WHO policy brief 2016

Global Fund – funding proposal development

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Background and rationale

• This document, updated annually, provides an overview of all current WHO technical guidance on malaria, as well as practical considerations for developing programmatic costing estimates. It is intended to:
  • Facilitate the proposal development process for countries and partners by making it easier for them to appropriately select intervention strategies and to budget for them.
  • Provide practical guidance for national malaria programmes on how to develop accurate and comprehensive costing estimates across ten technical areas.
Scope of the document (Table of content)

- Case management (malaria diagnosis and treatment)
- Supply management for malaria diagnostic testing and treatment
- Community case management of malaria
- Malaria in pregnancy
- Intermittent preventive treatment in infancy
- Seasonal malaria chemoprevention
- Monitoring antimalarial drug efficacy
- Malaria vector control including insecticide resistance
- Surveillance, monitoring and evaluation
- Malaria elimination
Key antimalarial interventions & strategies

**Prevention**
- Insecticide-treated mosquito nets (LLINs)
- Indoor Residual Spraying
- IPT in pregnancy (IPTp)
- IPT in infancy (IPTi)

**Diagnosis & Treatment**
- Parasite based diagnosis
  - Microscopy
  - Rapid Diagnostic Tests
- Artemisinin-based combination therapies (ACTs)
- Severe Malaria
  - Artesunate

**Surveillance, M & E**
- Routine HMIS
- Malaria surveillance and response systems
- Household surveys
- Health Facility Surveys

**Strengthening health systems in endemic countries**
Prevention, diagnostics and treatment
Case management (diagnosis & treatment)

- All suspected malaria cases should have a parasitological test to confirm the diagnosis.
- Treat children and adults with uncomplicated *P. falciparum* malaria (excluding pregnant women in their first trimester) with an ACT.
- Reduce transmissibility of treated *P. falciparum* infections - single dose primaquine 0.25mg/kg, in low transmission settings.
• In areas with chloroquine susceptible P. vivax, treat using either an ACT (excluding pregnant women in their first trimester) or chloroquine. In areas with chloroquine resistant P. vivax, treat with an ACT (excluding pregnant women in their first trimester)

• Preventing relapse with primaquine (14 day course)
Treatment of severe malaria

- Intravenous or intramuscular artesunate for at least 24 hours and until able to tolerate oral medication
- After at least 24 hours of parenteral therapy, **and** able to tolerate oral therapy, complete treatment with 3-days of an ACT
- Pre-referral treatment
Community case management of malaria

- CCM of malaria delivered as part of integrated CCM (iCCM), which includes the treatment of pneumonia and diarrheal diseases
- Trained community providers (CHWs, medicine sellers or retailers) should be provided with:
  - Rapid diagnostic tests (RDTs)
  - ACTs for treatment of uncomplicated malaria
  - Rectal artemisinin suppositories for pre-referral treatment of severe malaria
  - Information, Education and Communication materials
  - Simple patient registers and reporting forms
Supply management

- This section outlines WHO guidance on the:
  - characteristics of a robust microscopy quality assurance programme
  - procurement requirements for rapid diagnostic testing
  - the selection and procurement of safe quality effective antimalarials
  - RDT lot testing
  - HRP2/3 gene deletion; and
  - guidance on budgeting a malaria diagnosis and treatment programme
Chemoprophylaxis

- Intermittent preventive treatment in pregnancy
  - All pregnant women at risk of P. falciparum infection in sub-Saharan Africa with stable malaria transmission receive SP as IPT at scheduled antenatal care visits (at least one month apart).

- Intermittent preventive treatment in infancy
  - SP-IPTi delivered through EPI is recommended as an additional malaria control intervention in countries in Africa south of the Sahara where malaria transmission is moderate to high.

- Seasonal Malaria Chemoprevention
  - Amodiaquine plus sulfadoxine-pyrimethamine given to children aged between 3 and 59 months at monthly intervals, beginning at the start of the transmission season, to a maximum of four doses (provided both drugs retain sufficient antimalarial efficacy).
Entomology and vector control

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World Health Organization
Malaria vector control

• Core interventions
  • Mosquito nets - Long-lasting insecticidal nets (LLINs)
  • Indoor residual spraying (IRS)
• In selected countries and situations, the above can be complemented based on local needs by:
  • Larval control
  • Environmental management
Main vector control priorities in line with GTS

- Maximize the impact of current vector control interventions (LLINs and IRS – plus other supplementary measures)
- Maintain adequate entomological surveillance and monitoring
- Prevent and manage insecticide resistance and outdoor malaria transmission
- Strengthen capacity for evidence-driven vector control
- Implement targeted vector control where transmission has declined
- Support the development and uptake of new tools (harnessing innovation) – including quality control of vector control products
Surveillance

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Surveillance definition:

Public health surveillance is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice.

One of the 3 pillars of the Global Technical Strategy for Malaria is to “Transform malaria surveillance into a core intervention”
Surveillance for malaria

- Strong surveillance enables programmes to optimise their operations, by empowering programmes:
- To advocate investment from domestic and international sources, commensurate with the malaria disease burden in a country or sub-national level
- To allocate resources to populations most in need in order to achieve the greatest possible public health impact
- To access regularly whether plans are progressing as expected and where adjustments are needed
- To account for the impact of the resources and demonstrate value for money
- To periodically evaluate the overall programme objectives and achievement and thus plan accordingly
Today’s malaria control

1. Surveillance, health system
   - Cases, admissions, deaths, test positivity rate (TPR), anaemia

2. Household surveys
   - Demographic Health Survey (DHS)
     - all-cause under 5 mortality (U5M)
   - Malaria Indicator Survey (MIS)
     - parasite prevalence
   - Verbal autopsy (VA)
     - Disease-specific cause of deaths

3. Models: Epidemiological assumptions, parameters (surveys)
Effective malaria control: a comprehensive package

All WHO reference documents on malaria are accessible at:
http://www.who.int/malaria/publications/en
Keep our eye on the prize: a world free of malaria

Thank you