Technical consultation to review the role of drugs in malaria prevention for people living in endemic settings

Concept note – 16-17 October 2019

Background

The 2017 and 2018 WHO World malaria reports documented that progress in malaria control has stalled. The encouraging trends documented 2000-2015 have stagnated and, in some settings, begun to reverse. An initiative, “High Burden to High Impact” (HBHI), is focusing attention on the most highly-burdened countries in Africa, and India, to boost the impact of malaria control efforts. This meeting plans to review the use of medicines for malaria prevention in endemic countries and identify opportunities to increase their impact.

Three groups of drug-based strategies are recommended by WHO for malaria prevention:

(i) Chemoprophylaxis, which is the administration of a drug at pre-defined intervals, to prevent the development or progression of a malaria infection. This is used in non-immune travellers or specific risk groups (e.g. children in endemic settings with sickle cell disease);

(ii) Mass drug administration (MDA), the delivery of malaria treatment to every member of a defined population or geographic area at the same time. This is done either to

   a. ameliorate the worst effects of malaria in epidemic situations or exceptional complex emergencies (e.g. civil unrest, Ebola outbreaks), or
   b. accelerate progress towards the interruption of transmission;

(iii) Intermittent preventive treatment (IPT), where a full treatment course of an antimalarial drug is given to a target group (e.g. infants (IPTi), women in pregnancy (IPTp), or children under 5 years living in intensely seasonal transmission settings (seasonal malaria chemoprevention or SMC), regardless of whether the recipient is infected with malaria.

In addition, multicentre studies are evaluating the potential of post-discharge malaria chemoprevention (PMC) to reduce readmission and death among children discharged from hospital with anaemia, and several studies have evaluated the potential of IPT in school children.

The boundaries between chemoprophylaxis, MDA and the IPTs are blurred and the term chemoprevention is used to reflect the general approach of using malaria drugs to prevent disease.

The fact that chemoprevention targets people at high risk of malaria raises the possibility that their improved use may form an impactful component of the response to the ongoing high burden of malaria disease and death.

1 For example, the practical challenges of ensuring regular mass treatments as part of MDA results in something closer to mass IPT, or high coverage of frequent MDA in some population subgroups may results in their chemoprophylaxis. The group of strategies may therefore be referred to as ‘chemoprevention’ – the use of drugs to prevent malaria.
The IPT strategies and associated policy recommendations were developed during the 1990s and 2000s. However, their implementation has been fragmented and, as a group of strategies, their impact has not been maximised. SMC, recommended in 2012, has been relatively rapidly implemented at large scale but even here large coverage gaps exist and questions have surfaced about the potential to expand the SMC approach to other age groups or settings with longer transmission seasons. A sister meeting will take a deep dive look at the lessons learnt so far with SMC. This meeting will build on the SMC deep dive and review opportunities to improve the use of chemoprevention more broadly.

Specific objectives

1. Based on existing policies for malaria chemoprevention and experience with their implementation, define strategies to maximise the impact of malaria medicines on mortality, morbidity and transmission.

2. Define the evidence gaps and priority research needed to update WHO policies on malaria chemoprevention.

Methods

Groups of thematic presentations and discussions, followed by a session of parallel working groups.

Participants

Staff of national malaria control programmes, representatives of agencies working in malaria control (UNICEF, Presidents Malaria Initiative), researchers working in endemic countries and product developers.

Proposed time of workshop

16–17 October 2019