

## Goal

The goal of the malaria control and elimination programme is interruption of malaria transmission, in areas where it is feasible, and elimination of malaria as a public health problem in areas where elimination is not possible with the current tools.

## Objectives

The Eastern Mediterranean Region spans three different eco-epidemiological zones and includes countries with wide variation in the status of socioeconomic development. The diversity of the environment influences the malaria situation and is a major determinant of success in malaria control between, and even within, countries. To address these variations, the regional malaria programme has categorized the countries of the Region into three groups (based on information available in 2010). A specific strategic objective has been identified for each group.

### **Group 1: Countries with moderate/high malaria burden, weak health systems, and/or complex emergencies**

**Objective: To continue reducing the incidence of malaria by the end of 2015 (>75% in comparison to 2000) and reduce malaria mortality to zero in all countries**

The countries of this group are currently Afghanistan, Djibouti, Pakistan, Somalia, Sudan, South Sudan and Yemen. They represent about 48% of the population of the Region. These countries have areas with high risk of malaria transmission or are threatened by epidemics and or complex emergency situations.

Afghanistan reported reductions in confirmed malaria cases of > 50% between 2000 and 2010. Djibouti, Pakistan, Somalia, Sudan, South Sudan and Yemen have not reported consistent decreases in the number of cases. Significant reduction of cases was recorded in certain geographic areas, such as Khartoum/Sudan and Socotra/Yemen, the latter is almost malaria free with no local cases since 2006.

Malaria is considered to be important health problem. Inadequacy, or in some instances lack, of human resources and capacity at the country level is one of the major constraints impeding development, implementation and sustainability of malaria control in the countries of this group. Management of the logistics system continues to be a major problem due to high operational

costs. The security situation in some countries also continues to pose a challenge.

Lack of human resources and appropriate infrastructure are the main obstacles for implementation of comprehensive malaria control activities. Priority is being given to strengthening the capacity malaria control programme especially at lower levels for country-wide implementation of malaria control interventions. Ensuring universal access to effective diagnostic and treatment and strong surveillance systems for testing, treating and tracking every case and rational use of cost-effective prevention measures should be emphasised in all malaria-risk areas.

## **Group 2: Countries with low malaria transmission limited to small geographic areas and targeting malaria elimination** □□□□□□□□

**Objective: To interrupt malaria transmission in 50% of endemic districts**□

This group currently comprises two countries, Islamic Republic of Iran and Saudi Arabia, with 17% of the regional population. These countries have achieved a steady decline in malaria over the past decade. The remaining malaria in these countries includes all epidemiological types of malaria (Palaeartic and Oriental types in the Islamic Republic of Iran and Afrotropical type in Saudi Arabia). The main characteristic for these countries is that the malaria control programme is self-reliant, has strong political and financial support from the national authorities and is also well-supported by developed health systems at the central and peripheral levels. Certain epidemiological and socioeconomic factors, such as education, equity in resource allocation for marginalized populations and general development in social and economic infrastructure, also contribute favourably towards the objective of malaria elimination.

Islamic Republic of Iran has a low record of 1710 local cases in 2011 with significant reduction of *P. falciparum* and mixed cases (only 208 cases). With planned intensification of elimination efforts it is expected that falciparum malaria will be eliminated in the very near future.

In 2011 Saudi Arabia reported 69 local cases only compared to 4736 in 2000. Saudi Arabia is very close to elimination, yet facing several challenges that are anticipated in the last mile of elimination. This requires a very strong and surveillance system and border coordination with Yemen.

The major challenges for achieving the objectives and sustaining these achievements are competing priorities from other communicable and noncommunicable diseases, huge population movement from several malaria-endemic countries and the need for cooperation and coordinating malaria activities with neighbouring Yemen especially across the border areas.

### **Group 3: Countries which have eliminated malaria**

#### **Objective: To prevent re-establishment of malaria transmission**

This group includes countries in which malaria has been eliminated long time ago (Bahrain, Jordan, Kuwait, Lebanon, Libya, occupied Palestinian territory, Qatar and Tunisia), and those with certification of elimination in last decade: Morocco, United Arab Emirates. It also includes countries that interrupted local transmission for more than three years in the last decade, but elimination not certified (Egypt, Iraq, Oman and Syrian Arab Republic). Few local cases may occur as a result of importation but the programme is strongly committed and capable of proper response to prevent re-establishment of local malaria transmission.

The main challenge for this group is to prevent re-establishment of local malaria transmission in the presence of continuous population movements from malaria-endemic countries. Other challenges include maintaining collaboration in border areas and awareness of malaria risk and the skills to diagnose and promptly treat the disease among the health staff of governmental and private health care facilities. It is equally important to maintain malaria awareness among members of the community, particularly among those individuals regularly travelling to malaria-endemic countries.

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#### Approaches

Strategic approach 1: Promote and facilitate universal access of populations at risk to reliable diagnosis and effective treatment of malaria

