



Second focused review meeting by the Malaria Elimination Oversight Committee (MEOC)

Report of a virtual meeting,
28 June–1 July 2021



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1. SUMMARY

The second focused review meeting of the Malaria Elimination Oversight Committee (MEOC) was held on a virtual platform from 28 June through 1 July 2021. Eight countries (the Dominican Republic, Ecuador, Eswatini, Mexico, Sao Tome and Principe, Thailand, Timor-Leste and Vanuatu) were invited to present results of their malaria elimination self-audits for a focused review with MEOC members. All 10 members of the MEOC attended the meeting, along with national malaria programme (NMP) representatives from the focus countries; World Health Organization (WHO) country, regional, inter-country support team and headquarters staff; and Fund Portfolio Managers (FPMs) and Monitoring and Evaluation officers from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

Prior to the focused review, each country conducted a self-audit using the draft WHO Malaria Elimination Audit Tool (MEAT)¹ to identify the programmatic areas in need of further strengthening. MEOC members and NMP representatives discussed the findings of the MEAT in specific country sessions. In a closed session, the MEOC developed both general and country-specific recommendations, which were presented to the NMPs on the final day of the meeting. The MEOC requested a report back from WHO before the end of 2021 on the status of the recommendations and whether they have been implemented.

In the process of conducting the self-audit using the MEAT, malaria programmes identified strengths and weaknesses that could help or hinder the achievement of their elimination goal. The results revealed that, of the 10 domains in the tool, countries were implementing diagnosis and case management activities better than activities in other domains. Important gaps were frequently identified across countries in the domains of “National strategy, coordination, policies and advocacy”, “Vector control and entomological surveillance”, and “Prevention of re-establishment of transmission”. Across different domains, the self-audits frequently identified weaknesses related to human resources, such as lack of human resources at both the national and subnational levels, lack of qualified staff in entomology and diagnosis, and the sustainability of human resources for the prevention of re-establishment. The MEOC found the MEAT to be a useful tool and recommended that it be refined, continuously tested, and used in a harmonized manner for programme reviews and other purposes.

1 The draft tool is currently being refined and will be updated in due course. The current version can be obtained by emailing: malaria-elimination@who.int

2. BACKGROUND

The World Health Organization's (WHO) *Global technical strategy for malaria 2016–2030* (GTS) (1) was adopted by the World Health Assembly in May 2015. One of the three pillars of the GTS calls for all malaria-endemic countries to accelerate efforts towards elimination and attainment of malaria-free status. The GTS set a goal for 35 countries that had malaria in 2015 to eliminate malaria by 2030, with milestones of 10 countries by 2020, another 10 by 2025 and 15 by 2030. WHO managed the Elimination 2020 (E-2020) initiative from 2017 to 2020 and launched the E-2025 initiative in 2021 to accelerate national elimination efforts to fulfil national elimination goals and achieve the GTS milestones. The 25 countries nominated for the E-2025 initiative were: Belize, Costa Rica, Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, Panama, Suriname (WHO Region of the Americas); the Islamic Republic of Iran, Saudi Arabia (WHO Eastern Mediterranean Region); Botswana, Cabo Verde, Comoros, Eswatini, Sao Tome and Principe, South Africa (WHO African Region); Bhutan, Democratic People's Republic of Korea, Nepal, Thailand, Timor-Leste (WHO South-East Asia Region); Malaysia, Republic of Korea and Vanuatu (WHO Western Pacific Region).

The E-2025 countries are spread across five WHO regions. While the countries share some common challenges in eliminating malaria, each programme faces a unique set of problems and opportunities and operates at varying levels of programme implementation. As the E-2025 countries are at different points along the continuum of transmission, the approach to malaria elimination will differ from country to country, depending on the epidemiology of malaria in the country, strength of surveillance systems, levels of domestic and external funding, and political commitment.

In March 2017, the Malaria Elimination Oversight Committee (MEOC) was created to support achievement of national elimination goals by monitoring and guiding malaria elimination activities.² The MEOC met several times between 2018 and 2019 and conducted a previous focused review of seven malaria-eliminating countries in 2019. At the 2019 focused review, the MEOC recommended that WHO establish a systematic approach to malaria elimination audits. In response, the WHO Global Malaria Programme created the Malaria Elimination Audit Tool (MEAT) based on WHO's *A framework for malaria elimination* (2), *Guidelines for malaria* (3) and other WHO malaria guidance documents. The MEAT has 10 domains covering the key components of a malaria elimination strategy and programme to prevent re-establishment (Fig. 1). Each domain of the MEAT is further subdivided into essential elements, reflecting the major activities recommended within that domain (Fig. 1).

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