Documentation related to Session 1 of the meeting
Click on the links below to see the pre reads and presentations

Malaria Policy Advisory Group (MPAG) Meeting

13 – 15 April 2021 *(CEST time zone)*
Virtual meeting

PROVISIONAL PROGRAMME*

Tuesday, 13 April 2021			
	Session 1	**Open**	
12:00 – 12:05	Welcome by the ADG, UCN	Dr Ren Minghui	
12:05 – 12:15	Welcome by the Chair, MPAG	Dr Dyann Wirth	
12:15 – 13:00	Report from the Director, GMP	Dr Pedro Alonso	
13:00 – 13:30	Partner Perspective, US President's Malaria Initiative	Dr Raj Panjabi	
13:30 – 14:00	Rethinking malaria: Background & presentation part 1 and presentation part 2	Dr Rose Leke & Dr Alastair Robb	**For guidance**
14:00 – 14:15	*Coffee break*		
	Session 2	**Open**	
14:15 – 15:00	Clinical malaria – parasite density thresholds in different transmission settings and implications for use of RDTs	Dr Jane Cunningham	**For guidance**
15:00 – 15:30	Update on the situation of antimalarial drug efficacy and resistance in Africa	Dr Pascal Ringwald	
15:30 – 16:00	Proposed technical consultation to stage *P. knowlesi* along the continuum between zoonosis and human pathogen	Dr Kim Lindblade	
16:00	*End of day*		

Wednesday, 14 April 2021			
	Session 3	**Open**	
12:00 – 12:45	HRP2 gene deletions – a focus on horn of Africa region	Dr Jane Cunningham	**For decision**
12:45 – 13:30	Proposed technical consultation on urban malaria	Dr Abdisalan Noor	**For guidance**
13:30 – 13:45	*Coffee break*		
	Session 4	**Open**	
13:45 – 14:15	Update on guidance for severe malaria	Dr Peter Olumese	**For decision**

Documentation related to Session 1 of the meeting
Click on the links below to see the pre reads and presentations

14:15 – 14:45	Update on the classification of insecticide-treated net products – annual update as requested by MPAG	Dr Jan Kolaczinski & Dr Marion Law	**For guidance**
14:45 – 15:15	Update on digital solutions for malaria elimination surveillance	Dr Abdisalan Noor & Ms Mwalenga Nghipumbwa	
15:15	*End of day*		

Thursday, 15 April 2021			
	Session 5	**Closed**	
12:00 – 15:00	Finalization of wording of recommendations	Dr Dyann Wirth	**For guidance**

** Provisional programme and may be subject to change*

Report from the Global Malaria Programme

Malaria Policy Advisory Group

Geneva, Switzerland

Pedro L. Alonso

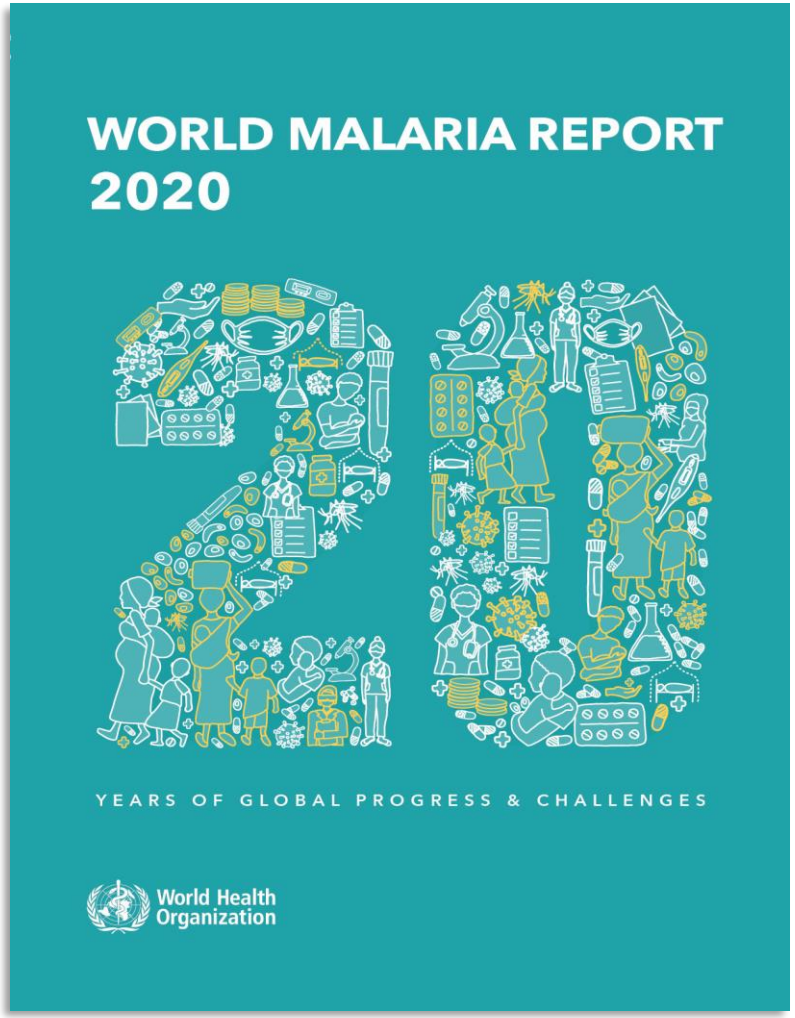
Director

13 April 2021

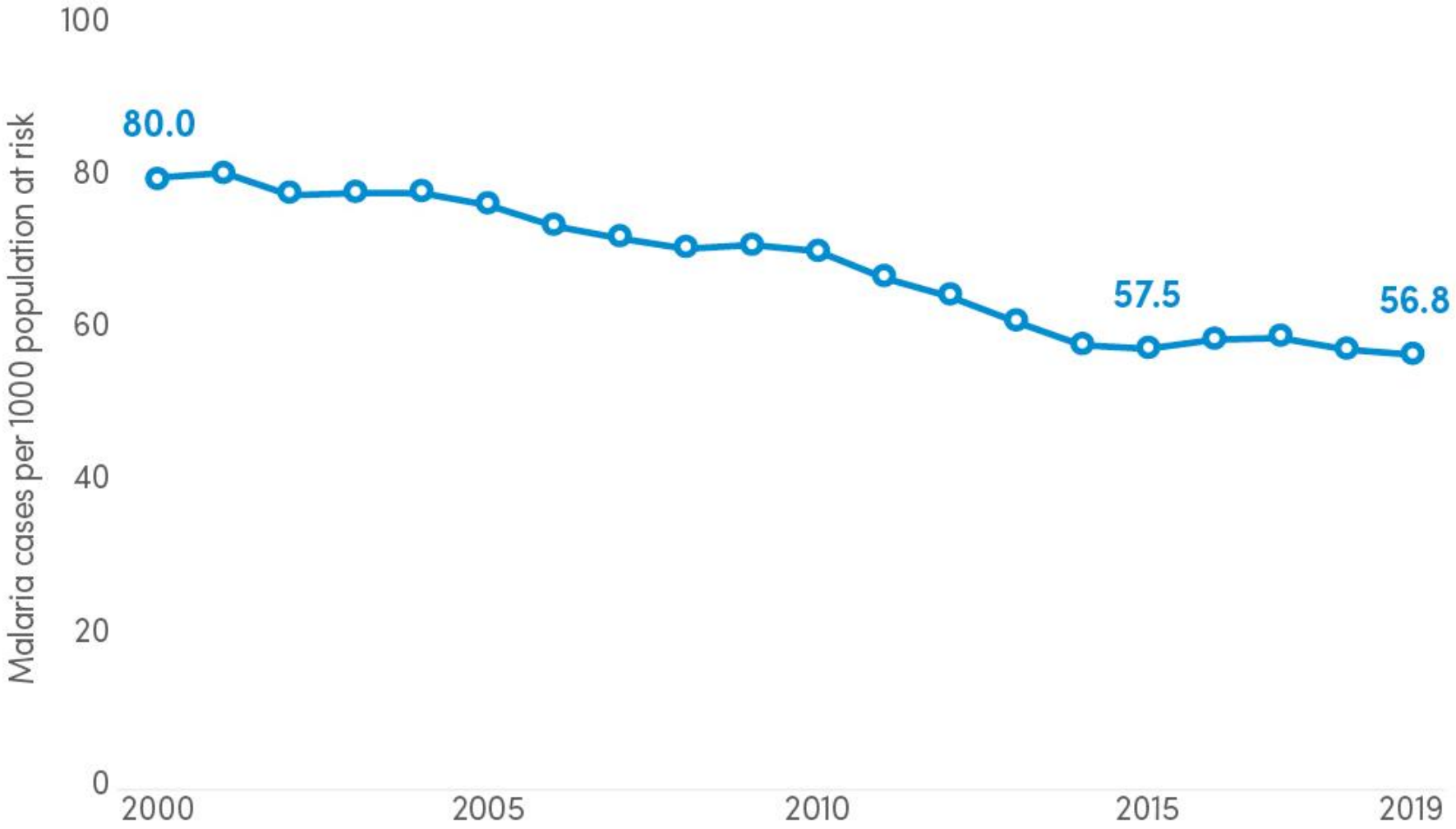
Global **Malaria** Programme

World Health Organization

World malaria report 2020: a special edition



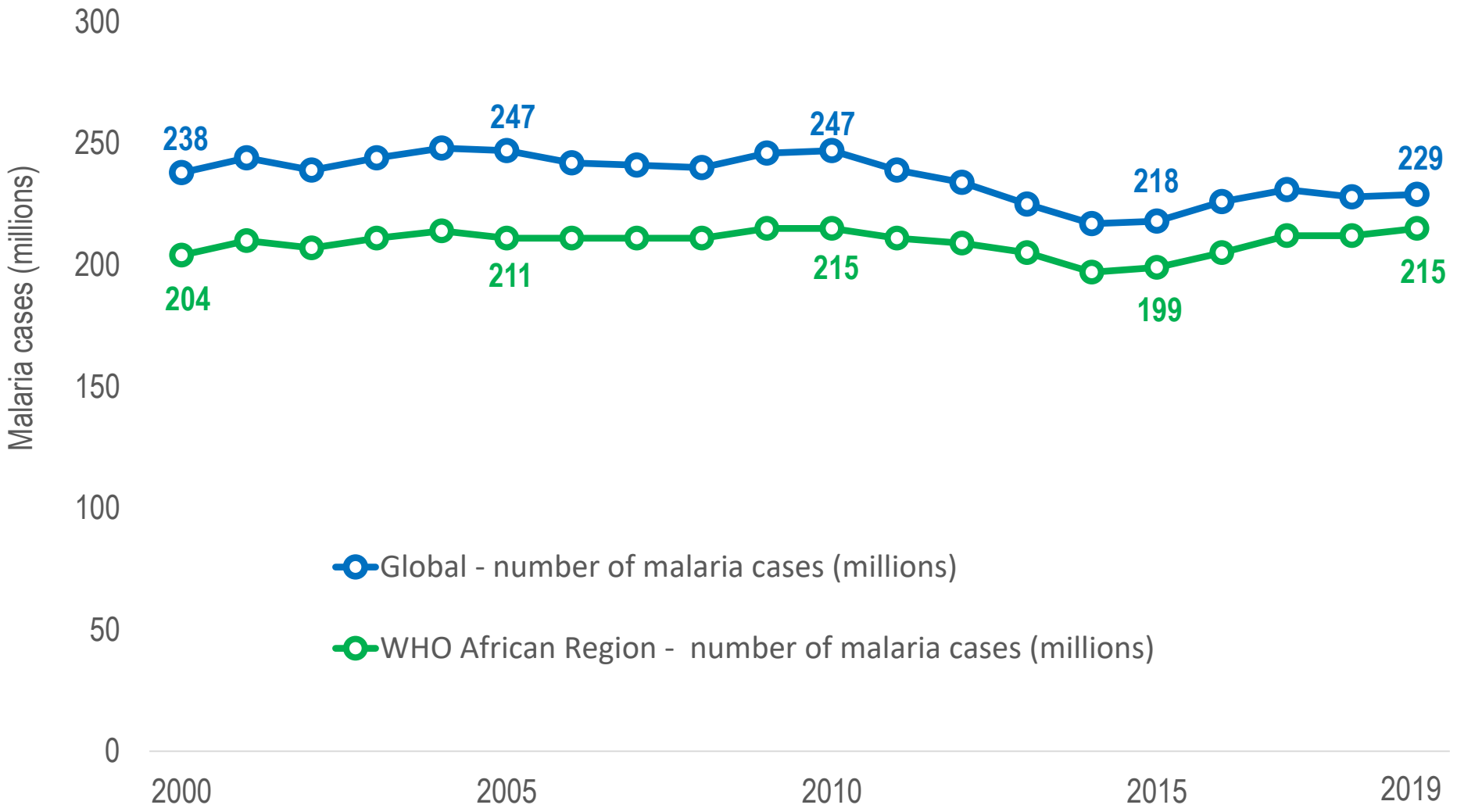
Global trends in malaria case incidence (cases per 1000 population)



29% reduction in global malaria case incidence between 2000 and 2019

<2% reduction in malaria case incidence between 2015–2019

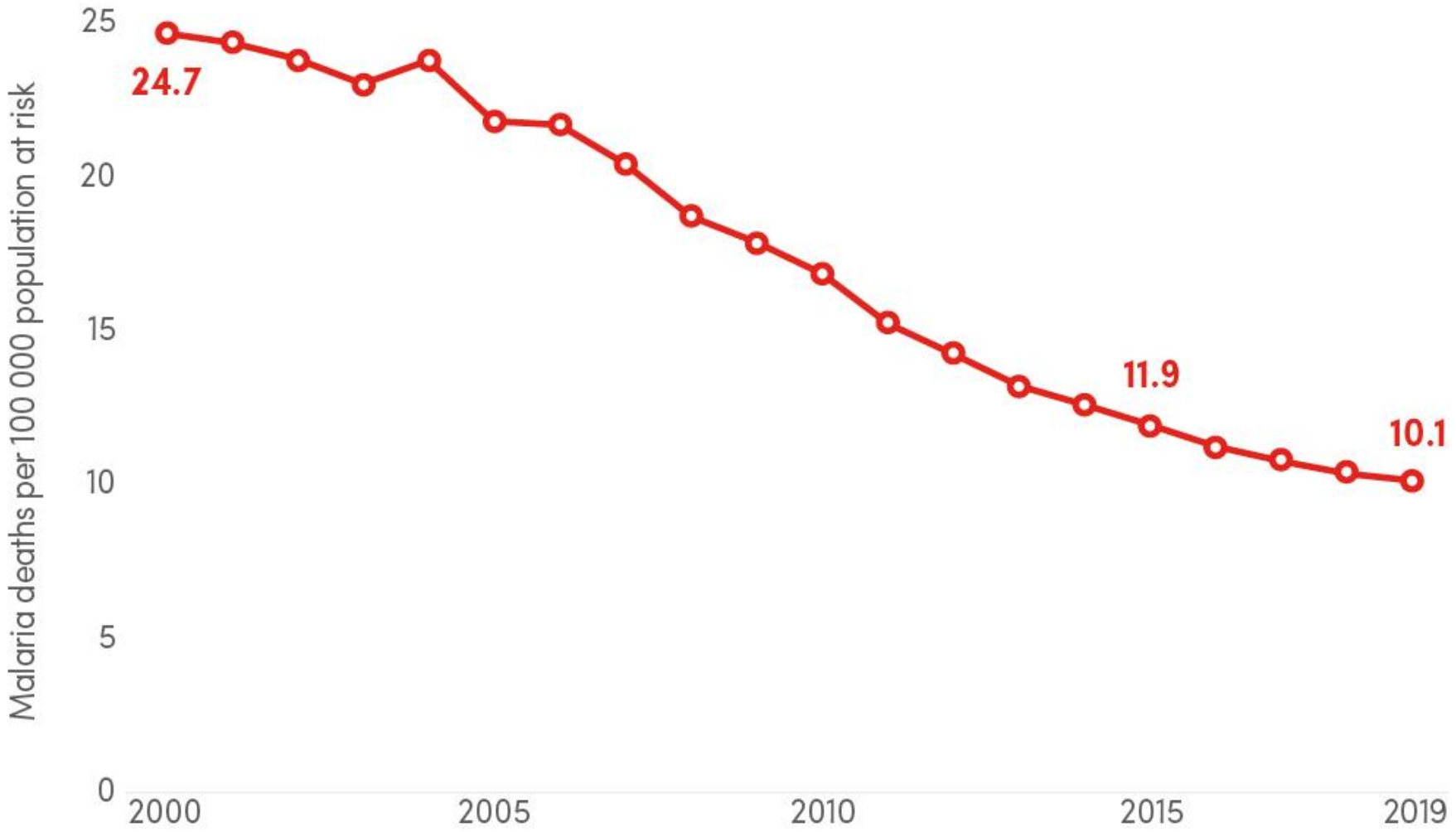
Trends in malaria cases – global and WHO African Region, 2000–2019



Population in sub-Saharan Africa grew from **665 million** in 2000 to about **1.1 billion** in 2019

94% of global malaria cases in 2019 occurred in the WHO African Region

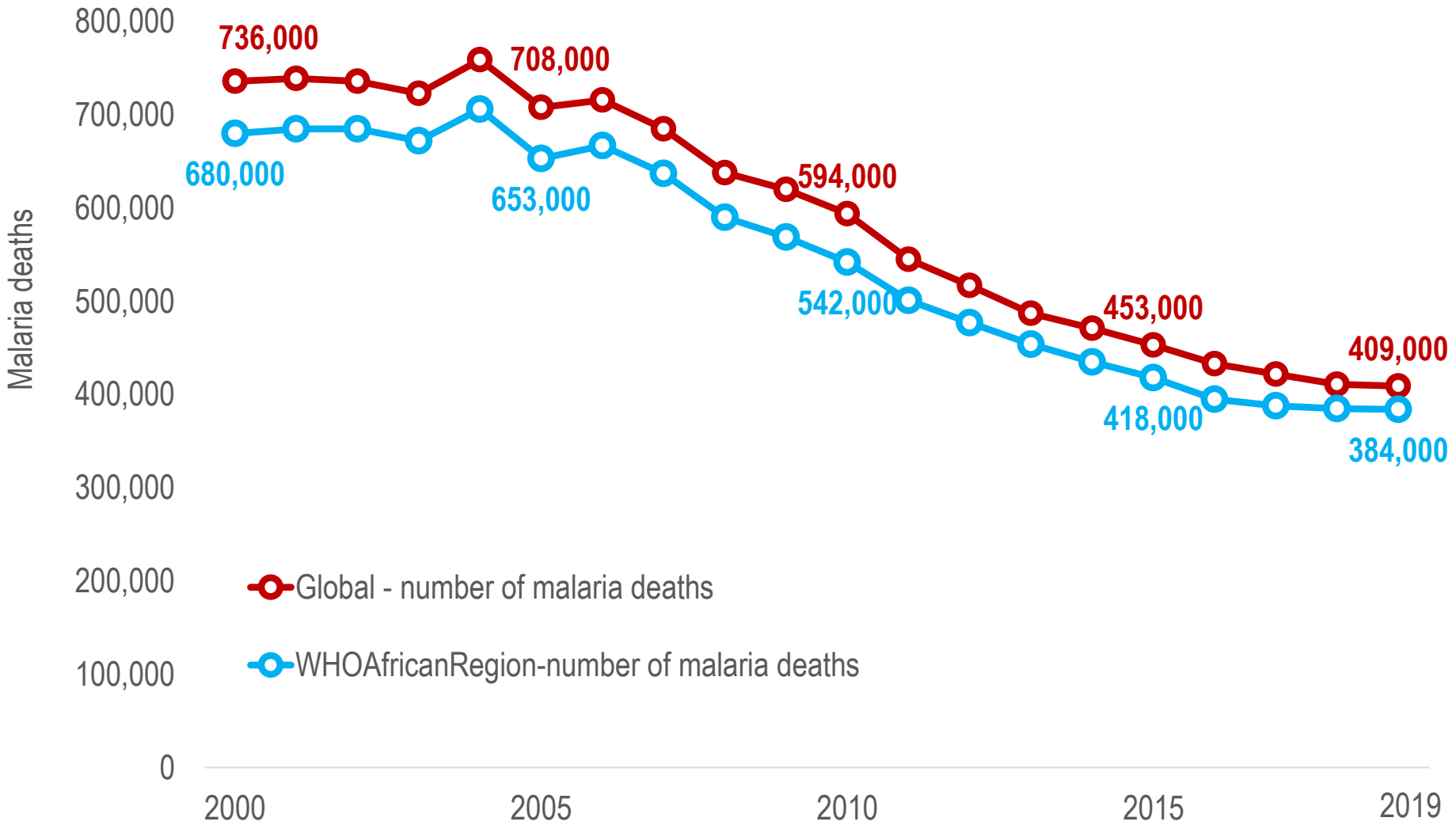
Global trends in malaria mortality incidence rate (deaths per 100 000 population at risk)



60% reduction in global malaria mortality incidence between 2000 and 2019

15% reduction in malaria mortality incidence between 2015–2019

Trends in malaria deaths – global and WHO African Region, 2000–2019

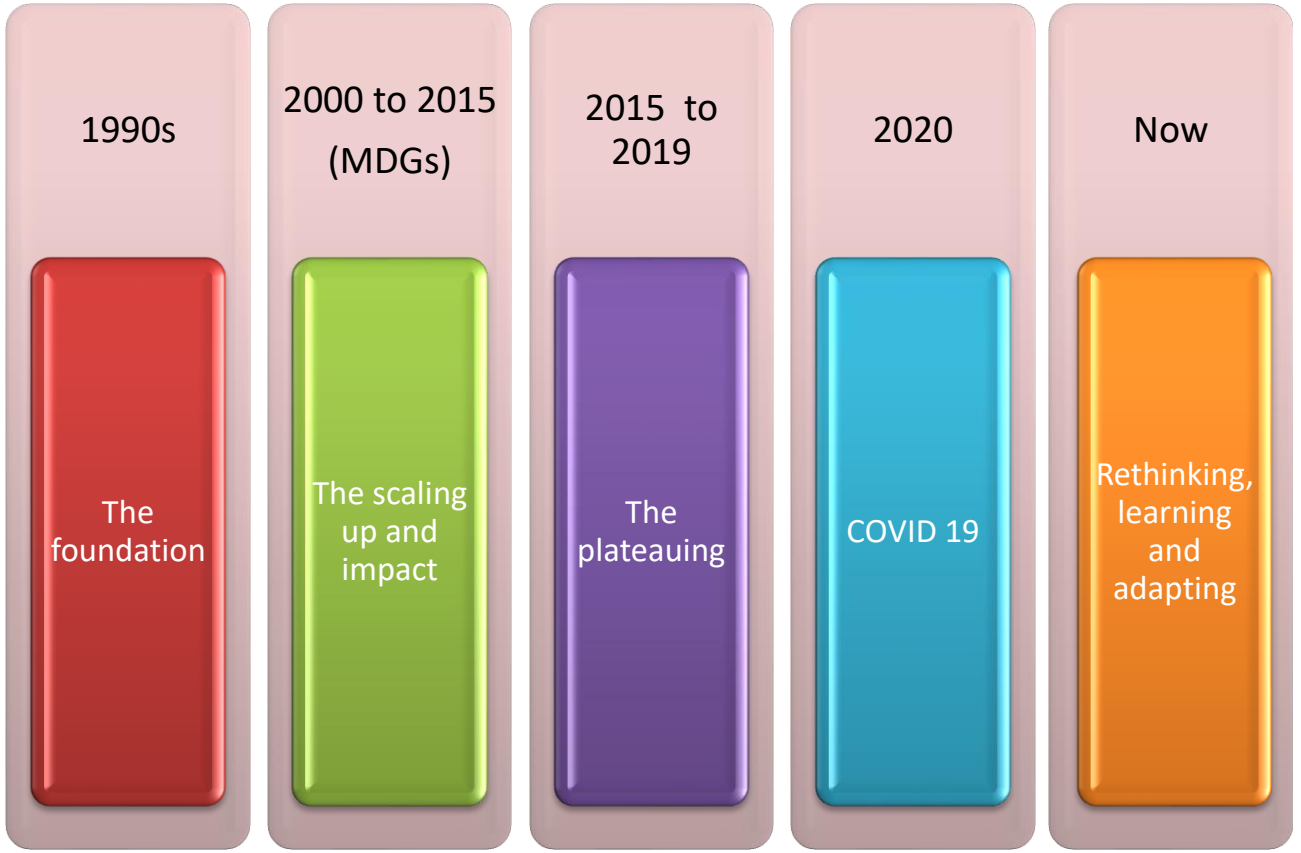


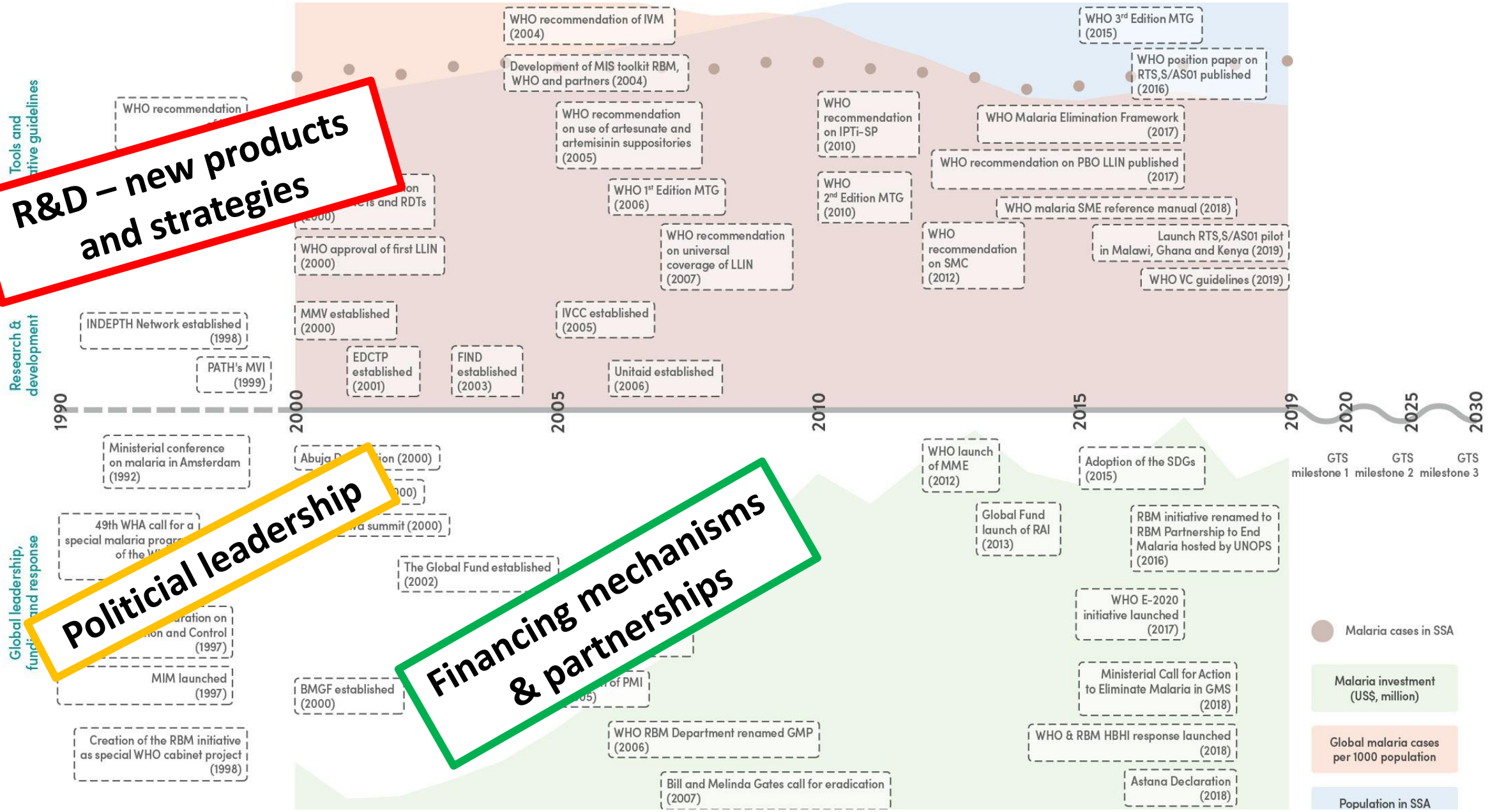
94% of global malaria deaths in 2019 occurred in the WHO African Region

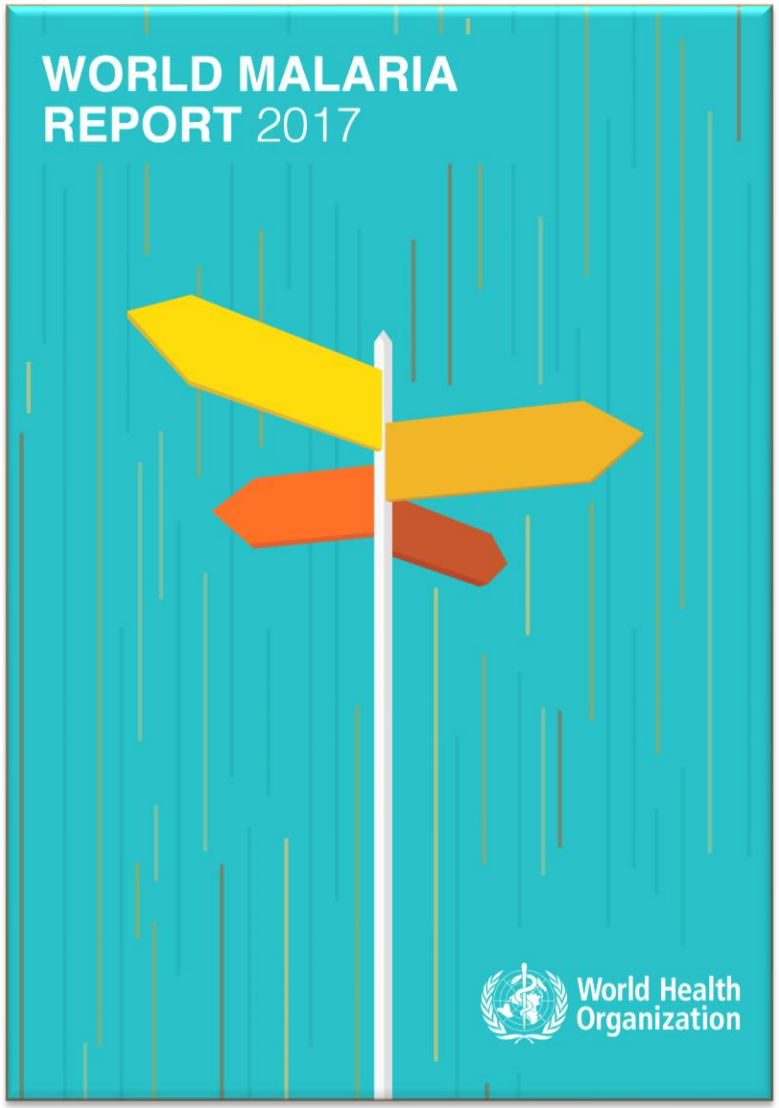
Global **Malaria** Programme

World Health Organization

Recent history of malaria

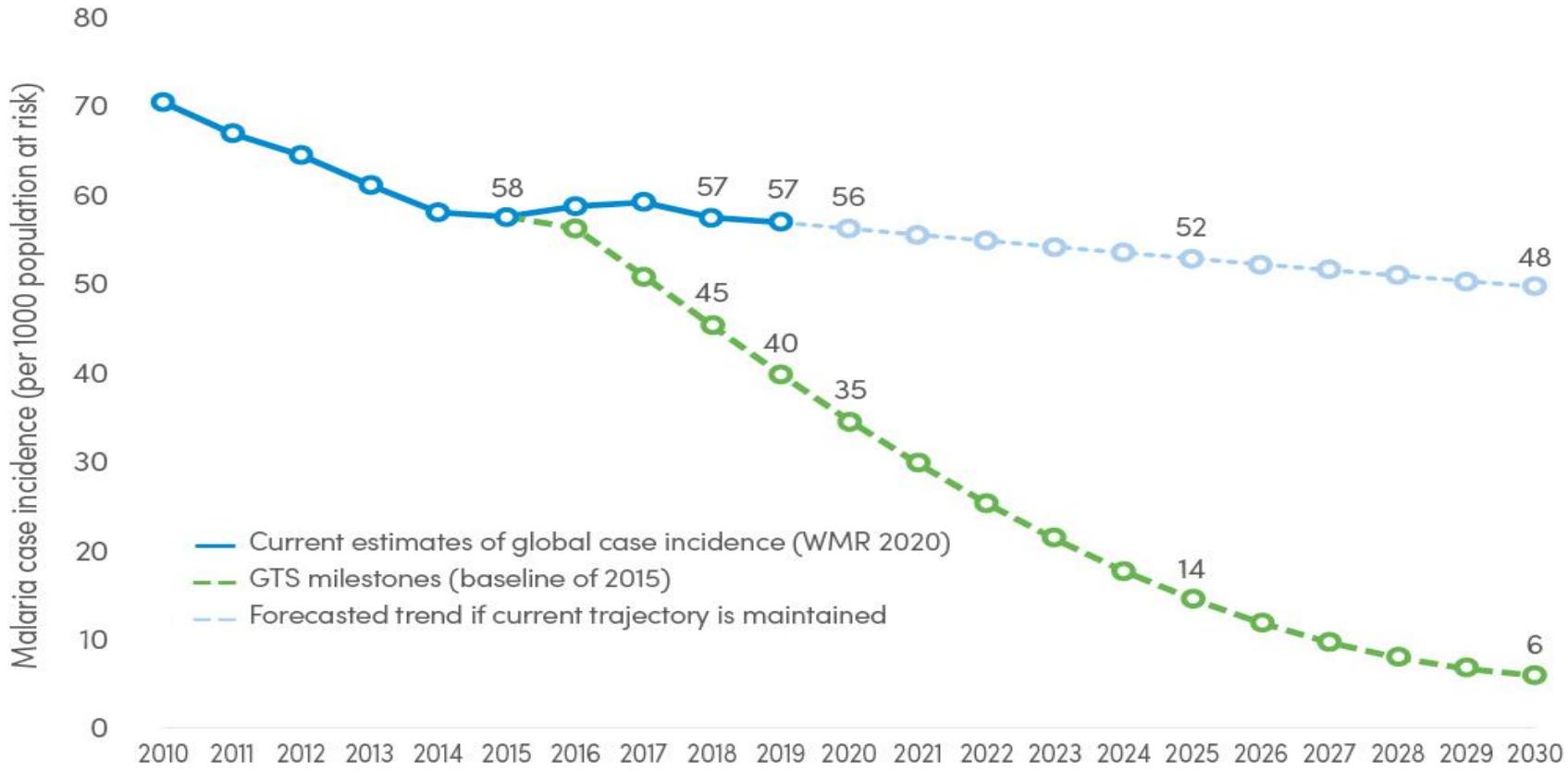



R&D – new products and strategies
Politicial leadership
Financing mechanisms & partnerships
Tools and guidelines
Research & development
Global leadership, funding and response
1990
2000
2005
2010
2015
2019
2020
2025
2030
WHO recommendation of IVM (2004)
Development of MIS toolkit RBM, WHO and partners (2004)
WHO recommendation on use of artesunate and artemisinin suppositories (2005)
WHO 1st Edition MTG (2006)
WHO recommendation on universal coverage of LLIN (2007)
WHO approval of first LLIN (2000)
MMV established (2000)
IVCC established (2005)
EDCTP established (2001)
FIND established (2003)
Unitaid established (2006)
INDEPTH Network established (1998)
PATH's MVI (1999)
Ministerial conference on malaria in Amsterdam (1992)
The Global Fund established (2002)
BMGF established (2000)
Creation of the RBM initiative as special WHO cabinet project (1998)
WHO RBM Department renamed GMP (2006)
Bill and Melinda Gates call for eradication (2007)
WHO recommendation on IPTi-SP (2010)
WHO 2nd Edition MTG (2010)
WHO recommendation on SMC (2012)
WHO launch of MME (2012)
Global Fund launch of RAI (2013)
WHO 3rd Edition MTG (2015)
WHO position paper on RTS,S/AS01 published (2016)
WHO Malaria Elimination Framework (2017)
WHO recommendation on PBO LLIN published (2017)
WHO malaria SME reference manual (2018)
Launch RTS,S/AS01 pilot in Malawi, Ghana and Kenya (2019)
WHO VC guidelines (2019)
Adoption of the SDGs (2015)
RBM initiative renamed to RBM Partnership to End Malaria hosted by UNOPS (2016)
WHO E-2020 initiative launched (2017)
Ministerial Call for Action to Eliminate Malaria in GMS (2018)
WHO & RBM HBHI response launched (2018)
Astana Declaration (2018)
GTS milestone 1
GTS milestone 2
GTS milestone 3
Malaria cases in SSA
Malaria investment (US$, million)
Global malaria cases per 1000 population
Population in SSA


WORLD MALARIA
REPORT 2017
World Health
Organization

Global progress toward the 2020 GTS milestones, from 2015 baseline

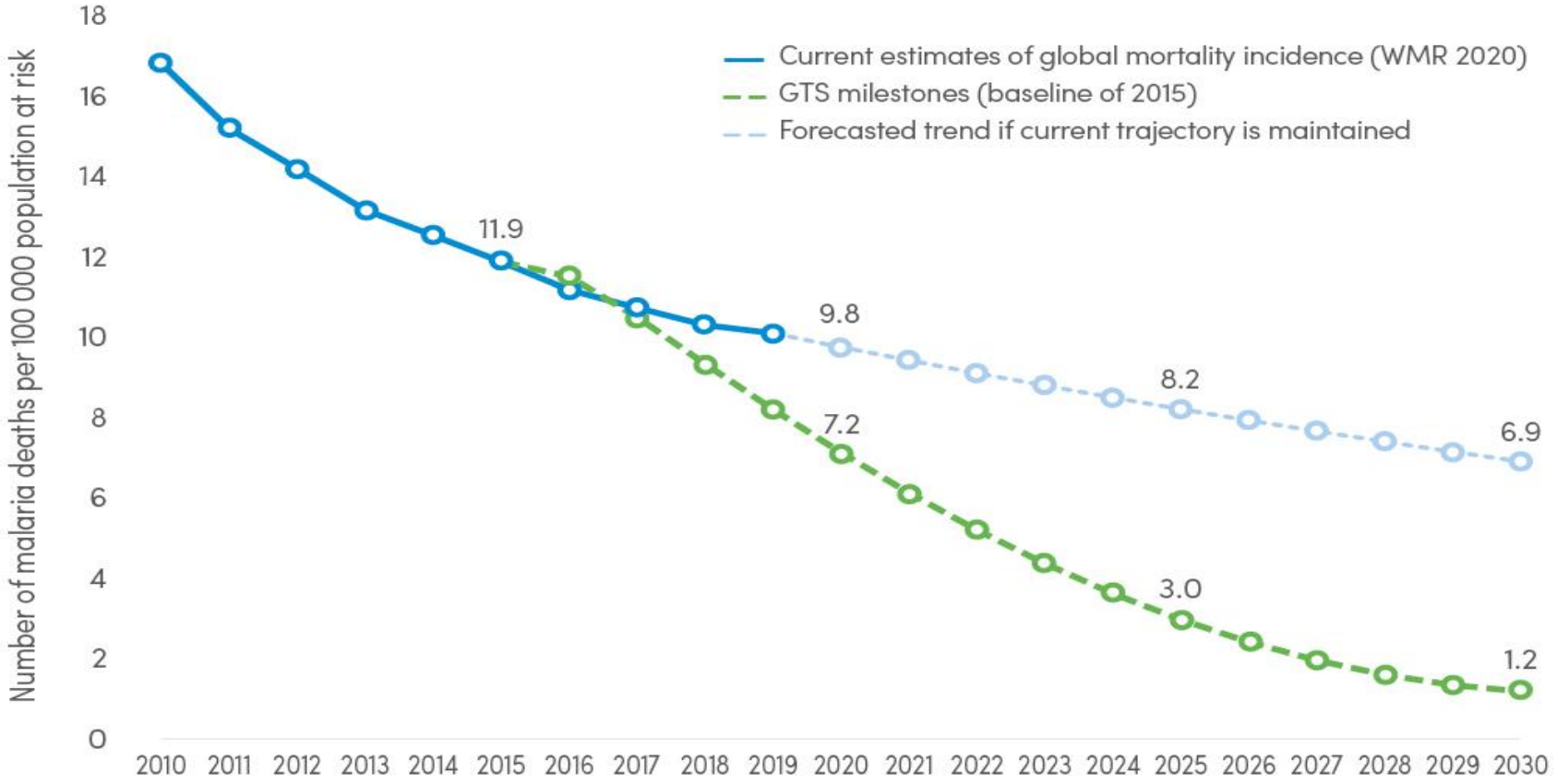
Comparison of global progress in malaria case incidence, considering two scenarios: current trajectory maintained (**blue**) and GTS targets achieved (**green**)



Source: WHO estimates

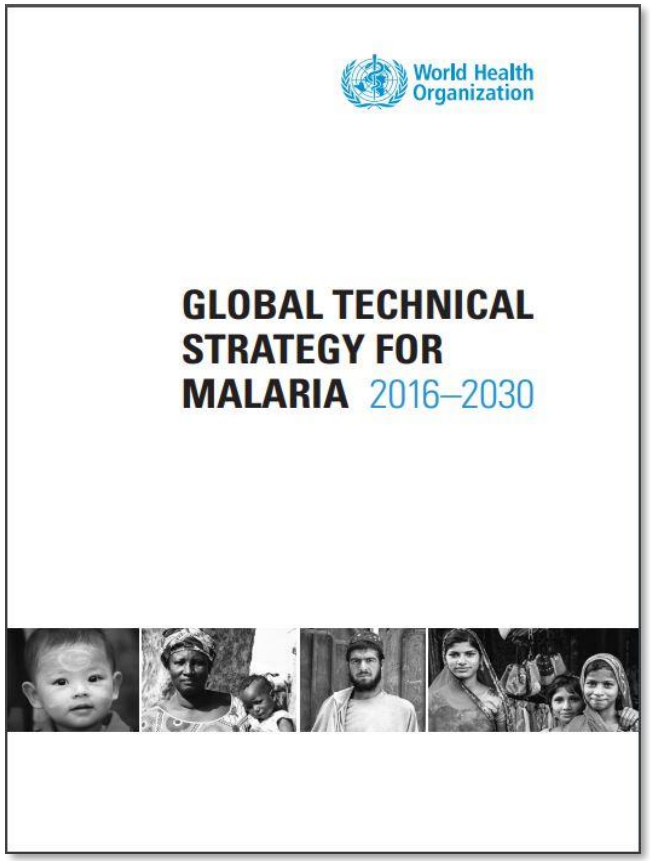
Global progress toward the 2020 GTS milestones, from 2015 baseline

Comparison of global progress in malaria mortality incidence rate, considering two scenarios: current trajectory maintained (**blue**) and GTS targets achieved (**green**)



Source: WHO estimates

The GTS update process



September 2020: An Information Session for Member States was held to discuss the planned updates

December 2020: Malaria Policy Advisory Group open discussion on the proposed areas for update

January 2021: Open virtual webinar attended by partners and country programmes

April 2021: The input from these sessions has been incorporated into the revised Strategy, which will be presented to Member States for comment at a WHO Information Session

May 2021: The updated Strategy will be linked to the malaria progress report presented to the Seventy-fourth World Health Assembly and published shortly thereafter

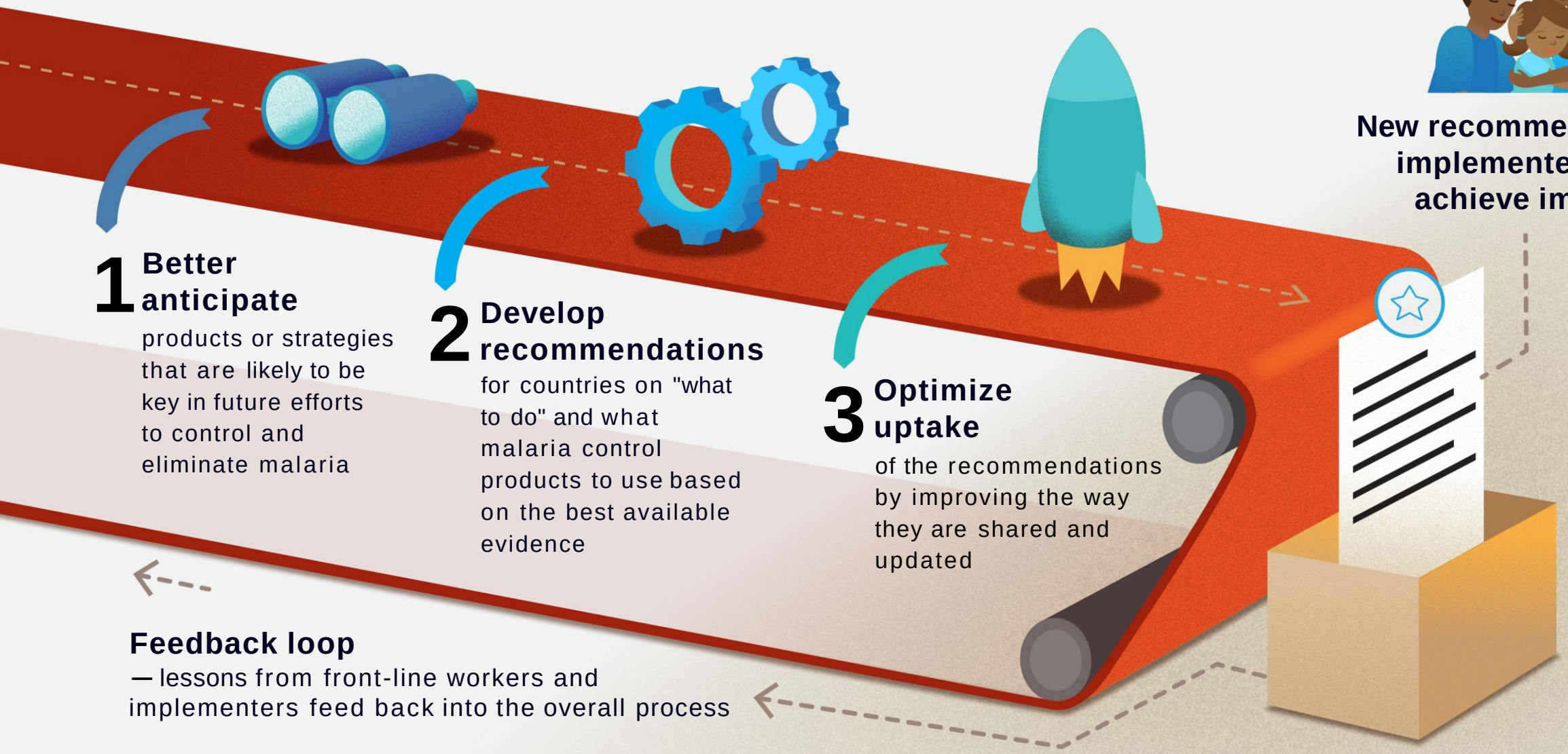
Global Technical Strategy at a Glance (revisions highlighted)

Principles

- Country ownership and leadership, with involvement and participation of communities, are essential to accelerating progress through a multisectoral approach (reordered to be the first principle)
- All countries can accelerate efforts towards elimination through combinations of interventions tailored to local contexts
- Improve impact through the use of data to stratify and tailor malaria interventions to the local context
- Equity in access to quality health services, especially for the populations experiencing disadvantage, discrimination and exclusion, is essential.
- Innovation in interventions will enable countries to maximize their progression along the path to elimination.
- A resilient health system underpins the overall success of the malaria response (new)

Our normative work

The 3 steps in the pathway



1 Better anticipate
products or strategies that are likely to be key in future efforts to control and eliminate malaria

2 Develop recommendations
for countries on "what to do" and what malaria control products to use based on the best available evidence

3 Optimize uptake
of the recommendations by improving the way they are shared and updated

New recommendations implemented and achieve impact

Feedback loop
— lessons from front-line workers and implementers feed back into the overall process

1 Better Anticipate

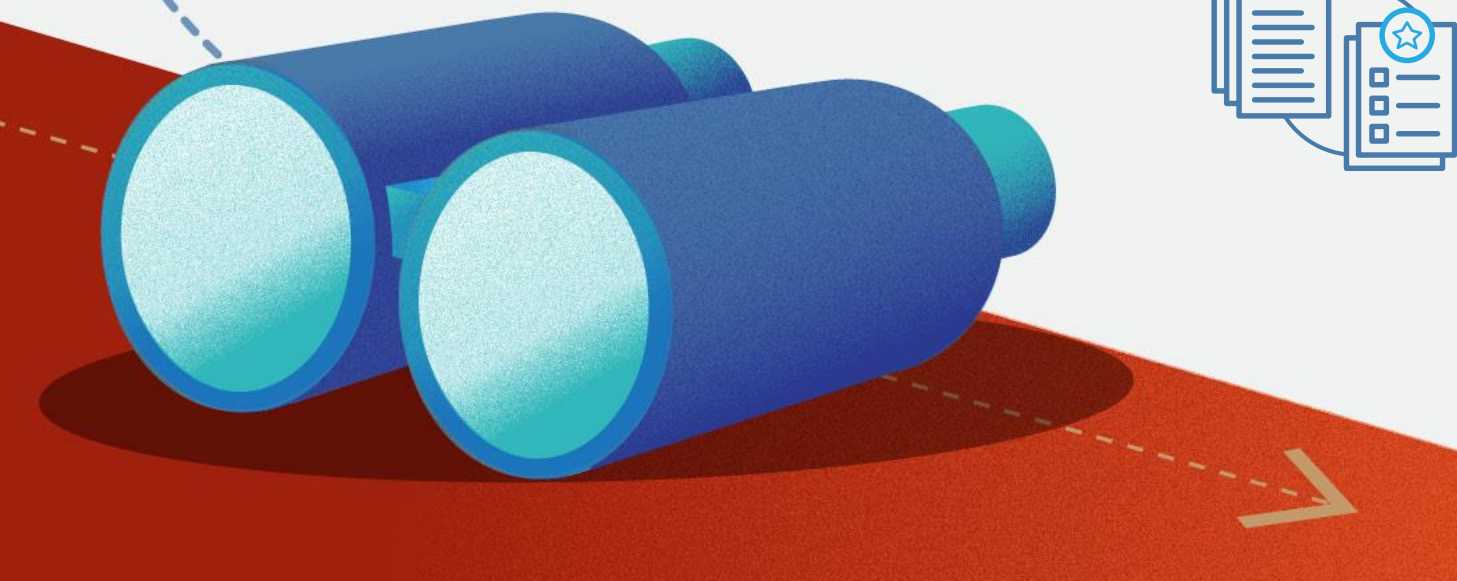
Each year, more than 400 000 people die from malaria worldwide, and there are more than 200 million new cases of the disease. The toll of malaria represents pressing public health needs that are not being met.

Step 1 in the pathway involves:

Defining unmet public health needs related to malaria

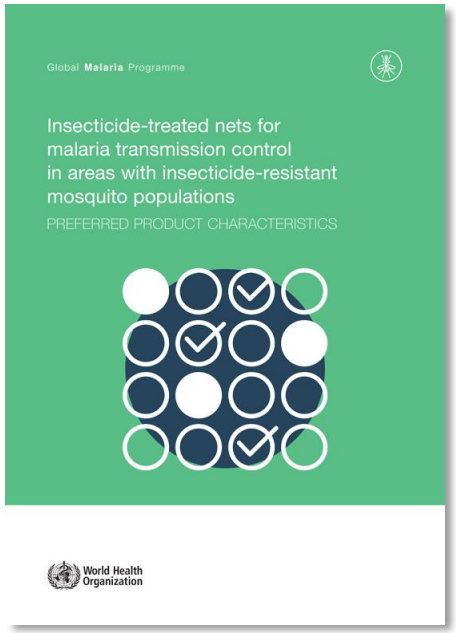
Defining the preferred product characteristics of malaria products and strategies that could address these needs and supporting the R&D effort

Scanning the pipeline of new products and determining whether there is sufficient evidence to support a WHO recommendation



This step provides transparency and predictability and helps shape the R&D space for new products.

Preferred product characteristics (PPCs)



- Two PPCs in February 2021:
  - ITNs in areas with insecticide-resistant mosquito populations
  - Malaria in complex emergencies and in response to natural disasters
- Other PPCs for planned in 2021:
  - New chemicals for IRS
  - Tools to control outdoor biting
  - Update of existing PPC on endectocides
  - PPCs for malaria vaccines and for chemoprevention drugs: available for public consultation in the coming 2-4 months

Malaria Vaccine Implementation Program (MVIP)

The RTS,S malaria vaccine development: 30-years and counting…

World Health Organization

2015
EMA positive scientific opinion granted

2016
WHO recommendation for pilot implementation

Discovery | Pre-clinical | Phase 1 | Phase 2 | Phase 3 | Pilot

1984

1987

1995
First clinical tests in humans begin in US

2004
Proof of concept demonstrated in African children

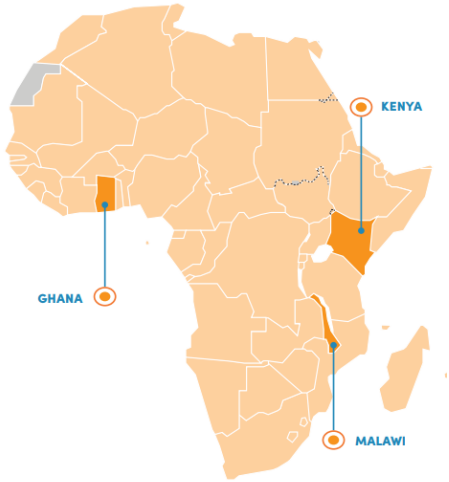
2009
Phase 3 trial starts

2015
Phase 3 final results published

2019
Vaccine launch in routine programme in Ghana, Kenya, Malawi

Malaria Vaccine Implementation Programme (MVIP)

- On advice of SAGE and MPAC, WHO recommended pilot phased introduction to answer outstanding questions[1]:
  - Feasibility of reaching children with 4 doses, administered outside of usual EPI schedule
  - Safety, emphasis on safety signals in Phase III trial
  - Impact in routine use



- Ghana, Kenya & Malawi selected based on pre-specified criteria[2]
- National Regulatory Authorities in the three countries authorized the vaccine for use in the MVIP
- Data will inform WHO recommendations on wider use of RTS,S/AS01

*Malaria Vaccine, WHO position paper, https://www.who.int/wer/2016/WER9104.pdf?ua=1 * Selection criteria included: Expressed desire by the MOH to engage in the MVIP; well-functioning malaria and immunization programmes; moderate-to-high malaria transmission; sufficient number of young children living in the malaria-transmission areas where the vaccine will be introduced; strong implementation research or evaluation experience in the country; and capacity to assess safety outcomes.

Four components of the MVIP

World Health Organization

Vaccination

1

RTS,S/AS01 Implementation through EPI Programme

In selected areas of Ghana, Kenya & Malawi with community engagement

Evaluation

2 **Pilot evaluation commissioned by WHO**

Incl. sentinel hospitals surveillance; community-based mortality surveillance; 3 household surveys

3 **Qualitative assessment (HUS) & economic analyses**

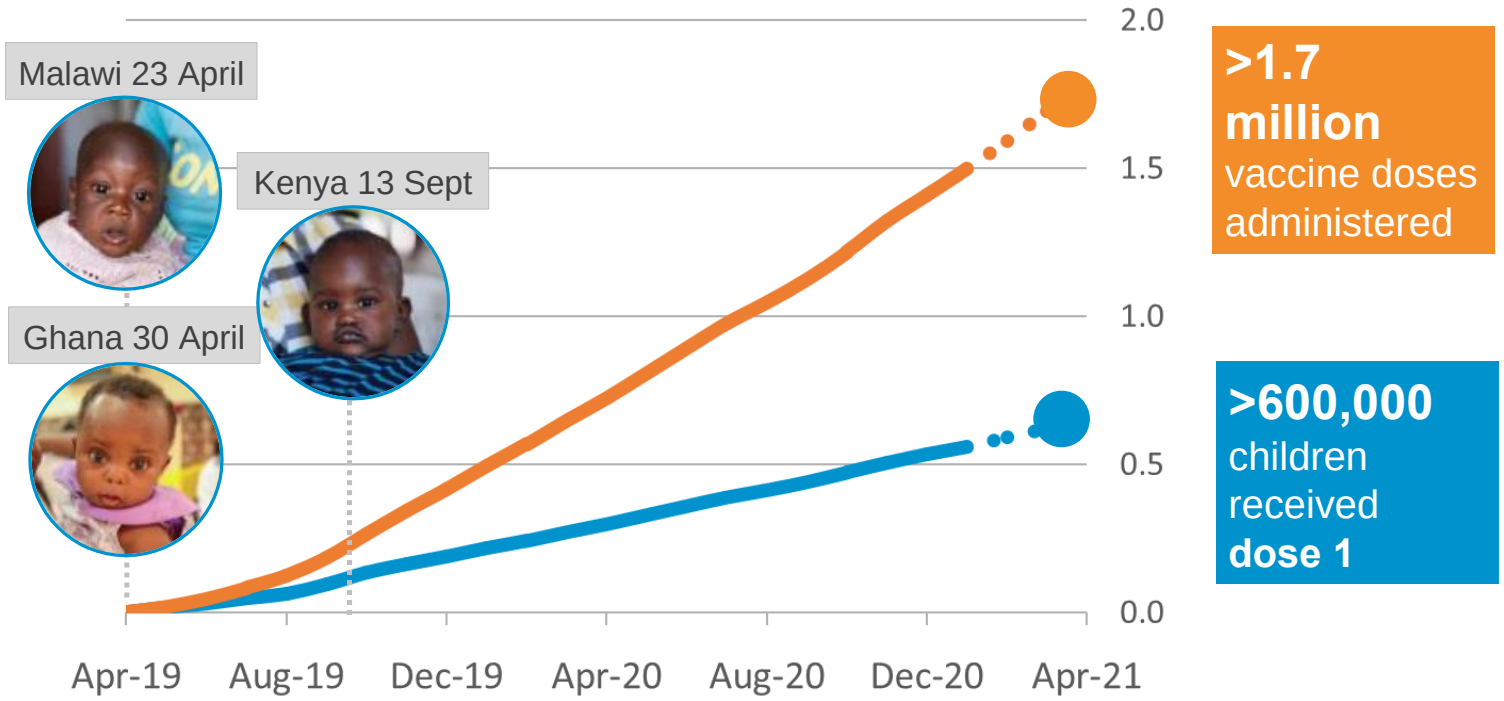
commissioned by PATH

4 **GSK Phase IV study**

Safety, effectiveness and impact
Part of GSK's EMA Risk Management Plan

Malaria vaccine implementation programme on track despite COVID-19

World Health Organization

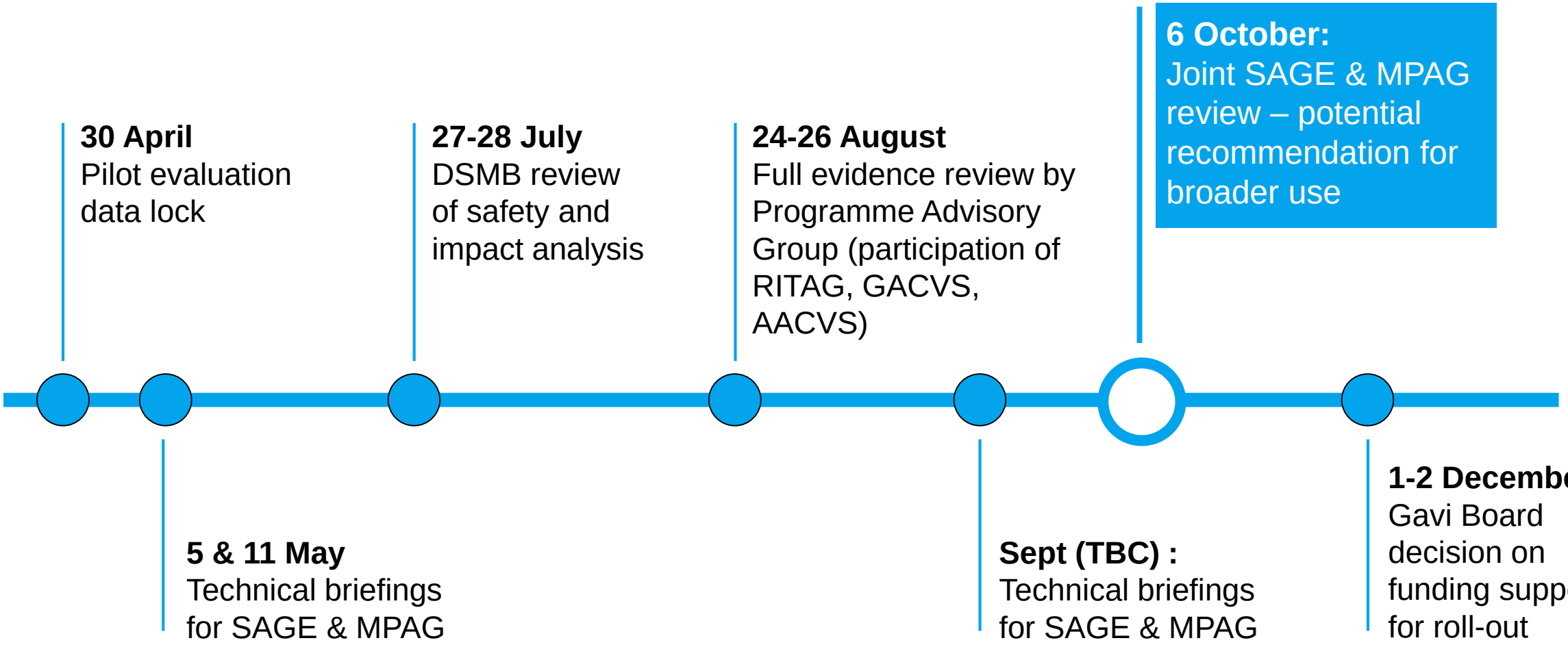


>1.7 million vaccine doses administered

>600,000 children received **dose 1**

Estimates as of early April 2021 - based on monthly administrative data reports until January 2021 and projections thereafter.

Key anticipated milestones in 2021



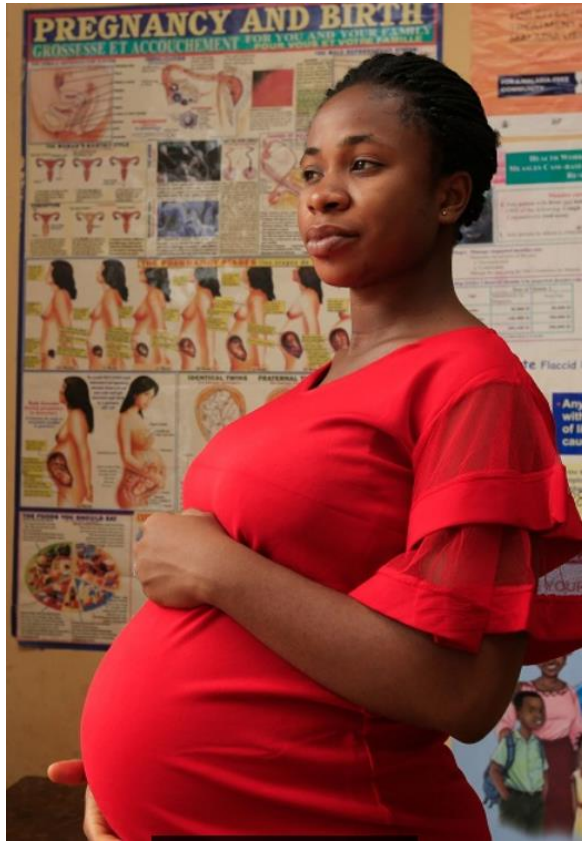
Rectal artesunate for pre-referal treatment of severe malaria

- UNITAID-funded 3-year project: Community Administration of Rectal Artesunate for Severe Malaria (**CARAMAL**)
- The **goal** of the project is to contribute to reducing malaria mortality in children globally.
- There are **4 outputs**:
  - Quality Assured rectal artesunate available in malaria endemic countries
  - Rectal artesunate introduced as pre-referral treatment into strengthened severe malaria management systems in implementation areas
  - Evidence generated and shared on effects and rational use of rectal artesunate
  - Transition to evidence-based and step-wise scale-up of rectal artesunate in target countries
- **Project countries:** DRC, Nigeria, and Uganda
- Evidence assessment: **27-29 April 2021**

CARAMAL: key research questions

- What are the **minimal requirements** of a community case management system **to ensure that RAS is an effective part of the continuum of care** from the community to a referral facility ?
- What are the **unintended consequences** of scaled implementation, such as adverse drug reactions, unforeseen costs, or unforeseen issues in treatment of malaria at all levels of care, and how can they be addressed?
- Is there any **use of RAS beyond the recommended guidelines**, including full treatment of severe cases with RAS at community level, and the treatment of uncomplicated malaria with RAS? What interventions are necessary to avoid this inappropriate use?
- Can the introduction of pre-referral QA RAS **reduce severe malaria case fatality ratio** over time under real-world operational circumstances in three distinct settings?
- What are the **costs and cost-effectiveness** of community and peripheral health facility-based RAS?

Intermittent Preventive Treatment in Pregnancy (IPTp)



- UNITAID-funded 5-year project: Transforming Intermittent Preventive Treatment for Optimal Pregnancy (**TIPTOP**)
- The project's **goal** is to reduce maternal and neonatal mortality by expanding access to quality-assured SP for IPTp.
- The two main objectives of this evaluation are:
  - To assess the effectiveness of C-IPTp delivery in increasing IPTp-SP coverage in the project areas of Nigeria, DRC, Mozambique and Madagascar.
  - To understand the specific context in each area that may influence the effectiveness of the C-IPTp strategy
- **Project countries**: DRC, Madagascar, Mozambique, Nigeria
- **Phase I/II**: 10 000 + 30000 pregnant women in each country.

Exploring new approaches to acceleration through surveillance and response

Malaria Journal

BMC

Malar J. 2020; 19: 292.

PMCID: PMC7429894

Published online 2020 Aug 14. doi: 10.1186/s12936-020-03363-w

PMID: 32799857

Effectiveness of the innovative 1,7-malaria reactive community-based testing and response (1, 7-mRCTR) approach on malaria burden reduction in Southeastern Tanzania

Yeromin P. Mlacha,[2,3,4] Duoquan Wang,[1] Prosper P. Chaki,[✉2] Tegemeo Gavana,[2] Zhengbin Zhou,[1] Mihayo G. Michael,[2] Rashid Khatib,[2] Godlove Chila,[2] Hajirani M. Msuya,[2] Exavery Chaki,[2] Christina Makungu,[2] Kangming Lin,[5] Ernest Tambo,[6] Susan F. Rumisha,[8] Sigsbert Mkude,[2] Muhidin K. Mahende,[2] Frank Chacky,[7] Penelope Vounatsou,[3,4] Marcel Tanner,[3,4] Honorati Masanja,[2] Maru Aregawi,[9] Ellen Hertzmark,[10] Ning Xiao,[1] Salim Abdulla,[2] and Xiao-Nong Zhou[1]

▸ Author information ▸ Article notes ▸ Copyright and License information Disclaimer

Objectives

- Explore and validate the application of innovative surveillance and response in different settings of Africa.
- Explore multisectoral approach in coordination and implementation to reduce malaria burden.

Countries

- Tanzania, Burkina Faso, Senegal & Zambia

Collaborators

- TDR, NIPD (China) & NMCPs

Fund:

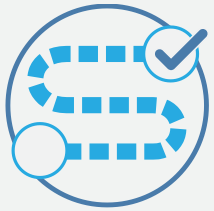
- UN Peace Fund Agenda 2030

2 Develop recommendations

WHO's evidence-informed recommendations on malaria guide national ministries of health as they develop polices and strategic plans to combat the disease; they support decisions around "what to do".

WHO also develops implementation guidance - such as operational and field manuals - to advise countries on "how to" deliver the recommended tools and strategies.

Step 2 in the pathway involves:



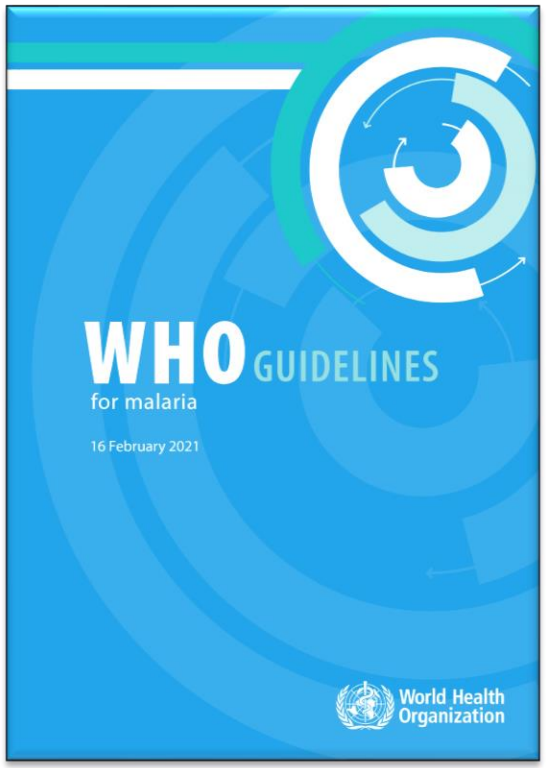
Developing recommendations for new tools and strategies through WHO's transparent, predictable and rigorous guideline development process

Ensuring that any recommendation around the use of a specific product is developed in parallel with its prequalification assessment

The WHO prequalification process ensures that diagnostics, medicines and other disease control products meet global standards of quality, safety and efficacy.

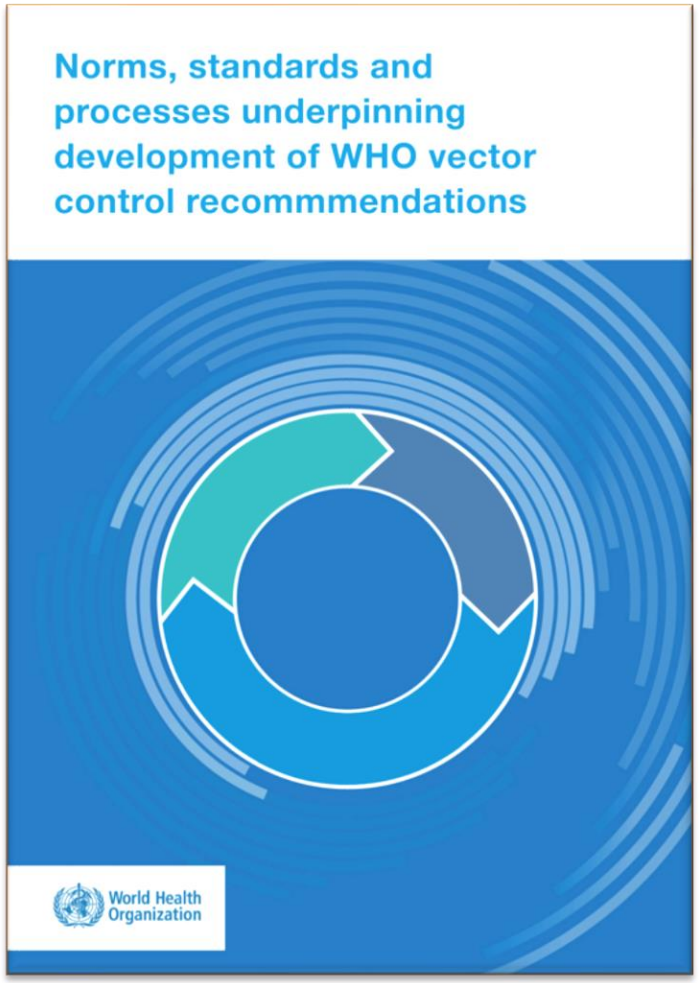
Issuing WHO recommendations and their related prequalification listings at the same time

Develop recommendations



- WHO Guidelines for Malaria
  - 4 Guidelines Development Groups established – Vector control, Elimination, Chemoprevention, Vaccines & Treatment
  - 1 Planning proposal in development – Diagnosis
- First new/updated Recommendations are anticipated in June 2021 on vector control
- Upcoming evidence review meetings:
  - Chemoprevention (IPTi) – May
  - Treatment – June
  - Vector control (complex emergencies, ITNs + IRS, pyrethoid-PBO nets)- June
  - Elimination – July/August
  - Chemoprevention (IPTp, MDA, SMC, school children) – July/Aug

New guidance: Norms, standards and processes underpinning WHO vector control recommendations



- Outlines the evaluation process that WHO undertakes to assess novel vector control interventions targeted at controlling vector-borne diseases.
- A collaborative effort with PQT-VCP and NTD
- Target audience: manufacturers and procurers of vector control products, as well as researchers evaluating novel interventions.

3 Optimize uptake

After recommendations are developed, WHO supports their adoption and use in malaria-affected countries.

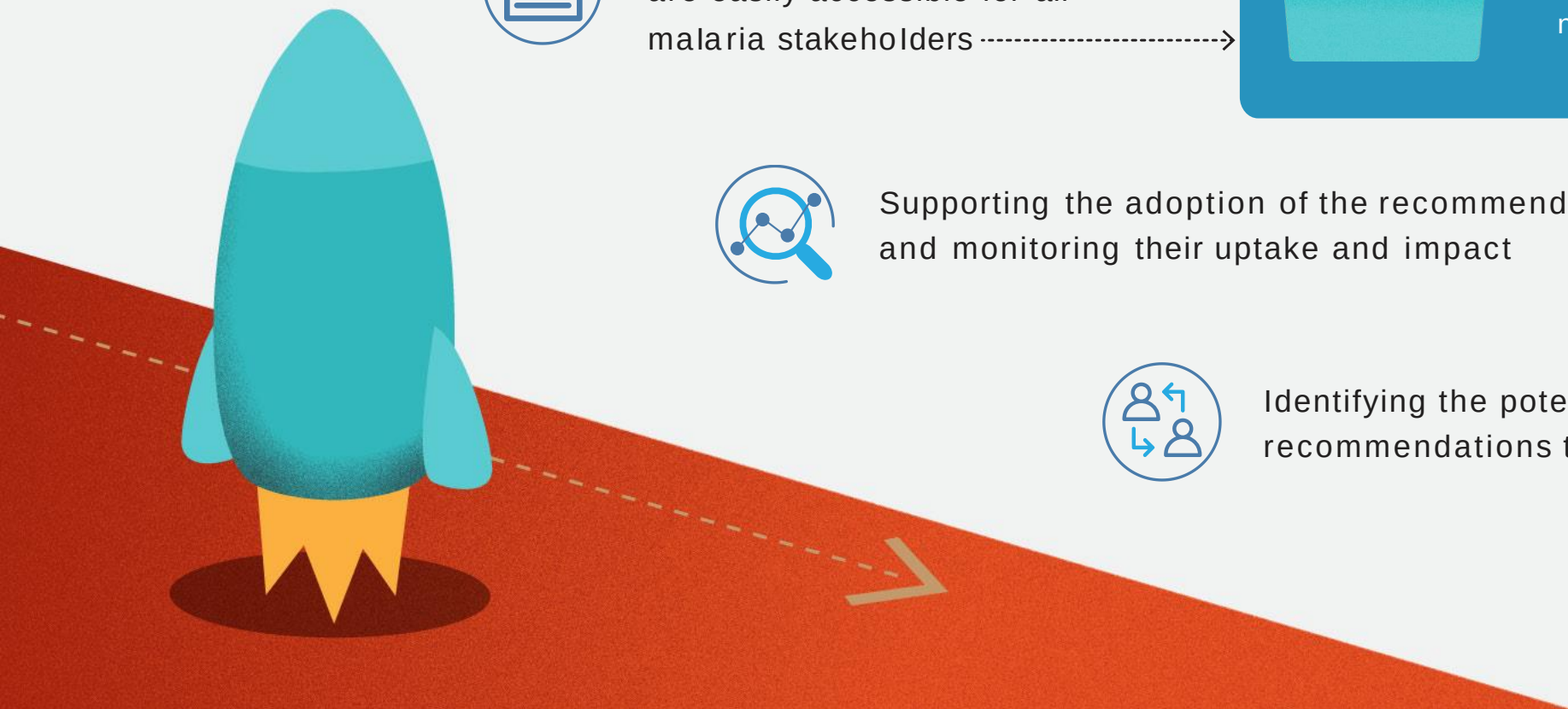
Step 3 in the pathway involves:

Ensuring the recommendations are easily accessible for all malaria stakeholders

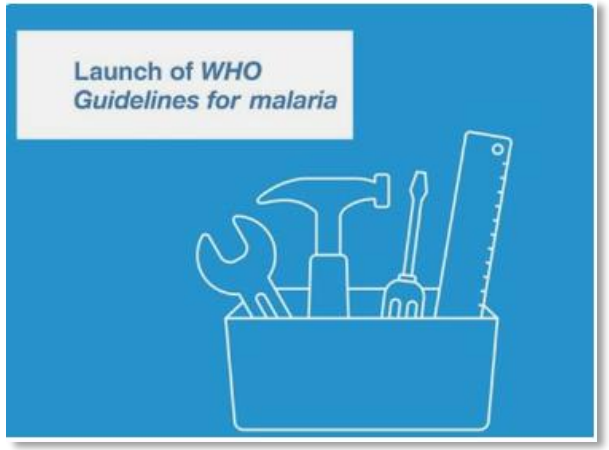
The new *WHO Guidelines for malaria* bring together the Organization's most up-to-date recommendations for malaria in one easy-to-navigate online platform

Supporting the adoption of the recommendations and monitoring their uptake and impact

Identifying the potential need for new or improved recommendations through effective feedback loops



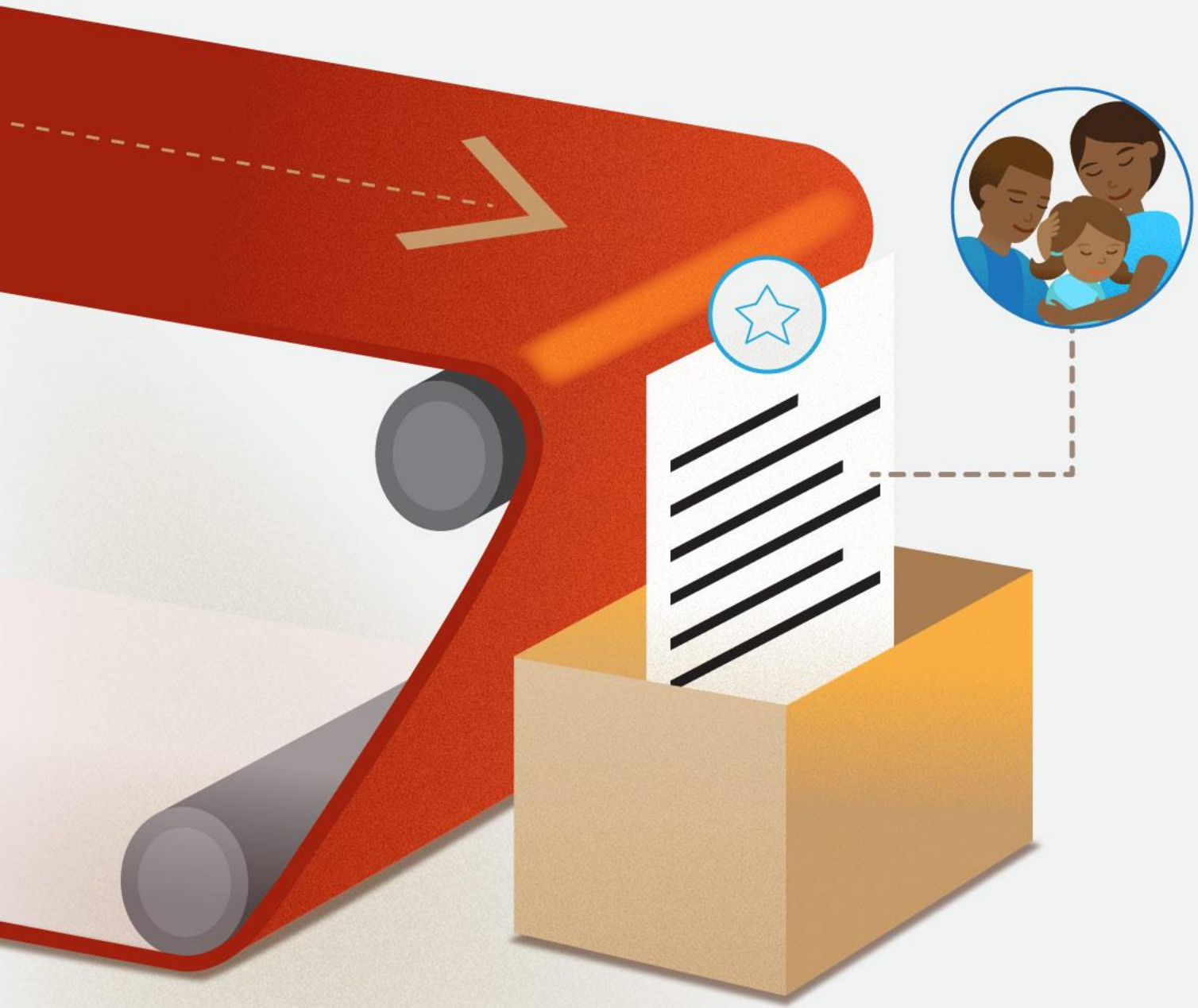
WHO Guidelines for malaria (Feb 2021)



- WHO's most up-to-date recommendations are now available in one user-friendly web-based platform
  - Online platform (MAGICApp) enables rapid updates of recommendations approved by GRC
  - Guidelines also available through PDFs on WHO website
  - Translations underway (French, Spanish, Arabic)
  - Implementation guidance is linked and referenced
  - Feedback tab will help identify recommendations that may need an update or further clarification

Optimize uptake: dissemination

- Key dissemination plans for 2021
  - Update mobile app to draw content from MAGICapp
  - Short training videos to support problem-solving approach and enable national decision making on optimal mix of interventions



Anticipated outcome

This pathway has been designed to deliver timely, high quality recommendations for malaria-endemic countries through processes that are:

- Transparent
- Consistent
- Efficient
- Predictable

Supporting countries to achieve impact

“High burden high impact” (HBHI) approach

HBHI Focus in 2021

- Support countries:
  - Surveillance and M&E strengthening (9 countries)
  - Retrospective assessment of possible causes of increased malaria burden and factors undermining intervention effectiveness (6 countries)
  - Review proposed mix of vector control (5 countries)
  - Quality of services (6 countries)
  - Optimizing CHW effectiveness (6 countries)
  - Private sector engagement (4 countries)
  - Subnational operational plans (3 countries)
- Promote HBHI approach to other high burden countries
  - Webinars with NMCP managers, in-country partners and WHO country office staff
  - Annual HBHI forum
  - Country-specific dialogues.

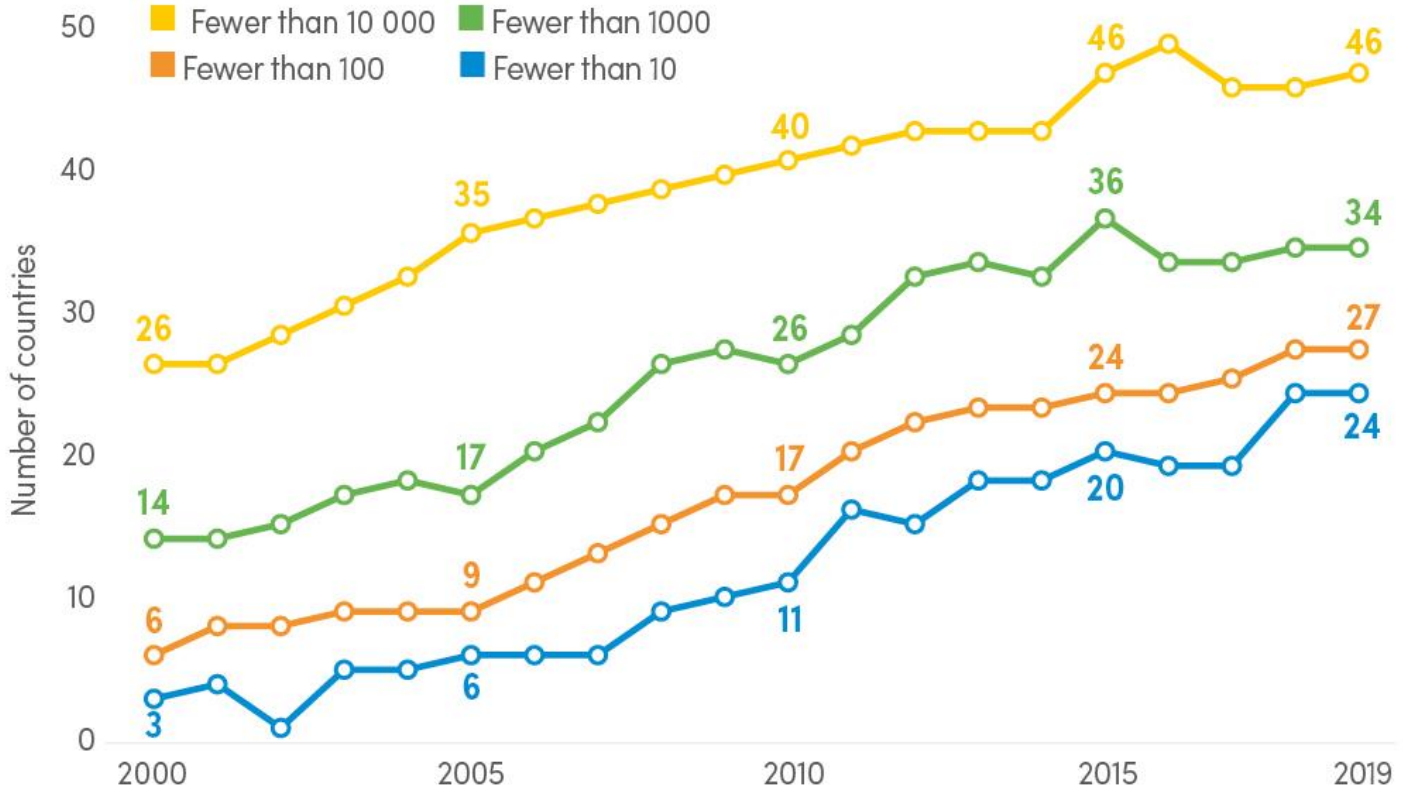
“High burden high impact” (HBHI) approach

- HBHI country reports on Malaria-COVID-19 , including best practices, challenges and lessons learned
- Programme at sub-national level being strengthened:
  - Uganda and Ghana: enabling policy to increase domestic financing
  - Cameroon and Niger: WHO-supported national staff deployed in remote highly endemic regions with insecurity
  - DRC: Malaria control operational plan, including epidemic preparedness and response plan, developed, costed and endorsed by provincial authorities
  - 2 high burden States in India: state and district staff trained
- Desk review of malaria and humanitarian situation in the 10 HBHI countries as well as in Ethiopia, CAR, Somalia, South Sudan and Sudan, Venezuela and Yemen, and development of response plan
- Malaria risk assessment and other technical support remotely and in the field to integrate malaria control into ongoing and planned emergency response operations carried out by WHO and partners in Tigray, Ethiopia and other countries as required

Global progress in eliminating malaria, 2000–2019

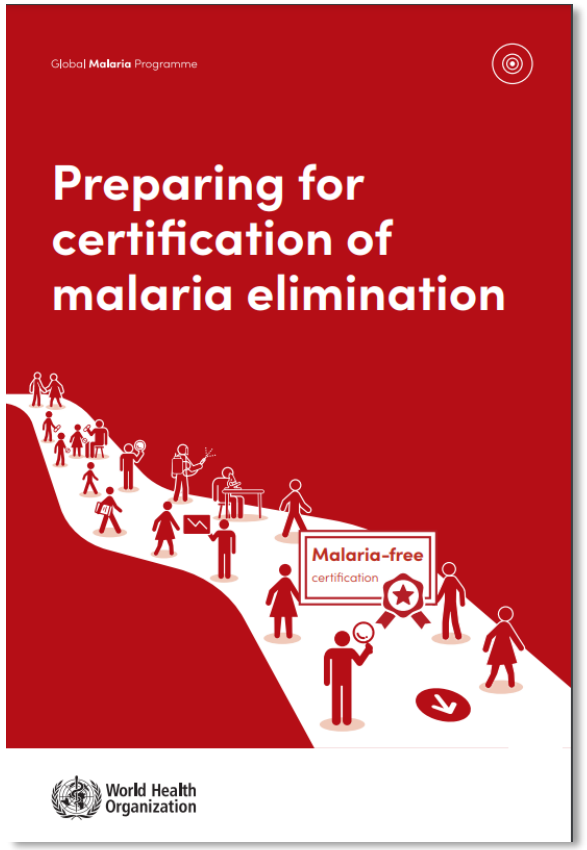
Number of countries that were malaria endemic in 2000, with fewer than 10, 100, 1000 and 10 000 indigenous malaria cases between 2000 and 2019

Sources: NMP reports and WHO estimates.



NMP: national malaria programme; WHO: World Health Organization.

- 21 April: Publication of E-2020 final report: “Zeroing in on malaria elimination”
- Launch of “E-2025 initiative”
  - WHO has identified a new cohort of 25 countries with potential to eliminate malaria by 2025
  - Eight new countries added: Dominican Republic, Democratic People’s Republic of Korea, Guatemala, Honduras, Panama, Sao Tome and Principe, Thailand, Vanuatu

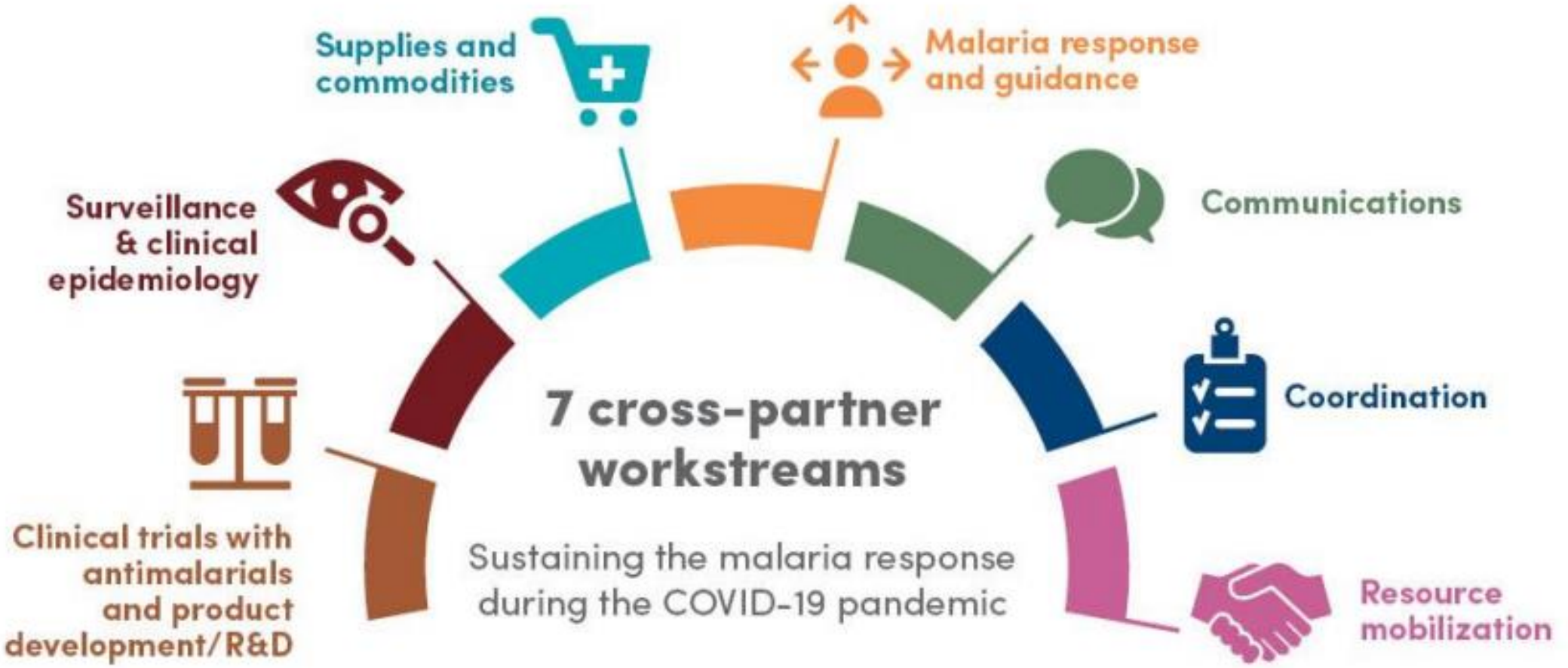


- New manual provides extended guidance for countries that are approaching elimination and preparing for the official WHO malaria-free certification
- Builds on the guidance provided in the WHO 2017 *Framework for malaria elimination*

WHO certification of malaria elimination

- Feb 2021: El Salvador became the first country in Central America to be certified malaria-free by WHO
- 38 countries and territories have been awarded the certification
- Independent evaluation mission in China tentatively planned for May 2021

Malaria & COVID-19 cross-partner workstreams

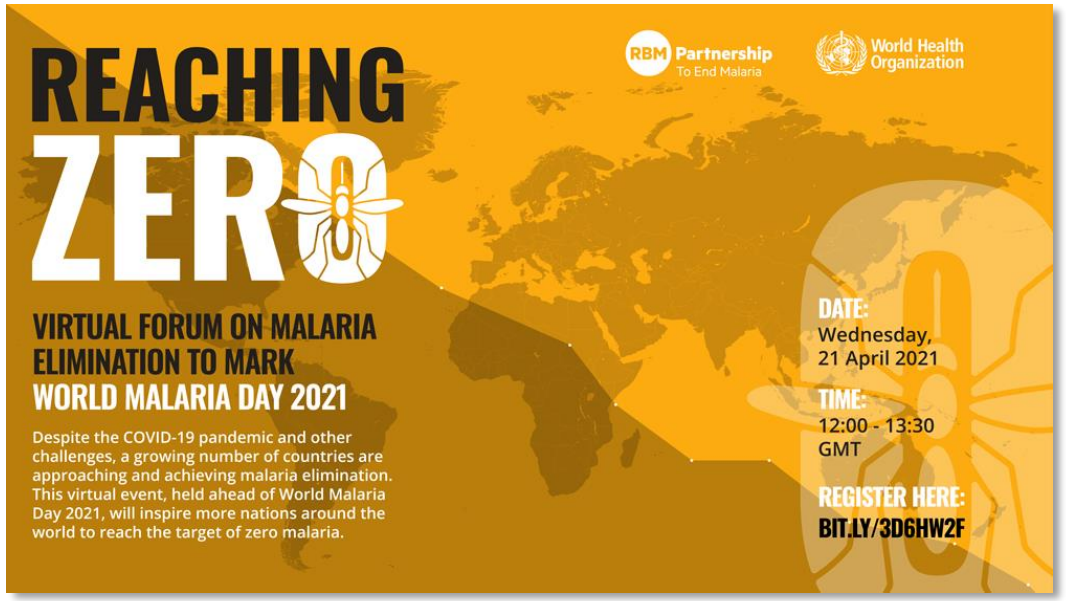


World Malaria Day 2021 – key messaging

- A strong focus on elimination
  - Since 2000, a growing number of countries have been approaching, and achieving, malaria elimination
  - Over the last 2 decades:
    - 24 countries reached zero indigenous cases for 3+ years
    - 11 countries were certified malaria-free by WHO
  - Together, they are showing the world that malaria elimination is a viable goal for all countries.

- Key drivers of success
  - Robust political commitment
  - Sustained funding – even after reaching zero
  - Free primary heath care
  - Strong surveillance systems
  - Community engagement

World Malaria Day 2021: joint virtual forum



- **Virtual event on 21 April**:
  - Focused on the elimination theme
  - Co-hosted by WHO and RBM Partnership
- Country leaders, frontline health workers and global partners to share their experiences and reflections on getting to zero.

Thank you !

U.S. President's Malaria Initiative

an introduction to the WHO-Malaria Policy Advisory Group

Dr. Rajesh Panjabi
U.S. Global Malaria Coordinator

PMI U.S. PRESIDENT'S MALARIA INITIATIVE
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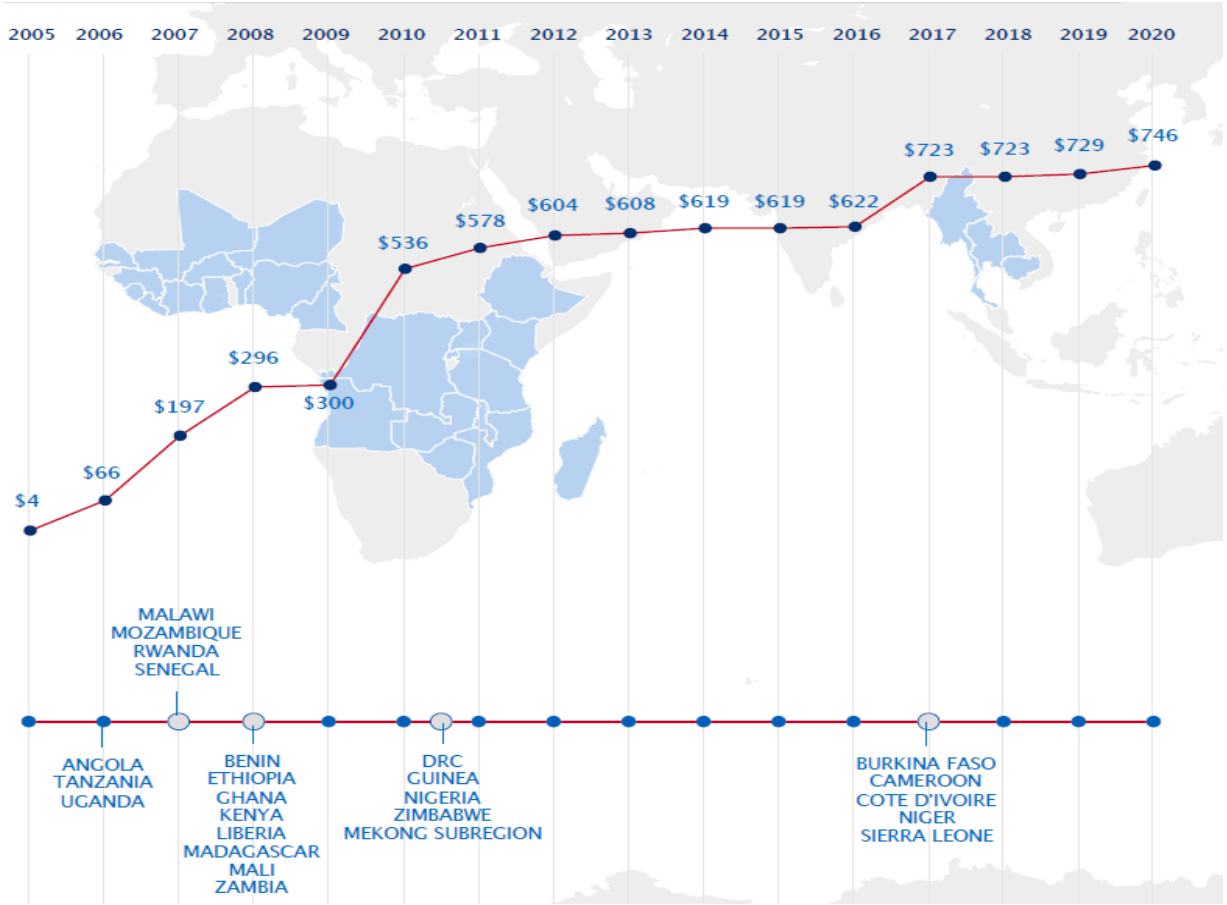
US-PMI country engagement and investments over 15 years



SINCE 2006, Jointly, our malaria community has contributed to:

29%↓ CASE RATES

60%↓ DEATH RATES

SAVED **7.6m** LIVES

PREVENTED **1.5b** CASES

USING PROVEN INTERVENTIONS
-- Following the Science

Insecticide-Treated Nets	Indoor Residual Spraying	Case Management (Diagnosis and Treatment)	Intermittent Preventive Treatment for Pregnant Women	Seasonal Malaria Chemoprevention
				
Delivered 375m ITNs	Sprayed 79m homes	Supplied 610m RDTs and 710m ACTs	Supplied 125m IPTp treatments	Delivered 90m SMC treatments

Cross-Cutting Investments

- Supply Chain and Health Systems Strengthening
- Social and Behavior Change
- Surveillance, Monitoring and Evaluation
- Operational Research

We still seek to do BETTER

WMR2020 continues to call out a stalling in our progress

2020-2021 has been a time of strategy updates:

- Updated RBM Strategy;
- Updated Bill and Melinda Gates Foundation malaria strategy;
- changes at UK Foreign Commonwealth Development Office;
- Updated Strategy process for The Global Fund; and
- an updated WHO Global Technical Strategy against Malaria 2016-2030

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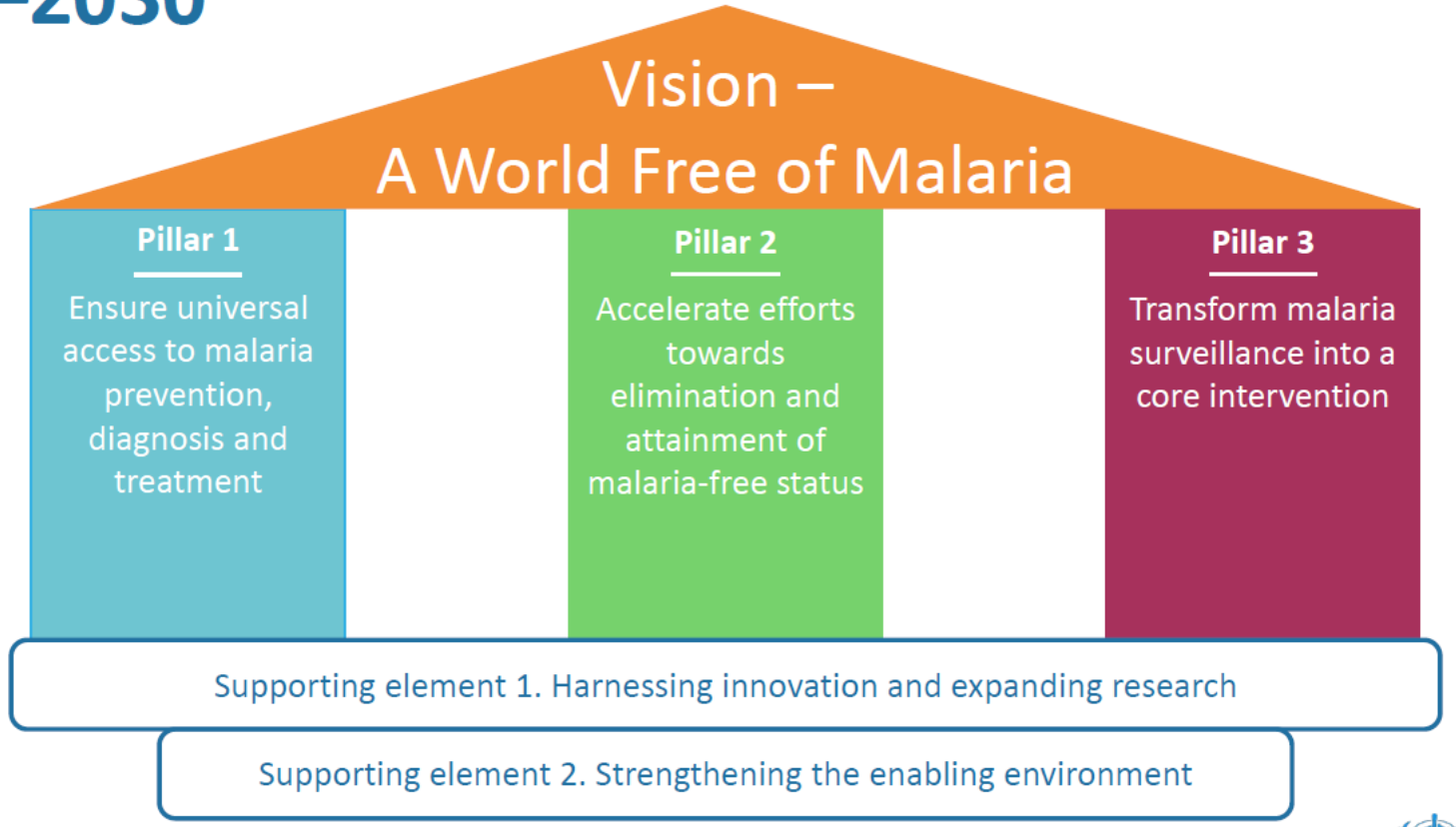
Global Technical Strategy for Malaria 2016–2030



Source: WHO, 2015

What do we mean by “Priorities” and where do they fit?

Time Horizon
Perpetuity
Our Era
5 years
FO Tenure
Annual
Annual

Priorities are core ideas and actions we focus on. Priorities shape our strategy, plans and budgets. Priorities provide a link between our mission, vision, and strategy and our plans and budgets.

Ending Malaria, Faster

We have made **unprecedented progress** to end malaria.

But **our progress is under threat.**

- Pre-COVID-19, progress toward ending malaria had slowed.
- COVID-19 strains health workers and clinics, disrupting prevention efforts and access to malaria testing and treatment.
- Parasites and mosquitoes are growing resistant to medicines and insecticides.
- Climate change contributes to unpredictable rains, creating new breeding sites for malaria-carrying mosquitoes.
- Conflict makes our work harder to do.

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What got us here, won't get us there.

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To end malaria faster, we must...

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1. Reach the unreached.*

We must decrease malaria deaths and disease by bringing proven interventions within reach of the last mile (i.e., remote & rural) communities -- those with the highest malaria transmission and the lowest intervention coverage.

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*Working draft for input

2. Make community health systems better.*

We must transform the quality of community health systems (i.e. clinic-to-community) -- by strengthening data, labs, supply chains, supervision & management systems -- to improve malaria outcomes.

*Working draft for input

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3. Keep malaria services safe and resilient.*

We must prevent reversal of gains by keeping malaria services safe, resilient, and effective in the face of new threats -- from COVID-19, other emerging threats, resistant mosquitoes and parasites, climate change, and conflict -- while contributing to global health security.

*Working draft for input

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4. Invest in people and partners closest to those we serve.*

We must increase the sustainability of our programs by transforming how we invest effectively in *local* leaders, organizations (i.e. private, NGO, and public), and other partners.

*Working draft for input

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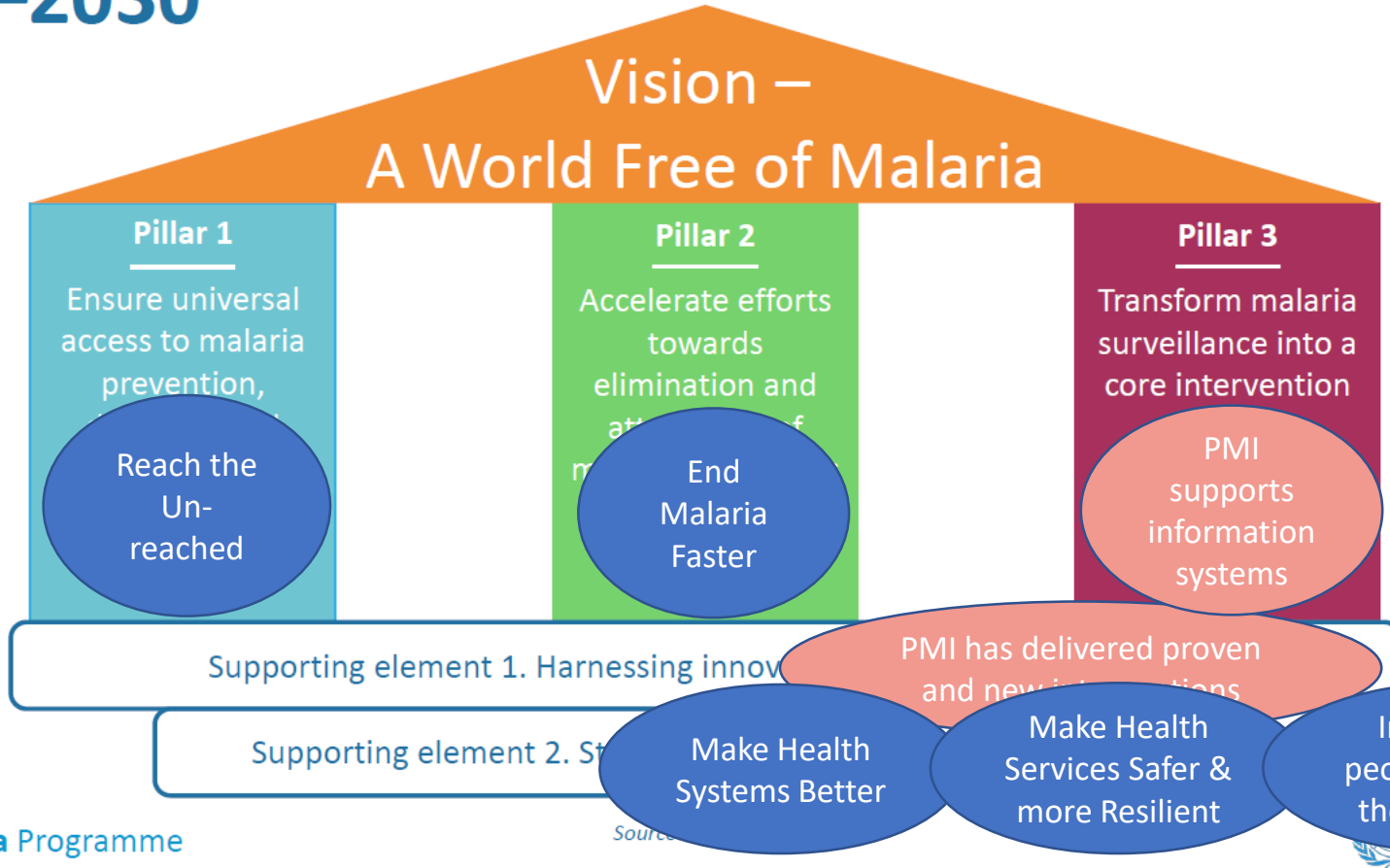
Global Technical Strategy for Malaria 2016–2030



THANK YOU

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To END MALARIA FASTER, We Must

Reach the unreached

Make community health systems better

Keep malaria services safe and resilient

Invest in people and partners closest to those we serve

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Malaria Policy Advisory Committee Meeting

13—15 April 2021, Geneva, Switzerland
Background document for Session 1

World Health Organization

"Rethinking Malaria" strategy in the context of COVID-19

We need a global effort to rethink malaria – one that takes into account the perspectives of those on the front line. In the last few years, progress in reducing the global malaria burden has plateaued, after 15 years of progressive reductions that achieved an overall 50% reduction in burden and in deaths. The ongoing COVID-19 pandemic has further threatened the bold ambition of the World Health Organization's (WHO) *Global technical strategy for malaria 2016–2030*. COVID-19 has created new challenges for both human and financial resources and the delivery of essential malaria services. In short, it is time to take stock: *What lessons have we learned from our earlier success that can be applied to our current context, and where have our approaches fallen short? What are the most important next steps in addressing global malaria?*

The COVID-19 pandemic has highlighted some important lessons for all public health challenges. Infectious diseases are once again at the forefront of global health, as is the recognition that they can have huge and long-lasting economic and social impacts. There is great value in protecting and strengthening the health of communities around the globe, placing the issues around infectious diseases central to new thinking.

Primary health care and Universal Health Coverage (UHC) are critical for dealing with future disease outbreaks and making progress on current challenges, including malaria, HIV, tuberculosis, neglected tropical diseases, pneumonia, and diarrhoeal diseases. The emergence of COVID-19 has forced us to extend our thinking beyond a single disease. It highlights the interconnectedness of health conditions and a critical need for integration among infectious disease efforts in order to expand affordable, high-quality and cost-effective services, while maintaining a focus on reducing malaria burden and eventual elimination.

However, delivery systems are often too weak to provide quality care to all those in need. COVID-19 has made the task more difficult, exposing the existing deficiencies of supply chains, infection prevention and control, and the fragility of the health workforce. The virus has also revealed that public health systems across the world are not fit for purpose, as evidenced by weaknesses in providing reliable data and health information, using scientific research, and ensuring effective communication.

Protecting health is a political choice, requiring action at all levels. Political commitment is essential for scaling up UHC and tackling diseases that predominantly affect the poorest, the most vulnerable, and those who are not heard. These groups need to be enabled to play their part in securing their health and the wellbeing of their communities. The pandemic has demonstrated that, when threatened, the world can muster resources and collaborate to develop new tools and innovative solutions.

Despite these challenges, many of which have been exacerbated by COVID-19, the ambition and high-level strategy outlined in the WHO *Global technical strategy for malaria 2016–2030* remain valid. However, to achieve these bold goals will require course correction, as outlined in the "High burden to high impact" approach. The urgency of the COVID-19 pandemic has further demonstrated the need for rethinking and adopting a wider perspective to address health systems and the broader

WHO/UCN/GMP/MPAG/2021.01

determinants of health. The goal of this "Rethinking Malaria" effort is to bring together stakeholders, with an emphasis on voices from the front lines and those most affected by the disease, to consider malaria challenges and opportunities in the context of COVID-19.

The effort will build on recent compilations of knowledge including the WHO *Global technical strategy for malaria*, the report of the Strategic Advisory Group on malaria eradication, the Lancet Commission on malaria eradication within a generation, the MalERA Refresh and the recent COVID-19-related documents on *Tailoring malaria interventions in the COVID-19 response* and the *Potential impact of health service disruptions on the burden of malaria*. The focus will be on three major topics:

1. **Malaria in Governance of Health Systems**
    - analysis of governance and implementation for malaria over the past 15 years
    - lessons learned/models from other diseases
    - health security for economic and financial security
    - communications – messaging change
    - meaningfully engaging communities and local authorities
2. **Malaria in Integrated Service Delivery (infectious diseases/maternal health/vaccine delivery)**
    - precision public health/data for decision-making
    - establishing accessible delivery platforms for the most vulnerable
    - research & development in vector control, drugs, vaccines, and operational innovation
    - health emergency/response
    - supply chain – opportunities for integration and risks to system
3. **Malaria in Training and Capacity Building**
    - WHO Academy
    - focus on subnational level
    - entomology, data science, and implementation as three key areas
    - moving beyond knowledge transfer to facilitate problem-solving

Guiding questions across the above-noted topics/themes include: **(1)** *Who is deciding?* (e.g., global financing decision-making); **(2)** *How do we more effectively – and more equitably – deliver services universally (everyone, but not everything)?* and **(3)** *What is the current and necessary capacity to solve problems at the country level?*

Harvard University will serve as the convener, and other organizations will play key roles in defining the topics, identifying experts, and contributing to the knowledge base and topic discussions. A small dedicated staff at Harvard will provide logistic organizational support to experts, and it is anticipated that most of the work will be carried out virtually. A final report and discussion will include participation from key leaders, including front-line workers, heads of national research organizations and philanthropic organizations, heads of nongovernmental organizations (NGOs), representatives of ministries of health, and the WHO Director-General.

As part of this process, WHO will coordinate a regional consultative process, beginning with the continent with the highest burden. WHO will support countries in securing the views of those on the front line who deal with malaria on a day-to-day basis. These individuals are well placed to consider implementation challenges, lessons learned and opportunities in the context of COVID-19 and beyond, with the aim of accelerating progress towards national, regional and global goals. Their voices will be complemented by perspectives from African political leadership at different levels, public health experts, scientists, implementers, academics, representatives of service users, development partners, leaders in non-health sectors and other stakeholders. In addition to informing the global discourse, the process is expected to generate information on country-specific bottlenecks and guide the corresponding reform in how countries respond to malaria at national and subnational levels. The African regional consultations and inputs from other regions will contribute to a shared vision of the way forward for global malaria.

HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH
Powerful ideas for a healthier world

World Health Organization

Rethinking Malaria Strategy in the Context of COVID–19

Chair, Rose Gana Fomban Leke
Emeritus Professor of Immunology and Parasitology
University of Yaoundé I

Malaria Policy Advisory Group (MPAG)
13 April 2021

Rethinking Malaria Strategy in the Context of COVID–19

BACKGROUND JUSTIFICATION:

- Since the inaugural forum in 2011 and a later forum focused on education and training in 2017, *Rethinking Malaria* upholds a longstanding academic tradition of convening multidisciplinary perspectives from diverse stakeholders in a neutral environment;

- *Rethinking Malaria* forums push beyond conventional thinking to question fundamental assumptions and approaches, with a focus on bold new ideas to achieve real-world progress; and

- As a global engagement, *Rethinking Malaria* incorporates learnings from the growing body of evidence (e.g., malERA/malERA Refresh, WMR 2020, SAGme, Lancet Commission, etc.) to address the plateau to control and eradicate malaria in Africa.

Rethinking Malaria Strategy in the Context of COVID–19

GOAL: To identify novel "game changing" approaches to the malaria crisis

OBJECTIVES:

- To propose **new strategies** for malaria governance and financing at the global, national, and district/community levels;
- To identify opportunities for **maximizing impact** with existing tools and best practices through strengthened implementation;
- To highlight areas where new technology and operational innovation (from COVID–19 learnings and beyond) can catalyze progress toward malaria eradication and elimination; and
- To identify essential gaps in **training and capacity building** in terms of quantity and quality for the control/elimination of malaria and to continue to enhance innovation.

Rethinking Malaria Strategy in the Context of COVID–19

WORKSTREAMS:

- Malaria Governance
  Co-Chairs: Dr Speciosa Wandira Kazibwe, Uganda
  Professor Michael Reich, USA

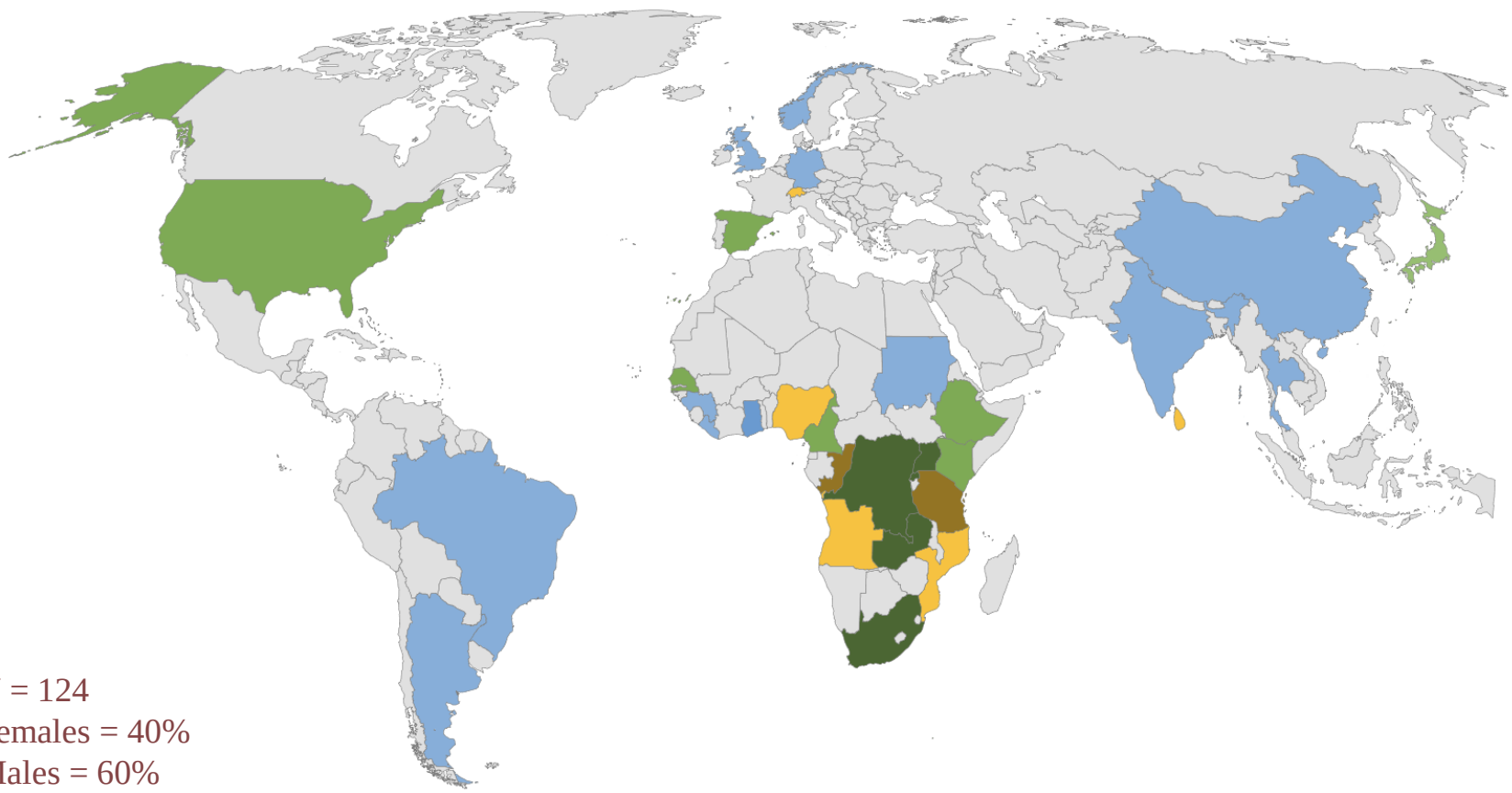
- Integrated Service Delivery for Malaria
  (with subset of activities on R&D and private sector)
  Co-Chairs: Professor Evelyn Ansah, Ghana
  Professor Corrina Moucheraud, USA

- Training and Capacity Building for Malaria
  Co-Chairs: Professor Núria Casamitjana, Spain
  Professor Marcia Castro, USA
  Professor Friday Okonofua, Nigeria
  Professor Marcel Tanner, Switzerland

Workstream Activities and Inputs

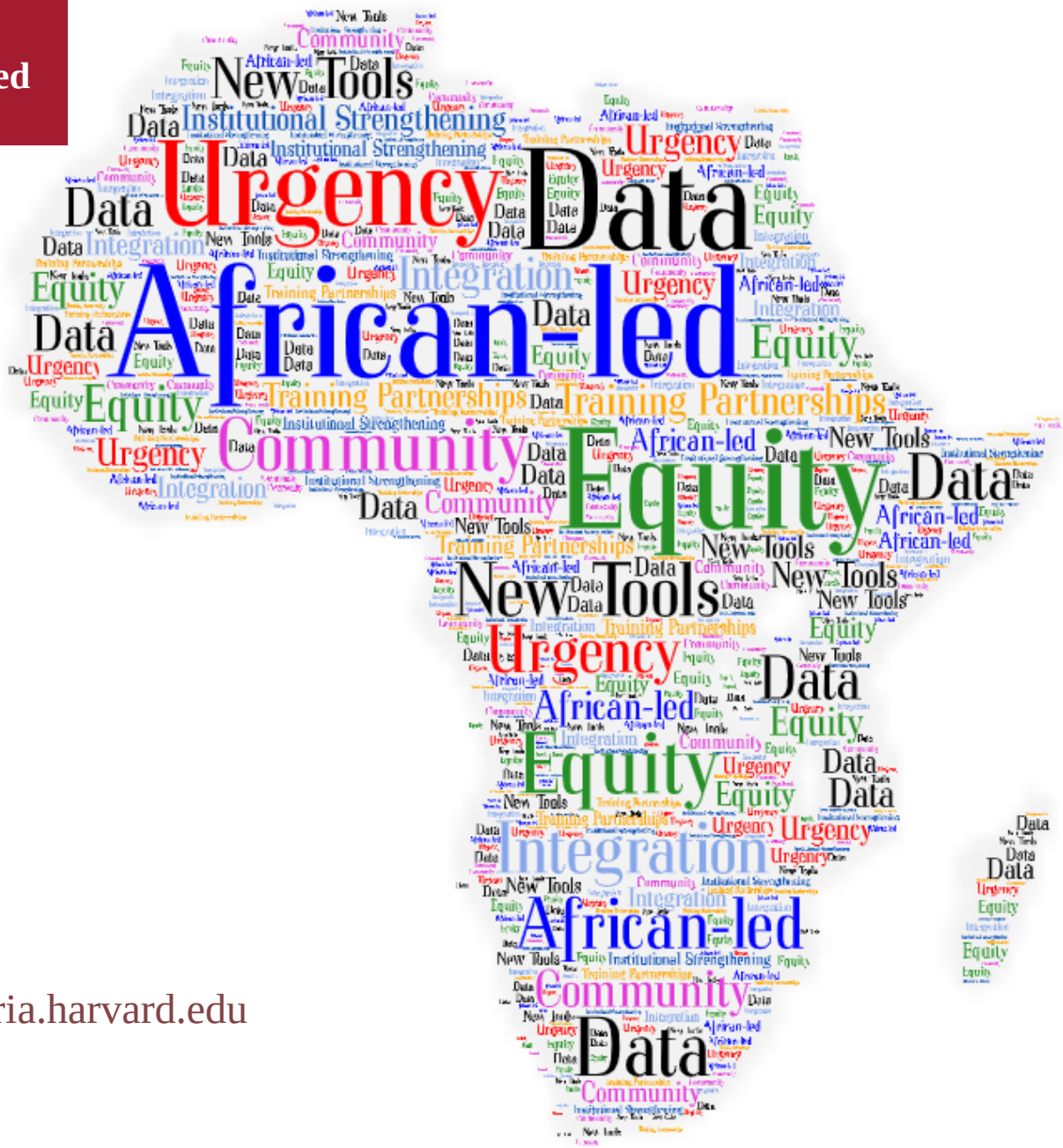
- ❑ Literature and bibliometrics reviews
- ❑ Webinars/seminars with key stakeholders on the frontlines of malaria/COVID–19
- ❑ Key Informant Interviews (Workstreams #2 & 3)
- ❑ Group and one-on-one sessions to review initial findings with external Advisory Committee members

Global Engagement Across Workstreams



N = 124
Females = 40%
Males = 60%

Graphic Representation of Initial Themes Across Key Informant Interviews Conducted by Workstreams 2 & 3



Website URL
https://www.defeatingmalaria.harvard.edu/rethinking-malaria/

“Rethinking Malaria in the Context of COVID–19”

MPAG Guidance

- As workstream activities progress, are there **key issues or topics** that should be included in this global engagement?

Rethinking Malaria

Presentation to MPAG, 13 April 2021

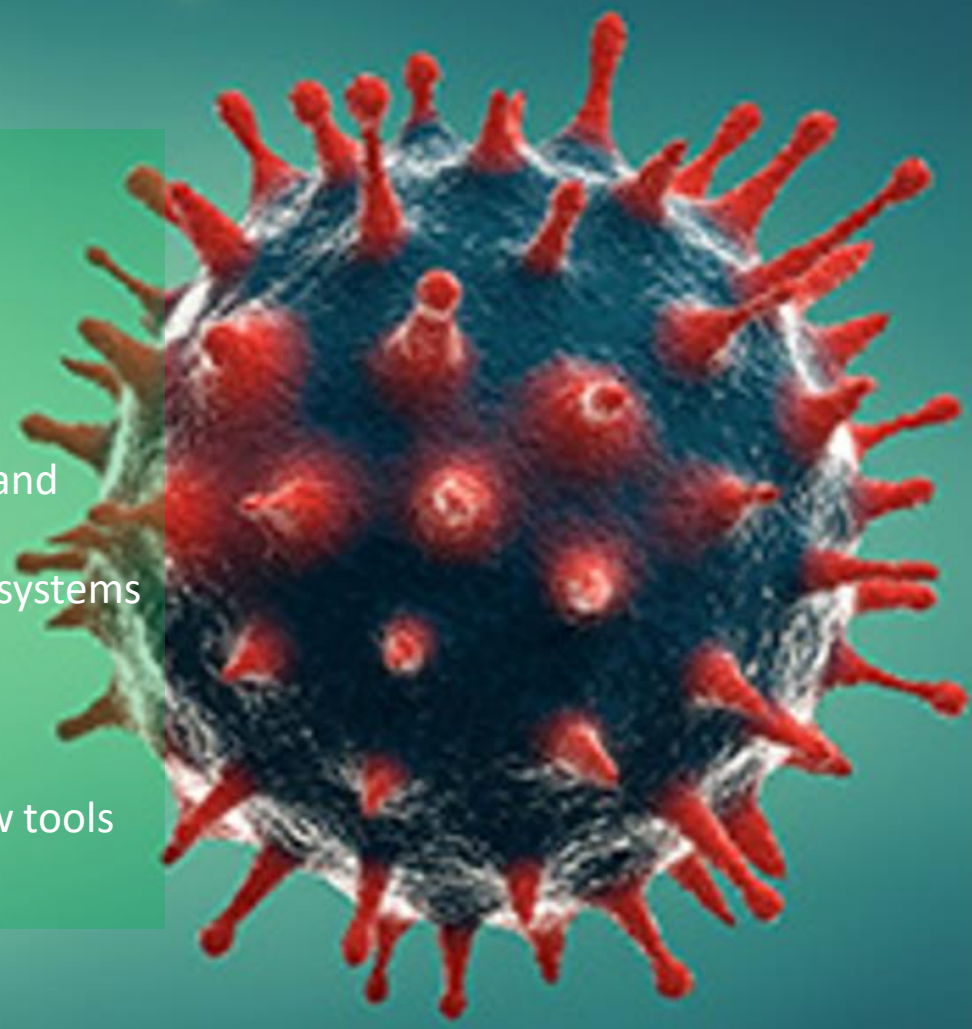
World Health Organization

Why rethink malaria and why now?

1. Progress has stalled in many high burden African countries
2. Malaria is a persistent socio economic and development challenge that demands a whole of society response
3. This is the time to learn from countries
4. Success is not possible without new tools, innovation and revitalized commitment
5. The context is changing, presenting new threats and opportunities

COVID 19: a threat and a chance to build back fairer

- COVID 19 has:
  - Impacted on every aspect of society
  - Exposed weaknesses in health systems
  - Disrupted essential services
- Made us think differently
  - The interplay between science, politics and people
  - The need to invest in health and health systems
  - To respect those at the front line and communities in the response
  - To value local intelligence
  - To be more ambitious in developing new tools and their introduction

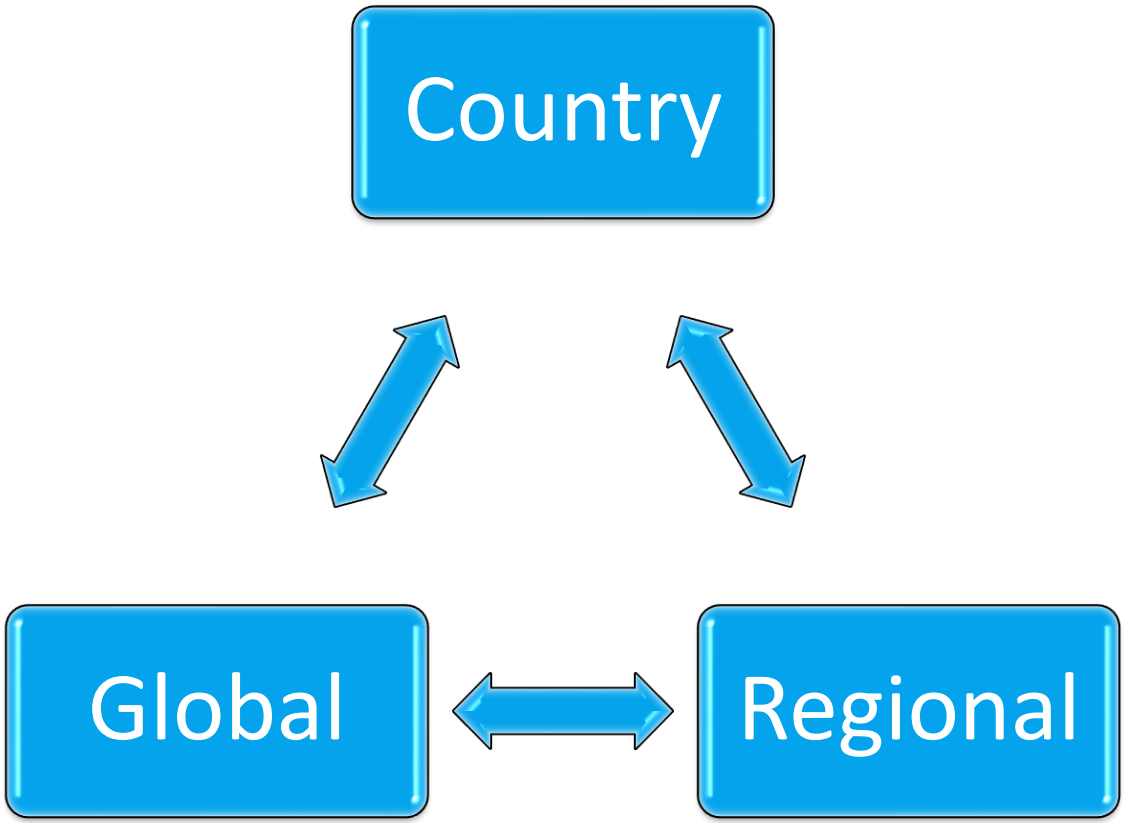


What is Rethinking Malaria?

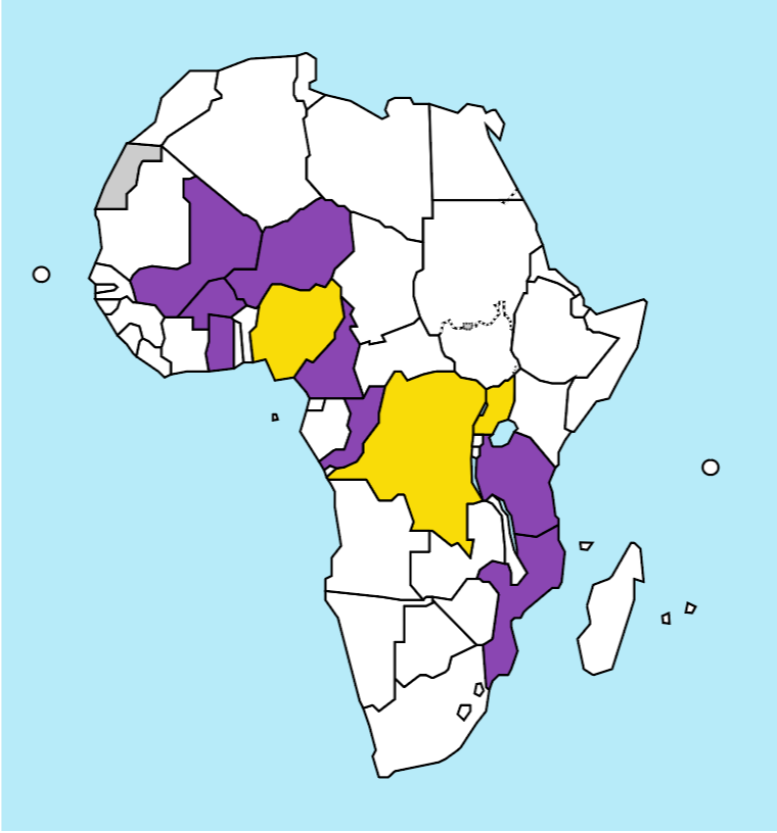
The process of listening and learning from multiple sources of data, knowledge and experience, including the participation and voices from the frontline, to ensure the most effective and innovative global malaria response suited to the current and future context

World Health Organization

How will rethinking be done?



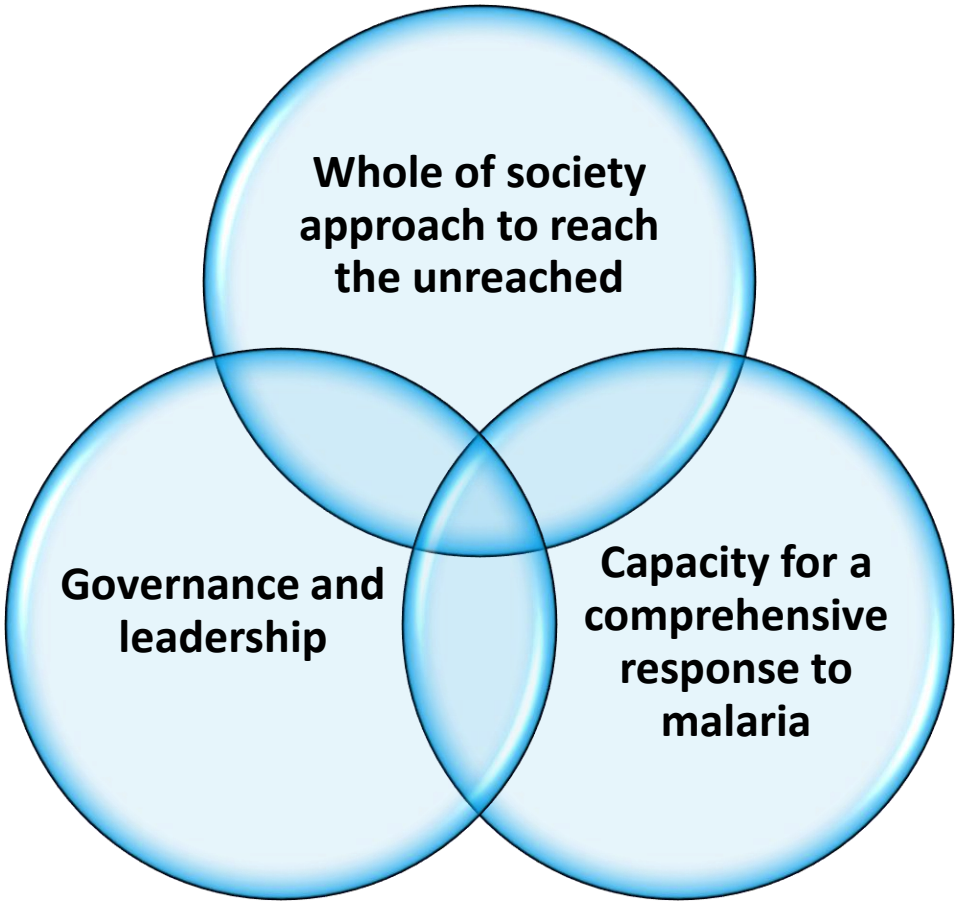
Country consultation in 3 HBHI countries



- Engaging different levels:
  - Communities
  - Health facilities
  - Sub national
  - National
- Exploring:
  - People's vulnerability to malaria
  - Access to quality care
  - How to overcome the barriers they face

World Health Organization

Regional: African thinktank to consider the what and the how



World Health Organization