

Update on the Malaria Elimination Oversight Committee and the Global Forum of Malaria-Eliminating Countries



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Global **Malaria** Programme



**World Health
Organization**

Global Forum of Malaria-Eliminating Countries





- Convene NMCP managers from E-2020 countries
 - Exchange ideas, experiences, lessons learned
 - Report on progress towards elimination
 - Update on WHO guidance
 - Celebrate milestones
- Attended by the Malaria Elimination Oversight Committee for the first time in 2018

March 2017 Geneva, Switzerland



Global **Malaria** Programme

June 2018 San José, Costa Rica



Certification of Paraguay



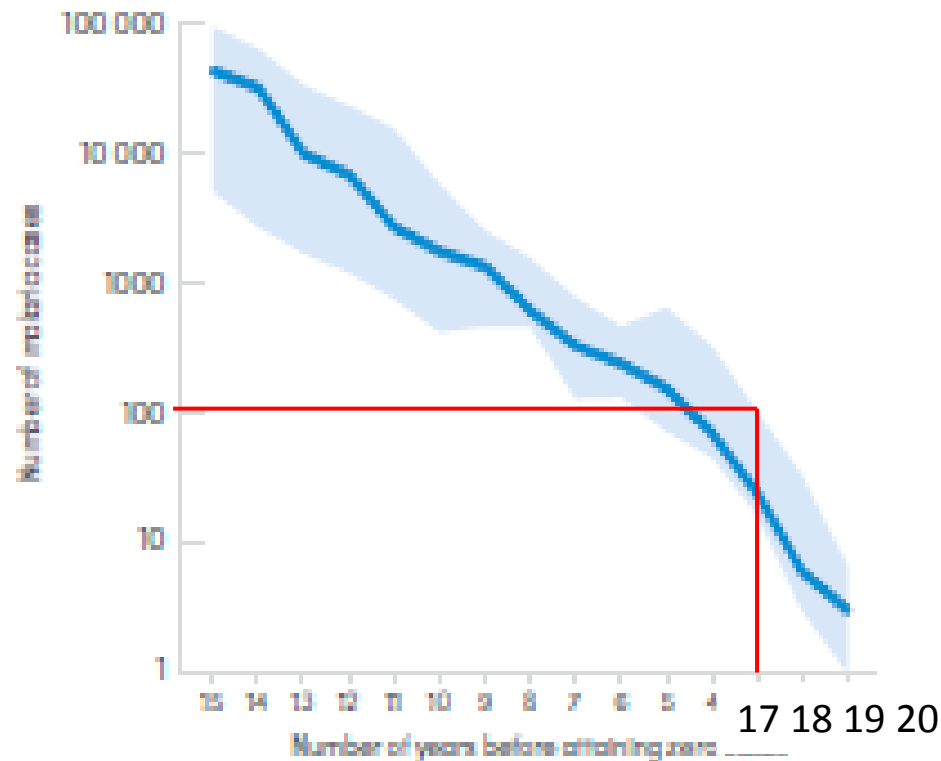
- First certification by the Malaria Elimination Certification Panel
- First country in the Americas to be certified since Cuba in 1973

Progress towards elimination



Median number of indigenous malaria cases in the **years before attaining zero indigenous cases** for the 17 countries that eliminated malaria between 2000 and 2015.

Red line indicates that **75% of countries reported 100 or fewer cases** three years before reaching 0.



Progress - African region



Country	Cases in 2017	Change from 2016	On track for 2020
Algeria	0	-	
Botswana	2989	+1839	
Cape Verde	423	+375	
Comoros	3230	+2087	
Eswatini	724	+374	
South Africa	22517	+18194	

- Certified malaria-free
- On track to achieve 0 cases by 2020
- Somewhat off track
- Off track

Challenges – African region



Country	Challenges
Algeria	<ul style="list-style-type: none">• Certification requested• Surveillance in mobile populations
Botswana	<ul style="list-style-type: none">• Quality of case investigations• Poor uptake of vector control• Lack of human resources
Cabo Verde	<ul style="list-style-type: none">• Malaria-free since January 2018• Maintain IRS quality
Comoros	<ul style="list-style-type: none">• Two islands malaria-free• MDA success maintained three years• Vector control not effective
Eswatini	<ul style="list-style-type: none">• Update stratification map• Improve healthcare seeking
South Africa	<ul style="list-style-type: none">• Decreased resources → low coverage IRS• Human resource needs

Progress – American region



Country	Cases in 2017	Change from 2016	On track for 2020
Belize	7	+3	
Costa Rica	12	+8	
Ecuador	1275	+84	
El Salvador	0	-12	
Mexico	736	+185	
Paraguay	0	-	
Suriname	40	-36	

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Challenges – American region







Country	Challenges
Belize	<ul style="list-style-type: none">• Static budget but strategic investments in areas with ongoing transmission• Maintaining surveillance in malaria-free areas
Costa Rica	<ul style="list-style-type: none">• Introduction leading to re-establishment• Establishing entomologic surveillance teams• Cross-border collaboration with Nicaragua
Ecuador	<ul style="list-style-type: none">• 80% of foci accessible only by water• Illegal activities• Limited health system coverage in foci
El Salvador	<ul style="list-style-type: none">• Delay between symptom onset and case detection• Incorporating private medical services
Mexico	<ul style="list-style-type: none">• Changing paradigm vector control to surveillance• Implementing use of RDTs
Paraguay	<ul style="list-style-type: none">• Successful integration of malaria programme• Increased coverage of diagnostics and treatment

Progress – Eastern Mediterranean region



Country	Cases in 2017	Change from 2016	On track for 2020
Iran, Islamic Republic of	60	-21	
Saudi Arabia	177	-95	

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-  Somewhat off track
-  Off track

Challenges – Eastern Mediterranean region



Country

Challenges

Iran, Islamic Republic of




- Cross-border challenges with Pakistan
- Competing public health priorities
- Maintaining political commitment





Saudi Arabia

- Hajj
- Shortage of qualified and experienced staff
- Civil unrest in Yemen

Progress – South-East Asia region



Country	Cases in 2017	Change from 2016	On track for 2020
Bhutan	11	-4	
Nepal	3829	-1075	
Timor-Leste	36	-112	

-  Certified malaria-free
-  On track to achieve 0 cases by 2020
-  Somewhat off track
-  Off track




Challenges – South-East Asia region







Country	Challenges
Bhutan	<ul style="list-style-type: none">• Shift in priorities to other diseases and decreasing donor support• Cross-border collaboration with India• Strengthening surveillance
Nepal	<ul style="list-style-type: none">• 56% of cases imported from India• Lack of elimination focal points at subnational level• Lack of private sector notification of cases
Timor-Leste	<ul style="list-style-type: none">• Most cases from border with Indonesia• Population movement challenges timely detection and response• Private sector not reporting

Progress – Western Pacific region



Country	Cases in 2017	Change from 2016	On track for 2020
China	0	-3	
Malaysia	85	-181	
Republic of Korea	436	-166	

-  Certified malaria-free
-  On track to achieve 0 cases by 2020
-  Somewhat off track
-  Off track

Challenges – Western Pacific region



Country	Challenges
China	<ul style="list-style-type: none">• Preventing re-establishment along border with Myanmar• Strengthening regional and intersectoral collaboration to prevent re-establishment• Completing subnational verification
Malaysia	<ul style="list-style-type: none">• Undocumented migrant workers• <i>P. knowlesi</i>
Republic of Korea	<ul style="list-style-type: none">• Malaria cases along border with DPRK• Malaria in the military• Cross-border and collaboration with Ministry of National Defense

Are we on track to meeting GTS 2020 milestone?



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

Currently there are 10 countries on track to meeting the 2020 milestone:

Algeria, Belize, Bhutan, China, Costa Rica, El Salvador, Iran (Islamic Republic of), Malaysia, Suriname, Timor-Leste



- **Purpose**
 - Networking
 - Sharing experiences, ideas, tools, approaches
 - MEOC comments
 - Not enough time for thorough programme review
 - More presentations on thematic areas
- **Expanding list of participants**
 - A majority (51%) agreed on including implementing partners
 - MEOC recommended including certified countries and those also close to elimination
- **Impact**
 - 80% of NMCP managers said they would adjust or modify some element of their programme based on information or motivation gained from the meeting



- Exploring China as the next host country
- Summer 2019





Malaria Elimination Oversight Committee



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



- Two meetings in 2018
- First interaction with countries at the Global Forum
- Meetings before and after the Global Forum

April 2018 Geneva, Switzerland



Global **Malaria** Programme

June 2018 San José, Costa Rica





- Promote and celebrate **milestones** at the Global Forum
- Significant concern expressed over **increases and stagnation** in recent years
 - Countries and WHO should quickly conduct **investigations** and respond
 - Countries without progress should have **programme audits** conducted
 - WHO should explore **sources of potential support** and funding to combat resurgences
- MEOC committed to following the cross-border issue closely
 - Recommended WHO explore **new modalities** for scaling up cross-border coordination and collaboration
 - Consider use of the **special intervention zone** concept



- National programmes should **analyse barriers** to accessing preventive measures, diagnosis and treatment
 - Report on **high risk groups** from each country at next Global Forum
- MEOC noted importance of independent national **elimination advisory committees**
 - Recommended **WHO actively assist** countries to set up those committees



- 12-14 February 2019
- Focus on countries with <100 cases where extra assistance may be helpful
- In-depth review using programme evaluation or programme audit data
- Invite Director of Communicable Diseases, NMCP Manager and surveillance focal point (with flexibility)
 - Additional staff by teleconference
- Will lead to increased engagement by MEOC with countries

MEOC country assignments



Country	MEOC member
Belize	Frank Evelyn
Bhutan	Tom Kamini
Botswana	Evelyn Leonardo
Cabo Verde	Leonardo Rose
China	Tang Yongyuth
Comoros	Rose Leonardo
Costa Rica	Mirta Rose
Ecuador	Frank Mirta
El Salvador	Mirta
Eswatini	Evelyn Kevin

Country	MEOC member
Iran, Islamic Republic of	Kamini Tang
Malaysia	Kevin Yongyuth
Mexico	Frank Mirta
Nepal	Tom Kamini
Saudi Arabia	Yongyuth Tang
South Africa	Rose Leonardo
South Korea	Yongyuth Tang
Suriname	Frank Mirta
Timor-Leste	Tom Kamini



Elimination training curriculum

Elimination training curriculum



- Intended for national and district staff
- Presentation of elimination guidance
- Flexible, customizable, quickly updated
- Use of adult learning techniques
- Consideration to 'certify' trainers
- Part of the larger capacity-building effort
- Will be seeking review and feedback

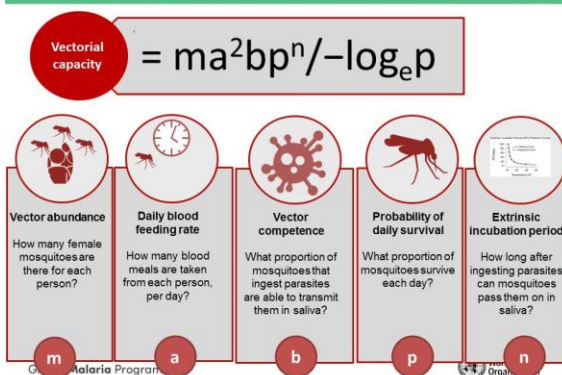
WHO RECOMMENDATION ON DIAGNOSTICS IN ELIMINATION SETTINGS

	Microscopy	Rapid diagnostic tests
Hospitals	++++	++
Designated laboratories	++++	+
Health facilities	++	++++
Community health workers	+	++++

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VECTORIAL CAPACITY



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PASSIVE AND ACTIVE CASE DETECTION

What are these?

Passive case detection (PCD):

- Identification of malaria cases among people who go at their own initiative to a health facility or community health worker to get treatment, usually for febrile illness

Active case detection (ACD):

- The detection of malaria cases at community and household level by health workers
- Cases may or may not have symptoms at the time of detection
- Can extend surveillance to hard-to-reach, mobile or high-risk populations

ACD can be conducted as fever screening followed by parasitological examination of all febrile patients, or as parasitological examination of the target population

For both PCD and ACD strong health systems are needed

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Thank You