WHO update of malaria terminology
February 2015, Geneva, Switzerland

Introduction
Medical language must be adaptable so that it can keep pace with the constant increase of our knowledge and with the continual revision and evolution of our concepts.


Background
Over recent years there has been a proliferation of new terms in relation to malaria in the scientific literature, media and technical reports, and an increase in the number of terms that have a new or modified use and meaning. These changes stem from renewed global interest in malaria elimination and eradication, increasing access to scientific and technical information, and faster translation of research findings into evidence-based policies. To complicate matters further:

- sometimes a new term is used to mean different things;
- sometimes, several similar terms are used to mean the same thing (this is particularly the case for interventions of high interest); and
- some of the terms used by other public health programmes have recently been used to describe malaria interventions, but have been given different meanings in different programmes.

The current situation is generating increasing confusion and misunderstanding, not only in the scientific community and funding agencies, but also among public health officials responsible for malaria programmes, and policy makers in malaria endemic countries. In the past, WHO has periodically reviewed the terminology in malaria, and the last official publication on this topic dates back to 1963.1 Several WHO publications over the past 10 years have included a glossary of terms on malaria surveillance, control and elimination; however, no comprehensive review of the terminology of malaria has been done since the work of the Drafting Committee of the early 1960s.

Issues for MPAC’s consideration
Currently, many WHO publications include a glossary of terms, relevant for the specific target audience of the document and area of expertise. There could be advantages (e.g. greater clarity

1. WHO Terminology of malaria and of malaria eradication, 1963 (http://whqlibdoc.who.int/publications/9241540141.pdf)
and harmonization) in developing a single glossary of terms, and keeping all terms and definition in a single publication on “malaria and malaria eradication”.

The development of a single comprehensive document may prove a demanding task, and this should be weighed against the alternative of “phased reviews”. Four “types” of terms have been suggested (R. Steketee, personal communication):

1. Terms that were and are still relevant and properly described – each definition or description can be reviewed for any need to update the language, but generally these terms could be considered “good as they stand”.

2. Terms that have been used in the past and have value in an historical perspective, but are not really in current use (e.g. the endemicity categories and some of the spraying terminology); these terms may be important to keep for historical purposes, and could simply be updated in language.

3. Terms that are relevant today but may have taken on a new and modified use and meaning – these terms need to be reviewed and possibly redefined, or at least updated so that the language of the definition reflects their current use.

4. New terms that have come into use and may need to be included and clearly defined.

This phased approach could focus on Categories 3 and 4, taking into account the specific application and potential use of these terms in the longer term, as programmes and scientists embark on malaria elimination and eradication.

To proceed with the review, we propose starting the process with a desk review, to cover the steps outlined below.

a. compile all WHO definitions of terms used in WHO malaria publications since 1995, in addition to those contained in the glossary of “WHO Terminology of malaria and of malaria eradication, 1963”;

b. compile the specific WHO definitions used by other WHO departments for the same terms (e.g. “preventive chemotherapy for neglected tropical diseases [NTDs]”);

c. identify from systematic literature research over the past 10 years recurrent terms that are the same or similar but are given different meanings, and those that are new or different terms but are given similar meanings;

d. compare sources from points (a) to (c) and identify terms with similar definitions and those with highly divergent definitions;

e. identify terms that may have sensitive meanings or discriminatory connotations; and

f. propose draft definitions for terms that have consistent interpretation across multiple sources (e.g. WHO documents or publications and scientific publications on malaria, NTDs, and general public health and epidemiology).

This preliminary work will be reviewed by the WHO “malaria terminology drafting committee”, which will perform the following tasks:

g. Identify, in close consultation with the WHO/Global Malaria Programme (GMP) focal point on terminology, the priority terms that need to be updated or given new definitions, based on the following criteria:
   i. terms relevant to malaria elimination and eradication
   ii. terms with programmatic relevance
   iii. terms with conflicting definitions.

h. Develop updated or new definitions for priority terms (each member of the writing committee will develop draft definitions for 5–10 terms).
i. Review internally and agree on common terms based on consensus among all members of the writing committee.

j. Submit the proposed new or updated definitions for all terms to the WHO/GMP focal point on terminology.

The “malaria terminology drafting committee” will start with a face-to-face meeting, and then finalize the work through further email exchanges. The drafting committee will include the following malarious experts: Andrei Beljaev, Graham Brown, Kamini Mendis, José Najera, Trenton Ruebush and Rick Steketee. The committee will have a self-appointed Chair who will act as facilitator; the Chair will also support the collation of all inputs, to be ready by mid-July 2015.

The glossary of terms will be then circulated to coordinators and key resource persons in GMP, and to key technical resource persons in related WHO public health programmes (e.g. NTD, tuberculosis and HIV) to review in relation to consistency across programmes. The WHO/GMP focal point will consolidate all inputs received and share suggested changes (if any) with the Chair of the Writing Committee. The WHO/GMP focal point, after considering the feedback of the Chair of the Writing Committee, will submit the consolidated final version to all members of MPAC by mid-August 2015. MPAC members will be required to submit written comments to the WHO/GMP focal point by 10 September 2015. The final version, taking into account written inputs from MPAC members, will be presented by the Chair of the Writing Committee in plenary session at the MPAC meeting of 16–18 September 2015, and considered for final endorsement and adoption by WHO.

**Requested action by MPAC**

Provide advice to GMP on the following:

1. Phased approach to the review of malaria terminology.
2. Proposed selection criteria [listed above under g (i-iii)].
4. Mechanisms for dissemination and promoting uptake following MPAC review in September 2015 and adoption by WHO.