**Malaria Policy Advisory Committee Meeting**

3—4 December 2020, Geneva, Switzerland

World Health Organization

# Questions from observers

## Day 1.

1. **Question:** Is there any progress in new drugs specially for vivax relapse and for falciparum resistant to artemisinin?

   **Answer:** Yes non-ACT medicines are currently in phase II of clinical development. Tafenoquine was registered recently with limitations due to G6DP deficiency.

2. **Question**: Will entomological surveillance be included in the malaria surveillance assessment toolkit?

   **Answer:** Yes. There is content in the Desk Review Template to assess entomological surveillance, as well as commodities tracking (LMIS) and intervention M&E. For now, these will only be assessed at a high level to understand what data is collected/reported and how it is integrated with case surveillance.

3. **Question:** Is the surveillance tool expected to be a stand-alone tool or is it to be integrated with other surveillance systems?

   **Answer**: The malaria surveillance assessment toolkit is flexible. It can be used both as a standalone toolkit to conduct a comprehensive assessment or parts of it can be selected for low cost rapid assessment or to be integrated with other surveillance activities, such as supervision and feedback. The toolkit's modular nature would also allow for integration with other types of facility level assessments (e.g. SARA, etc.)

4. **Question:** HBHI has been an excellent approach for targeting high burden areas. We need to think of making approaches for low endemicity to elimination - coming out with strategies for last mile and building advocacies for elimination in these subnational areas.

   **Answer:** In addition to the HBHI approach, GMP has the E-2020 Initiative (soon to be E-2025) to support countries to reach their elimination targets. Please see more information on our website.

5. **Question**: We should be thinking of knowledge sharing and exchange mechanisms between Sub-Saharan African countries and SEA Region and Mekong region to show the best practices.

   **Answer**: Malaria transmission in the Greater Mekong Subregion (GMS) is highest in forest or forest fringe areas, while in sub-Saharan Africa, transmission is more at villages level. The

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countries of the GMS are in the phase of eliminating malaria with tens of thousands of cases annually and malaria mortality near to zero. The total population of the area is about 240 million inhabitants, with rapid economic development, typical of the South East Asia region. There is rapid deforestation followed by an equally rapid urbanization of the population.

The implementation of malaria case-based surveillance based on specific and rigorous standards defines an elimination program at country level with a central concept of surveillance for elimination. The central concept of surveillance for elimination is that identification and investigation of a malaria case and a malaria focus define the presence of malaria transmission.

Each malaria case is investigated to determine whether it was locally acquired or acquired somewhere else and, if so, from where:

- To identify all areas or foci with local transmission of malaria;
- To investigate each focus to document the characteristics of transmission and select appropriate intensified activities to interrupt transmission; and
- To proactively find all malaria infections, whether symptomatic or not, and ensure that they are radically cured so early that they do not generate secondary cases.

The GMS counties moved from passive case detection in burden reduction districts to reactive case detection and proactive case detection including: case investigation – alert – case notification – mapping case – foci mapping (GPS) and investigation.

Rigorous data management and analysis and national and regional level (Mekong Malaria Elimination Programme Regional Database), coordinating with national malaria programmes (NMPs) and partners and regular electronic publication of the monthly epidemiology summaries. Monthly monitoring of elimination progress in the sub region on key elimination indicators is conducted with all NMPs and stakeholders.

Currently some countries (Cambodia and Lao and Myanmar) have started the phase of elimination of malaria with the implementation of an intensification plan to *Accelerate Plasmodium falciparum* malaria elimination with a synergetic approach based on foci classification and intervention such as: vector control measures; intensified early case detection and more aggressive approaches, as targeted drug administration for males aged 15-49; intermittent preventive treatment for travelers to malaria-risk areas; and health education, community engagement and social mobilizations. The Mekong Malaria Elimination (MME) Programme, in collaboration with GMP and Regional Offices WPRO and SEARO, provides technical support to implement the Intensification Plan for Reducing the Malaria Burden Among Forest Goers and Hard to Reach Populations and interventions in all five GMS countries to accelerate malaria elimination.

6. **Question:** What options are there to fill the resource gaps that would normally be filled through portfolio optimization? What advocacy is needed to ensure this happens?

   **Answer:** The Global Fund is one funding stream for malaria and encourages countries to include a prioritized above allocation request in their funding application which may be funded either through efficiencies or portfolio optimization if funding is available. This could result in important interventions not being funded by Global Fund grants. WHO supports countries developing national strategic plans for malaria, within broader sector planning processes that use local data to optimize and prioritize the full complement of donor and domestic funding for malaria and health. (WHO tools, such as WHO UHC Compendium of Health Interventions and the one health tool facilitate national and sub-national decision makers in developing the packages of health

services for UHC and guiding sector budgeting and financing of strategies for all major diseases, including malaria and the important health system components).

7. **Question:** The refresh of the GTS costing to acknowledge the higher cost of potential products in the pipeline is very welcome. How can partners engage with the refresh process to make their information about future products available?

   **Answer:** GMP and Policy Cures reached out to partners – including some of your colleagues – for input and will follow up directly with you following the meeting to ensure all necessary information is taken into account.

8. **Question:** The use of *Artemisia annnua* in Africa for Covid-19 has led governments to promote Artemisia for malaria (i.e. Cameroon), arguing that it is a culturally appropriate and safe and effective way to prevent and treat malaria and mitigates issues of counterfeit ACTs and any treatment availability gaps, which notably increased Artemisia use in Madagascar in 2015. Will WHO/MPAG make further efforts to restrict or govern the use of Artemisia or fund any research on its impact on parasite resistance or any other aspects of it?

   **Answer:** GMP published a full review of the current knowledge in the WHO technical document of the use of non-pharmaceutical forms of *Artemisia* that was presented at the MPAC meeting in October 2019. MPAC agreed with WHO's position against the promotion or use of non-pharmaceutical forms of *Artemisia* for the prevention or treatment of malaria. MPAC members were deeply concerned about the potential life-threatening consequences for malaria patients receiving treatments with suboptimal and/or unknown antimalarial activity or with no or varying amounts of artemisinin and requested that WHO work with the ministries of health and drug regulatory authorities to ensure that safe and effective antimalarial medicines are readily accessible. MPAC recommended that GMP adopt communications strategies that have been used effectively by other WHO programmes to counteract negative campaigns, such as the antivaccination campaign. WHO is discouraging the use of ineffective treatment but has no power on the use or registration at the country level which is under the regulatory authorities.

## Day 2.

9. **Question:** Regarding policy development, it would be helpful to understand where VCAG enters into this framework.

   **Answer:** VCAG's role is to support the generation of an evidence-base on new tools to inform subsequent deliberations by a Guidelines Development Group. Its role is outlined in the TORs available online. We provide further clarity on the link between these groups and the overall process in our norms, standards and process document that was mentioned by Pedro yesterday and will be published before the end of the year.

10. **Question:** Is there a strategy for controlling malaria and the vector in countries of war, such as Ethiopia, Yemen and Libya?

    **Answer:** an interagency handbook on malaria control in humanitarian emergencies was published in 2013 outlining the strategies proposed at the time; this handbook is currently undergoing

revision. As part of this revision, the evidence-base for vector control tools used in this setting is being systematically reviewed, something that had not been done previously. The systematic review is ongoing and should be completed by February or March 2021. The WHO VC guidelines development group will assess the evidence from this review in 2021 to then draft specific, evidence-based recommendations for the deployment of vector control interventions in humanitarian emergency settings and to identify remaining evidence-gap. WHO is also going to publish preferred product characteristics for vector control interventions designed for malaria transmission control in complex emergencies and in response to natural disasters in January 2021.

11. **Question:** It would be useful to link to previous guidelines, what has changed and eventually with every revision, link up, highlighting what has changed, this will greatly help the user, otherwise it is repetitive reading of copy pasted material.

    **Answer:** Thank you for the suggestion. For the first publication of the consolidated WHO Guidelines for Malaria, there will be nothing new from the existing Guidelines for the treatment of malaria and Guidelines for malaria vector control. In 2021, as the Guidelines Development Groups (GDGs) formulate new and updated recommendations, they will be added once they are fully approved by the Guidelines Review Committee. New and updated recommendations will be identified by their publication date; emails will be sent to the WHO malaria listserv notifying users of the updates and those notifications will be kept to refer to.

12. **Question:** Guidelines for treatment of severe malaria, falciparum/vivax is being considered? Also transmission blocking drugs could be considered?

    **Answer:** GMP is planning to review all existing recommendations, including severe falciparum and vivax malaria and will determine if evidence is available to update the current recommendations. As yet, a GDG with this scope of work has not yet been convened. Strategies to reduce transmission are being considered by the elimination GDG and include issues around choice of drug.

13. **Question:** Will it be problematic to continue the pilots with non-vaccinated comparators after we have a recommendation?

    **Answer:** It is important to complete the pilots as planned to generate a robust understanding of the vaccine's impact in each country and not only across the whole programme. This will also enable further strengthening of the safety evidence base. This does not prevent young children entering the eligible age group in comparison areas from receiving the vaccine. However, those who have grown out of the age-eligible cohort in comparison areas will not receive the vaccine. They will continue to contribute to the evaluation