



**Consultation on the Global Technical Strategy (GTS) for Malaria Control and Elimination
2016-2025
Copenhagen, Denmark
11 June 2014**

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. 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.

In order to ensure stakeholder ownership, the GTS will be developed in a consultative manner including expert meetings in all the WHO regions with the participation of the Member States representatives and the key stakeholders involved in malaria control. It is in this context that WHO/EURO in collaboration with WHO Global Malaria Programme organized a Regional Consultation on 11 June 2014 in Copenhagen, Denmark to seek input from Regional experts of EURO.

The meeting was opened by Dr Guénael Rodier, the Director of the Division of Communicable Diseases, Health Security and Environment. Dr Rodier highlighted the recently launched Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases, 2014-2020 and the need to keep up the momentum against malaria by maintaining capacity, surveillance and infrastructure.

Setting the Scene and Progress against Malaria

The opening presentation described the GTS development process, the purpose of the document and the target audience to set the scene for the subsequent presentations of the draft content. Two brief presentations described the global progress in malaria since 2000 and more specifically, the progress made in the European Region to describe the current context to the draft strategy.

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.

The final presentation was the pathway to elimination which consisted 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.

Key Recommendations for Core Concepts

- Be sure that the translations are accurate. The Russian translation of the title insinuates that the goal is elimination by 2025.
- Sub-regional and cross border programmes are needed. Polio campaigns are an example of successful collaborations, where WHO played an important role.
- Challenges: key challenges for EURO include identifying and reaching undocumented migrants; maintaining political commitment and domestic investment; and working with non-health sectors such as development projects and their impact on potential for malaria transmission.
- Core values: in EURO, combating poverty solves many problems including risk factors for malaria. Major determinants of the risk of malaria transmission should be identified and addressed.
- Vision and goals: A fourth goal should be added on the prevention of reintroduction so that programme funding can be maintained for the high level of epidemiologic surveillance required.
- Pathway for elimination: definitions of elimination and certification should be clear in the glossary; 1/1000 population at risk is a lot of cases – it should be clear that contextual factors are important in the transition of programmes through the phases. It was suggested to have an expert group work further on this figure.

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.

Key Recommendations for Strategic Directions

- Surveillance and response – notification of cases should be mandatory in both public and private sector and have an immediate response; types of surveillance should be specified (active, passive, screening high risk groups); timely, complete information is a pre-requisite for a functioning surveillance system. Global vision of monitoring and assessment should be included; what is the role of WHO in global monitoring? Inter-regional and sub-regional cooperation in surveillance is important
- Preventing cases and reducing transmission – Biological vector control methods should be included. Countries in EURO have signed the Stockholm convention and should use environment-protecting strategies. Vector control expertise is critical and was lost when transmission decreased; countries like Greece have had to rebuild their programmes. Chemoprophylaxis has been an important tool for countries to control epidemics and eliminate foci. Countries have used different strategies, reviewed and approved by national expert groups. Screening of high risk groups, follow-up of travellers and directly observed therapy have been used together with vector control.
- T3 – Parasitological confirmation is critical and the number of cases confirmed must increase. In elimination, all cases must be confirmed.
- Innovation and implementation research – the section should not be divided by timeframe, the tools should be prioritized. How will they be used to solve and what problem? When will adequate attention be paid to G6PD deficiency? In elimination settings, the optimal strategies are targeted, not mass.
- Development and Health systems strengthening–how will efforts be coordinated? Institutionalization of programmes evolved over time and included technological development of systems.
- The GTS needs to specify the role of WHO; it is not clear who is doing what.
- The partners and donors should be acknowledged for their contributions and consulted during this process

General Recommendations from the Discussion (not specifically related to GTS)

- More data is needed on imported and indigenous cases; it was suggested that cases should be reported to EURO by month to identify trends and seasonality of importation.
- A letter from the RD to stress the importance of continuing domestic investment in malaria to the Ministries of Health could be useful.
- A Tashkent 2 or similar commitment from the governments in EURO could be an important strategy to maintain political will.
- The frequency of EURO meetings on malaria elimination should be increased to quarterly if possible to ensure good coordination.
- Peer monitoring and assessment of programmes in the EURO region would be helpful.
- Malaria elimination is not over in EURO; mobilizing domestic and international funds and ensuring the engagement of donors and partners is critical.

Dr Rodier closed the meeting by thanking all of the participants for their valuable contributions and reiterating the commitment of the European Regional Office to help national programmes advocate within their own countries for sustained political and financial commitment.

ANNEXES:

Agenda

List of participants

Agenda

Wednesday, 11 June 2014

09:00–09:30	Registration
09:30–10:00	Opening, setting the scene and introductions Purpose and audience for the GTS GTS development process and country input Overview of document structure
10:00–10:30	Progress in malaria since 2000 Global overview and in the WHO European Region
10:30–11:00	<i>Coffee break</i>
11:00–12:00	GTS core concepts Challenges Core values Vision and goals Pathway to elimination Discussions
12:00–13:00	Strategic directions overview Surveillance and response Preventing cases and reducing transmission T3: test, treat, track
13:00–14:00	<i>Lunch</i>
14:00–14:30	Strategic directions overview (contd.) Innovation and implementation research Development and health systems strengthening
14:30–15:30	Facilitated discussion – Considerations for elimination and prevention of re-introduction for each strategic direction
15:30–16:00	<i>Coffee break</i>
16:00–17:00	Facilitated discussion – Considerations for elimination and prevention of re-introduction for each strategic direction (contd.)

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