

THE REGIONAL WORKSHOP ON ADOPTION AND IMPLEMENTATION OF WHO POLICY GUIDANCE ON MALARIA ELIMINATION



26–27 November 2020

Virtual meeting

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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MEETING REPORT

REGIONAL WORKSHOP ON ADOPTION AND IMPLEMENTATION
OF WHO POLICY GUIDANCE ON MALARIA ELIMINATION

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NOTE

The views expressed in this report are those of the participants of the Regional Workshop on Adoption and Implementation of WHO Policy Guidance on Malaria Elimination and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the virtual Regional Workshop on Adoption and Implementation of WHO Policy Guidance on Malaria Elimination from 26 to 27 November 2020.

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KEYWORDS

Malaria – epidemiology, prevention and control / Policy / Sentinel surveillance

ABBREVIATIONS

ACD	active case detection
CIFIR	malaria case notification, investigation and responses
CNM	Cambodian National Center for Parasitology, Entomology and Malaria Control
DVBD	Thailand Division of Vector Borne Disease
FSAT	focal screen and treatment
FST	fluorescent spot test
G6PD	glucose-6-phosphate dehydrogenase
GMP	Global Malaria Programme
GMS	Greater Mekong Subregion
HC	health centre
ICMV	integrated community malaria volunteers
IEC	information, education and communication
IMP	RAI-RSC Independent Monitoring Panel
IPT	intermittent preventive treatment
IRS	indoor residual spraying
LLHN	long-lasting insecticidal hammock net
LLIN	long-lasting insecticidal net
MEAT	Malaria Elimination Audit Tool
MECP	Malaria Elimination Certification Panel
MME	Mekong Malaria Elimination programme
MMW	mobile malaria worker
NMP	national malaria programme
PCD	passive case detection
RACD	reactive case detection
RAI	Regional Artemisinin-resistance Initiative
RDT	rapid diagnostic test
RSC	Regional Steering Committee
TDA	targeted drug administration
WHO	World Health Organization

SUMMARY

The Regional Workshop on Adoption and Implementation of WHO Policy Guidance on Malaria Elimination was convened virtually from 26 to 27 November 2020. Organized by the World Health Organization (WHO) Mekong Malaria Elimination (MME) programme, it brought together participants from the six Greater Mekong Subregion (GMS) countries – Cambodia, China, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam – and the Global Malaria Programme (GMP), as well as technical experts and partners to discuss the *Framework for Malaria Elimination* and the *Global Technical Strategy for Malaria 2016–2030*.

The main discussion points included outlining areas of improvement based on the country self-assessments of the Malaria Elimination Audit Tool, presenting best practices in malaria elimination, and defining the steps needed in the GMS to eliminate malaria and obtaining malaria-free certification.

The key points of the meeting included:

- **Malaria elimination guideline:** WHO is engaged in reviewing evidence to inform recommendations for several possible malaria elimination strategies. At this stage, protocols for systematic reviews and meta-analysis of evidence are being developed. WHO will be combining existing guidelines on vector control and case management into a consolidated malaria guideline that will be published in January 2021. By June 2021, WHO will add new elimination recommendations to the consolidated guideline.
- **Malaria Elimination Audit Tool:** WHO developed the Malaria Elimination Audit Tool to help countries evaluate the implementation status of their elimination programme with respect to the guidance provided in the *Framework for Malaria Elimination*. Before this workshop, GMS countries completed a self-audit exercise to review their malaria programme implementation.
- **Best practices in malaria elimination:** The GMS has developed examples of effective, localized best practices for malaria elimination. In light of the findings from the Malaria Elimination Audit Tool, countries should continue to review these models, conduct systematic evaluations of their effectiveness and consider how these could be adapted to their national contexts.
- **Malaria Surveillance Assessment Toolkit:** This single, standardized set of tools for malaria aims to support the identification of key actionable gaps in malaria surveillance for any malaria-endemic setting. The elimination content of the toolkit and a web app are in development and will be available in 2021.
- **Malaria stratification for elimination:** Stratification for elimination allows for focused, tailored responses by assigning specific intervention packages and deploying strategies to designated strata. This type of stratification is based on multiple evidence-based and relevant data points. Intervention packages may include enhanced vector control and surveillance activities as well as systems that help identify, investigate and clear remaining foci through community-level strategies.
- ***Plasmodium vivax* elimination:** Many of the interventions used for malaria are not as effective against *P. vivax* as they are against *P. falciparum*. Successful control and elimination of *P. vivax* malaria, therefore, call for specific, additional interventions, especially against the hypnozoites.
- **Malaria surveillance in elimination settings:** Excellent surveillance and response are vital to achieving, documenting and maintaining malaria elimination. Good-quality passive case detection should serve as the backbone of any surveillance system. As countries progress towards elimination, the information obtained must become increasingly granular. The evaluation of surveillance systems for malaria elimination can identify actionable recommendations that countries can use.
- **Certification of malaria elimination:** Documentation of an effective malaria programme should start before elimination is achieved so that the evidence for certification is already prepared. Completing the process of certification of malaria elimination helps to strengthen the programme to prevent re-establishment of transmission.

1. INTRODUCTION

1.1 Background

The Regional Workshop on Adoption and Implementation of World Health Organization (WHO) Policy Guidance on Malaria Elimination was convened with the intention of aligning country field actions with the *Framework for Malaria Elimination* and the *Global Technical Strategy for Malaria 2016–2030*. The workshop provided an opportunity to review ongoing activities in consideration of global guidance and principles. Country exercises on the Malaria Elimination Audit Tool (MEAT) were conducted with national malaria programmes (NMPs) prior to the workshop in order to generate concrete and practical recommendations to support malaria elimination.

1.2 Meeting objectives

The objectives of the meeting were:

- 1) to align country field actions with the Framework and the Global Technical Strategy;
- 2) to provide key principles underlying malaria elimination, which should be tailored to local contexts;
- 3) to describe the interventions and activities suggested in areas of low transmission that are progressing to zero transmission (elimination), including additional interventions to accelerate *Plasmodium falciparum* and *P. vivax* elimination;
- 4) to define the steps required to maintain elimination: principle to prevent of re-establishment of malaria, role of quality assurance and reference laboratories in malaria elimination; and
- 5) to give an overview of the process for obtaining malaria-free certification from WHO and role of the WHO Malaria Elimination Certification Panel (MECP) (including documenting malaria elimination, certification and verification of malaria elimination).

2. PROCEEDINGS

2.1 Opening session of day 1

Dr Ailan Li, WHO Representative, Cambodia, delivered the welcome address to the workshop participants. In the welcome address, she emphasized that GMS countries are at the stage where they can critically review the fundamental principles underlying malaria elimination and consider the steps involved in the process of obtaining malaria-free certification. Following this, Dr Pedro Alonso, Director of the WHO Global Malaria Programme, provided the opening remarks for the workshop. In his address, he emphasized that country ownership, country leadership and strong data are crucial for reaching malaria elimination and certification. As GMS countries prepare to achieve the upcoming elimination targets, WHO will provide technical support to adapt recommendations to the local contexts.

Dr Luciano Tuseo from the MME programme provided a briefing of the meeting objectives. This was followed by the nomination of Dr Aung Thi, Director of the Myanmar National Malaria Programme, as the chair of the meeting for day 1.

2.2 Session 1: Align country field actions with Framework for Malaria Elimination and the Global Technical Strategy for Malaria 2016–2030

2.2.1 A Framework for Malaria Elimination and the Global Technical Strategy for Malaria 2016–2030

Dr Kimberly Lindblade, Team Leader for the Malaria Elimination Unit within the Global Malaria Programme, outlined the *Global Technical Strategy for Malaria 2016–2030*. The strategy is built on

three pillars with two supporting elements that guide global efforts to move closer to malaria elimination. The first pillar aims to ensure universal access to malaria prevention, diagnosis and treatment. This covers a WHO-recommended package of core interventions, namely quality-assured vector control, chemoprevention, diagnostic testing and treatment. The second pillar focuses on accelerating efforts towards elimination and attainment of malaria-free status. Attaining this objective will entail targeting both parasites and vectors in well-defined transmission foci, guided by active case detection (ACD) and case investigations as part of a malaria surveillance and response programme. The third pillar concerns the transformation of malaria surveillance into a core intervention.

In support of these three pillars, countries where malaria is endemic and the global malaria community should strengthen enabling environments, harness innovation, and engage in basic, clinical and implementation research. The strategy includes four technical goals:

1. Reduce malaria mortality rates globally compared with 2015
2. Reduce malaria case incidence globally compared with 2015
3. Eliminate malaria from countries in which malaria was transmitted in 2015
4. Prevent re-establishment of malaria in all countries that are malaria-free.

WHO developed new guidance for malaria elimination in 2017. The *Framework for Malaria Elimination* encourages all countries to accelerate towards malaria elimination. It provides a clear and simplified process for WHO certification of malaria elimination. Programme actions are highlighted across the continuum of transmission intensity from high to zero and prevention of re-establishment. WHO developed the MEAT within this Framework to help countries compare the implementation status of their elimination programme to the guidance developed by WHO. Elimination training materials have been drawn from the Framework and relevant WHO guidance and will soon be available on the OpenWHO platform.

In an elimination setting, the surveillance objectives are centred around three areas: 1) early detection, diagnosis and treatment of all malaria infections; 2) investigation of cases to determine the likely location of infection and case classification; and 3) tailored and focused responses. In an elimination setting, some infections are less likely to provoke health-care seeking, symptomatic individuals may self-treat or health-care workers may fail to consider malaria in their differential diagnosis because they do not see enough cases. To minimize this, NMPs should use a combination of ACD, community mobilization and community-based surveillance, case definition, training and sensitization. The purpose of case investigations is to determine the likely location of infection. This is needed to allow NMPs to respond where the case originated in order to interrupt transmission. The location is determined through careful interviews to identify where people spent their time during the likely period of infection. When cases are low, determining the location of the infection needs to be precise. Very careful investigation is needed for 9–14 days before infection. Evidence of a response on this is needed for certification. Response plans must be tailored to the situation. A focus investigation should be conducted when there is either a new case in an area where no cases have occurred in a long time, a resurgence of cases, persistence of cases despite good intervention coverage or the appearance of novel or unusual malaria

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