Malaria Policy Advisory Committee (MPAC) Meeting

13 – 14 May 2020
Virtual Meeting

Welcome by the MPAC Chair, Dr Dyann Wirth
Report from the Global Malaria Programme

Malaria Policy Advisory Committee
Geneva, Switzerland

Pedro L. Alonso
13 May 2020
"Over the past few weeks, we have witnessed the emergence of a previously unknown pathogen, which has escalated into an unprecedented outbreak, and which has been met by an unprecedented response" - @DrTedros #2019nCoV
8:41 PM · Jan 30, 2020
"For all of these reasons, I am declaring a public health emergency of international concern over the global outbreak of #2019nCoV." - @DrTedros
8:44 PM · Jan 30, 2020 · Twitter Web App

"We don’t know what sort of damage this #2019nCoV virus could do if it were to spread in a country with a weaker health system. We must act now to help countries prepare for that possibility" - @DrTedros
8:43 PM · Jan 30, 2020 · Twitter Web App

"There are now 98 #2019nCoV cases in 18 countries outside #China, including 8 cases of human-to-human transmission in four countries: Germany, Japan, Viet Nam and the United States of America" - @DrTedros
8:43 PM · Jan 30, 2020 · Twitter Web App
Managing uncertainty

Initial health impact in Asia, Europe, the USA as the pandemic evolves in other regions

Economic impact

Spread of virus and impact in Africa

Social impact and service disruptions

Funding for global health

Development partners
Malaria in the context of the COVID-19 pandemic

A time for enhanced collaboration

- Internal alignment and strategy:
  - GMP & Regional Advisors
  - WHE and other departments

- Key external technical partners and stakeholders
Malaria in the context of the COVID-19 pandemic

Aligning partners

In March 2020, before the pandemic had secured a strong footing in Africa, WHO established a mechanism to promote collaboration between partners and ensure a coordinated response. Malaria experts and leaders from nearly 20 organizations are lending their time and expertise across seven workstreams. Through twice weekly calls convened by WHO, they share updates on a variety of issues, from disruptions in the supply of key malaria commodities to the latest developments in clinical drug trials. This collaborative work has been welcomed by Member States as they seek to continue providing essential health services while limiting COVID-19 transmission and caring for people with symptoms of the coronavirus.
Malaria in the context of the COVID-19 pandemic

Sounding an urgent call

WHO is urgently calling on countries to maintain core malaria control services while protecting health workers and communities against COVID-19 transmission. A WHO statement, shared widely on 25 March, was issued in response to reports that some countries in sub-Saharan Africa had suspended mass insecticide-treated net (ITN) campaigns. WHO is encouraging countries to move forward with vector control activities, including ITN and indoor residual spraying campaigns. Such campaigns have been the mainstay of malaria prevention efforts in the region for nearly two decades. Countries are also strongly advised not to scale back efforts to detect and treat malaria. A Q&A provides additional background.
Malaria in the context of the COVID-19 pandemic

Delivering guidance
To support malaria-affected countries, WHO has issued technical guidance on how to safely maintain malaria control services in the context of the COVID-19 pandemic. Tailoring malaria interventions in the COVID-19 response, developed in close collaboration with partners, includes guidance on the prevention of infection through vector control and chemoprevention, testing, treatment of cases, clinical services, supply chain and laboratory activities. The document is consistent with broader WHO guidance on maintaining essential services in COVID-19 settings.
Malaria in the context of the COVID-19 pandemic

Modelling the potential impact

The findings of a new modelling analysis from WHO and partners reinforce the urgent call to maintain essential malaria control services during the pandemic. Under the worst-case scenario, in which all ITN campaigns are suspended and there is a 75% reduction in access to effective antimalarial medicines, a staggering 769,000 people in sub-Saharan Africa could die from malaria this year alone. This represents a doubling in the number of malaria deaths compared to 2018 and a return to mortality levels last seen 20 years ago.
Malaria deaths in sub Saharan Africa (2020)

Scenarios: No LLIN campaigns in all scenarios. Change is compared with ‘business as usual’ scenario. CD = Continuous Distribution, AM = Anti-Malarial.

Potential impact of health services disruptions

**The Potential Impact of Health Service Disruptions on the Burden of Malaria**

Under the worst-case scenario, the projected number of malaria deaths in 2020 would double.

- **386,000** deaths
- **769,000** deaths

Approximately 70% among children under the age of 5

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**Zero Malaria Starts with Me**

Every 2 minutes, a child dies of malaria. All children should have access to life-saving services that can prevent, detect and treat the disease.

#endmalaria
#malaria

Global Malaria Programme
Progress has stalled in the past 4-5 years
(malaria cases, malaria case incidence rate)
Progress has stalled in the past 4-5 years (malaria deaths, malaria mortality rate)

**Trend in malaria deaths, globally, 2000–2018**

- 2000: 743,282
- 2001: 742,421
- 2002: 759,904
- 2003: 715,778
- 2004: 683,953
- 2005: 635,737
- 2006: 614,013
- 2007: 585,018
- 2008: 536,366
- 2009: 477,266
- 2010: 463,330
- 2011: 426,912
- 2012: 405,255
- 2013: 445,957
- 2014: 415,540

**Trend in malaria mortality rate, globally, 2010–2018**

- 2010: 16.6
- 2011: 15.0
- 2012: 14.0
- 2013: 12.9
- 2014: 12.4
- 2015: 11.7
- 2016: 11.1
- 2017: 10.6
- 2018: 10.2
Underlying reasons: limited funding & coverage gaps

Funding for malaria control and elimination 2010–2018, by channel (constant 2018 US$)

Percentage of pregnant women attending ANC at least once and receiving IPTp, by dose, sub-Saharan Africa, 2010–2018

Percentage of population at risk with access to an ITN, and percentage of households with at least one ITN and enough ITN for all occupants, sub-Saharan Africa, 2010–2018

ITN: insecticide-treated mosquito net; MAP: Malaria Atlas Project.

https://map.ox.ac.uk/

Global Malaria Programme
Malaria: some good news before COVID-19

Eliminating countries

Number of countries that were malaria endemic in 2000, with fewer than 10, 100, 1000 and 10 000 indigenous malaria cases between 2010 and 2018

Source: World malaria report 2019

Certification of malaria free countries

Paraguay, June 2018

Algeria, May 2019

Source: World malaria report 2019

Global Malaria Programme
### Vision – A world free of malaria

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<thead>
<tr>
<th>Goals</th>
<th>Milestones</th>
<th>Targets</th>
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<tbody>
<tr>
<td>1. Reduce malaria mortality rates globally compared with 2015</td>
<td>At least 40%</td>
<td>At least 75%</td>
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<tr>
<td>3. Eliminate malaria from countries in which malaria was transmitted in 2015</td>
<td>At least 10 countries</td>
<td>At least 20 countries</td>
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<td>4. Prevent re-establishment of malaria in all countries that are malaria free</td>
<td>Re-establishment prevented</td>
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Malaria: “off track” before COVID-19

Comparison of progress in malaria case incidence considering three scenarios: current trajectory maintained (blue), GTS targets achieved (green) and worst case scenario, that is a return to mean peak past incidence in the period 2000–2007 (red).

In 2017, **11 countries** accounted for **70% of the global estimated case burden** and **71% of global estimated deaths**. These were Burkina Faso, Cameroon, the Democratic Republic of the Congo, Ghana, India, Mali, Mozambique, Niger, Nigeria, Uganda and the United Republic of Tanzania.
High Burden High Impact (HBHI) approach: a targeted response

Impact
Reduction in mortality & morbidity

Outcome
Implementation of prioritized operational plans derived from evidence-informed national malaria strategic plans

Output
- Political will
- Strategic information
- Better guidance
- Coordinated response

4 mutually reinforcing response elements

Effective health system

Multisectoral response
Moving from a “one-size-fits-all” approach to a tailored response, driven by data, on best mix of interventions to achieve maximum impact: **stratification**.

**Example of the stratification process in Ghana**
Consolidated Malaria Guidelines

- Goal: to provide enhanced guidance to countries to maximize the impact of available resources
- Assemble all WHO recommendations for malaria control and elimination in one guideline document
- Use the standard WHO guideline development process overseen by the Guidelines Review Committee
- Guide the use of local data to define mixes of interventions for specific strata, optimize considering the local context and prioritize given a resource envelope
Anticipated technical areas (2020-2021)

• 2020: Vector control 1, Elimination 1&2, Chemoprevention and Treatment 1
• 2021: Vector control 2, Diagnosis, *P. vivax*, Anemia and Treatment 2*

*potentially an additional GDG on Malaria vaccines depending on the availability of data*
Additional tools are needed

**Vector control**
- Insecticide-treated mosquito nets
  - 45% reduction in uncomplicated malaria
  - 50% population sleeping under an ITN
- Indoor residual spraying
  - 14% reduction in uncomplicated malaria
  - 6.6% population at risk protected

**Chemoprevention**
- Intermittent preventive treatment in pregnancy (IPTp)
- Intermittent preventive treatment in infants (IPTi)
- Seasonal malaria chemoprevention (SMC)
  - 74% reduction in uncomplicated malaria
  - 12 countries implemented with 53% of eligible children treated

**RTS,S/AS01 malaria vaccine**
- 39% reduction in clinical malaria
- 29% reduction in severe malaria
- 61% reduction in severe malaria anaemia
- Potential for high coverage – e.g. DTPcv-3 in AFRO 76% in 2018

Notes: DTPcv-3 = Third dose of Diphtheria-tetanus-pertussis containing vaccine
Malaria Vaccine Implementation Programme

- **1**\textsuperscript{st} anniversary of vaccine launch celebrated during WMD\textsuperscript{1}
  - >270,000 children received dose 1 as part of routine childhood vaccination

- **Uptake** ~65% of target population
  - Considered good for new vaccine delivered at new contacts
  - Efforts continue to improve

- **Covid-19:** Vaccinations continue, but risk of decreased uptake
  - Fear of coronavirus infection, directives for people to stay at home, health worker fear and anticipated absenteeism, etc.

- **WHO guidance to sustain safe immunization services**\textsuperscript{2}
  - Plan for catch-up vaccination of missed children when physical distancing measures are lifted

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Data collection through sentinel hospital and community mortality surveillance is ongoing
  • Risk register and contingency plans developed to address potential disruptions due to COVID-19

Monthly data quality review TCs between WHO and in-country evaluation partners
  • To identify opportunities to strengthen surveillance

Quarterly meetings/TCs of DSMB and Programme Advisory Group (PAG)

Data show lower meningitis rates than expected (including where lumbar puncture rates are high)
  • PAG recommends case-control study due to lower than anticipated meningitis rates and to understand added value of 4th dose
  • Fundraising ongoing

Target timelines for policy review currently maintained: Q1 2022
FIG. 5.1.
Number of countries that were malaria endemic in 2000, with fewer than 10, 100, 1000 and 10,000 indigenous malaria cases between 2010 and 2018. Sources: NMP reports and WHO estimates.

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

- The world remains on target to reach GTS 2020 elimination milestone
  - Countries currently reporting 0 indigenous cases for 2019 include: Belize, Cabo Verde, China, El Salvador, Iran (Islamic Republic of), Malaysia, Timor-Leste
  - Eliminating countries facing challenges with COVID-19 and several countries with resurgences before COVID-19 but so far no COVID-19 related setbacks
- Planning for the E-2025 has begun
  - All countries not yet certified will be invited to participate
  - Clear epidemiological and health system criteria will be developed to identify additional eligible countries
  - Countries will be requested to demonstrate high-level acceptance to join the cohort and will be asked to meet several preconditions
  - The E-2025 will be launched in early 2021
- The MEOC meeting was postponed until a safe date in the future can be identified
- MEOC advocacy visits to Cabo Verde and Comoros postponed
Planning for two guideline development groups in Q4 2020

1. Potential accelerator and targeted strategies

2. Potential reactive strategies

- **Potential accelerator strategies:**
  - Mass drug administration
  - Mass test and treat
  - Mass primaquine prophylactic treatment

- **Potential targeted strategies:**
  - Targeted drug administration
  - Targeted test and treat
  - Targeted test and treat at points of entry

- **Potential reactive strategies:**
  - Reactive mass drug administration
  - Reactive case detection
  - Reactive indoor residual spraying

- Investigate and clear individual cases, manage foci and follow-up

Increase sensitivity and specificity of surveillance systems

Enhance and optimize vector control and case management
Malaria Elimination Certification

- New certification manual to be published
- Expanded guidance on certification to countries
- Provide tools to help countries organize required documentation, develop national elimination report and assess the programme to prevent re-establishment
- Expanded guidance on subnational verification

**Update on certification in 2020**

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<td>El Salvador</td>
<td>Dates of final mission to be rescheduled with the government</td>
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<tr>
<td>Azerbaijan</td>
<td>Delay expected but the goal remains to achieve certification in 2020</td>
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<tr>
<td>China</td>
<td>Preparations on track. Submission of official request expected to be in June/July.</td>
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<tr>
<td>MECP</td>
<td>Meeting tentatively planned for November</td>
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Strategic Advisory Group on Malaria Eradication

- Final report launched on 21 April; accompanied by MPAC statement
- Six areas identified to contribute to a successful future effort:
  1. Reinforcing the global strategy
  2. R&D for new tools
  3. Access to affordable, high quality, people-centered health care and services
  4. Adequate and sustained financing
  5. Strengthened surveillance and response
  6. Engaging communities
Global Technical Strategy for Malaria 2016 - 2030

- The strategy will be updated at regular intervals in order to ensure linkage with the latest policy recommendations and complementary technical guidance
- At this stage – not intending to change the milestones and targets

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Anticipated inputs to consider:

- Solicit input from countries/partners - survey
- Regional convenings
- SAGme conclusions
- HBHI experience/prioritization of interventions
- Impact projections
- Costing
Process and timelines

- Coordinating with RBM, GF, PMI on 5 year strategy development
- Q3 – conduct survey
- Q3 – Q4 Regional discussions combined with planned convenings
- Q4 MPAC input
- Q1 2021 Report to WHO Executive Board
- Q1 2021 submit documentation for WHA consideration & updated resolution
- Q2 2021 Update published
High level questions for group thinking

Not that we are going to solve these issues during this meeting, but for input on establishing working groups to evolve our collective thinking:

1. How does COVID-19 impact the achievement of GTS milestones and targets – informing the update?
2. What should a World Malaria Report in 2020 look like?
3. Rethinking malaria control and elimination in a COVID-19 environment?
Thank you!