Report from the Global Malaria Programme

Malaria Policy Advisory Committee, 4th meeting
Geneva, Switzerland
11-13 September 2013

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On behalf of the global malaria team
ERGs and TEGs

- Evidence Review Groups (ERGs) are time limited, convened to answer a specific question raised by MPAC
  - ERG on primaquine as a gametocytocide for Pf malaria (completed)
  - ERG on IPTp (completed initial mandate)
  - ERG on malaria burden estimation (completed initial mandate)
- Technical Expert Groups (TEGs) are standing committees in a particular area of malaria expertise, that report to MPAC on a regular basis
  - Chemotherapy TEG
  - Drug Resistance and Containment TEG
  - Vector Control TEG
  - Surveillance, Monitoring, and Evaluation TEG (being constituted)
  - Joint TEG on malaria vaccines (jointly reporting to SAGE)
ERG and TEG membership diversity

- Three ERGs
  - 33 experts
  - representing 32 institutions
  - from 29 countries

- Four TEGs (one not yet constituted)
  - 59 experts
  - representing 54 institutions
  - from 48 countries
Vector Control Unit

- Abraham Mnzava (Coordinator)
- Stefan Hoyer
- Mike Macdonald
- Pearl Harlley
Test Procedures for insecticide resistance monitoring (1)

- provides background information on how WHO susceptibility test has evolved leading to current revision
- provides details on discriminating concentrations of insecticides to be tested, as well as recommended equipment and supplies, sampling protocols, test conditions and protocols;
- explains how test results are recorded, reported and interpreted;
Test Procedures for insecticide resistance monitoring (2)

- recommends further investigations i.e. identification of resistance mechanisms such as biochemical enzyme assays, molecular (biological) tests and synergist assays;
- for the first time, CDC bottle assay - an alternative susceptibility test - has been included;
- test results reported in line with GPIIRM recommendations for preemptive action in managing insecticide resistance;
- Intended for NMCPs, researchers and policy makers
Indoor Residual Spraying: an operational manual (1)

- created to enhance existing knowledge and skills on IRS;
- assist malaria programme managers, entomologists and vector control and public health officers to design, implement and sustain high quality IRS programmes by:
  - developing or updating national policies and strategies on vector control; national guidelines and training materials; coverage indicators for IRS; and for quality and impact of IRS programmes
- very comprehensive manual but not intended to replace field expertise in IRS
Manual divided into three chapters:

- IRS policy, strategy and standards for national policy makers and programme managers;
- IRS management, including stewardship and safe use of insecticides, for both national programme managers and district IRS coordinators;
- IRS spray application guidelines, primarily for district IRS coordinators, supervisors and team leaders.
Manual designed primarily for National Malaria Control Programmes as well as field personnel;

also of practical use to specialists working on public health vector control, and malaria programme specialists working with bilateral donors, funders and implementation partners;

developed by senior public health experts under guidance of WHO-GMP.
Larval Source Management: an operational manual (2)

- Manual has three main chapters to provide guidance on:
  - selection of larval control interventions,
  - planning and management of larval control programmes, and
  - detailed guidance on conducting these programmes.
- Launched recently during the African Heads of State Summit (Abuja +12)
- Timely publication - given great push to use larviciding across Africa
- WHO/GMP needs to remain engaged as to help countries implement LSM where this is appropriate
Malaria Control in Humanitarian Emergencies – Handbook

- Developed to set out effective malaria control responses, particularly during acute phase when reliance on international humanitarian assistance is greatest;
- Provides policy-makers, planners, and field coordinators with practical advice on designing and implementing measures to reduce malaria morbidity and mortality in all emergencies;
- Includes measures that address needs of all affected population groups and accommodate changing needs of emergencies
Handbook divided into 9 chapters as follows:

- **Chapter 1**: introduces complex humanitarian emergencies and malaria control.
- **Chapter 2**: describes essential coordination, advocacy and resource mobilization.
- **Chapter 3**: describes how to assess malaria burden in an emergency, identify those most at risk, and use the information collected to design an effective response.
- **Chapter 4**: discusses establishment of disease surveillance systems to monitor the malaria situation.
- **Chapter 5**: describes how to prepare for and respond to a sudden increase in malaria cases.
Malaria Control in Humanitarian Emergencies – Handbook (3)

Handbook is divided into 9 chapters as follows:

- **Chapter 6**: methods of diagnosis, treatment, and patient care in humanitarian emergencies;
- **Chapter 7**: approaches and tools for vector control and personal malaria protection during emergencies – including those that do not have a formal WHO recommendation;
- **Chapter 8**: how to mobilize affected communities to improve malaria control interventions;
- **Chapter 9**: conducting research to improve effectiveness of prevention and treatment in humanitarian emergencies
- A comprehensive glossary has been included in this edition
Recent meetings by the Vector Control Unit

- VCTEG – reviewed three documents whose recommendations will be presented for MPAC's considerations
  - Maintaining universal coverage LLIN coverage
  - Estimating LLIN longevity
  - Capacity building for public health entomologists/vector control experts

- LLIN fabric meeting
  - Reviewed preliminary laboratory data on fiber strength
  - Clear correlation with bursting strength
  - Experts have requested additional tests (wounded bursting strength) for possible ranking
Recent meetings and planned initiatives

- VCAG – held its first meeting in July
  - Drafted the committee’s working modalities
  - Currently requesting manufacturers of potential vector control paradigms to submit dossiers
- Four papers are being drafted to be present during the next MPAC meeting in March
  - Guidance to countries to prioritize vector control interventions when resources are constrained
  - Guidance note on the evidence to combine IRS with LLINs
  - Guidance note on control tools for early and outdoor malaria transmission
  - Guidelines on entomological surveillance
- Celebration of the WHD in 2014 – will focus on vector-borne disease prevention and are working with other relevant departments in WHO
- GMP is working towards strengthening human resource capacity in the VC unit and in regional and country offices as appropriate
Diagnosis, Treatment, and Vaccines Unit

- Andrea Bosman (Coordinator)
- Jane Cunningham
- Peter Olumese
- Silvia Schwarte
- Vaseeharan Sathiyamoorthy (IVR)
- Marian Warsame (DRC)
- Franco Pagnoni (RAcE2015)
- Shook-Pui Lee-Martin (RAcE2015)
- Corinne Jegouzo
- Maria Alexandra Rosado Miguel (RAcE2015)
ROUND 5 WHO Product Testing

- Unprecedented response to the EOI
  - 41 manufacturers; 99 products (57 new products)
- All manufacturers limited to one product (plus compulsory resubmissions) - Rd 5 includes 42 products from 34 manufacturers.
- Specimen collection for parasite positive and parasite negative samples required to meet sample size requirements
- Testing against clinical samples and recombinants in parallel
- Round 5 data collection to be completed in November 2013 and report published in March-April 2013
Positive control wells (PCWs) developed by FIND & Reametrix, containing lyophilized recombinant HRP2, aldolase and pv-pLDH, are currently in field studies in Uganda and PDR Laos, involving ~250 health workers per country.

Objective: evaluate the use, utility and acceptability of PCWs for malaria rapid diagnostic tests (RDTs) in routine health care settings in malaria-endemic areas, in order to guide rational implementation strategies for PCWs.

Data collection will be completed in October-November 2013.
Feasibility assessment of a global subsidy for RDTs at manufacturer level managed by Global Fund

November 2012: 28th Global Fund Board Meeting - Decision Point GF/B28/DP6:

- Board recognized **AMF success due to:**
  - price negotiations with manufacturers
  - direct co-payments by GF to manufacturers on behalf of First-line Buyers
- - the use of supporting interventions
- Board notes **sufficient evidence** to approve a "modified approach to support countries in achieving RBM targets of universal coverage of malaria treatment if coupled with efforts to improve access to diagnostic testing."
- Board acknowledges “the **need for an assessment by technical partners** of the feasibility to include diagnostic testing into the co-payment system, which would inform the operationalization of the co-payment system.”
Oral artemisinin-based monotherapies
National Drug Regulatory Authorities and Manufacturers

National Drug Regulatory Authorities: 13/78 (17%) still allow oral monotherapies
(last updated 27.08.2013)

Risk of development of resistance

Manufacturing sites/place of registration of 30 producers of oral artemisinin-based monotherapies
(last update 27.08.2013)

13 countries still allowing the marketing of oral artemisinin-based monotherapy medicines
by WHO Region
(last updated on 27.08.2013)
Plans to update the WHO QA manual for malaria microscopy

Dr K. Lilley contracted (APW) contracted by WHO/GMP to

1. Collate feedback from experts on WHO QA manual for malaria microscopy, including: AMREF, CDC Atlanta, IMaD/MCDI, KEMRI, MSF, WRAIR and QA focal points at country level

2. Identify experts/resource persons, with published or unpublished data for possible invitation to WHO consultation

3. Propose specific suggestions for improvement, including changes in format to improve readability, as well as sequence of topics, content/length of different sections, inclusion of SOPs, and checklists


5. Inclusion in QA microscopy manual also QMS of malaria RDTs?
Malaria Treatment Guidelines - update

- Scoping meeting to define areas for review – Feb 2013 (completed)
- Commission of reviews of available evidence – May 2013 (completed)
- Proposal for MTG review approved by WHO Guideline review committee – July 2013 (completed)
- Completion of the systematic reviews and Grade tables – October 2013
- TEG meeting to review and reach consensus on the draft recommendations (5-8 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 depending on the prior availability of the evidence in a systematic review format to which the GRADE methodology can easily be applied.*
SMC update

- Field implementation Guide published (English and French)
- 3 workshops (2012, 2013) have been organized by WHO in collaboration with the UCAD / LSHTM, and RBM/WARN that provided countries with support and to guide SMC planning and implementation.
- 9 countries have adopted and added it in their strategy
- Large scale implementation yet to start due to funding constraints, small scale implementation ongoing in a few countries (Mali, Senegal, Niger, Nigeria)
- Other challenges are sources for pre-qualified medicines
- Based on implementation plans developed by the WARN eligible countries (9 countries), 19 million children will potentially benefit from SMC during the next three malaria seasons (i.e. 2013-2015).
## Training courses up to Sept 2013

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<tr>
<th>Course Description</th>
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<tr>
<td>International course on malaria surveillance, monitoring and evaluation for health professionals from AFR, 6-26 June 2013, Moscow, Russia</td>
<td>14</td>
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<tr>
<td>Malaria elimination for CIS/EUR, 10-21 Jun 2013, Baku, Azerbaijan</td>
<td>12</td>
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<tr>
<td>International course on malaria surveillance, monitoring and evaluation for health professionals from CIS in EURO, 26 Aug -14 Sept, Moscow, Russia</td>
<td>34</td>
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<td>Prevention of re-introduction of malaria and certification for CIS/EUR, 29-30 Aug 2013, Ashgabat, Turkmenistan</td>
<td>12</td>
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<td>International training course on planning and management of malaria control for <em>Anglophone countries</em> in the African Region, 2 Sept-11 Oct, Addis Ababa, Ethiopia</td>
<td>20</td>
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<td>Surveillance of malaria control and elimination for EMRO countries planned</td>
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*CIS: Commonwealth Independent States*
Malaria training materials

- Malaria case management released;
- Malaria entomology and vector control;
- Epidemiological approach for malaria control under final review;
- Draft e-learning package for malaria case management ready for field testing;
- Draft malaria elimination training module ready for internal and external review;
- Planning and management of malaria control is under development – consultation planned.
Malawi: 4 districts, 160,000 children 2-59 months
Consortium of 4 NGOs led by SAVE

Mozambique: 4 provinces, 308,000 children 2-59 months – SAVE + Mal Cons

DRC: 2 provinces, 150,000 children 2-59 months
International Rescue Committee

Niger: 3 districts, 184,000 children 2-59 months – World Vision
Nigeria

- States: Niger (Northern Zone); Abia (Southern Zone);

- State selection led by FMOH, based on LOIs submitted

- Guidance workshop with 5 selected potential applicants held May 27th, 2013

- Full proposals reviewed by PRP on July 17th, 2013

- Niger state: Malaria Consortium

- Abia state: Society for Family Health (PSI)
Drugs Resistance and Control Unit

- Pascal Ringwald (Coordinator)
- Marian Warsame
- Amy Barrette
- Charlotte Rasmussen
- Lise Riopel
- Alison Osborne
Emergency response framework

- Emergency response based on strategic recommendations of joint assessment by development partners
- Proposed actions in line with GPARC recommendations
- Aim not to replace existing national, regional or global strategies -- but to increase coordination, quality and coverage of interventions
- Launched on World Malaria Day 2013 in Phnom Penh, Cambodia, where WHO is opening a new Regional Hub to coordinate the ERAR
- Global Fund has committed 100 million USD to combat artemisinin resistance in GMS
Strategy, Economics, and Elimination Unit

- Richard Cibulskis (Coordinator)
- Aafje Rietveld
- Maru Aregawi
- Shiva Murugasampillay
- Ryan Williams
- Mike Lynch
- Mar Velarde
- Shuisen Zhou
- Samson Katikiti
- Chansuda Wongsrichanalai
- Rossitza Mintcheva
- Stella Tabengwa
- Eva Kakyomya
World Malaria Report 2013

- **11th December** launch in DC
- **3rd December** printing
- **12th November** chapters finalized and submitted to editor
- **18th October**, regional profiles are completed
- **25th September**, all country profiles are finalized and shared with the Regions
- **15th September**, database closure
- **20-22 August**, meeting with the Regions
- **March**, meeting with the Regions
Malaria Programme Review Manual

• MPR manual released in 2010

• Meeting to review 2010 MPR manual August 2012: attended by endemic countries and implementing partners

• Draft revised manual produced using inputs from meeting participants December 2012

• Manual being edited, aiming to be simpler and consistent with other guidance
MPR manual contents

Introduction

Phase I. Planning and partnership
• Setting up management structure for MPR
• Developing the proposal and identifying resources
• Engaging stakeholders and preparing field validation sites

Phase II. Thematic reviews
• Epidemiology
• Malaria programme interventions/ leadership & management
  • Goals and strategies
  • Activities
  • Achievements and levels of coverage reached
  • Barriers and problems faced
  • Proposed solutions
MPR manual contents

Phase III: Field Validation
• Preparation for field visits
• Conduct central and peripheral field visits

Phase IV. Analysis, report writing and consultation
• Final analysis of epidemiology, programme areas, leadership and management
• Reports
• Debriefing Stakeholders

Phase V. Disseminating and implementing the recommendations
• Disseminating the MPR findings and recommendations
• Incorporating recommendations into planning documents
• Tracking progress in implementing recommendations
MPR manual annexes

**Epidemiology/situation analysis and stratification**

**Programme areas**

- **Promotion**
- **Prevention** (vector control and preventive treatment)
- **Case management** (Test and Treat), examined separately for public, private,
- **Surveillance monitoring and evaluation** (Track)
- **Investigate** (operational research)

**Leadership and Management**

Leadership

Management: how are the programmatic areas supported?

- Structure and human resources
- Finance
- Supply Systems

*2-3 pages guidance on reviewing each area*
10 countries in Africa bear the greatest burden: 70% of cases in Africa; 56% of cases globally
Malaria Situation Room

- Collaboration among WHO, RBM, UN Special Envoy, IFRC, and ALMA in support of 10 highest burden countries in Africa
- Collate and synthesize data on funding, commodities, intervention coverage, and impact
- Anticipate and identify bottlenecks hindering scale-up of life-saving interventions
- Support bottleneck resolution
  - Work with countries to facilitate timely domestic responses
  - Mobilize extensive partner network to provide high-level response to country needs
- Only 841 days to go until the end of 2015
World Health Assembly process

- In January 2013, WHO Executive Board considered progress report on resolution WHA 64.17 on malaria
- US delegation, supported by other delegations, called for report to be elevated to a stand-alone technical item at 66th WHA, and an update on the response to emerging artemisinin resistance
- GMP prepared 2400-word report reviewing recent progress and key challenges; listing latest guidance; and discussing role of MPAC and need for the GTS 2016-2025;
- During WHA discussion in May, 38 countries delivered interventions on malaria, many of them welcoming establishment of MPAC, and supporting MPAC call for development of GTS
- WHO formally responded to the GTS request by Member States, and this exchange is minuted in WHA official transcripts
African Union Special Summit – July 2013

- GMP attended Abuja+12 Special Summit of African Union Heads of State on HIV/AIDS, TB and Malaria (Abuja, Nigeria, 12-16 July)
- Prepared policy brief for Heads of State on malaria progress to date, highlighting key priorities up to 2015
- GMP, RBM and ALMA organized side event for Ministers of Health, attended by 80+ delegates:
  - Formal launch of the Malaria Situation Room
  - Launch of the operational manual on larval source management
  - Launch of latest ALMA scorecard
Excerpts from “Abuja Actions Toward the Elimination of HIV and AIDS, Tuberculosis and Malaria in Africa by 2030"

We, the Heads of State and Government of the African Union […]:

BEARING IN MIND that the achievements of the last thirteen (13) years in promoting access to HIV/AIDS, TB and Malaria services depended largely on the political will and commitment by Africa’s top leadership as well as the result oriented partnerships at all levels;

EXPRESSING CONCERN that, while we are at a critical time in fighting the three (3) diseases, we are still confronted by significant shortfall in financing which threatens further progress; […]

BEARING IN MIND that effective HIV/AIDS, TB and Malaria interventions have a positive impact on overall maternal and child mortality rates and could help African countries reach Millennium Development Goals 4 and 5 of reducing child mortality and improving maternal health, respectively, by 2015 and beyond;
Excerpts from “Abuja Actions Toward the Elimination of HIV and AIDS, Tuberculosis and Malaria in Africa by 2030"

We undertake to:

Step up the mobilization of domestic resources to strengthen the health system;

Implement effective and targeted poverty elimination strategies and social protection programmes that integrate HIV/AIDS, TB and Malaria for all, particularly the vulnerable populations; […]

Strengthen the use of effective insecticides for control and elimination of malaria, including the use of dichlorodiphenyltrichloroethane (DDT), where necessary;

Intensify the use of Larval Source Management (LSM) where suitable for the control and elimination of Malaria;
Excerpts from “Abuja Actions Toward the Elimination of HIV and AIDS, Tuberculosis and Malaria in Africa by 2030"

We undertake to:

Ensure that Malaria Rapid Diagnostic Tests (RDT) meet WHO procurement criteria, are quality-controlled and selected to meet local Malaria epidemiology;

Accelerate scale-up of the WHO “T3: Test, Treat and Track” Initiative by ensuring universal access to diagnostic testing for all suspected malaria cases and quality-assured anti-malaria treatment for confirmed infections, and tracking the diseases through timely and accurate surveillance;

Maintain funding for, and uninterrupted supply of, life-saving malaria commodities to prevent resurgences of malaria that can occur rapidly with devastating loss of life;
Malaria messaging: a balancing act
The balancing act

- Cannot back away from previous commitments
- Need to be champions of real progress while remaining honest about failures and remaining challenges
- Important that future goals and targets be based on foundation of evidence
- Balancing act between realism and aspiration, humility and audacity