

Update on the Malaria Elimination Oversight Committee and Certification Panel



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Global **Malaria** Programme



**World Health
Organization**

A Brief History of Malaria Eradication



- Malaria eradication resolution adopted in 1955 by the World Health Assembly in Mexico
 - Led to creation of the Global Malaria Eradication Programme in WHO
- Between 1955 and 1969, 14 countries, 1 subnational region and 1 territory eliminated malaria
- In 1969, the World Health Assembly concluded eradication not possible in the short-term, but vision of a malaria-free world was never abandoned

WHA resolution 22.39:

“...that complete eradication of malaria from the world remains a primary task of national public health organizations and that . . . control of malaria . . . may be regarded as a necessary and valid step towards the ultimate goal of eradication.”

Countries That Have Been Certified Malaria-Free



1955-1969

GLOBAL MALARIA
ERADICATION PROGRAMME

1960

1970

1980

1990

2000

2010

1955-1972

1972-1987

1987-2007

2007- 2017

14 countries, 1 subnational region and 1 territory

Bulgaria
Cyprus
Dominica
Grenada
Hungary
Italy
Jamaica
Netherlands
Poland
Romania
Saint Lucia
Spain
Taiwan*
Trinidad and Tobago
United States of America
Venezuela**

7 countries and 1 territory

Australia
Brunei
Cuba
Mauritius
Portugal
Réunion*
Singapore
Yugoslavia (Bosnia Herzegovina, Croatia, The former Yugoslav Rep. of Macedonia, Montenegro and Serbia)

NONE

7 countries

Armenia
Kyrgyzstan
Maldives
Morocco
Sri Lanka
Turkmenistan
United Arab Emirates

*Territory

**Subnational region

GTS Vision, Goals, Milestones and Targets



Vision – A world free of malaria

Goals	Milestones		Targets
	2020	2025	2030
1. Reduce malaria mortality rates globally compared with 2015	≥40%	≥75%	≥90%
2. Reduce malaria case incidence globally compared with 2015	≥40%	≥75%	≥90%
3. Eliminate malaria from countries in which malaria was transmitted in 2015	At least 10 countries	At least 20 countries	At least 35 countries
4. Prevent re-establishment of malaria in all countries that are malaria-free	Re-establishment prevented	Re-establishment prevented	Re-establishment prevented



- Released by GMP on World Malaria Day 2016
- 21 countries identified **POTENTIAL** as within 5 years of elimination
- Analysis based on:
 - Trend of indigenous malaria cases reported from 2000-2014
 - Informed opinions of WHO regional offices
 - Declared elimination objective of the country
- Known as the 'E-2020'

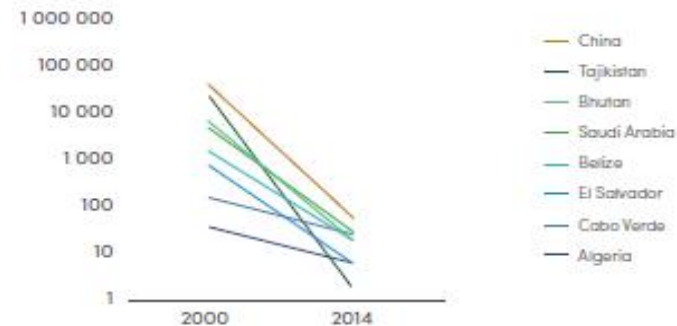
21 Malaria-Eliminating Countries by 2020



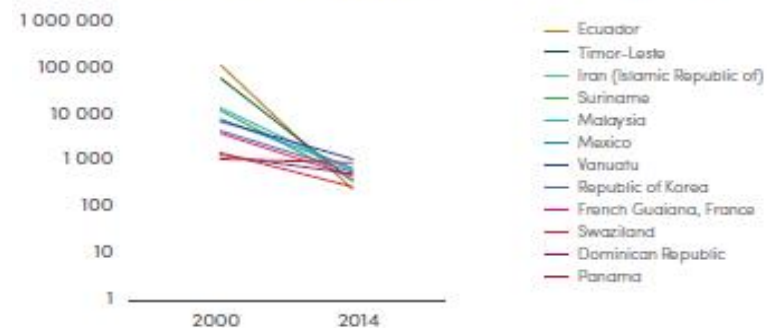
Countries with the potential to eliminate local transmission of malaria by 2020, by WHO region

- **African Region** Algeria, Botswana, Cabo Verde, Comoros, South Africa, Swaziland
- **Region of the Americas** Belize, Costa Rica, Ecuador, El Salvador, Mexico, Paraguay, Suriname
- **Eastern Mediterranean Region** Iran (Islamic Republic of), Saudi Arabia
- **South-East Asia Region** Bhutan, Nepal, Timor-Leste
- **Western Pacific Region** China, Malaysia, Republic of Korea

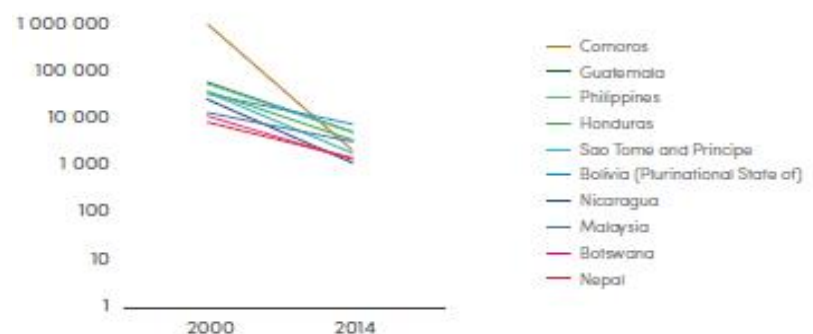
Countries with fewer than 100 indigenous malaria cases in 2014



Countries with 100 to 1000 indigenous malaria cases in 2014¹⁰



Countries with 1000 to 10 000 indigenous malaria cases in 2014



Income Levels and Global Fund Status of E-2020 Countries

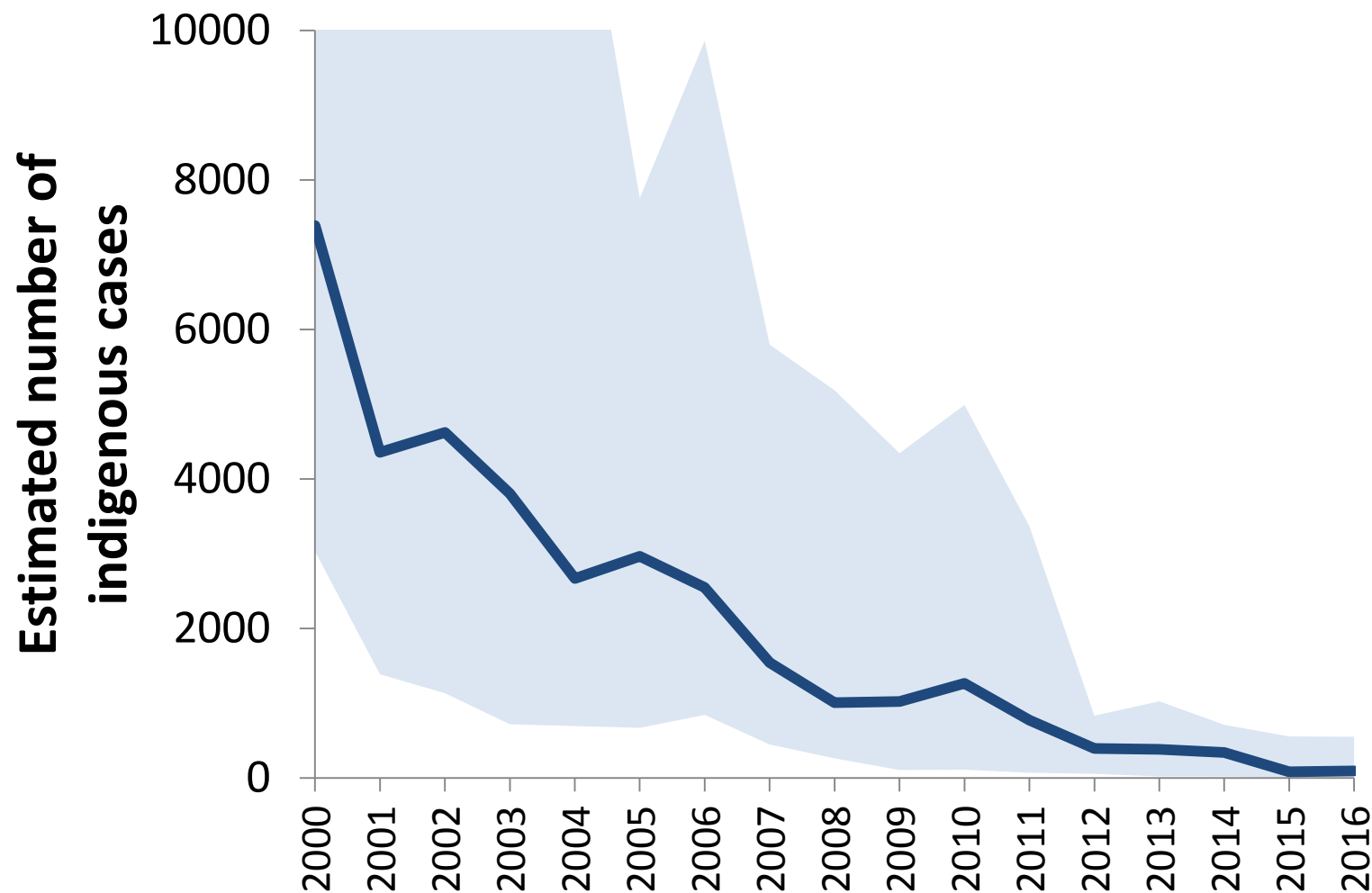


Low	Lower Middle	Upper Middle	High
Comoros	Bhutan	Algeria	Korea, Rep. of
Nepal	Cabo Verde	Belize	Saudi Arabia
	El Salvador	Botswana	
	Swaziland	China	
	Timor-Leste	Costa Rica	
		Ecuador	
		Iran	
		Malaysia	
		Mexico	
		Paraguay	
		South Africa	
		Suriname	

Indicates malaria Global Fund eligibility 2017.

Indicates transition period.

Progress in E-2020 Countries



Source: *World Malaria Report 2017*

Global **Malaria** Programme

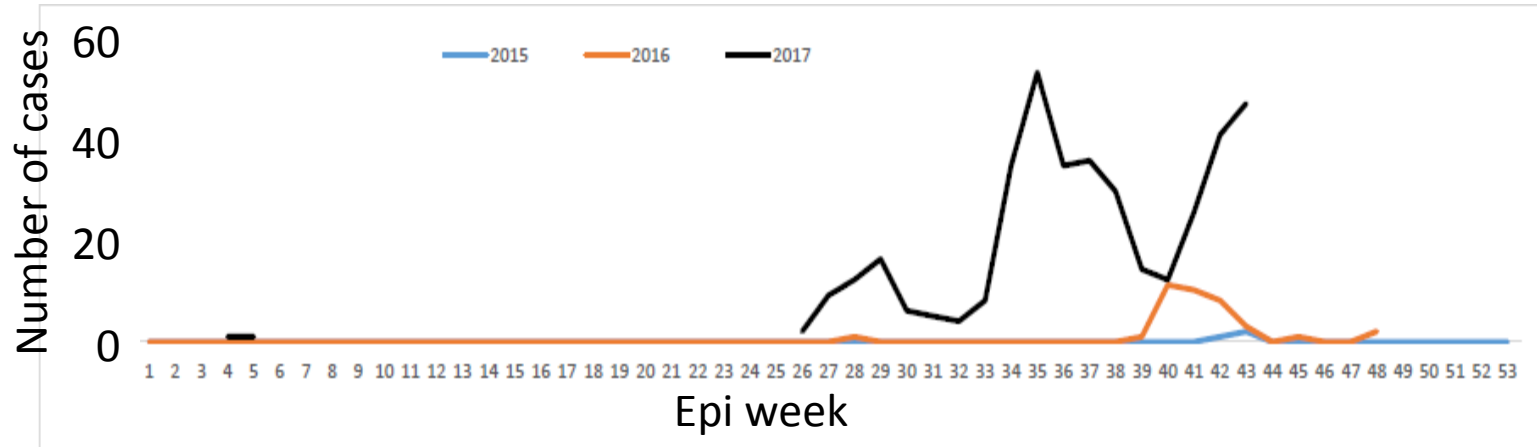


- Accompany countries along their last mile, through certification and prevention of re-establishment
- Foster networking to share experiences and problem-solving approaches
- Strengthen national commitments and political will
- Generate momentum through friendly competition
- Strategies include:
 - Reorienting programs to elimination, including new training curriculum
 - Self- and external assessments of implementation to identify gaps and bottlenecks
 - Focus microplans and technical support to the district level
 - Cycle of reviews and oversight at different levels
 - Regional data platforms to improve quality and timeliness of reporting
 - Celebrations of milestones, including high-level political events

A Long and Winding Road



Cabo Verde



Costa Rica



Change in E-2020 Countries 2015-2016



WHO region	Country	2015	2016	Change 2015 to 2016
African	Algeria	0	0	0
	Botswana	878	1 911	+1 033
	Cabo Verde	7	48	+41
	Comoros	1 300	1 066	-234
	South Africa	555	4 323	+3 768
	Swaziland	157	350	+193
Americas	Belize	9	4	-5
	Costa Rica	0	4	+4
	Ecuador	618	1 191	+573
	El Salvador	3	13	+10
	Mexico	517	551	+34
	Paraguay	0	0	0
	Suriname	81	76	-5
Eastern Mediterranean	Iran (Islamic Republic of)	167	84	-83
	Saudi Arabia	83	272	+189
South-East Asia	Bhutan	34	15	-19
	Nepal	6 599	4 218	-2 381
	Timor-Leste	122	143	+21
Western Pacific	China	39	3	-36
	Malaysia	242	266	+24
	Republic of Korea	627	601	-26

Source:
World Malaria Report 2017



- 11-13 June 2018 in San Jose, Costa Rica
- Progress reports from countries
- Report back to MPAC in October 2018



Malaria Elimination Oversight Committee





- MPAC endorsed creation of the independent Malaria Elimination Oversight Committee (MEOC) in March 2017
 - Modelled after similar committees helpful in polio, onchocerciasis and dracunculiasis elimination
- The purpose of the MEOC was to assist those countries close to elimination to achieve that goal
- 10 members selected with public health, malaria or disease elimination experience
 - Mix of high-level political and technical experience
 - 2 adjunct members representing malaria-eliminating countries
- Meetings to be held 1-2 times per year, with one meeting to coincide with Global Forum of Malaria-Eliminating Countries



Independent operational and programmatic advice and oversight monitoring of malaria elimination

1. Monitor and report on progress in specific countries according to established milestones and timelines
2. Provide technical advice to address programmatic or operational bottlenecks
3. Identify risks to elimination that need to be addressed
4. Share observations and recommendations with MPAC relating to WHO policies or guidance related to malaria elimination
5. Question the status quo and confront difficult issues



- All 10 members convened for the first meeting
- Reviewed experiences from similar committees working with onchocerciasis and dracunculiasis
- Presentation from the MECP helped to clarify the differences between the terms of reference for the two committees
- WHO Regional Advisors provided an overview of the status of eliminating countries and regional initiatives
- Afternoon discussion centred around clarification of the terms of reference for MEOC and the type of recommendations to be developed



- MEOC is working to help the global community achieve the elimination targets in the Global Technical Strategy (i.e. 10 countries by 2020 and 35 countries by 2030)
 - Minimum indication of elimination defined as having zero indigenous malaria cases in 2020
- The scope of the MEOC is global but focused on countries actively pursuing elimination or close to achieving elimination
- MEOC is a new committee, expected to endure for many years but just beginning to determine how best to be useful
- MEOC will attend the Global Forum of Malaria-Eliminating Countries in San Jose in June
 - A goal for the MEOC in 2018 is to introduce itself as an ally to eliminating countries during the Global Forum



Malaria Elimination Certification Panel





- Mandate given to WHO by the World Health Assembly in 1960
- Certification demonstrates a significant national accomplishment
- Certification confirms to the international community that a country has an adequate system for preventing re-establishment of local malaria transmission



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Cyprus
Dominica
Grenada
Hungary
Italy
Jamaica
Netherlands
Poland
Romania
Saint Lucia
Spain
Taiwan*
Trinidad and Tobago
United States of America
Venezuela**

7 countries and 1 territory

Australia
Brunei
Cuba
Mauritius
Portugal
Réunion*
Singapore
Yugoslavia (Bosnia Herzegovina, Croatia, The former Yugoslav Rep. of Macedonia, Montenegro and Serbia)

NONE

7 countries

Armenia
Kyrgyzstan
Maldives
Morocco
Sri Lanka
Turkmenistan
United Arab Emirates

*Territory

**Subnational region



- Indigenous malaria transmission by *Anopheles* mosquitoes has been fully interrupted
 - Zero incidence of indigenous cases for at least the past three consecutive years
- Demonstration of an adequate and fully functional surveillance and response system for preventing reestablishment of indigenous transmission throughout the territory of the country
 - In particular the curative and preventive services and the epidemiological service

Source: *Framework for Malaria Elimination 2017*



Certification of malaria elimination involves:

- Preparation of a national elimination report with supporting documentation by the applicant country
- Evaluation of the national elimination report and documentation by the independent WHO Malaria Elimination Certification Panel (MECP)
- Verification of elimination report through country assessment mission
- Review of mission certification report
- Recommendation on certification to the Director-General through MPAC



- A *minimum* indication of possible transmission re-establishment would be the occurrence of **three** or more indigenous malaria infections of the **same species** per year in the **same focus** for **three** consecutive years
- Because certification represents recognition of a considerable operational achievement, **a careful national investigation** and consultation with WHO will be conducted before a country's malaria-free certification status is lost

Source: *Framework for Malaria Elimination 2017*



Expert group that recommends whether malaria elimination should be certified in applicant countries based on WHO criteria

1. Review country documents and national elimination reports
2. Conduct country assessments to verify findings
3. Develop an evaluation report and recommendation to MPAC
4. Provide technical advice and update the certification criteria and operating procedures



- 10 of 11 members convened for the first meeting
- Chair and co-chair selected
 - Dr Brian Greenwood and Dr Anatoly Kondrashin
- Two draft guides reviewed
 - Manual for countries preparing for certification
 - Guide to WHO and the MECP
- Need to streamline and simplify information from countries while maintaining essential data
- Guides to be tested during two certification exercises in 2018 and reviewed again in Q4 before publication

Paraguay Certification Mission, 5-16 March





- **Paraguay**
 - National malaria elimination report received and reviewed by MECP
 - Mission completed two-week evaluation
 - MECP will meet to review evaluation team's recommendation on 24 April
 - Summary and report to MPAC for endorsement expected in May
- **Uzbekistan**
 - Request from country received by DG
 - National malaria elimination report pending, expected April 2018
- **Algeria**
 - Request from country received by DG
 - WHO pre-certification mission in April to set timeline
- **Argentina**
 - Request from country received by DG
 - A WHO pre-certification mission has been conducted
 - National malaria elimination report being prepared
 - Timeline still pending



Change to the certification process:

- Countries reporting 0 indigenous malaria cases >15 years may be granted certification after a desk review (i.e. no country evaluation mission needed)

Change to the MECP terms of reference:

- MECP should review annually the status of certified countries, evaluate whether re-establishment criteria are met and recommend withdrawal of certification to the Director General through MPAC



Thank You