

10:00 – 10:30	<i>Framework for malaria elimination</i>	Dr Pedro Alonso	for guidance
10:30 – 11:00	<i>Coffee break</i>		
	Session 6	Open	for information
11:00 – 12:30	Report on the ERG on the emergence and spread of multidrug resistant <i>Plasmodium falciparum</i> lineages in the Greater Mekong subregion	Dr Dyann Wirth	
12:30 – 13:30	<i>Lunch</i>		
	Session 7	Open	for guidance
13:30 – 14:30	Situation update on HRP2/HRP3 gene deletions	Dr Jane Cunningham	
14:30 – 15:00	<i>Mass drug administration for malaria. A practical field manual</i> (Final version January 2017)	Dr Andrea Bosman	
15:00 – 15:30	<i>Coffee break</i>		
	Session 8	Open	for decision
15:30 – 16:30	Overview of WHO policy recommendations for malaria vector control interventions	Dr Raman Velayudhan Dr Jan Kolaczinski	
16:30 – 17:30	Proposed ERG on submicroscopic malaria infections	Dr Andrea Bosman	for guidance
17:30	<i>End of day</i>		

Friday, 24 March 2017

	Session 9	Open	for guidance
09:00 – 10:00	Malaria Elimination by 2020/Certification/MEOC	Dr Kim Lindblade Dr Gawrie Galappaththy	
10:00 – 11:00	Global call for action to ensure universal access to malaria diagnosis and treatment /Presentation	Dr Richard Cibulskis Dr Andrea Bosman Dr Jan Kolaczinski	for guidance
11:00 – 11:30	Closing remarks	Dr Ren Menghui	
	Session 10	Closed	for decision
11:30 – 15:00	Finalization of wording of recommendations (including lunch)	Dr Kevin Marsh	
15:00	<i>End of day</i>		

** Provisional Programme and may be subject to change*

Malaria-eliminating countries: Supporting actions, tracking progress, certifying elimination

Concept note, March 2017, Geneva, Switzerland

Background

The WHO *Global technical strategy for malaria 2016–2030* was adopted by the World Health Assembly in May 2015. One of the three pillars of the global technical strategy (GTS) calls for all malaria-endemic countries to “Accelerate efforts towards elimination and attainment of malaria-free status.” A number of countries have had remarkable success in controlling malaria, but even though these achievements have been hard-won, elimination is not assured. Countries face considerable challenges in their efforts to control malaria, achieve zero indigenous cases and subsequently prevent resurgences of malaria.

The GTS has set a target of 10 for the number of countries to eliminate by 2020. An analysis presented in the *Eliminating malaria* report released by the Global Malaria Programme (GMP) on World Malaria Day 2016 identified 21 countries as having the potential to eliminate malaria by 2020. This evaluation was based on 1) the total number of indigenous malaria cases reported from 2000 to 2014, 2) the declared malaria objectives of the country, and 3) the informed opinions of WHO experts in the field. The countries identified were: Belize, Costa Rica, Ecuador, El Salvador, Mexico, Paraguay, Suriname (PAHO); China, Malaysia, Republic of Korea (WPRO); Saudi Arabia, Iran (Islamic Republic of) (EMRO); South Africa, Botswana, Cabo Verde, Comoros, Algeria, Swaziland (AFRO); and Timor-Leste, Nepal, Bhutan (SEARO). Countries considered to be within 5 years of elimination are termed “malaria-eliminating countries” (MECs). MECs are the special focus of WHO efforts to accelerate national elimination efforts and to monitor progress towards malaria-free status. The Elimination 2020 (E-2020) countries will be joined by additional countries as they too move towards elimination.

A country’s rate of progress towards elimination depends on the strength of its national health system, in particular the sensitivity and responsiveness of malaria surveillance, the level of domestic and international investment in malaria control, and a number of other factors, including the biological determinants of malaria and the social, demographic, political and economic realities of the particular country.

The E-2020 countries are spread across five WHO regions; as such, although countries share some common challenges in eliminating malaria, there are also different and unique challenges inherent to each region and country. The E-2020 countries are at different points along the continuum of transmission, and the approach to malaria elimination will differ from country to country depending on the surveillance systems, epidemiology of malaria, funding (particularly domestic), and political commitment. However, these countries also share some similarities, including vulnerability to the importation of malaria from migrants, visitors and mobile populations.

Malaria elimination must be driven and owned by national governments, as only they can demonstrate the necessary political will and organize the domestic financing essential for elimination to be achieved. However, WHO serves as the final authority in granting malaria-free certification; therefore, it plays a critical role in supporting and guiding countries towards elimination. To assist countries in tracking progress towards elimination and using real-time data to improve programme efficiency and effectiveness, substantial improvements in technical skills, surveillance systems and data analysis for national, regional and global decision making are required. WHO plays an important role in supporting, tracking and certifying malaria elimination, and in ensuring that the best technical strategies are adopted to help achieve or accelerate elimination in countries that have identified elimination as a goal.

“Framework for malaria elimination” launch in March

At the launch of the MECs forum in Geneva, 16–17 March 2017, the GMP will present an update to the 2007 document, “Malaria elimination: A field manual for low and moderate endemic countries.” The new guidance, “A framework for malaria elimination,” was developed based on the GTS 2016–2030 in conjunction with an evidence review group initiated in June 2015, with inputs from countries. The document provides malaria-endemic countries across the burden continuum with a framework for accelerating towards malaria elimination. As such, the framework provides guidance around a number of interventions that can be appropriately targeted to areas, depending on the levels of receptivity, intensity, vulnerability and geographic spread of malaria transmission with the goal of eliminating malaria and preventing re-establishment. The document also describes the process and requirements for obtaining WHO certification of elimination.

The framework is meant to serve as the basis for national malaria elimination strategic plans. At the national, regional and global level, WHO should play a leading role in supporting countries to adapt the framework to their country’s context, level of transmission and epidemiology of malaria, to monitor progress towards malaria-free status, and to assist in the process of certification of elimination. Elimination of malaria is a country-owned and country-driven process that WHO will support in several key areas: technical guidance and support; support for frequent progress reviews at the national, regional and global level; a forum for countries to share experiences and motivate each other to increase efforts to eliminate malaria; an advisory committee to monitor and guide elimination efforts and recommend corrective actions as needed; a communications strategy, including a high-level event at the World Health Assembly honouring countries that have achieved major gains in reducing malaria transmission; a regional, online data-tracking platform to monitor progress towards elimination; and a streamlined and transparent process for certifying countries as malaria-free.

Processes and structures to support malaria elimination

a. National and regional progress reviews

The “Framework for malaria elimination” calls for the establishment of independent national malaria elimination advisory committees in each country. These committees should convene regularly to review epidemiological trends and operational progress. Should countries decide to pursue a subnational elimination strategy, these national committees have an important function in subnational verification. In addition, the national committees will prepare the dossier to be submitted to WHO when requesting certification of elimination, and may play an important role in receiving and supporting the WHO elimination certification panel when it visits

the country to verify that countries have indeed achieved elimination and established systems to prevent reintroduction.

At the regional level, annual progress reviews will be held with E-2020 countries, attended by regional malaria advisors, elimination focal persons and the GMP. These meetings may be linked to other regional malaria meetings in order to reduce costs and permit countries approaching MEC status to learn from the experiences of others. Regional meetings of the E-2020 will present an opportunity for national malaria staff, WHO and external partners to review reductions in caseloads, ensure surveillance systems are focused on finding and investigating every case, update the national malaria stratification map, determine whether intervention coverage levels have been optimized, identify bottlenecks, provide recommendations to countries, and report on findings. Lessons learned can be shared across the region, and challenges common to several countries can be identified for a potential regional operations research agenda, training course or technical support. The “Framework for elimination” will serve as the basis for progress reviews, with additional tools developed by WHO for adaptation at the country level. Financial resources to support WHO technical assistance at the regional and country level are being sought.

A multilevel process for reviewing individual countries’ progress towards elimination will ensure transparency in the progress countries are making towards elimination and assist in maintaining the momentum towards meeting elimination milestones.

b. Annual malaria-eliminating countries (MECs) forum

On an annual or biennial basis, as funding permits, with locations rotating among the E-2020, WHO GMP will convene representatives from MECs, WHO regional and country offices, and outside experts and observers to review country progress, identify common bottlenecks, recommend updates or additions to the “Framework for malaria elimination,” share lessons learned, celebrate milestones achieved, and provide recommendations for accelerating elimination. As success begets success, a process and forum for sharing and monitoring individual country progress for those in the E-2020 will enable the comparison of progress, dissemination of lessons learned, development of a sense of ownership in the malaria elimination initiative, identification of operations research needs to accelerate progress, advocacy for resource needs, and increased visibility of the important achievement of malaria elimination. The recognition and celebration of milestones achieved and countries certified as malaria-free will help to motivate other countries whose path to elimination is longer. In addition, an annual forum will facilitate the identification of and response to bottlenecks on the path to elimination that could be resolved with technical support from WHO and other partners. The annual forum will help to generate a critical mass of interest in elimination in the MECs.

c. Malaria elimination oversight committee

A malaria elimination oversight committee will be established by the Malaria Policy Advisory Committee (MPAC) to serve as an advisory group to MPAC, the GMP and the WHO Director-General. The committee will be charged with conducting a detailed review of MECs’ progress towards elimination and recommending actions to address bottlenecks. The oversight committee will consist of malariologists, health systems specialists, communications specialists, and public health practitioners with disease control or elimination experience. In addition to the regular committee members, there will be representation from the MECs. The Secretariat of the oversight committee will be comprised of WHO regional and GMP staff. Observers and donors

will be invited to attend meetings of the oversight committee, which will meet at least annually in conjunction with the MECs forum, and more frequently as needed and as funding allows.

The chairperson of the oversight committee will be a member of MPAC and will report on progress at each MPAC meeting.

d. Regional online data-tracking platform

WHO regional offices work to support malaria elimination in their region by offering direct support to MECs. In order to provide the best technical advice possible, the review and analysis of malaria data must be conducted across countries, using a standardized approach. WHO has developed guidance on the data and indicators that elimination programmes should collect and monitor. A regional online data-tracking platform will permit regional offices to track progress and use data to effectively organize responses to country needs. The development of a regional platform for elimination will increase transparency and allow countries in a region to hold themselves accountable for progress.

e. Communications plan

Effectively communicating progress towards elimination in each of the MECs through a variety of strategies will increase transparency, highlight country efforts, and inspire other malaria-endemic countries to accelerate their elimination activities. To further raise the profile of malaria elimination, the GMP will support countries that have recently achieved malaria elimination to host a side event at the World Health Assembly, honouring countries that have reported zero or low numbers of indigenous malaria cases and celebrating those that have achieved certification. This event is expected to bring high-level visibility to malaria elimination in order to encourage political commitment and domestic financing.

f. Streamlined process for certification of malaria elimination

The “Framework for malaria elimination” outlines a streamlined approach to the process of certifying countries as malaria-free. This outline is being operationalized by the GMP through the clear definition of the process for nominating the Certification of Elimination Panel, the development of a timeline and process for the types of missions to countries prior to certification, and the preparation of standard operating procedures for the Panel.

WHO certification of malaria elimination. What's new?

March 2017, Geneva, Switzerland

1. New steps in certification of malaria elimination

- 1) Certification is managed by the WHO GMP, applying standard operating procedures;
- 2) The country, after reporting zero indigenous malaria cases for at least the past 3 years, submits an official request for certification to WHO Director General, through the WHO Regional Director;
- 3) The country, in consultation with the corresponding WHO regional office and the GMP, formulates a plan of action and timeline for the certification process;
- 4) The country finalizes the required national elimination report and submits it to WHO;
- 5) A team of the independent Certification Elimination Panel (CEP), established by WHO, i) reviews the national elimination report and other key documents, ii) conducts a field visit to verify its findings, and iii) develops a final evaluation report;
- 6) The final evaluation report is reviewed and finalized by the CEP and submitted to the WHO MPAC with a recommendation to certify malaria elimination or to postpone certification;
- 7) The WHO MPAC makes a final recommendation on granting malaria-free status and provides a summary of the final evaluation report to the WHO GMP for subsequent submission to the WHO Director-General;
- 8) The WHO Director-General makes the final decision and officially informs the national government;
- 9) When granted, WHO publishes the certification in the *Weekly Epidemiological Record*, *International Travel and Health* and the *World Malaria Report*;
- 10) The country continues its efforts to prevent the re-establishment of malaria transmission and reports annually to WHO.

2. Certification Elimination Panel

- 1) The CEP includes a minimum of eight members, with a WHO-designated chairperson. Members are appointed by WHO, in consultation with relevant WHO regional offices, for at least 3 years (with possible renewal);

2) Key roles and responsibilities of the CEP include:

- i. Review submitted country documentation and national elimination reports;
- ii. A subset of CEP conducts country assessments and field missions, prepares an evaluation report for country certification, and submits the report to the WHO GMP for comments;
- iii. All members of the CEP review and comment on the evaluation report. Feedback may be incorporated for finalization of the report, if necessary, to develop the final evaluation report, with the support of the WHO secretariat;
- iv. The chairperson of the CEP submits the final evaluation report to the WHO MPAC, and makes a recommendation on whether malaria elimination can be certified or whether a decision should be postponed.

Malaria elimination oversight committee. Terms of reference

March 2017, Geneva, Switzerland

Aims and functions

The malaria elimination oversight committee will provide independent operational and programmatic advice and oversight monitoring to the World Health Organization (WHO) and countries engaged in the final stages of malaria elimination. The purpose of the malaria elimination oversight committee is to monitor and guide malaria elimination activities as part of a transparent, responsive and effective approach to malaria elimination in countries actively pursuing that goal. The malaria elimination oversight committee will review malaria-eliminating countries' (MECs) progress towards elimination and the quality and coverage of malaria elimination strategies, in order to provide recommendations on how to accelerate progress towards elimination and prevent reintroduction. The malaria elimination oversight committee will be created by the Malaria Policy Advisory Committee (MPAC); it will report to MPAC, the Global Malaria Programme (GMP) and the WHO Director-General on progress towards malaria elimination. The terms of reference for the malaria elimination oversight committee are as follows:

- To evaluate MECs' progress towards malaria elimination according to established milestones and timelines;
- To determine the need for corrective actions to address programmatic or operational bottlenecks, and to evaluate plans developed to address such issues;
- To identify any risks to malaria elimination that need to be addressed by WHO or MECs;
- To provide observations and recommendations to MPAC with respect to WHO policies or guidance related to malaria elimination;
- To question the status quo and confront difficult issues.

Membership

the malaria elimination oversight committee will consist of malariologists, health systems specialists, communications specialists and public health practitioners with disease control or elimination experience. Initially, and budget allowing, there will be five to seven individuals appointed to the malaria elimination oversight committee with a Chairperson chosen by MPAC. Members will be selected using a set of criteria following an open call for nominations and then appointed by the GMP. The group will be balanced in terms of gender and geographical representation. It will be comprised of persons who have a demonstrated professional commitment to disease control or elimination and the capacity to dedicate significant personal time preparing for and attending committee meetings. Members of the malaria elimination

oversight committee, including the chairperson, will be appointed to serve for an initial term of 4 years, renewable once. Prior to being appointed as committee members and prior to renewal of term, nominees shall be subject to a conflict of interest assessment by WHO, based on the information they disclose on the WHO Declaration of Interest (DOI) form. In addition, malaria elimination oversight committee members will have an ongoing obligation throughout their tenure to inform WHO of any changes to the information disclosed on the DOI form. Any relevant interests disclosed by committee members that may be perceived to present real or apparent conflicts of interest will be noted in malaria elimination oversight committee reports, which will be made public on the WHO-GMP website. In addition, prior to WHO confirming the appointment of malaria elimination oversight committee members, nominees will be required to sign a WHO confidentiality agreement and the standard agreement for WHO temporary advisers. WHO may terminate membership of in malaria elimination oversight committee for any of the following reasons, among others:

- Failure to attend two consecutive malaria elimination oversight committee meetings;
- Change in affiliation resulting in a conflict of interest;
- A lack of professionalism involving, for example, a breach of confidentiality.

In addition to the regular malaria elimination oversight committee members, each year on a rotational basis, two MECs will be asked to nominate an individual from their national malaria elimination programme or ministry of health to attend meetings as an adjunct member of the committee. Adjunct members will participate in all aspects of the meeting, including any closed discussions, but will be recused from final approval of recommendations.

WHO may invite additional observers from bilateral agencies, donors and civil society organizations, among others, to attend the meetings. The malaria elimination oversight committee may also invite specific individuals, organizations or countries to present on topics germane to the malaria elimination oversight committee terms of reference. Observers and speakers will not participate in closed discussions or in the approval of recommendations.

Roles and responsibilities of malaria elimination oversight committee members

Members of the malaria elimination oversight committee have a responsibility to provide MPAC, GMP and the WHO Director-General with high-quality, well-considered, evidence- or experience-based advice and recommendations on matters described in these terms of reference. Members play a critical role in ensuring the reputation of the malaria elimination oversight committee as an independent advisory committee. The malaria elimination oversight committee has no executive or regulatory function. Its role is to provide advice and recommendations to MPAC, GMP and the WHO Director-General.

Meetings and operational procedures

The malaria elimination oversight committee will meet once or twice a year for 1 to 2 days, with dates generally set at least 6 months in advance. One of the two meetings will be held immediately prior to the annual or biennial MECs forum and the second may be conducted via videoconference. The frequency and duration of meetings may be adjusted as necessary. The malaria elimination oversight committees recommendations will, as a rule, require the consensus of the full members. In the exceptional situation that consensus cannot be reached on a particular issue, the chairperson shall report the majority and minority views. It is also the

chairperson's responsibility to ensure that committee members are clear on what exactly is being decided. Relevant staff from WHO headquarters and regional offices will attend as members of the Secretariat. Other observers at the malaria elimination oversight committee meetings may include civil society organizations, international professional organizations, technical agencies and donor organizations. Additional experts and technical resource persons may also be invited to meetings, as appropriate, in order to contribute to specific agenda items.

A presentation from the chairperson of the malaria elimination oversight committee will be a standing item on MPAC's agenda.

At each malaria elimination oversight committee meeting, representatives of WHO regions and MECs will present reports on their progress towards elimination and on specific programmatic or implementation issues identified in regional or country reviews as bottlenecks or problems to be resolved. The malaria elimination oversight committee may request more in-depth presentations on specific topics or issues and may commission outside experts to present on new tools, strategies or other issues, budget allowing. The GMP will work with countries and regions to prepare standardized reports that will assist the malaria elimination oversight committee in reviewing progress towards elimination.

In order to seek broader input, to allow for the exchange of information and views, and to ensure transparency and inclusivity, the majority of discussions will take place in open sessions. However, the actual deliberations on and development of recommendations may take place in closed sessions in order to protect the committee's integrity and independence from pressure and undue influence. Transparency will be ensured, as minutes will be taken, circulated among malaria elimination oversight committee members, approved by WHO, and published on the WHO-GMP website following the meeting. Approved meeting agendas, documents, minutes and recommendations will be archived and remain publicly available and easily accessible on the WHO-GMP website. In addition to attendance at meetings, review of documents may also be solicited throughout the year. It is estimated that the total time commitment required from malaria elimination oversight committee members is up to 1 week over the course of a year. The malaria elimination oversight committee members will not be remunerated for their participation; however, reasonable expenses, such as travel expenses incurred by attending committee or related meetings, will be compensated by WHO-GMP in accordance with WHO's applicable rules and policies.

Global call for action to ensure universal access to malaria diagnosis and treatment

March 2017, Geneva, Switzerland

Background

Between 2000 and 2015, great progress was made in extending the coverage of malaria diagnostic testing and treatment (with appropriate antimalarial medicines). Despite this progress, current estimates suggest that large gaps in programme coverage remain, although data are limited. A better understanding as to why these gaps occur, who is affected by these gaps, and what strategies can be used to overcome them will help to ensure that there is universal access to care and that the targets outlined in the *Global technical strategy for malaria, 2016–2030* are met.

Objectives

- To characterize the access to and utilization of malaria diagnostic testing and treatment services at country level, and to identify bottlenecks in service provision (e.g., global supply, access to health facilities, availability of staff and equipment, supply management of commodities, etc.);
- To identify particular population subgroups or risk factors associated with the gaps and the role played by the different delivery channels used to provide services (i.e., public sector, private sector, community-based programmes);
- To review existing datasets and methods used to estimate access to malaria diagnostic testing from routine health management information systems (HMIS) and from health facility and household surveys, and to provide clear methodological recommendations for strengthening the surveillance of malaria testing and treatment;
- To identify effective strategies to increase the access to and utilization of diagnostic testing and treatment services, and to elaborate a global response plan.

Work envisaged

1. **Literature review:** Consult recent peer-reviewed publications and technical reports to prepare a review paper on current access to malaria diagnosis and treatment, including major determinants and gaps. The review will address particular population groups or risk factors associated with gaps in the delivery of services in the public and private sector and through community-based programmes.
2. **Data analysis:** Analyse data on the coverage of malaria diagnostic testing and treatment, particularly from: i) household survey data on diagnostic testing and treatment (especially those surveys where it is possible to link data on history of fever,

treatment-seeking behaviour and treatment received in relation to malaria test results); ii) health facility survey data on malaria diagnostic testing and treatment; iii) routine HMIS of malaria-endemic countries; and iv) expenditures on and the procurement and distribution of commodities. The paper will review gaps in the evidence and, based on the available data, estimate coverage and examine bottlenecks in the delivery of services.

3. **Economic analysis:** Review the economics of increasing access to diagnostic testing and treatment, by (i) considering the limitations to the supply of and demand for services, and how these can be modified to achieve a more optimal equilibrium; and (ii) examining the costs of alternative strategies.

These three background papers should reflect important regional differences and be prepared in close consultation with WHO Regional Malaria Advisers. They will be shared with all participants 2 weeks prior to the consultation and will serve as the basis for developing a draft global action plan for mobilizing key stakeholders.

4. **Consultation with key stakeholders:** Consult key stakeholders involved in the provision of malaria diagnostic testing and treatment services, including:
 - Representatives of relevant ministry of health (MOH) programmes (essential medicines, malaria, community services, surveillance and central medical stores) from multiple malaria-endemic countries from all WHO Regions;
 - Representatives of technical and funding agencies and NGOs working with MOH programmes to improve access and reporting on malaria diagnostic and treatment services, including in the private sector.

Method of work during the WHO Consultation

- a. Analysis of the current situation, determinants and risk groups, based on plenary discussions of the two working papers, with the objective of completing the landscape analysis (Day 1);
- b. Working groups on effective strategies for a global response plan to ensure universal access to malaria diagnostic testing and treatment, reflecting different regional/health system contexts (Day 2);
- c. Presentation, discussion and consolidation of the main components of the draft WHO global response plan to ensure universal access to malaria diagnostic testing and treatment and to meet the targets set in the *Global technical strategy for malaria, 2016–2030* (Day 3).

End product and WHO endorsement of the draft recommendations

Based on the input received from all participants and the WHO Secretariat, the Rapporteur of the meeting will finalize the draft WHO global plan to ensure universal access to malaria diagnostic testing and treatment. The draft will be submitted to the Malaria Policy Advisory Committee (MPAC) for review and endorsement.

WHO Secretariat of the Technical Consultation

Joint activity between PDT Unit and SEE Team (Drs Bosman and Cibulskis)

Proposed timelines

February–August 2017	Preparation of pre-reads
November 2017	WHO Consultation
February 2018	Finalization of Global Action Plan
March 2018	Review and endorsement by MPAC
25 April 2018	Launch of call for action: World Malaria Day
May–July 2018	Dissemination to WHO Member States and main funding agencies

Global call for action to ensure universal access to malaria diagnosis and treatment



Joint activity of SEE Team and PDT Unit
Andrea Bosman and Richard Cibulskis

Global **Malaria** Programme



**World Health
Organization**



Outline of the presentation

- Background
- Objectives
- Workflow
- Timelines



- There has been great progress in extending the coverage of malaria diagnostic testing and treatment (with appropriate antimalarial medicines) between 2000 and 2015.
- Data are limited but and current evidence suggest that large gaps in programme coverage remain.
- A better understanding of
 - who is affected by these gaps,
 - why these gaps occur, and
 - what strategies can be used to overcome them
- ... will help ensure universal access to care and enable the targets outlined in the *Global technical strategy for malaria, 2016-2030* to be attained.

1. To characterize the access to and utilization of malaria diagnostic testing and treatment services at country level:
 - to identify particular population subgroups or risk factors associated with the gaps and the role played by the different delivery channels used to provide services (i.e. public sector, private sector, community-based programmes);
 - Identify bottlenecks in service provision (e.g. knowledge, cultural barriers, geographical access, supply chain, financing, regulation, global supply etc);
2. To identify effective strategies (and successful examples) to increase access to, and utilization of, diagnostic testing and treatment services and elaborate a global response plan.
3. To identify data gaps and provide recommendations for strengthening monitoring of malaria testing and treatment.

Preparatory work – background paper 1 to cover:

1. Policy and regulation

- Registration and scheduling of malaria medicines and diagnostics
- Regulations for providers: private sector and community level
- Legal and social barriers for populations: migrants, ethnic minorities
- Financial protection/ exemptions (children under five and pregnant women)
- Taxes and tariffs for malaria commodities

2. Commodity delivery systems

- Supply systems – quantification, procurement, distribution (including pull and push systems)
- Support systems – workforce, information systems (need to consider organization of services e.g. decentralization).



Preparatory work – background paper 2 to cover:

1. Funding:

- Sources of revenue and payment: domestic taxation, international funding, insurance (private, social, community), out of pocket spending
- Spending on health service delivery and commodity procurement and distribution
- Financial management

Preparatory work – background paper 3 to cover:

1. **Need for testing and treatment** - number of cases and population groups affected (age/ sex, urban/ rural, socio-economic status etc)
2. **Demand for testing and treatment** - where people from different groups seek treatment
3. **Supply of diagnostic testing and treatment services** - including community services and referral systems, provided by different delivery channels
4. → Tanahashi's effective coverage model to identify gaps in coverage and potential actions. Also explore the fraction of potential health gain delivered

Information sources:

- Household survey data
- Health facility survey data
- Routinely reported data
- Supply of commodities
- Health infrastructure
- Qualitative data

WHO Technical Consultation on access to malaria diagnostic testing and treatment

Participants:

- Representatives of relevant MOH programs (malaria, community services, surveillance and central medical stores) from multiple malaria endemic countries from all WHO Regions.
- Representatives of technical and funding agencies and NGOs working with MOH programs on improving access and reporting on malaria diagnostic and treatment services, including in the private sector.

Method of work:

- Analysis of current situation based on three working papers, with the objective of completing a landscape analysis (Day 1)
- Working groups on effective strategies to increase access to malaria diagnostic testing and treatment, reflecting different regional/health system context (Day 2)
- Presentation, discussion and consolidation of the main components of a call to action to increase access to malaria diagnostic testing and treatment (Day 3)



Production of end products:

- WHO global strategy to ensure universal access to malaria diagnosis and treatment
- Technical report on gaps in diagnostic testing and treatment
- Recommendations for strengthening monitoring of malaria testing and treatment

- Preparation of pre-reads: March – October 2017
- Review of background papers by MPAC: October 2017
- Technical consultation: November 2017
- Initial draft call to action: February 2018
- Review & endorsement by MPAC (remotely): March 2018
- Launch of technical report and global call for action:
World Malaria Day, 25 April 2018
- Launch and dissemination to WHO Member States and
Main Funding Agencies: May – July 2018



Discussion