Updating the Guidelines for the Treatment of Malaria

Meeting of the Malaria Policy Advisory Committee

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With thanks to Peter Olumese
WHO Guidelines for the Treatment of Malaria (MTGs)

- The WHO Guidelines for the Treatment of Malaria (MTGs),
  - provide comprehensible, global and evidence-based guidelines for the formulation of policies and protocols for the treatment of malaria.
  - was first published in 2006, and a revised edition (2nd edition) published in 2010.
  - is available in hard and web-based versions.
  - the current edition of which is available in English, French and Spanish.

Target audience

- primarily policy-makers in ministries of health, who formulate national treatment guidelines.
- in addition, the other groups working in public health and institutions should also find them useful.
Update of the review process

- A draft plan for revision and update for the 3rd edition was endorsed at the Malaria Policy Advisory Committee (MPAC) in September 2012. This included
  - The proposed scope and development timelines

- This presentation highlights the outcome of a meeting of the scoping sub-committee of the TEG on malaria chemotherapy (25-26 February 2013). The main objective of the meeting were:
  - Identify and list: 1). priority topics and /or sections of the current Guidelines to be updated; and 2). new priority topics/ area that need to be included in the Guidelines.
  - Develop potential recommendations on identified areas and formulate draft questions using the population, intervention, comparison, outcome (PICO) format for evidence collation and review
Outcome of the scoping meeting

Highlights of the outcome of the meeting were:

- Consensus on conducting a comprehensive review of existing recommendations in the light of new evidence that might affect each recommendation in its totality, or with regards to the strength of the recommendation.

- A new section on the use of antimalarials in the prevention of malaria will be included in the new edition.
Specifics

A few specifics are presented below, the extensive list in the pre-read

● General
  ▪ Title revision (with inclusion of preventive chemotherapy)
  ▪ Expand sections on
    ○ Resistance to antimalarial medicines
    ○ Antimalarial drug quality
    ○ Antimalarial treatment policy

● Diagnosis
  ▪ Comparison of RDTs, microscopy, and PCR
  ▪ Is systematic malaria testing needed in all children presenting with anaemia in high transmission areas
Specifics (contd)

- Treatment of uncomplicated *P. falciparum* malaria
  - Update on safety, and efficacy of recommended ACTs
  - Review data (public domain) on novel antimalarial molecules/combinations with a view of inclusion or not in the MTGs.
  - Review safety and efficacy of ACTs in the treatment of malaria in pregnancy (all trimesters)
  - Refine dosage recommendations, particularly in vulnerable populations
  - Refine indications for 2nd line treatment

- Severe malaria
  - Is parenteral artemether superior to parenteral quinine
  - Efficacy of rectal artesunate as pre-referral treatment
  - The role of antibiotic use in the management of severe malaria
  - Fluid therapy
  - Risk of post treatment haemolysis following the use of injectable artesunate

- Treatment of non-*falciparum* malaria
  - Is ACT or CQ preferred treatment for vivax/ovale
  - Add section on *P. knowlesi*
Specifics (contd)

- Case management in the context of malaria elimination
  - Safety and effectiveness of mass drug administration
  - Safety and efficacy of 0.25 vs. 0.75mg/kg primaquine as gametocytocidal agent for *P. falciparum*
  - Role of RDTs in malaria elimination programmes

- New chapters
  - Intermittent preventive treatments (IPTp; IPTi)
  - Seasonal malaria chemoprevention
  - Chemoprophylaxis in travelers
    - Safety and effectiveness of available chemoprophylaxis options, including primaquine
Review timelines

- Commission of reviews of available evidence – March 2013
- Completion of the systematic reviews and Grade tables – September 2013
- TEG meeting to review and reach consensus on the draft recommendations (November 2013)
- Finalisation and submission to MPAC (March 2014)
- Final clearance through the WHO GRC and other WHO in-house processes (second quarter 2014)
  - Publication, translations and dissemination (June 2014)

* Major rate limiting step is the availability of evidence in a format suitable for systematic review to which the GRADE methodology can be applied.
RESPONSE TO NEW INFORMATION

Process of review and update:
- routinely every 3 years
- ad-hoc based on need

External review

• Finalization of the MTGs – TEG;
• MPAC Clearance

Updated version

New Evidence

Screening by Guidelines Steering Group (GSG)

GSG commissions review of evidence

Clearance through WHO GRC

GSG is an in-house inter-department group

TEG makes recommendations