaria eliminating countries share challenges

6. Despite differences in socio-economics between Asia Pacific and Southern Africa, many of the malaria-eliminating countries represented at Wilton Park shared similar challenges. Countries expressed concerns that hard-to-reach populations, migration, imported malaria, and asymptomatic cases may hinder national elimination efforts<sup>8</sup>. The heterogeneity of malaria in low transmission settings and the increase in relative costs to find and treat fewer cases should be addressed early in elimination efforts<sup>2,9</sup>. Improved targeting of services for high risk populations will mitigate these costs but targeting requires strengthened surveillance and continued operational research to monitor the effectiveness of these interventions<sup>2</sup>. Many countries recommended utilising a community-based approach to reach remote or otherwise hard-to-reach populations and to bridge gaps in the health system and strengthen case management of malaria and other diseases<sup>2</sup>.

“... hard-to-reach populations, migration, imported malaria, and asymptomatic cases may hinder national elimination efforts”

### Eliminating malaria can help strengthen health security

7. Drug resistance is a serious health security issue. In Asia Pacific, *Plasmodium falciparum* resistance to artemisinin has been documented in the Greater Mekong subregion (GMS)<sup>2,8</sup>. The spread of drug resistance threatens to undermine malaria control and elimination efforts everywhere. Elimination in the GMS has been identified as the most effective intervention to address resistance<sup>2</sup>.
8. Eliminating countries, in spite of their success, may encounter waning political and financial support as their malaria burden declines and the need to support these malaria programmes seem less acute to policy makers. Gains can be fragile, however, and malaria resurgence is a serious threat<sup>9</sup>. Malaria resurgence is attributed to weakened malaria programmes, usually following decreases in funding and political commitment<sup>10</sup>. Countries represented at Wilton Park have experienced malaria resurgence in the past. For example, Sri Lanka is currently pursuing WHO elimination certification and aiming to avoid resurgence such as the one the country experienced in 1964 after similar gains in reducing the burden of malaria were achieved (Case Study 1).
9. Stakeholders in both regions should continue to prioritise malaria elimination efforts as a regional and global public good.

“Gains can be fragile ..., and malaria resurgence is a serious threat”

### A Multi-Sectoral approach can help secure long-term political and financial commitment

10. Given that countries will remain vulnerable and receptive to malaria in post-elimination settings, it is important to maintain political and financial support to fund surveillance activities and keep health workers trained on best practices for malaria diagnosis, prevention, and treatment. Meeting attendees recommended involving multiple

governmental agencies such as the Ministry of Foreign Affairs, Ministry of Labour, and the Ministry of Finance in malaria elimination efforts. Working to deepen relationships with civil society organisations (CSOs), faith-based organisations, and the private sector, would advance efforts to strengthen commitments to malaria elimination.

11. To advocate effectively, malaria leaders must tailor messaging to their audience. This includes framing elimination and using arguments that will resonate with different departments and sectors. For example, presenting the business case and return on investments for malaria elimination to Ministries of Finance was considered incredibly important. Similarly, highlighting the health security aspects of malaria elimination was recommended when communicating with the Department of International Affairs. Skills in advocacy and strategic communications among national malaria staff are needed; it was suggested at the meeting that regional networks may be able to provide capacity building in this skill-set.
12. In addition to improving strategic communication and advocacy skills within the national malaria programmes, regional initiatives can also help maintain national interest. One example is APLMA, which engages two key regional heads of state to serve as co-chairs for the alliance. This ensures that malaria can be taken up at diplomatic levels and through multi-sector negotiations.

### **Malaria Elimination Contributes to Health System Strengthening and Universal Health Care**

13. Malaria interventions contribute to and benefit from strong health systems, but it is worth noting that health systems do not need to be perfect in order to achieve elimination<sup>11</sup>. To this end, malaria programmes should continually assess how the malaria elimination effort can best fill gaps, leverage partnerships, build capacity, optimise the use of resources, and help improve overall health outcomes<sup>2, 11</sup>. Utilising a health system approach will ensure that the return on investment for elimination programmes is maximised, a message that should be communicated to all stakeholders. The benefits of linking malaria elimination to issues like maternal and child health, laboratory services, and regulatory authorities is well-recognised<sup>2</sup>.
14. Investments in malaria elimination often include significant strengthening of disease surveillance and response systems, which other disease priorities will benefit from<sup>2</sup>, for example Ebola preparedness and response. The GTS promotes the importance of strong surveillance systems and considers surveillance to be a core intervention for malaria elimination<sup>2</sup>. Malaria elimination is also an avenue to improve universal health care (UHC). High risk populations experience relatively higher prevalence of malaria and often do not have adequate access to quality health care services<sup>2</sup>. National malaria programmes that identify high risk populations and seek to provide health care to these groups of people are also promoting health equity and strengthening national efforts to achieve UHC.

### **Regional Initiatives are Critical Success Factors**

15. The value of regional initiatives and other cross-border collaborations was well-recognised among conference participants. APMEN is credited with helping shift action in Asia Pacific from control to elimination. Collaborating with APLMA on the regional malaria agenda, APMEN focuses on capacity building and knowledge sharing among national malaria control programmes. APLMA was established in response to the East Asia Summit Leader's call for coordinated actions to fight malaria and facilitates high-level engagement on the topic. APLMA recently developed a malaria elimination roadmap to catalyse action in the region<sup>12</sup>. In the weeks following this Wilton Park meeting, this roadmap was formally endorsed by the 18 member states in November 2015 at the East Asia Summit in Kuala Lumpur, Malaysia<sup>12</sup>.
16. Stemming from regional success in Asia Pacific, a sub-regional effort is underway

“APMEN is credited with helping shift action in Asia Pacific from control to elimination.”



“co-existing regional networks, alliances, and initiatives exemplify the importance at all levels to work collaboratively on malaria elimination”

“...technical collaboration and guidance, operational research, regulatory coordination, and surveillance and reporting requirements...are especially appropriate for regional initiatives to support.”

“Eliminating countries need predictable and sustainable financing in order to achieve and maintain malaria elimination.”

“domestic financing for malaria is growing, but it is not on pace to keep up with estimated costs of elimination efforts.”

within the South Asian Association for Regional Coordination (SAARC) to develop a technical expert group on vector borne diseases that could improve cross-border malaria elimination collaboration in South Asia. Two regional collaborations were also created to stop the spread of drug resistance in the GMS: the Regional Hub for the Emergency Response to Artemisinin Resistance in the Greater Mekong Sub-region (ERAR-GMS) and the Regional Artemisinin-resistance Initiative (RAI). Regional initiatives operating at both the political level and the technical level are extremely effective in accelerating progress towards elimination.

17. Similar to the high-level political engagement that APLMA cultivates in Asia Pacific, ALMA is a coalition of 49 African heads of state and leads the continent in the fight against malaria. ALMA facilitates commitments for malaria control and elimination from heads of state in the African Union, and has developed malaria scorecards used to monitor progress and maintain commitment. The E8 is a partnership of eight countries in Southern Africa established to synchronise national elimination efforts. The E8 was recently awarded a regional grant from The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)<sup>13</sup>. In addition to the E8, the Ministers of Health from Swaziland, South Africa, and Mozambique recently signed an agreement to revitalise the Lubombo Spatial Development Initiative (LSDI) under a new name: the Mozambique, South Africa, and Swaziland Cross Border Malaria Initiative (MOSASWA).
18. These co-existing regional networks, alliances, and initiatives exemplify the importance at all levels to work collaboratively on malaria elimination. Regional issues including technical collaboration and guidance, operational research, regulatory coordination, and surveillance and reporting requirements, were identified as topics that are especially appropriate for regional initiatives to support.

## Financing elimination and eradication

19. In 2013, financing for malaria elimination and control reached US \$2.7 billion<sup>3</sup>. The Global Fund continues to be the single largest financier for malaria, but other important sources include bi-lateral donors such as the United States and United Kingdom<sup>3</sup>. Many eliminating countries are high or middle income and will continue to graduate from financial support from traditional donors, like the Global Fund, which is now prioritising high-burden, low-income countries. RBM estimates that in 2013, countries in the control phase of elimination received 66 percent of malaria financing from international funding sources<sup>3</sup>. In comparison, countries in the elimination or prevention of re-introduction phases received 7 percent of funding from external sources<sup>3</sup>. Eliminating countries need predictable and sustainable financing in order to achieve and maintain malaria elimination.
20. International funding should be considered complimentary to domestic funding. Domestic revenues cover 93 percent of malaria financing in countries eliminating or preventing re-introduction<sup>3</sup>. Globally, domestic financing for malaria is growing, but it is not on pace to keep up with estimated costs of elimination efforts<sup>3,5</sup>. Even countries that currently rely on official development assistance (ODA) should plan to increase domestic contributions to health and malaria elimination. To raise the necessary domestic funds, Ministries of Health will need to work closely with Ministries of Finance and continue dialogues such as during the meeting. Advocating effectively for sustainable financing for elimination will require articulating the business case for elimination, and especially the anticipated return on the investments.

## Innovative Financing for Malaria Elimination

21. New and innovative financial mechanisms and their utility in Asia Pacific and Southern Africa were discussed. Chief among them were regional trust funds, regional grants, updating lending models, and hypothecated taxes. Regional trust funds could further facilitate cross-border collaborations. Traditional donor funding could be used to

leverage a regional approach to fundraising, which could draw on new donor sources within the region such as emerging government donors, philanthropists, and the private sector<sup>14</sup>. One example is the Regional Trust Fund hosted by the Asian Development Bank for Malaria and Other Communicable Disease Threats<sup>3</sup>.

22. The recent E8 regional grant from the Global Fund was discussed as a way to bridge collaboration among countries with varying burdens of malaria and eligibility for national-level Global Fund support. Certain subregions in the Asia Pacific may also benefit from investigating the added value of applying for regional grant funding to address shared cross-border challenges.
23. Hypothecated taxes can be a source of new income for health budgets. Taxing of cigarettes and alcohol, often referred to as 'sin taxes', have traditionally been the most popular forms of hypothecated taxes for health. They can provide multiple benefits including unprecedented revenue (Case Study 3) and reduction in risk behavior. Other forms of possible hypothecated taxes include a malaria elimination tax on tourism, or replicating the AIDS levy in Zimbabwe which supports the national response to HIV/AIDS. To mitigate the argument that hypothecated taxes increase smuggling, especially in cases of 'sin taxes', regional collaborations could help align national tax policies. Representatives from the Ministries of Finance participated heavily in the discussions around financing and provided valuable insight and suggestions for how innovative financing mechanisms could be leveraged for malaria elimination.
24. Examples of other innovative funding models that were discussed included frontloading future financing requirements on the basis of expected future revenue generation and the use of health bonds to buy down concessional loans.

## **Calls to Action**

### **Act regionally, think globally: Eradication will only be achieved through regional collaboration**

25. Countries drive elimination, and regional collaborations are critical for their success. Collaborations like APLMA and ALMA are increasingly effective at sustaining engagement of high-level politicians in elimination efforts, and networks like APMEN and the E8 are effective at bringing countries together to jointly tackle technical issues. At the subregional level, MOSASWA and SAARC are two examples of emerging initiatives that can build a cross-border partnership for elimination and prevention of reintroduction. The Global Fund, Australian Government Department of Foreign Affairs and Trade, and other donors were called on to further support regional and cross-border initiatives for elimination.
26. There was a call for clear technical guidelines that describe the necessary elements of a strong regional initiative. These practical guidelines should include information on the requirements for establishing regional initiatives, suitable activities for regional initiatives to lead, and possible funding opportunities.
27. The robust discussions between Asia Pacific and Southern Africa highlighted the need to continue to convene key actors from different regions to increase opportunities for information sharing and capacity building. Countries making incredible progress with elimination, like Sri Lanka, China, and Swaziland, have a lot of insight to offer other malaria programmes.
28. There were specific requests to share elimination costing analyses among countries, using case studies to highlight how successful programmes secure financial resources to achieve their targets.

“...a call for clear technical guidelines that describe the necessary elements of a strong regional initiative”

## **Enhance domestic financing for malaria elimination**

29. National elimination is and will be driven by domestic financing. A diverse set of countries were present at Wilton Park, and the proportion of malaria programmes that were financed by domestic sources (i.e. national budgets) ranged from 100 percent to less than 5 percent. Some countries will continue to depend on ODA, but all countries should aspire to be less reliant on assistance. During economic growth, domestic revenues should be complimentary to foreign assistance. This is especially important as countries increasingly graduate to a higher income status and thus become ineligible for donor assistance. Domestic revenues can be raised by increasing the tax base and promoting the use of hypothecated taxes for health financing. Domestic financing for regional collaboration was also discussed, particularly in Asia Pacific where economic engines could contribute to malaria elimination efforts in their region.

## **Match ambitious global and regional targets for malaria elimination with predictable and sufficient levels of funding**

30. In order to achieve the targets and goals set by national, regional and global strategies, financing for malaria elimination will need to increase<sup>3,5</sup>. While domestic financing for elimination must gradually increase, external financing will remain critical for some of the weaker economies. However, ODA is not expected to meet the cost requirements of malaria eradication<sup>3,5</sup>, and this is exacerbated by the new Global Fund model which allocates more funds to low income and high burden countries than eliminating countries, which tend to be middle income economies<sup>15</sup>. In order to maintain financial support for eliminating countries, donors should continue to help fill funding gaps while domestic financing catches up.

31. In the light of current international financing projections, regional funding is another possible source of revenue for malaria elimination. Regional trust funds, which would be mobilised and controlled by the regions themselves, could leverage traditional ODA, to include national financing as well as private sector contributions. Regional trust funds would need to be structured in a sustainable way that provides a practical and pragmatic avenue for country engagement and participation. Traditional international donors and country leaders from emerging economies can and should step forward to catalyse these new funding mechanisms.

## **Create an enabling environment by securing political commitment**

32. To continue to advance malaria elimination in Asia Pacific and Southern Africa, political commitment must be sustained at the local, national, regional, and global levels. There needs to be both “multi-sectoral and intercountry collaborations” to ensure sustainability especially in light of competing health priorities<sup>3</sup>. Positioning and elevating malaria in an appropriate framework to encourage political and financial investment is a critical activity for Ministries of Health and malaria elimination advocates.

## **Conclusion**

The conference unleashed new ideas to accelerate malaria elimination, including a commitment to regional elimination for global eradication. Reaching ambitious targets, including global eradication, depend on active political commitment and sustainable financing, including increased domestic financing.

Further interaction between Ministries of Health and Finance, focused on malaria elimination, will strengthen the multi-sectoral partnership required to accelerate and sustain gains.

Regional elimination will drive global eradication especially if innovative financing mechanisms are established, technical collaborations are facilitated and high-level political commitment is secured.



## Case studies

The case studies are snap shots of salient country examples from Wilton Park's "Malaria elimination in Asia Pacific and Southern Africa: political leadership and sustained financing." The following case studies reflect the information presented.

### Case study 1: Sri Lanka: achieving and sustaining zero

The Sri Lankan experience in eliminating malaria illustrates the challenges discussed at Wilton Park, including population movement, resurgence, and sustaining political commitment during the prevention of reintroduction phase. Sri Lanka is currently pursuing malaria-free certification from the WHO after reporting zero locally transmitted cases for the past three years. Imported malaria, particularly from India, continues to threaten this achievement. In 2013, zero indigenous malaria cases were reported but 95 imported cases were detected<sup>16</sup>. Ensuring a robust surveillance system will be critical to tackling imported cases and sustaining zero local cases. Sri Lanka engages multiple sectors for malaria surveillance activities, including strong partnerships with the Ministry of Defense and the Department of Immigration, to help prevent and diagnose malaria among high-risk populations. Sustaining political and financial commitment for the country's Anti-malaria Campaign is critical. In the 1960s, Sri Lanka experienced severe malaria resurgence after successfully decreasing incidence to just 17 malaria cases in 1963<sup>10</sup>. Several factors, including relaxed surveillance activities and insufficient national funding, caused this resurgence; in 1969 incidence increased to 538,000 cases<sup>10</sup>. Sri Lanka's resurgence demonstrates the need for continued political and financial commitments to achieve and maintain malaria elimination. To avoid another devastating resurgence and to prevent reintroduction of malaria, the Anti-malaria Campaign is currently advocating for increased domestic funding and pursuing new technical collaborations in the region to mitigate risks associated with importation.

### Case study 2: Swaziland: prioritising surveillance and response to achieve elimination

Swaziland is making great strides in reducing malaria and is likely to be the first Southern African country to eliminate. Since 2000, the country has experienced a 99 percent decline in local malaria cases<sup>16</sup>. In 2008, Swaziland adopted a malaria elimination strategy and obtained Global Fund support to develop a surveillance programme for elimination. Swaziland's surveillance and response system is now considered unparalleled in Southern Africa. Malaria is a notifiable disease, and health facilities report cases through the Immediate Disease Notification System, an integrated database that then sends short message service (SMS) notifications to relevant programmes and staff to trigger case investigation activities around every case. The primary purpose of case investigation is to determine if an index case is imported or locally transmitted, to confirm effective treatment, and minimise further transmission. All patients diagnosed with malaria are provided with antimalarial treatment and are followed up within 48 hours of drug administration. Additionally, households within 500 meters of a confirmed case are screened for malaria. To initiate these activities in a timely manner, rapid case reporting is necessary. Surveillance data is also used to create risk maps to improve targeting of surveillance and interventions. The GTS recommends that surveillance be considered a core intervention; the Swaziland experience demonstrates how surveillance can decrease malaria incidence and also build capacity for other health programmes<sup>2</sup>.

### **Case study 3: Philippines: taxing alcohol and tobacco to finance malaria elimination and health**

In December 2012, despite strong opposition, the Philippines successfully passed a tax reform that restructured the country's Excise Tax on Alcohol and Tobacco Products. This legislation earmarked revenues for universal health care (UHC). In the first two years, the tax generated US \$2.3 billion in incremental revenues, and increased the Department of Health (DOH) budget by 63.2 percent compared to 2013 levels. This translated to a 38 percent increase between 2015 and 2013 for the DOH's Elimination of Diseases Programme, which includes malaria. The revenues also contributed to a higher national credit rating, thereby decreasing future borrowing costs. Passing the tax reform required a whole-of-government approach to build political support at the highest levels. It was also important to frame the reform specific to the different audiences, including advocating effectively to the Ministry of Finance. The Philippines sin tax is an example of how innovative domestic financing can unleash new revenue to support malaria elimination and improve healthy equity.

**Kelly Harvard**

Wilton Park | 15 December 2015

Wilton Park reports are brief summaries of the main points and conclusions of a conference. The reports reflect rapporteurs' personal interpretations of the proceedings – as such they do not constitute any institutional policy of Wilton Park nor do they necessarily represent the views of the rapporteur.

Should you wish to read other Wilton Park reports, or participate in upcoming Wilton Park conferences, please consult our website [www.wiltonpark.org.uk](http://www.wiltonpark.org.uk)

To receive our e-newsletter and latest updates on conferences subscribe to <https://www.wiltonpark.org.uk/newsletter/>

# Wilton Park statement on malaria elimination and acceleration towards a malaria-free world

Wiston House, Steyning, United Kingdom  
October 2, 2015

**We, the Ministers, leaders, and decision-makers from Asia Pacific and southern Africa that gathered at Wilton Park on September 30–October 2, 2015 to discuss the elimination and eventual eradication of malaria,**

1. Recognize the remarkable progress made by countries in shrinking the malaria map, including the accelerated gains towards the Millennium Development Goals, and emphasize the role of malaria elimination in achieving the Sustainable Development Goals,
2. Appreciate the support given by partners and donors, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, that helped drive this progress,
3. Acknowledge that we can achieve a malaria-free world,
4. Reaffirm our support for the implementation of the World Health Organization's (WHO) Global Technical Strategy for Malaria (2016–2030) as endorsed by the World Health Assembly in May 2015, and Roll Back Malaria's Action and Investment to defeat Malaria (AIM),
5. As articulated in *From Aspiration to Action: What Will It Take to Eliminate Malaria?*, underscore that a malaria-free world will only be achieved by concerted, coordinated, and collaborative efforts to eliminate malaria regionally, thereby building on national efforts,
6. Commit to promoting predictable and active political support and strengthened domestic financing for malaria elimination,
7. Recognize the need for multi-sectoral support for malaria elimination,
8. Emphasize the value of malaria elimination as a global public good to strengthen health systems and health security.

**We affirm that malaria elimination towards global eradication is a worthy goal and can only be achieved with resilient national and regional collaborations, unwavering political commitment, and increased financing. We commit to support the actions identified during this conference that will advance malaria elimination in our countries and regions.**

**We, the Ministers and leaders from Asia Pacific,**

9. Recognize the agreement made by leaders at the 9th East Asia Summit for a Asia Pacific free of malaria by 2030,
10. Note the challenge of insecticide and multi-drug resistant malaria and its global implications, and the contribution malaria elimination will make to strengthening regional health security,
11. Affirm the role of the Asia Pacific Leaders' Malaria Alliance (APLMA) in developing the APLMA Malaria Elimination Roadmap as a framework for shared regional action, affirm the complimentary role of the Asia Pacific Malaria Elimination Network (APMEN) in providing a cooperative platform for malaria programs, and recognize the support provided by other partners and collaborations in the region.

**We agree that all 22 malaria endemic countries in Asia Pacific should work in partnership with each other and other nations in the region to achieve a malaria-free Asia Pacific by 2030, and should collaborate to strengthen cross-border and regional initiatives, build political momentum, and increase financial commitment.**

**We, the Ministers and leaders from southern Africa,**

12. Emphasize that sub-Saharan Africa, while having the highest burden of malaria, has made great gains in reducing malaria deaths and illness between 2000–2015,
13. Reaffirm the goal of the four southern-most countries in Africa to be malaria-free by 2020, and the goal for a malaria-free sub-Saharan Africa by 2030, as called for by the African Union,
14. Affirm the role of the African Leaders Malaria Alliance (ALMA) in building political support to achieve these goals, the role of the Southern African Development Community in providing regional leadership, and the role of the Elimination 8 regional network in providing a common platform for southern African countries to implement a coordinated approach towards malaria elimination.

**We agree that the Elimination 8 countries should work in partnership to achieve malaria elimination in the front-line countries by 2020 and second-line countries by 2030, should collaborate to strengthen regional data sharing and surveillance as well as cross-border initiatives, and should work to translate existing political support into financial commitment.**

- 
- <sup>1</sup> The Global Health Group, University of California San Francisco. Shrinking the Malaria Map [website]. San Francisco: UCSF, 2015. Available from: <http://www.shrinkingthemalariamap.org/> (accessed 24 November 24).
- <sup>2</sup> World Health Organisation. Global Technical Strategy for Malaria 2016-2030. Geneva: WHO, 2015.
- <sup>3</sup> Roll Back Malaria Partnership. Action and investment to defeat malaria 2016-2030: for a malaria-free world. Geneva: World Health Organisation on behalf of the Roll Back Malaria Partnership Secretariat, 2015.
- <sup>4</sup> United Nations Division for Sustainable Development. Sustainable Development Knowledge Platform. [Online]. Available from: <https://sustainabledevelopment.un.org/topics> (accessed 9 October 2015).
- <sup>5</sup> Bill and Melinda Gates Foundation, Office of the UN Special Envoy, Malaria No More. From Aspiration to Action: What Will It Take to End Malaria? 2015. Available from: <http://endmalaria2040.org/> (accessed 9 October 2015).
- <sup>6</sup> United Nations. The Millennium Development Goals Report. New York: United Nations, 2015. Available from: [http://www.un.org/millenniumgoals/2015\\_MDG\\_Report/pdf/MDG%202015%20rev%20\(July%201\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf) (accessed 9 October 2015).
- <sup>7</sup> World Health Organisation and United Nations Children's Fund. Achieving the malaria MDG target: reversing the incidence of malaria 2000–2015. Geneva: WHO, 2015.
- <sup>8</sup> Cotter C, Sturrock HJ, Hsiang MS, et al. The changing epidemiology of malaria elimination: new strategies for new challenges. *Lancet* 2013; 382(9895):900–911.
- <sup>9</sup> The Global Health Group, University of California San Francisco. The risk of malaria resurgence: need for sustainable and predictable financing and political will. UCSF: San Francisco, 2014. Available from: <http://globalhealthsciences.ucsf.edu/sites/default/files/content/ghg/mei-risk-of-malaria-resurgence.pdf> (accessed 9 October 2015).
- <sup>10</sup> Cohen JM, Smith DL, Cotter C, et al. Malaria resurgence: a systematic review and assessment of its causes. *Malar J* 2012; 11(1):122.
- <sup>11</sup> Feachem RGA on behalf of The Malaria Elimination Group. Shrinking the Malaria Map: A Guide on Malaria Elimination for Policy Makers. UCSF: San Francisco, 2009. Available from: [http://www.shrinkingthemalariamap.org/sites/www.shrinkingthemalariamap.org/files/content/resource/attachment/A\\_GuideonMalariaEliminationforPolicyMakers.pdf](http://www.shrinkingthemalariamap.org/sites/www.shrinkingthemalariamap.org/files/content/resource/attachment/A_GuideonMalariaEliminationforPolicyMakers.pdf) (accessed 9 October 2015).
- <sup>12</sup> Asia Pacific Leaders Malaria Alliance (APLMA). Media Release: "East Asia summit leaders endorse APLMA malaria elimination roadmap," 22 November 2015. Available from: [http://aplma.org/blog/24/East-Asia-Summit-leaders-endorse-APLMA-Malaria-Elimination-Roadmap?utm\\_content=buffer25d52&utm\\_medium=social&utm\\_source=twitter.com&utm\\_campaign=buffer](http://aplma.org/blog/24/East-Asia-Summit-leaders-endorse-APLMA-Malaria-Elimination-Roadmap?utm_content=buffer25d52&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer). (accessed 23 November 2015).
- <sup>13</sup> Oberth G. New regional grant has sights set on malaria elimination in Southern Africa. Aidspace: An independent observer of the Global Fund: Nairobi, 2015. Available from: [http://www.aidspace.org/gfo\\_article/new-regional-grant-has-sights-set-malaria-elimination-southern-africa](http://www.aidspace.org/gfo_article/new-regional-grant-has-sights-set-malaria-elimination-southern-africa) (accessed 22 October 2015).
- <sup>14</sup> Kumar K, Pigazzini A, Stenson B. Financing for malaria elimination. The Global Health Group and Cambridge Economic Policy Associates (CEPA): San Francisco and Cambridge, 2013.
- <sup>15</sup> The Global Health Group, University of California San Francisco. The impact of the Global Fund's new funding model on the 34 malaria-eliminating countries. UCSF: San Francisco, 2014. Available from: <http://globalhealthsciences.ucsf.edu/sites/default/files/content/ghg/GF-funding-elimination-Briefing.pdf> (accessed 7 December 2015) Global Malaria Programme. World Malaria Report 2014. Geneva: World Health Organisation, 2014.
- <sup>16</sup> World Health Organisation. Disease surveillance for malaria control: an operational manual. WHO: Geneva, 2012.