Updating the Guidelines for the Treatment of Malaria

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GLOBAL MALARIA PROGRAMME
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
Purpose and Objectives of the MTGs

● provide analysis of the current evidence regarding malaria diagnosis and treatment to inform and guide decisions

● provide a framework for development of specific malaria diagnosis and treatment protocols in countries
  ▪ Taking into account national and local malaria drug resistance pattern and health services capacity
The current content and scope of the MTGs

- Malaria diagnosis and treatment – policies and strategies from a **clinical** and a **public health** perspective

- What to use – in diagnosis, curative treatment (uncomplicated and severe malaria, including in special risk groups)

- How and where to use
  - Indications, contraindications and precautions
  - Best practices in clinical management, including special patient groups
  - Strategies for the use of medicines at population level
Evidence review and Recommendation process

- **Evidence for recommendation**
  - In 2008 WHO adopted the GRADE (Grading of Recommendations Assessment, Development and Evaluation system) methodology for evaluating evidence for policy and guideline recommendations. So for the *second edition (2010)*, all new recommendations were subjected to the GRADE process.

- **Formulation of recommendations**
  - All available evidence, even where it was not suitable to apply the GRADE methodology is included in the discussions for formulating recommendations. The key policy considerations are:
    - evidence on safety, efficacy and overall benefits
      - from a clinical and public health perspective
    - considering, in the case of a medicine, procedure or a strategy, the benefits against the
      - the risks,
      - the implications for the health system,
      - the feasibility of implementation
Proposed Scope of Review (3rd edition)

The review for the production of a 3rd edition, will include:

- a comprehensive review of existing recommendations in the light of any new evidence which might affect the recommendation in its totality, or with regard to the strength of the recommendation.
In addition, specific areas have been identified for in-depth review, these are listed below:

- Review of existing treatment options for safety, efficacy and context of use, e.g.
  - Cardiotoxicity of quinolone antimalarials
- New antimalarial molecules or combination options, e.g.
  - Arterolane-piperaquine; Artesunate + pyronaridine
- Preventive use of antimalarials
  - Chemoprophylaxis for travellers
  - Chemoprevention in special risk groups (IPTp, IPTi and SMC)
In addition, specific areas have been identified for in-depth review, these are listed below:

- Updates based on the recent review of the ERG,
  - Use of primaquine as gametocytocidal agent for *P. falciparum*,
- Safety of mefloquine in pregnancy.
- Systematic testing for malaria of children presenting with anaemia in areas of high transmission.
- Criteria for determination of malaria risk in the context of IMCI and iCCM.
- Interaction between iron and malaria, and its implications in the management of malaria in the context of IMCI.
Proposed Scope of Review  -(contd)

- In addition, specific areas have been identified for in-depth review, these are listed below:
  
  ▪ Review of the potential role of multiple first line therapies within and across countries as a resistance management tool (together with the TEG on Drug Resistance and Containment)
  
  ▪ Highlight areas of gaps where there is urgent need for
    ○ new molecules to address the burden of disease,
    ○ more robust data / evidence to strengthen the certainty of recommendations.
Review process and timelines*

- The review process is based on the WHO Guidelines for Guidelines development which is overseen by a WHO Guideline Review Committee (GRC).

- The guideline development or review process takes between 18-24 months* depending on the scope and the prior availability of the evidence in a systematic review format to which the GRADE methodology can easily be applied.

*the timeframe indicated is the anticipated minimal projections based on the previous experience of the Guidelines development. The GRC advises that at least a minimum of 24 months is required to produce or update a standard comprehensive Guideline.
Review process and timelines

- **Summary of the process:**
  - Establishment of a WHO Guideline Steering Group. This is a WHO in-house committee comprised of members from relevant WHO departments involved in development of guidelines related to case management of malaria.
  
  - Agreement on the review topic / questions, and subsequent commissioning of evidence review and development of GRADE tables
    - TEG (malaria Chemotherapy) – 1st quarter 2013.
    - Systematic review and construction of GRADE Tables - Cochrane review group (six months)
Review process and timelines*

**Summary of the process:**

- Review and formulation of draft recommendations
  - TEG (last quarter of 2013)
- Review by External experts and potential end/users of the guidelines (last quarter of 2013)
- Approval from MPAC (March 2014)
- Final clearance through the WHO GRC and other WHO in-house processes (second quarter 2014)
- Publication, translations and dissemination (June 2014)

*the timeframe included above is the anticipated minimal projections based on the previous experience of the Guidelines development process. The GRC advises that at least a minimum of 24 months is required to produce or update a standard comprehensive Guideline.*
GSG makes recommendations

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

Screening by Guidelines Steering Group (GSG)

Clearance through WHO GRC

External review

• Finalization of the MTGs – TEG;
• MPAC Clearance

GSG is an in-house inter-department group

RESPONSE TO NEW INFORMATION

Updated version

New Evidence

• TEG makes recommendations
• review of evidence

Updated version