

# Proposed ERG on malaria control in humanitarian emergencies

Malaria Policy Advisory Committee Meeting, 12 April 2018



Dr Leonard Ortega

Dr Stefan Hoyer

Technical Support and Capacity Building

Global **Malaria** Programme



**World Health  
Organization**

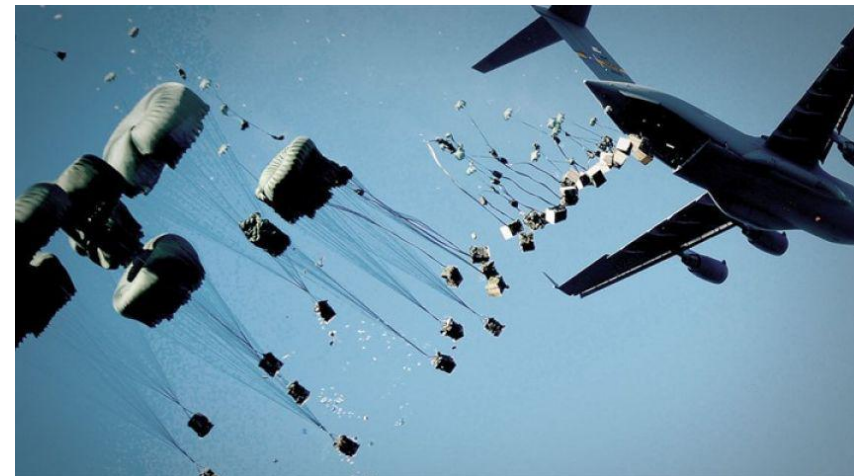


- Background and rationale
- Objective of the ERG and key questions
- Process
- Background papers



## Malaria was often overlooked as main cause of mortality

1. During Ebola outbreak IFRC conducted 55'000 safe and dignified burials of which only 11'000 were Ebola swab positive. Most of the remainder are likely malaria deaths
2. In Liberia and Sierra Leone malaria MDA was exclusively used to facilitate triage of Ebola cases within the capitals
3. Most public health emergency responders are exclusively trained in controlling outbreaks of polio, measles, yellow fever, cholera, dengue - but not in malaria control
4. Compounded damage of comorbidities such as acute malnutrition and malaria is too often ignored within both programmes
5. Potential for operational synergies of integrating malaria activities into ongoing EPI or WFP activities are not yet fully seized.





## Priorities of WHO

- Health for All
- *Health Emergencies*
- Women, children and adolescents
- The impacts of climate and environmental changes
- A transformed WHO

## Several countries in health emergencies are endemic to malaria

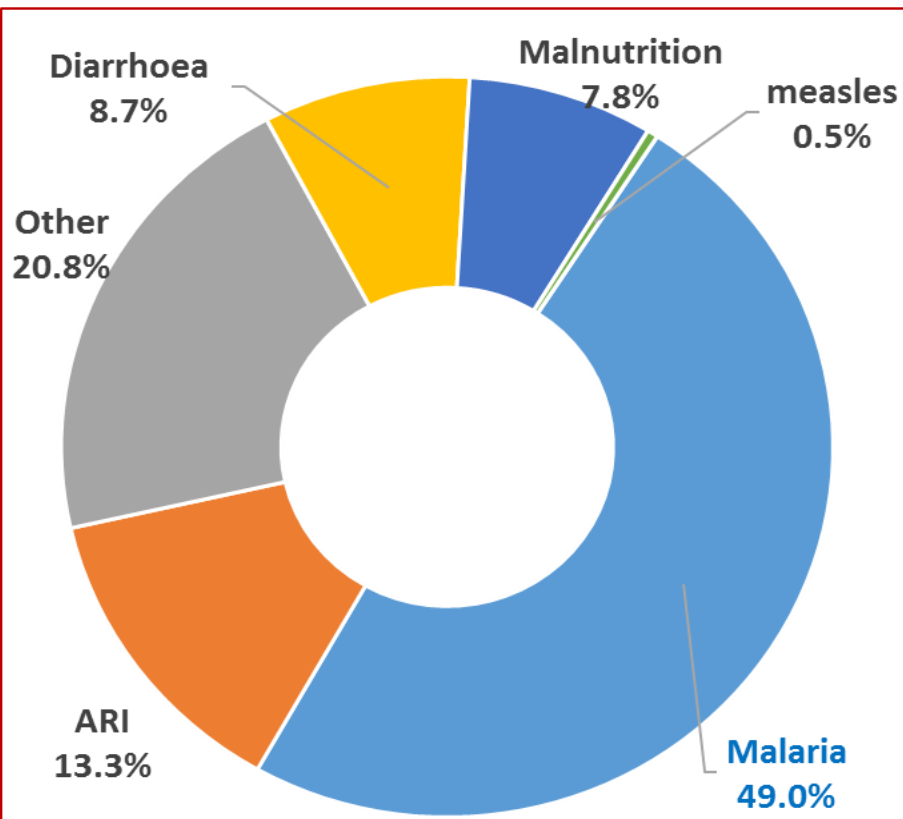
- **Grade 3:** 7 out of 9 are endemic to malaria (Burundi, CAR, DRC, Nigeria, Somalia, South Sudan and Sudan)
- **Grade 2:** 8 out of 10 are endemic to malaria; 5 in Africa; excluding countries with MERS-CoV

# Examples of ongoing complex "malaria" emergencies:

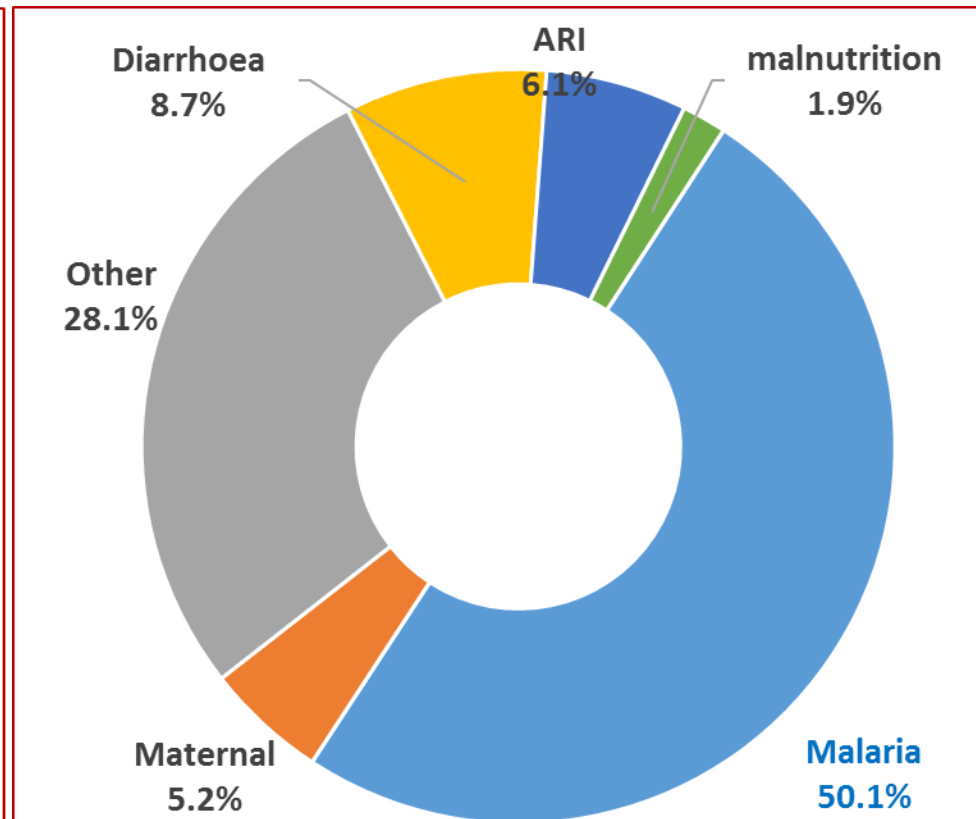


## Contribution of malaria to morbidity & mortality in North East Nigeria\*

Morbidity



Mortality



\*Source: **IDSR/ EWARS**, WHO Nigeria, May 2017

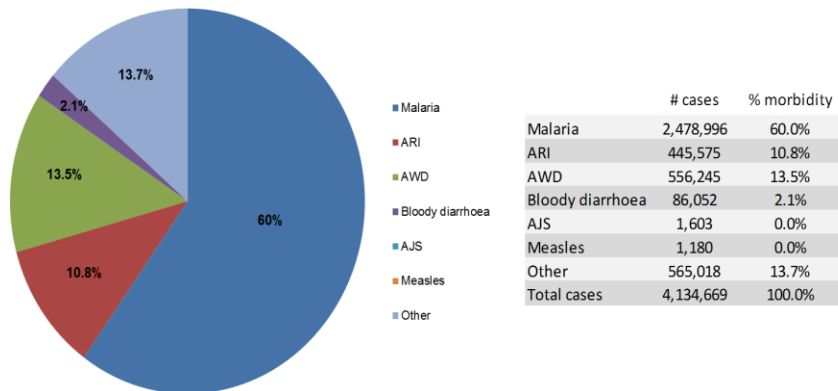
# Examples of ongoing complex "malaria" emergencies:



## Contribution of malaria to morbidity & mortality in South Sudan\*

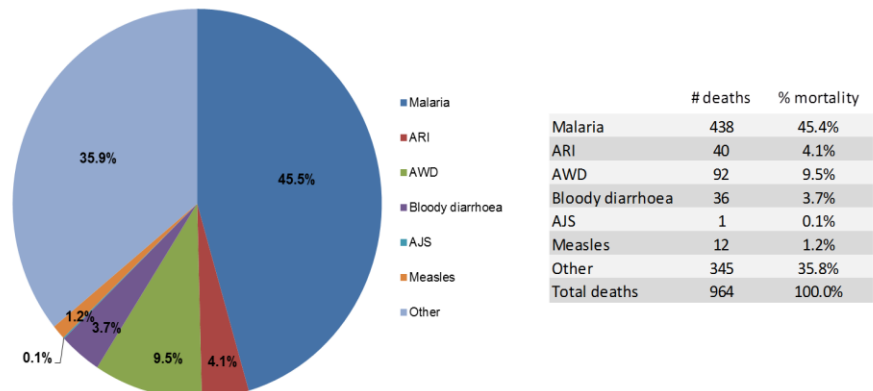
### Morbidity

Proportional morbidity of malaria and other disease  
South Sudan, 2017



### Mortality

Proportional mortality of malaria and other diseases  
South Sudan, 2017



\*Source: **IDSR/ EWARS**, WHO South Sudan, 2017

# Background and rationale: Present action



Ongoing WHO response to excess all-cause child mortality caused by malaria, malnutrition and other comorbidities in Borno State, Nigeria \*

Malaria emergency response interventions:

1. Integration of malaria case management into activities of mobile polio teams targeting "hard-to-reach"
2. Securing supplies to health facilities remaining functional
3. Age-targeted MDA using ASAQ for, 1.2m children < 5 in monthly rounds during the high malaria transmission months from July to October using polio teams also outside OPV campaigns  
Coverage: > 100%, adherence: 92%
4. LLIN distribution providing universal coverage (so far still outstanding)

Global **Malaria** Programme



# Background and rationale: Future plans



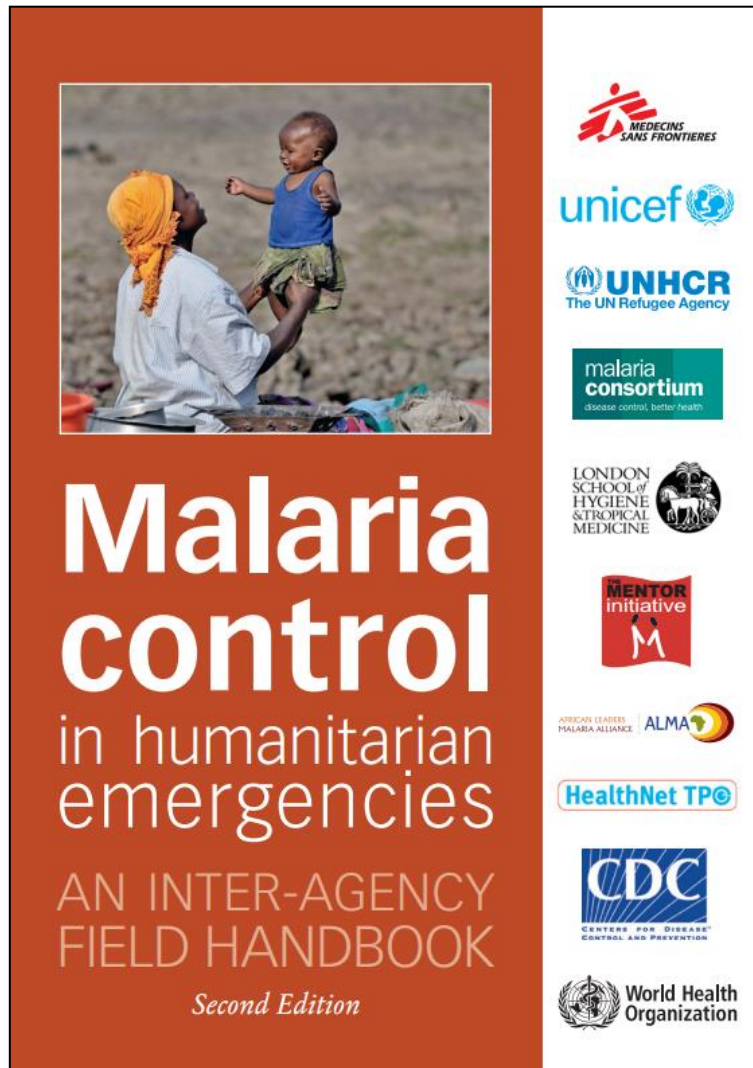
## Planned WHO response to excess all-cause child mortality caused by malaria, malnutrition and other comorbidities in South Sudan

Malaria emergency response interventions:

Strengthening the NMCP through financial and technical support to:

1. Securing supplies to health facilities remaining functional
2. Roll out IPTp and IPTi nation-wide
3. Include malaria into activities of mobile WFP-UNICEF-FAO Integrated Rapid Response Mechanism to highest risk groups of malaria and malnutrition including age-targeted MDA and LLIN distribution during food distributions





- Inter-agency field handbook published in 2013
- WHO has released several guidance documents in the last five years that must be taken into account when responding to malaria in health emergency settings



The ERG on Malaria Control in Humanitarian Emergencies will provide recommendations for the development of *A field manual on malaria control in humanitarian emergencies*.

Specifically, the ERG will answer the following questions:

- Which sections, recommendations, examples and annexes of the second edition of *Malaria control in humanitarian emergencies: an inter-agency field handbook* should remain unchanged, which should be updated and which should be deleted?
- Which GMP new recommendations are of relevance to malaria control in emergency settings and should be included in the proposed field manual, notably those on malaria diagnosis, treatment, chemoprevention, vector control and surveillance?



## Key questions:

- Which WHE guidance and tools should be included in relevant chapters on detection, validation, risk and needs assessment, grading, planning, coordination, implementation, integrated surveillance and monitoring, and resource mobilization?
- Which best practices, innovative delivery services and other evidence on the control of malaria and other communicable diseases in humanitarian emergencies should be included in the proposed field manual?



## Key questions:

- Which new malaria control tools for vector control in emergency settings should be recommended for continued use or for further operational research?
- Which other relevant evidence on the subject, as detected through a comprehensive literature review, should be included in the proposed field manual?



- WHO internal meeting on malaria control in humanitarian emergencies in Cairo on 17 – 18 September 2018
  - to share lessons learned; identify challenges and feasible solutions
  - to provide inputs to the ERG
- WHO/GMP, in collaboration with the WHE and UNICEF, will convene an ERG (10–12 members) in Cairo on 19 – 21 September 2018
  - to review the existing evidence-based policies/guidelines to determine which are relevant to malaria control in humanitarian emergency settings.
  - assess additional evidence that will be provided through the background documents (literature reviews and case studies)

# List of background documents under preparation:



1. Report on the review of the second edition of *Malaria control in humanitarian emergencies: an inter-agency field handbook*
2. Synthesis of all technical guidance documents published by GMP for consideration in the proposed field manual
3. Report on evidence review of new vector control tools in emergency settings for continued recommendation, such as impregnated sheeting, or for operational research, such as aerosolized repellents, and possibly other new tools and vector control tools in the pipeline
4. Literature review on prevention and control of malaria among children in areas where severe anaemia and severe malnutrition are highly prevalent
5. Mass drug administration for malaria control in humanitarian emergency setting in Borno State, Nigeria
6. Control of malaria epidemics in Burundi

# List of background documents under preparation



7. Prevention and control of malaria epidemics using IRS: results and lessons from South Sudan and NE Kenya Improving access to malaria case management at community level in humanitarian emergency setting in Central African Republic Malaria control in complex emergencies: outcomes, challenges and lessons learned (review of published and unpublished reports by MSF)
8. Synthesis of all current WHE guidance documents relevant to malaria control in humanitarian emergencies (review of documents)
9. Coordination, risk assessment, disease surveillance and use of data in humanitarian emergencies (review of published and unpublished reports by WHE Coordination and service delivery in humanitarian emergency settings: challenges, best practices and lessons learned (review of published and unpublished reports by UNICEF)
10. Coordination and service delivery, with special reference to logistics management, in humanitarian emergency settings: challenges, best practices and lessons learned (review of published and unpublished reports by WFP)
11. Recommendations arising from WHO internal meeting on malaria control in humanitarian emergencies (meeting report)