Global Technical Strategy for Malaria Control and Elimination 2016-2025
Steering Committee Meeting Report

20-30 July 2013, Geneva

SC Members: Pedro Alonso (chair) Gao Qi, Ana Carolina Santelli, Margaret Gyapong, Abdisalan Noor, Azra Ghani, Kevin Baird, Wichai Satimai, Tom Burkott (phone), Zulfiqar Bhutta (phone)
WHO: Rob Newman, Mike Lynch, Zsofia Szilagyi, Olivia Delia, Erin Shutes, Marian Warsame
Apologies: Ciro de Quadros, Corine Karema, Lesong Conteh, Sandii Lwin

Welcome and Setting the Scene: WHO GMP was tasked by the MPAC to develop a Global Technical Strategy (GTS) for Malaria 2016-2025 in close coordination with the Global Malaria Action Plan 2 (GMAP2) being developed by the Roll Back Malaria (RBM) Partnership for joint launch in 2015 after endorsement by the WHA and adoption by the RBM Board respectively. After introductions, Rob described the context and vision for developing the GTS, the Terms of Reference for the SC, and some of the issues that will need to be addressed (Rob’s presentation attached). The declaration of interest statements were reviewed by the Director and no COIs were identified that pertained to the subject matter of this meeting.

Structure and Contents of the GTS: The SC reviewed the table of contents and goals for a variety of recent global action plans and strategies including the GMAP, The STOP TB Strategy, The Global Plan to STOP TB, UNAIDS Getting to Zero, Global Strategy for Dengue Prevention and Control 2012-2020, and the Global Vaccine Action Plan (presentation attached). It was agreed that a “Strategy at a Glance” page (as was done in the UNAIDS Getting to Zero document) should be included to summarize and communicate the GTS and that the goals and targets would be developed in collaboration with GMAP2 with a technical basis. The SC discussed framing the goals based on the strategic directions. A working group (open to any GTS members who are interested) will develop a couple of options based on the country typologies and strategic directions for consideration at the next SC meeting. One of the guiding principles for developing the GTS is country ownership and buy-in; the GTS must be globally relevant and flexible to allow countries and regions to make their own decisions.

Timelines and Workplan: In order to submit the GTS to the World Health Assembly (WHA) for endorsement in 2015, the document must be submitted to the Executive Board in September 2014 (for review at their January 2015 meeting) and to the WHA in March 2015 (for review at their meeting in May 2015). We are planning seven Regional meetings (Anglophone/Francophone in AFRO) between Feb – May 2014 to gather expert input from each of the regions and facilitate country and regional ownership. Therefore, we plan to have a Draft Zero of the GTS by January 2014 to form the basis for regional input. Any evidence reviews and other analyses should be commissioned and if possible, completed in 2013 to inform the Draft Zero (presentation and draft workplan attached).

Evidence Reviews: The SC discussed whether there were specific evidence reviews or analyses needed to inform the GTS development. The use of chemotherapy for public health was raised as a topic that has been receiving increased attention in the malaria community and it would be useful to provide clarity on knowledge to data and potential risks while sufficient data is gathered to inform any future policy recommendations. The role of asymptomatic carriers, impact on transmission and
best methods to identify and treat were discussed. Stratification was raised as a potential topic, but it was decided that we would use the country typology framework to suggest principles for stratification.

**Operationalizing the Development of the GTS:** How to structure the GTS as a framework for how we develop the goals and objectives and further develop the document was discussed at length. The table below was drafted as a first step at a matrix to look at country typologies and the topics that should be covered for each.

<table>
<thead>
<tr>
<th>DRAFT TYPOLOGY (to be further refined)</th>
<th>Draft Strategic Directions</th>
<th>High burden -- focused on decreasing cases and deaths</th>
<th>Reduced burden -- focused on accelerating progress</th>
<th>Low burden moving towards elimination</th>
<th>Elimination and prevention of reintroduction</th>
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<tbody>
<tr>
<td>Prevention and transmission reduction</td>
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<td>T3: Test, Treat, Track</td>
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<td>Sustainability, acceleration and Innovation</td>
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It was decided to further develop these scenarios to determine if this framework could provide the structure of the GTS. Guiding principles underlying the GTS should include health systems, human capacity and stratification. Cross-cutting themes include insecticide and drug resistance. The overall document should articulate links to the post-2015 development agenda.

**Communication:** GMP will set up a dropbox with reference materials for the SC. Monthly GTS SC teleconferences will be scheduled and we anticipate an additional meeting the week of October 14th and in January to finalize the Draft Zero for regional input. The SC will be invited to the regional meeting in their region and we will work together with the WHO Regional Malaria Advisors to develop the participation list and agenda for the regional meetings.

**Action Plan:**
1. Abdisalan Noor volunteered to further develop the country typologies and circulate them to the SC. We asked him to send them to GMP to be attached to the meeting report (attached)
2. GMP will develop a dropbox for the following materials: all recent GMP guidance documents, Elimination Scenario Planning Tool + download instructions, SC meeting documents, Acronym list, Regional/National Malaria Strategies, Investment Framework slides, Committing to Child Survival: A Promise Renewed, and GMAP2 Taskforce documents.
3. Kevin will develop a list of questions to frame an evidence review on chemotherapy for public health which will be shared with the Chemotherapy TEG and GMP colleagues to see if this work is already being considered.
4. A small group will start working on potential options for developing goals and targets based on the proposed country typologies.