World Health Organization
REGIONAL OFFICE FOR Africa

REGIONAL CONSULTATION ON THE WHO GLOBAL TECHNICAL STRATEGY FOR MALARIA (2016-2025)

Harare, Zimbabwe, 07 – 11 April 2014

Meeting report

1. INTRODUCTION

In response to the request from Member States in May 2013 during the World Health Assembly, the World Health organization (WHO) is coordinating the development of the Global Technical Strategy (GTS) for Malaria, 2016-2025. The GTS will articulate the vision and goals for malaria over the next decade and bring together current policy recommendations in a comprehensive, evidence-based strategy for Member States to use. The strategy will define the global direction of malaria control and elimination over the next decade. This GTS will cover all the domains of malaria control interventions and will determine the strategic orientations as well as the post 2015 targets. Most importantly, the GTS will be the technical foundation for the Roll Back Malaria Partnership Global Malaria Action Plan 2 (GMAP 2), which will be a call to action for all RBM partners to support countries in implementing the GTS.

With the support of international community, the implementation of the Global Strategy led to a reduction of malaria incidence by 29% globally between 2000 and 2012 and by 31% in the African Region during the same period. Similarly, over the past 12 years malaria mortality rates fell by 42% globally, and by 49% in the African Region. The GTS will therefore build on the achievements of the 1993 Global Strategy for malaria.

In order to ensure stakeholder ownership, the GTS will be developed in a consultative manner in all the regions of WHO with the participation of the representatives of Member States and the key stakeholders involved in malaria control. It is in this context that WHO/AFRO in collaboration with WHO/Global Malaria Programme organized a Regional Consultation from 7 to 11 April 2014 in Harare, Zimbabwe for English speaking countries.

1.1. Objective

The objective of this consultation was to introduce the working draft of the Global Technical Strategy for Malaria (GTS): 2016-2025 to get inputs from the participants on the different aspects of the GTS on malaria including long term scenarios for accelerated malaria control and elimination.

1.2. Expected Results

The expected result is the consolidation of inputs from the participants on the different aspects of the GTS on malaria (2016-2025) including long term scenarios for accelerated malaria control and elimination.

2. PARTICIPANTS PROFILE

Participants for the consultation included:

- National Malaria Programme Managers and Malaria NPOs from malaria endemic countries:
- Malaria experts from research institutions and universities
- Experts of the Malaria Global Steering Committee
- Institutions, organisations and multilateral partners
- Regional Economic Communities,
- WHO staff at all levels.

3. METHOD OF WORK

The meeting was conducted as follows:

- Plenary sessions to introduce the draft GTS document, followed by discussion
- Group works on the strategic directions followed by plenary feedback and consensus building sessions

4. PROCEEDINGS

4.1. Opening ceremony

The meeting was opened with remarks from Dr David Okello, the WHO Country Representative in Zimbabwe, who highlighted the progress that has been made in Africa since 2000 and the challenges to be addressed to continue progress. Although the challenges are not insurmountable, it will be necessary to strengthen partnerships to achieve our ambitious goals. Countries cannot relax their efforts when they reduce transmission or malaria will rebound and collaboration on cross border work will be important to emphasize.

4.2 Presentations and discussions

Setting the Scene and Introduction

The opening presentation set the scene for the subsequent presentations that described the content of the Global Technical Strategy by explaining the purpose and target audience of the document. The importance of the Regional Consultations and regional inputs was stressed as part of the development process, which was described. The presentation also described the alignment between the Global Technical Strategy and the Global Malaria Action Plan 2. In addition, participants learned that the revised version of the document will be posted on the GTS website for public comment before a final version is reviewed by the Malaria Policy Advisory Committee before submission to the Executive Board and the World Health Assembly in May 2015.

Global and regional progress since 2000: opportunities and challenges

This presentation described the progress in malaria control and reductions in cases and mortality rates both globally and in the Africa Region from 2000 to 2012 to set the context for the Global Technical Strategy. Impressive reductions have been achieved and the trajectory of the declines is in line with the 75% reduction goals, but there was a delayed start to the impact which we should avoid in the next decade.

Core Concepts

The document includes concepts that are core to the strategy for the next decade including challenges, core values, the vision and goals and the pathway to elimination. Key challenges to the acceleration of malaria programmes for the next decade including drug and insecticide resistance; the infectious reservoir contributing to transmission; difficulties in diagnosing and treating *P. vivax* malaria; outdoor biting and resting vectors; increasing appropriate diagnosis, treatment and reporting of cases from the private healthcare sector; health systems and human capacity and sufficient financial resources. The core values underlying the strategy are country and community leadership, gathering and using data for programmatic decisions, acceleration of programmes, sustained success, and equity. The long-term vision is eradication: a world free of malaria and the vision for this Strategy is to accelerate progress to a world free of malaria. The three goals proposed for 2016-2025 are:

- To reduce malaria mortality rates globally by 75% compared to 2015
- To reduce malaria case incidence globally by 75% compared to 2015
- To eliminate malaria from 20 countries that had ongoing transmission of malaria in 2015.

Finally, the pathway to elimination was presented as consisting of three phases: reduce, eliminate and sustain. The discussion that followed suggested the need to include metrics in the pathway; also there was need to define sub-steps in the reduction phase so that countries can measure their progress along the pathway.

Strategic Directions

Each of the five strategic directions (Surveillance and response, Preventing cases and reducing transmission, T3: Test.Treat.Track, Innovations and implementation research, and Development and health systems strengthening) was presented in plenary for clarifications and brief comments before the participants broke into three working groups to provide detailed inputs on the strategic directions.

4.3 Group work

Participants were invited to join one of the following 3 groups:

- Surveillance and response,
- Vector Control to prevent cases and reduce transmission
- Medicines to prevent cases and reduce transmission and T3: Test.Treat.Track,
- Innovations and implementation research, and Development and health systems strengthening

The Innovation and implementation research strategic direction was discussed as part of the vector control and medicines break out groups; while the Development and health systems strengthening was discussed during a plenary session.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1. Overall Core Concepts

1. Cross border issues need to be highlighted and addressed in the document including ensuring political and domestic financial commitment, harmonizing policies and joint planning, sharing skills and expertise, and systematic data sharing.
2. Highlight the importance of using data (including entomological data and health systems readiness) to tailor intervention packages at the sub-national level (e.g. districts)

5.2. Challenges

1. Human capacity – the challenge is to build and maintain capacity and competency, particularly as countries move toward elimination (examples include microscopists and entomologists)
2. Behavioral change across the health care system and community (for example, including compliance with diagnostic results and update of LLINs)
3. Quality Assurance systems for all commodities are weak and need strengthening

5.3. Vision and Goals

1. The long-term vision and vision for the Strategy were agreed
2. The global goals are ambitious and countries are free to have more ambitious national goals

5.4. Core Values

1. The core values are generally accepted
2. Add a new core value on district focus and on multi-sectorial approach
3. Rename 'data for programmatic decision making'

5.5. Pathway to Elimination

1. Metrics must be included so that countries know where they are on the pathway and when to transition to the next phase
2. Use of 'reduce' in the pathway should be defined in terms of incidence, mortality rate and/or parasite prevalence.
3. WHO with the GTS Steering Committee and MPAC should decide on the way forward:
   a. Update the pathway including metrics, use 'reduce' and delineate stages within reduce so that countries can track progress (proposed steps were shared and discussed).
   b. Consider linking the pathway to the national goal/vision (no consensus)

5.6. Overall Strategic Directions

1. The strategic directions include only currently recommended policies and do not inform countries on how to use the existing guidance to accelerate programmes. The document should provide direction for countries to accelerate using current tools until new tools and policy recommendations are available. Countries should scale up to universal coverage rapidly, use data to guide targeting of interventions for efficiency and use implementation research to optimize the use of current tools

2. The relevant innovations anticipated in the future should be included in the strategic direction sections
3. The Strategy needs to highlight what tools should be used at the different levels of malaria transmission
4. The suggested structure for each strategic direction is: preamble, problem statement, strategies and actions points.

5.7. Surveillance and Response

1. Consider a revised outline for the surveillance and response strategic direction: preamble, problem statement, underlying causes of poor surveillance systems, current opportunities, design of surveillance system, strategies for surveillance, actions on surveillance
2. The preamble should highlight the importance of generating and using quality data in order for countries to plan and implement strategies to accelerate to elimination, include paragraphs 60 and 61 of draft GTS, define surveillance and response
3. A problem statement should highlight that the focus has been on expanding access and coverage of interventions, with special focus on measuring processes and outputs, surveillance systems are not being used optimally for evidence-based decision making and that only 14% of total estimated cases globally detected by surveillance systems (paragraph 62 of draft GTS).
4. The chapter should describe the underlying causes of poor surveillance
5. Clear indicators are needed in the document to orient the countries.
6. Current opportunities to improve surveillance and response should be included
7. The design of the surveillance system is dependent on the level of malaria transmission and should include when/where to transition. Surveillance system adopted should be linked to the pathway of elimination and include types/approaches of surveillance in different epidemiological settings.
8. The chapter should list four strategies for surveillance including: monitoring impact of interventions, stratification of malaria burden, harmonization of tools on surveillance, and strengthening data management systems.
9. The chapter should include actions on surveillance which detail what countries should do including the establishment of community-based surveillance, district-base malaria surveillance and response system, periodic programme reviews at all levels and the stratification of the malaria burden to district level.

5.8. Vector Control to prevent cases and reduce transmission

The document should:

1. Provide clarity on combining LLIN and IRS
2. Clarify that IRS is mostly recommended in high transmission areas, but in areas of low transmission IRS can be useful if LLIN usage is not maintained throughout the year
3. Highlight the urgent need to continue scale up of LLINs as a major vector control intervention
4. Emphasize the need to build capacity in diverse vector control skills
5. Ensure the implementation of the IVM component

5.9. Medicines to prevent cases and reduce transmission

1. Given that medicines for prevention are likely to change in the next ten years, the Strategy should not detail specific regimens or doses for IPTp, IPTi or SMC. Countries should be referred to current recommendations for eligible groups.
2. IPTi is not currently being implemented at scale, countries should be encouraged to scale up this additional tool where appropriate
3. There is a need for recommendations for chemoprevention for individuals with sickle cell disease

5.10. T3: Test.Treat.Track

1. Change the name of the strategic direction to Maximizing early Case Detection and Appropriate Treatment
2. The Strategic Directions should have objectives. For this T3, the suggested objective is: in the next 10 years, every suspected case should receive a test and every case detected should receive appropriate treatment
3. This strategic direction should be adhered to by both public and private sector health providers
4. Community Case Management should be a sub-section and should include iCCM
5. Safety and quality of diagnostics and medicines should be addressed in the Strategy
6. Monitoring antimalarial resistance molecular markers should be included (including SP).

5.11. Innovation and implementation Research:

1. There is a need to undertake operational research to establish criteria for transitioning from universal coverage to targeted interventions and for combining interventions
2. Tools are needed to exploit vulnerability in vector behavior, countries must be ready to validate the effectiveness and acceptability of new tools and a system is needed to fast track the registration of new products
3. Public private partnerships should be encouraged to produce new tools to address the rising cost of effective insecticides (volume, competition, philanthropic initiatives, Corporate Social Responsibility).

5.12. Call to Action:

1. Replace Call to Action with Roles and responsibilities (of different stakeholders)

6. GENERAL COMMENTS:

1. Include more visuals and flowcharts including detail on milestones per intervention in transmission settings
2. Acceleration should be better reflected throughout the document
3. The supportive World Health Assembly and Regional Committees resolutions should be added in the background to justify the need for the GTS.
4. The document should support advocacy for appropriate allocation of domestic resources
5. Detailed implementation guidance needs to be referenced or developed.
6. Include a summary of the development process in the Strategy
7. Create a web platform to share comments on the strategy, lessons learn and bottlenecks.

Annexes:

1. Agenda
2. List of Participants

REGIONAL CONSULTATION ON GLOBAL TECHNICAL STRATEGY FOR MALARIA, 2016- 2025

08 – 09 April 2014, Harare, Zimbabwe

Malaria 2025: Accelerate to Eliminate

Tuesday 08 April2014

Timing	Activities	Facilitator /Presenter
8:30-9:00	**Registration**	V. Nganga/ C. Garapo
09:00 – 9:45	**Opening ceremony** • Welcome address • Objectives of the meeting • Opening remarks • Administrative announcement & Security briefing	 WR/Zimbabwe Dr I. SANOU, MAL a.i. IST/ESA/COR ISUM
9:45 – 10:15	*Group Photo / Coffee Break*	
Objective: To get inputs from the participants on the different aspects of the GTS on malaria (2016-2025) including long term scenarios for accelerated malaria control and elimination		
Session 1: Plenary Briefing on Aspects of the GTS		**Session Chair:** A. MNZAVA
10:15 - 10:45	Setting the Scene and Introduction; GTS Development Process	Dr L. CONTEH
	Discussions	Session Chair
10:45 – 11:30	Global and regional progress since 2000: opportunities and challenges	Dr I. SANOU
	Discussions	Session Chair
11:30 - 12:30	Core concepts: • Challenges • Vision and Goals • Core Values • Pathway to elimination	Dr A. GHANI
	Discussions	Session Chair
12:30 - 14:00	*Lunch Break*	
	Session 2: Plenary Briefing on GTS Strategic Directions	**Session Chair: M. Gyapong**
14:00 – 16:00	Strategic Directions: • Surveillance and response • Vector control to prevent cases and reduce transmission • Medicines to prevent cases and reduce transmission;T3: Test, Treat, Track	 Dr A. KALU Dr A. MNZAVA Dr N. NAMBOZE
	Discussions	*Session Chair*
	• Innovation and implementation research • Development and Health Systems Strengthening	Dr A. NOOR Dr S. MIDZI
	Discussions	*Session Chair*

REGIONAL CONSULTATION ON GLOBAL TECHNICAL STRATEGY FOR MALARIA, 2016- 2025
08 – 09 April 2014, Harare, Zimbabwe
Malaria 2025: Accelerate to Eliminate

Timing	Activities	Facilitator /Presenter
16:00 - 16:30	*Coffee Break*	
Session 3: Group Work		**Session Chair: A. MNZAVA I. SANOU**
16:30 - 17:30	Introduction to group work and Break-out into Groups • Group 1: Surveillance and response + Call to Action • Group 2: Vector control to prevent cases and reduce transmission + Call to Action; • Group 3: Medicines to prevent cases and reduce transmission - T3: Test, Treat, *Track* + Call to Action	Dr. I. SANOU Dr A. KALU Dr A. MNZAVA Dr J. SILLAH

Wednesday, 09 April 2014

Timing	Activities	Facilitator /Presenter
08:30 - 10:00	Group Work (Continued)	Dr A. KALU, Dr A. MNZAVA and Dr J. SILLAH
10:00 - 10:30	*Coffee Break*	
10:30 - 13:00	Group Work (Continued)	Dr A. KALU, Dr A. MNZAVA and Dr J. SILLAH
13:00 - 14:00	*Lunch Break*	*All*
14:00 - 16:00	**Plenary Session : Group Presentations** • Group 1: Surveillance and response • Group 2: Vector control to prevent cases and reduce transmission; • Group 3: Medicines to prevent cases and reduce transmission - T3: Test, Treat, Track	Group Chair-persons and Rapporteurs
16:00 - 16:30	*Coffee Break*	
16:30 - 17:30	Conclusions and Recommendations	IST/ESA/COR

List of participants

Malaria GTS Regional Consultation
Harare-Zimbabwe,7-9 April 2014

N°	Organization	Country	Names of Participants	Title
1	WHO	Congo	Dr Issa Sanou	Malaria Regional adviser
2	WHO	Congo	Dr Tiéman Diarra	CBI/MAL
3	WHO	Congo	Dr Akpaka Kalu	MO Malaria SIP
4	WHO	Congo	Mr Boniface Kinvi	Data Manager/MAL
5	WHO	Gabon	Dr Basimike Mulenda	Focal person for Malaria Capacity Development
6	WHO	Zimbabwe	Ameneshewa Birkinesh	IVM Focal Person
7	WHO	Zimbabwe	Dr Josephine Namboze	
8	WHO	Zimbabwe	Dr Anderson Chimusoro	
9	WHO	Burkina Faso	Dr Jackson Sillah	Technical Officer/Malaria
10	GMP/HQ	Switzerland	Abraham Mnzava	Coordinator Malaria Vector Control
11	GMP/HQ	Switzerland	Erin Shutes	Programme Manager
12	WHO	Botswana	Ms K. Moakofhi	National Professional Officer
13	WHO	Eritrea	Dr A. Zehaie	National Professional Officer
14	WHO	Ethiopia	Dr Ghion Tirsite Mengistu	National Professional Officer
15	WHO	Gambia	Dr Sharmila LAREEF-JAH	National Professional Officer
16	WHO	Ghana	Dr Felicia OWUSU – ANTWI	National Professional Officer
17	WHO	Kenya	Dr. N. Bakyaita	International Professional Officer
18	WHO	Liberia	Dr Jeuronlon Moses	National Professional Officer
19	WHO	Malawi	Mr Wilfred Dodoli	National Professional Officer
20	WHO	Mozambique	CARVALHO, Eva Amelia S.T.	National Professional Officer
21	WHO	Nigeria	Dr Abdullahi Saddiq	National Professional Officer

N°	Organization	Country	Names of Participants	Title
22	WHO	Rwanda	Dr J. Mugabekazi	National Professional Officer
23	WHO	Sierra Leone	Dr. Louisa GANDA	National Professional Officer
24	WHO	South Africa	Ms Mary Anne Groepe	National Professional Officer
25	WHO	Swaziland	Dr K. Makadzange	National Professional Officer
26	WHO	Tanzania	Dr Ritha J. A. Njau	National Professional Officer
27	WHO	Uganda	Dr Charles Katureebe	National Professional Officer
28	WHO	Zambia	Dr Freddie Masaninga	National Professional Officer
29	WHO	Zimbabwe	Dr Jasper Pasipamire	National Professional Officer
30		Botswana	Ms Tjantilili Mosweunyane	NMCP Manager
31		Eritrea	Mr KIROS SEREKE	NMCP Manager
32		Ethiopia	Dr Hiwot Solomon TAFESSE	NMCP Manager
33		Gambia	Mr. Kandeh Balla	NMCP Deputy Manager
34	Ghana Health Service	Ghana	Dr Bart-Plange Constance	NMCP Manager
35		Kenya	Waqo D. Ejersa	NMCP Manager
36		Liberia	Mr Olivier Pratt	NMCP Manager
37	MoH	Mozambique	Dr Maria Benigna Matsinhe	NMCP Manager
38	MoH	Mozambique	Dr Graca Matsinhe	NMCP Manager
39	MoH	Mozambique	Dr Baltazar Chandrinho	NMCP Manager
40	MoH	Namibia	Mr Katokele Stark	Parasitologist
41		Nigeria	Dr Nnenna EZEIGWE	NMCP Manager
42		Sierra Leone	Dr Samuel Smith Juana	NMCP Manager
43		Swaziland	Dr Simon Kunene	NMCP Manager
44		South Africa	Dr Devenand Moonasar	NMCP Deputy Manager

N°	Organization	Country	Names of Participants	Title
45		Tanzania	Dr Mandike Renatha	NMCP Manager
46		Uganda	Dr Myers Lugemwa	NMCP Manager
47		Zimbabwe	Dr Joseph Mberikunashe	NMCP Manager
48		Zanzibar	Dr Abdullah Suleiman Ali	NMCP Manager
49		Nigeria	Ebenezer Sheshi Baba	Regional Expert
50		South Africa	Rajendra Maharaj	Regional Expert
51		Tanzania	Dr Halima Mwenesi	Regional Expert
52		Kenya	Nabie bayo	Regional Expert
53	PMI	Zimbabwe	Christie Billingsley	Malaria Resident Advisor
54	PMI	Zambia	Mark Maire	CDC/PMI Resident Advisor
55	PMI	Zimbabwe	Gail Stennies	CDC/PMI Resident Advisor
56	PMI	Zimbabwe	Regis Magauzi	
57	DFID	Kenya	Alastair Robb	DFID Regional Malawi Advisor
58	GTS Steering Committee	UK	Azra Ghani	
59	GTS Steering Committee	Ghana	Margaret Gyapong	Deputy Director Recherch&Deputy Ghana Medical Service
60	GTS Steering Committee	UK	Lesong Conteh	
61	GTS Steering Committee	Kenya	Abdisalan Noor	
62	WHO/GMP	Switzerland	Michael Lynch	Epidemiologist
63	PMI	Mozambique	James Colborn	Epidemiologist
64	PMI	Mozambique	Abdi Saifodine	Avisor
65	OWIS RBM	Switzerland	Dr Nicolaus Lorenz	PH, EMBA
66	RBM	Switzerland	James Banda	Coordinator

N°	Organization	Country	Names of Participants	Title
67	WHO	Zimbabwe	Khoti Gausi	
68	WHO	Zimbabwe	Chloe Masetti	
69	WHO	Zimbabwe	Luciano Tuseo	
70	WHO/IST	Zimbabwe	Anderson Chinorumba	
71	MRC SA	South Africa	Natasha Morris	Regional Expert