Progress of elimination efforts in the Greater Mekong Subregion

Malaria Policy Advisory Committee
Geneva, Switzerland

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Outline

- Strategy
- Country Progress
- Regional Coordination
- Challenges
- Next steps

Mekong River, China/Myanmar border
In April 2013, WHO launched the Emergency response to artemisinin resistance (ERAR) in the GMS;

A regional hub was established in Phnom Penh, Cambodia, to support the coordination of activities relying on regional staff based in country offices;

MPAC recommended in September 2014 the adoption of the goal of elimination of *P. falciparum* in the GMS by 2030;

Subsequently, at the World Health Assembly in May 2015, WHO launched the Strategy for malaria elimination in the GMS (2015–2030), which was endorsed by all GMS countries;

As a transitional year, in 2016 the ERAR hub will fulfil the objectives agreed in ERAR project and help the countries to update their national strategic plans with the goal to accelerate towards elimination;

ERAR hub will evolve into GMS Malaria Elimination hub in 2017 with less staff at the regional level but stronger country offices.
GMS Strategy overview

Goals

• To eliminate malaria by 2030 in all Greater Mekong Subregion countries and, considering the urgent action required against multidrug resistance in the GMS, to eliminate *Plasmodium falciparum* malaria by 2025.

• In areas where malaria transmission has been interrupted, to maintain malaria-free status and prevent reintroduction.

Objectives

1. Interrupt transmission of *P. falciparum* in areas of multidrug resistance, including artemisinin-based combination therapy (ACT) resistance, by no later than 2020, and in all areas of the GMS by 2025.

2. Reduce malaria in all high-transmission areas to less than 1 case per 1000 population at risk and initiate elimination activities by 2020.

3. Prevent the reintroduction of malaria in areas where it has been interrupted.

WHO Regional Directors SEARO and WPRO launch the Strategy, May 2015
Regional level priorities

- Urgently and aggressively interrupt transmission in areas with multidrug resistance in the border areas between Cambodia and Thailand;
- Reduce transmission in the high transmission areas in Myanmar;
- Control malaria in areas of resurgence.

Country level priorities

- Eliminate malaria in areas of multidrug resistance;
- Flatten the epidemiological landscape by reducing transmission in areas of high transmission;
- Local analysis may identify additional priorities such as measures targeting certain mobile populations.

Prioritization does not mean that efforts to eliminate malaria in low transmission areas should be put on hold.
GMS Strategy overview - Milestones and targets

2015

- Malaria transmission interrupted in 60% of districts in Thailand

2016

- In all GMS countries: Malaria elimination policies/NSPs updated

2017

- In all areas of low transmission: surveillance for elimination in place;
- Systems strengthened for case & ento. surv. in high transmission areas
- Universal LLIN coverage in areas of malaria transmission

2020

- P.f. transmission interrupted in all areas of MDR
- P.f malaria eliminated in Cambodia;
- Malaria eliminated in Yunnan;
- All 1st level subnational areas in GMS in elimination mode

2025

- Elimination of P.f. malaria in all GMS countries;
- Malaria eliminated in Cambodia and Thailand

2030

- Malaria eliminated in all GMS
GMS Strategy overview - Key interventions

Case detection and management

• Universal access to quality diagnostics and treatment in public, private sector and in the community
• Detection of asymptomatic carriers
• Treatment with ACTs, primaquine for both *P. falciparum* (single dose) and *P. vivax* (anti-relapse therapy)
• Management of severe cases and imported cases to prevent deaths

Malaria case and entomological surveillance

• Mandatory notification
• Case based malaria surveillance
• Case, foci investigation and response
• Entomological surveillance
• Outbreak detection and response
• Vigilance

Disease prevention in transmission areas

• Vector control
• Drug based approaches

Supporting elements

• Innovation and research
• Enabling environment, including multi sector engagement and governance
National malaria elimination strategies development

Consensus building during national consultation workshops, and inputs to NSPs & Action Plans

WHO Training on malaria elimination for GMS countries

Peer learning & experience sharing, horizontal technical assistance through WHO Collaborating Centers
National malaria elimination strategies

Cambodia Malaria Elimination Action Framework 2016-2020 (MEAF)
## Status of national malaria elimination planning, 2/2016

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<td>Cambodia</td>
<td>Completed</td>
<td>2016-2020</td>
<td>141 351 385</td>
<td>36 700 000</td>
<td>Launched in 1/2016</td>
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<tr>
<td>Yunnan Province/China</td>
<td>Completed</td>
<td>2015-2020</td>
<td>7 936 507</td>
<td>0</td>
<td>Yunnan plan only</td>
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<tr>
<td>Lao PDR</td>
<td>Completed</td>
<td>2016-2020</td>
<td>97 591 611</td>
<td>62 814 002</td>
<td>Submitted to MOH; Launch planned</td>
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<tr>
<td>Myanmar</td>
<td>Draft NSP available</td>
<td>2016-2020</td>
<td>TBD</td>
<td>TBD</td>
<td>To be finalized after MPR</td>
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<tr>
<td>Thailand</td>
<td>Completed</td>
<td>2017-2026</td>
<td>97 030 000</td>
<td>61 270 000</td>
<td>Endorsed by NSC</td>
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<tr>
<td>Viet Nam</td>
<td>Completed</td>
<td>2016-2020</td>
<td>147 434 138</td>
<td>82 114 620</td>
<td>2015-2017 approved by MOH</td>
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Source: GMS national malaria programs
Malaria risk mapping in the GMS, 2015

API ≥ 1/1,000 with indigenous cases

API < 1/1,000 with indigenous cases

No indigenous case 1–3 years

No indigenous case > 3 years

Yunnan Province/China

Viet Nam

Lao PDR

Myanmar

Thailand

High Risk

Moderate Risk

Low Risk

Risk Free
Operational stratification, by OD, Cambodia, 2016

Source: MEAF 2016-2020
National level coordination & governance

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<tr>
<th>Country</th>
<th>Status</th>
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<tr>
<td>Cambodia</td>
<td>• National Malaria Elimination Task Force meets every 2 months; provincial committees for elimination exist</td>
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<tr>
<td>China</td>
<td>• Multi sectoral high level National Malaria Elimination Committee since 2010</td>
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<tr>
<td>Lao PDR</td>
<td>• Discussions ongoing through Dept. for Control of Com. Diseases (DCCD) to establish National Malaria Elimination Committee</td>
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<tr>
<td>Myanmar</td>
<td>• National Malaria Elimination Committee established but has not yet met</td>
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<tr>
<td>Thailand</td>
<td>• National Steering Committee (chaired by Deputy PM) set up in March 2015; met in Feb 2016 and endorsed NSP</td>
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<tr>
<td>Viet Nam</td>
<td>• National Artemisinin Resistance Containment committee in 2014, chaired by Deputy Minister for Health and convened by PM; expanded into National Steering Committee on Malaria Elimination</td>
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Country updates: Malaria trends in the GMS, 2000-2015

Confirmed cases (Mic+RDT)

Malaria deaths

Malaria admissions

Confirmed cases (Mic+RDT)

Malaria deaths

Malaria admissions
Country updates: Cambodia

- Total cost estimate for MEAF is USD 143.2 Mil (34% for VC, 28% for Surveillance, 24% case management); estimate for 2016 & 2017 is USD 49Mil.
- Study on safety of low dose primaquine ongoing
- Technical support for forecasting, registration, procurement and management of antimalarials
- Failure rates of DHA-PPQ have crossed 60% in Siem Reap and have reached 30-40% in provinces including Oddar Meanchey, Stung Treng and Battambang.
Country updates: Cambodia – Partners

In MEAF, CNM lays out various partner coordination structures to achieve malaria elimination:

- **National Health Experts**
  - Independent Malaria Elimination Committee

- **CNM and Domestic Partners**
  - Malaria Sub Technical Working Group
  - Surveillance
  - Case Management
  - IEC/BCC
  - Vector Control
  - Procurement and supply

- **Inter-sectoral**
  - CNM Research Network
  - Malaria Elimination Task Force
  - National Multi-sectoral Malaria Elimination Committee

- **Provincial**
  - Provincial Multi-sectoral Malaria Elimination Committee
Country updates: China

- 21 indigenous cases in 2015, preparing for certification of elimination.
- Completed updating of national elimination strategy & Yunnan elimination strategy (2015)
- Yunnan surveillance training
- Conducts international trainings
- Cross border collaboration meeting between Myanmar and China, 3/2016
- Evaluation of border malaria ports planned.
Country updates: Lao People’s Democratic Republic

- National Malaria Strategic Plan 2016 – 2020 completed and submitted for endorsement to Minister; launch & donor meeting scheduled for April/May 2016
- Interventions for MMPs started
- Work with private sector expanded
- Integration of malaria surveillance in DHIS2 completed and training rolled out in 5 Southern Provinces
- National slide bank established
- TES completed in Sekong (ACPR 86%) and Champasak (ACPR 90%) provinces

China/Lao border crossing
Country updates: Myanmar

- 38% reduction in the morbidity and 68% reduction in mortality in 2014 (vs 2013); 41% reduction in morbidity in 2015 (vs 2014) with less than 200,000 cases
- Shift from containment to elimination, draft NSP available
- Malaria Programme Review ongoing, results to be used to finalize NSP & costing (mid April)
- Work on Global Fund Concept Note started (NFM + RAI), submission in June for 4 years
- Cross border meetings with China and with South Asian countries conducted
- Complex partner situation (>25 implementing partners), mapping of partners and related intervention coverage completed
- Strengthened surveillance (>70 additional M&E staff), MIS ongoing, database established
- Strengthened coordination (6 TSG meetings in 2015)
Country updates: Thailand

- NSP for malaria elimination (2017-2026) endorsed by the NSC, chaired by DPM on 15 Feb 2016; plan for Cabinet approval in March
- Drug policy was changed in Q2/2015 to DHA-PIP, to be rolled out in 2016
- Microscopy QA being strengthened
- Business Intelligence (BI) Malaria Surveillance Web-based established with GF supported will stop in 2016—requires strategy to sustain
- Future shortfall of malaria competent staff, requires strategy to integrate with other disease control programs
- Evaluation of usefulness of DOT planned

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<th>Control</th>
<th>API ≥ 1/1,000 with indigenous case</th>
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<td>C1</td>
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<td>API &lt; 1/1,000 with indigenous case</td>
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<th>Elimination</th>
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Country updates: Viet Nam

- Significant reduction of malaria cases (2013: 17 123; 2015: 9 331).
- Costed work plan based on the national strategic plan and on GMS elimination strategy developed.
- Survey conducted in 5 provinces (2014) revealed 21% (94/445 pharmacies) of pharmacies still selling oAMT.
- Mapping of MMPs completed in 1 province
- Expansion of malaria posts under the reprogramming of RAI conducted to improve access for MMPs – 31 posts already established.

![Graph showing malaria cases by month]
Regional coordination

Domain

1. Capacity building & technical collaboration
   - GMS elimination and surveillance training (Thailand, China)
   - Elimination operation manual (draft)
   - Expert consultation (New Delhi)

2. Cross border collaboration
   - Ongoing cross-border initiatives: Lao-Thailand, Cambodia-Thailand, China-Myanmar, Myanmar-India/Bangladesh
   - Draft MMP strategy and toolkit developed
   - Involvement in country MMP pilot projects

3. Product quality
   - WHO Collaborative registration procedure and workshop on WHO Prequalification Programme conducted
   - Medicines quality issues have been discussed at the ASEAN
   - Improved collaboration between national stakeholders
   - Country workplans developed, incl oAMT elimination and surveys

4. High priority research
   - Priority GMS research agenda defined (December 2013 through ERAR), currently updated
   - Support of several ongoing research projects
   - Regional Research Coordination group established (11/2014)

5. Surveillance, M& E
   - SME country capacity assessments done (in print)
   - Monthly data collection & analysis
   - Regional data sharing platform (DHIS2)
   - Intense TES monitoring through networks (GMS and beyond)

6. Coordination and governance
   - Leading and supporting GMS strategy and NSP developments
   - Facilitate regional collaboration
   - Partner coordination (incl through annual partners forum)
   - Tracking/engaging in resource mobilization
   - Advocacy & communication (website, newsletter)
**Regional coordination: Tracking progress, surveillance**

### Routine surveillance data submission by country, 9/2015

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### Routine surveillance data submission by country, 3/2016

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- Data elements and indicators defined and agreed (for burden reduction and elimination)
  - New additions: elimination, cross-border, migrant and mobile populations, private sector, gender and community

- Regional Hub Database- Draft version (DHIS2)
  - Compatible for burden reduction-elimination
  - Customizable to country context
  - Monthly data sharing between countries started
  - Bulletin and scorecard report

- Data managers being recruited in each country programme

- Collaboration with Global Fund – RAI
GMS TES

Expansion to new sites (2014-2016)

Chanlang, Arunchal Pradesh
Lunglei, Mizoram
Lama, Bandarban
Teknaf, Cox’s Bazar
Access for migrant and mobile populations to services

> 10 workshops/meetings organized in 2014-15

Guidance documents produced:

- Approaches for Mobile and Migrant Populations
- Policies/legal framework
Policy and Implementation Challenges

- Delays in uptake/roll out of WHO Global Policies and Guidance
  - Drug policy change (ACT rotation, primaquine etc.)
  - Choice and targeting of vector control interventions
- The elimination concept is largely new and not yet sufficiently understood
- Weaknesses of health systems (leadership & governance, HR, HIS, health financing, PSM, health technologies incl. microscopy)
- Malaria foci located in hard to reach population groups
- Expanding drug resistance a challenge
- Cross border collaboration and coordination
  - Definition of the focus
  - Joint work plans
  - Tracking and documentation
- Fragmentation and stakeholder coordination (multiple and uncoordinated reprogramming).
Way forward

**Achieve impact:**
- Eliminate *P. falciparum* malaria from the GMS by 2025 or earlier
- Elimination malaria from the GMS by 2030

I. Promote high level and **multi stakeholder engagement** to keep malaria elimination high on the agenda and ensure mutual accountability.

II. Strengthen existing malaria **surveillance** systems in their transition towards malaria case-based and entomological surveillance as core intervention.

III. Coordinate and synergize **case detection and management**, **disease prevention and vector control interventions** in-country and across programs and sectors.

IV. Plan and implement **capacity strengthening** activities (training, mentoring and supervision).

V. Keep an **independent score** of sub regional progress in malaria elimination, including **drug & insecticide resistance and cross border collaboration**.

Reorient the **Regional Hub** from containment to elimination.
THANK YOU

Migrant worker family along the road to Kayah State, Myanmar