World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Global Technical Strategy Regional Consultation: Casablanca, Morocco
15-16 April 2014
Meeting Report

Objective of the consultation

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.

Global and regional progress since 2000: opportunities and challenges

The GTS consultation began with an introductory presentation on the global progress and challenges in malaria since 2000. It described the increased funding over the last decade for malaria programmes with the majority provided by bilateral and international funders. The second presentation showed the progress and challenges for malaria programmes in the Eastern Mediterranean Region (EMR). Both presentations concluded by highlighting the need for increased funding to sustain malaria control and to expand programme coverage to meet international/national targets for reducing malaria cases and deaths and malaria elimination . The website for accessing country profiles in the region was shared. (http://www.emro.who.int/malaria/publications/malaria-country-profiles-2012.htm).

Setting the scene and introduction

This presentation explained the purpose and target audience, and described the content of the Global Technical Strategy. The importance of the Regional Consultations and regional inputs was stressed as part of the development process, which was described in detail. The presentation also described the alignment between the Global Technical Strategy and the Global Malaria Action Plan2. The GTS website was highlighted and participants learned that the next version of the document will be posted for public comment before a final version is reviewed by the Malaria Policy Advisory Committee before submission to the Executive Board to the World Health Assembly. The core concepts listing the new and ongoing challenges to progress in the fight against malaria and the core values fundamental to the Strategy were reviewed.

Vision and goals

The vision and goals presentation informed the audience about the long-term global vision, which 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 for 2016-2025 are proposed as:

- 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.

Pathway to elimination

The final core concept presented was the pathway to elimination which includes three stages: reduce, eliminate and sustain. To reach the long-term vision of malaria eradication, programmes must accelerate, strengthen and implement targeted and scaled-up interventions to interrupt local transmission in the “eliminate phase” and to sustain elimination through high quality surveillance and response to prevent reestablishment of malaria transmission.

Introduction to 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) were presented in plenary for clarifications and brief comments before the participants broke into three working groups to provide detailed inputs on the strategic directions.

Conclusions and recommendations on core concepts

Challenges

1. An additional challenge for malaria programmes is encouraging participation, mobilisation and involvement of at risk populations.
2. Humanitarian emergencies, both natural and man-made, should be added to the challenges.

Core values

1. Country and community ownership should be included with leadership.
2. The need to target resources effectively, value for money (including efficacy and effectiveness) and stratification should be included in the use of data for decision making core value
3. Consider the following additions to the core values:
    - Inclusiveness, quality of interventions, intersectoral collaboration.
    - Integration of services and surveillance for efficiency
    - multisectoral approach that should be considered as a pillar
    - community participation and community involvement and collaboration
    - Innovation should be emphasized

Vision and goals

1. There is a concern to have 2 visions (global vision and GTS vision), either delete GTS vision or consider renaming it to avoid confusion . Consider renaming goals as objectives because they are measurable.
2. The objectives should be Specific, Measurable, Achievable, Realistic and Time bound (SMART).
3. The goal for morbidity reduction should be higher than mortality reduction and should take into account *P. vivax*; an improvement in malaria case management would result in a greater reduction in mortality.
4. For the elimination goal, consider changing the denominator from country to population: 10% of the population at risk will be free from Malaria
5. Consider adding a goal on sustaining malaria-free status and the prevention of reintroduction.
6. The goals are ambitious given that they try to set a global target for several sub-Saharan African countries for whom the goals are very high. It was noted that countries are free to be more ambitious and country elimination goals should be encouraged.

Pathway to elimination

1. Some concerns regarding the pathway to elimination section were:
    - there is no clear advantage compared to existing pathway and it will require significant change of mind set and rewriting of documents;
    - it may reward countries that start from low transmission and achieve reductions quickly compared to countries that start from high transmission and will require a much longer period
2. The objectives should be renamed as aims or actions.
3. Add metrics to orient programmes along the pathway, change the word reduce to reducing or equivalent to indicate a continuous process.
4. The term ‘Reduction’ was accepted.
5. It was recommended that “reduce transmission” be further divided in high, medium and low burden with specific interventions/ strategies adapted to each level of transmission.
6. There was no strong opposition to the replacement of “control” with “reduction of transmission” or to replacing the term “prevention of re-introduction” with “sustain”, but participants questioned the advantages of moving away from the current terminologies and metrics.
7. The difference between the upper and lower aims in reduction phase are not clear; consider combining the two sentences in reduction phase (scale up and strengthen).
8. There was a suggestion to divide the elimination stage into phases: pre-elimination and elimination phase

Conclusions and recommendations on strategic directions

Surveillance and response

1. The five building blocks of programme implementation are diagnostic testing, recording, reporting, analysis of data to inform programme action and the provision of feedback to adjust programme planning.
2. The prioritization, strengthening and need for sustained investment in surveillance should be emphasized both in endemic and malaria-free countries.
3. Stratification is important and should guide the level of surveillance required nationally and sub-nationally; particular settings including cross border, pilgrims, and displacements should also be considered. The development of common protocols for surveillance should be considered.
4. Surveillance systems should be aligned on the health information system for an integrated approach where possible, but some vertical activities may be required in low transmission and elimination areas. Alignments of overall national policy on surveillance with subnational elimination surveillance needs should be emphasized
5. Emphasize Monitoring and Evaluation under Surveillance and Response strategic direction to regularly assess the quality of data and develop a monitoring framework to track progress.
6. Consider appropriate impact indicators for countries preventing reintroduction i.e. suspected malaria cases that have been tested as a baseline.
7. Consider legislation of mandatory reporting of malaria in elimination settings.
8. There is a need to rely on national surveillance data rather than estimates and models, for guiding the country programmes.

Prevent cases and reduce transmission

1. Guidance on appropriate vector control interventions based on epidemiological data stratification including humanitarian emergencies and preparation for epidemics is needed.
2. Some key issues for vector control in the Region were discussed:
    - Insecticide resistance: including the safe management of public health pesticides, the need for a national/regional database to update vector and susceptibility status to be used for procurement and policy decisions, and entomological surveillance of all relevant parameters and operational performance indicators.
    - Capacity building: strengthening of entomological capacity, streamlined with IVM, including career development and intersectoral coordination to conduct assessments of development projects. Coordination of training institutes across regions would be useful.
    - Optimization of current tools: continuous distribution strategies for LLINs to complement mass campaigns and quality control of interventions are needed.
3. Community mobilization will be important for all vector control interventions
4. LLIN durability data to inform procurement decisions and updated larviciding susceptibility protocols are needed and innovative tools to prevent vector-human contact should be developed.
5. Technical guidance to countries to validate new vector control tools including those targeting residual transmission should be provided.
6. Vector control issues should be considered as part of the health system with strong multi-sectoral collaboration under the leadership of the health system.
7. Ensure safe use and sound management of public health pesticides throughout their life cycle
8. Preventive chemotherapy should be separated from vector control

Medicines to prevent malaria and reduce transmission; malaria diagnosis and treatment (T3: Test.Treat.Track)

1. The development and dissemination of policies for case definition at different levels of transmission, including definition of a suspected case and indications for testing in elimination settings are needed.
2. Several issues regarding the improvement and maintenance of high quality diagnosis were emphasized:

- Build capacity for parasitological diagnosis including human resources, equipment and reagents and maintaining that capacity during elimination and prevention of reintroduction.
- Establish and maintain robust quality assurance systems for microscopy and RDTs and PCR and including the private sector.
- Enforce regulations stipulating that every case is confirmed before treatment
- Enhance private sector compliance with diagnostic policies through training and legislation.
- Enhance integration with other community and health programs to scale up access to case management.

3. Several aspects to improving and maintaining quality treatment were emphasized:
   - Aggressive action is needed to ban use of monotherapies with artemisinins and sulfadoxine-pyrimethamine, and remove substandard and counterfeit antimalarials.
   - Enforced legislation is needed to ensure compliance of health workers with treatment guidelines and to prevent, for example, the use of injectable artemether for uncomplicated malaria.
   - Need for improving malaria registries to include reporting of test results linked with treatment and to include the private sector.
   - Guidelines for management and a case definition are needed for severe *P. vivax* malaria
   - Regular monitoring of therapeutic efficacy of antimalarial drugs including for *P. vivax* should be highlighted.
   - Treatment guidelines are needed for mixed infections.

Innovation and implementation research

1. Innovative ways to use mobile and web technology to improve surveillance and the development of spatial maps could be useful.
2. Research to develop a comprehensive malaria information system, covering public and private sectors and workers at community levels
3. Several innovation needs related to diagnostics were highlighted:
   - sensitive techniques e.g. loop-mediated isothermal amplification, quantitative nucleic acid amplification techniques or more sensitive RDTs that are low cost, available for all species, reliable, and feasible to conduct in real time in the field with quantification.
   - Diagnostic for *P. vivax* case detection during dormant stage
   - point of care G6PD deficiency test which is low cost and reliable and G6PD mapping
   - Diagnostics for screening travellers
4. Several innovation needs in malaria treatment were identified:
   - single dose antimalarial for all species and all stages
   - safe, single-dose non-8 aminoquinoline anti-hypnozoite medicine for entire population
   - assays for field-use to enable quality control of antimalarial medicines in the market and to improve the detection of counterfeit and substandard medicines.
   - Molecular markers for antimalarial drugs against *P. vivax*
   - Research on MDA
   - Antimalarial vaccine
5. Implementation research to improve existing guidelines and optimize current tools should be emphasized
6. Integrated electronic surveillance and malaria data with other vector borne diseases programme data.
7. Innovative approaches to intensify efforts for capacity building, programme management and leadership
8. Innovative strategies to deliver interventions for accelerating reduction of transmission in areas of humanitarian crisis

Development and health system strengthening

1. Highlight cross border issues including coordination and collaboration of the implementation of malaria interventions in complex emergency settings and hard to reach populations.
2. Emphasize continuous investment in malaria control, elimination and in surveillance and case detection to prevent re-introduction.
3. Emphasize the role of media and communications to advocate for role of malaria elimination in development and suggest that countries include malaria in their development strategic plans and poverty reduction plan.
4. Investment for strengthening the capacity and human resources for health system at all levels for program development, financial management, entomology and program monitoring and evaluation should be emphasized.
5. Strengthening of the supply chain management is needed.
6. Include the need for a multisectoral approach which includes health impact assessments for development projects and enforcement of regulations.
7. Integrate and refine malaria strategies in country emergency preparedness plans including the identification of alternative distribution channels of malaria commodities in emergencies.
8. National malaria control program should support research on quantifying the economic burden of malaria and the Strategy should provide quantitative economic indicators to decision makers to demonstrate the impact of malaria control on social development.
9. Consider legislation for mandatory reporting of malaria in elimination settings

General Conclusions and Recommendations:

1. The length of the GTS should be reduced and should make cross references to the existing WHO recommendations and policies.
2. The Strategy should cover three specific issues relevant in malaria programmes in the Eastern Mediterranean Region: humanitarian response, border malaria and decentralization and integration
3. Cross border collaboration is critical for malaria programmes and needs to be highlighted in the Strategy to enable countries to better coordinate activities.
4. The GTS should address community involvement and multi-sectoral collaboration for malaria control and elimination.
5. The GTS should highlight and emphasize innovative strategies to accelerate malaria elimination in humanitarian crisis with involvement of other partners such as United Nations High Commissioner for Refugees (UNHCR), Department of Emergency and Humanitarian Action (EHA) etc.
6. The Strategy should give greater emphasis to *P. vivax* control and elimination in various sections of the document.
7. The adjoining GMAP2 Strategy should include advocacy strategies to increase political will and domestic resource mobilisation for malaria in all phases. Quantifying the malaria burden and the economic costs to a country would be useful in advocating for resources.
8. Elimination should focus on Regional and sub-regional initiatives in the coming 10 years instead of individual countries and cross-border coordination & collaboration should be emphasized
9. In elimination phase, vertical programme management through planning, funding, operations, surveillance and reporting may be needed .
10. GTS should include more emphasize on IEC/BCC as they are relevant to all interventions.
11. There is a need for a monitoring framework to track progress in achieving goals, evaluate the implementation and justify for increased funding for malaria elimination.
12. More emphasis to programme management issues at all levels, such as planning, monitoring and evaluation, reporting, staffing, capacity development, financial management, supply chain management
13. GTS to be marketed to all relevant technical partners, institutions, civil societies, NGOs and all relevant stakeholders.

Annexes:

- Agenda
- List of participants

Agenda for the Global Technical Strategy regional consultation

Tuesday, 15 April, 2014

08:30 09:30	– Global progress and challenges in malaria since 2000	*Dr A. Bosman, WHO/HQ*
	Regional progress and challenges in malaria since 2000	*Dr G. Zamani, WHO/HQ*
09:30 10:00	– Setting the scene and introductions Purpose and audience for the GTS GTS development process and country input Challenges Core values	*Dr H. Atta, WHO/EMRO*
10:00 10:15	– Vision and goals	*Dr A. Noor*
10:15 10:30	– Pathway to elimination	*Dr H. Atta, WHO/EMRO*
10:30 11:00	– Discussion	
11:00 11:30	– Coffee Break	
11:30 12:30	– Introduction to Strategic Directions: Surveillance and response Preventing cases through vector control Medicines to prevent malaria and reduce transmission; malaria diagnosis and treatment	*Moderators*
12:30 13:00	– *Break*	
13:00 15:00	– Strategic Directions – Guide for working groups Working Groups: Three groups to review Strategic Directions*: Surveillance and response Preventing cases through vector control Medicines to prevent malaria and reduce transmission; malaria diagnosis and treatment * (Each group will also review innovation and implementation research related to each topic)	 *Drs Noor/Zamani* *Drs Mnzava* *Drs Bosman/Atta*
15:00 15:30	– *Coffee Break*	
15:30 17:00	– Working Groups: Continue facilitated discussions with specified outputs	*Plenary*

Wednesday, 16 April, 2014

08:30 09:00	– Introduction to Strategic Directions: Development and Health System strengthening and directions for continued group work	*Moderators*
09:00 10:00	– **Working Groups:** Three groups to review Strategic Direction: Development and Health System strengthening and other specific issues in countries of the Eastern Mediterranean Region: • Humanitarian response • Border malaria • Decentralization and integration	*Moderators*
10:00 11:00	– Working groups report back: Group 1 - Group 2 - Group 3	
11:00 11:30	– *Coffee Break*	
11:30 13:00	– **Working Groups:** Three groups to review cross-cutting themes: • Review of the vision and goals • Core values • Pathway to elimination	*Moderators*
13:00 13:30	– *Break*	
13:30 15:00	– Working groups report back: Group 1 - Group 2 - Group 3	
15:00 15:30	– *Coffee Break*	
15:30 17:00	– Discussion, conclusions and recommendations	*Plenary*
17:00	Closing session	

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