



WHO Malaria Elimination Oversight Committee (MEOC) meeting

MAY 2018

MEETING REPORT

SUMMARY

On 10 April 2018, the World Health Organization (WHO) Malaria Elimination Oversight Committee (MEOC) convened for the first time to review terms of reference, receive updates on global progress on malaria elimination and elimination guidance, and consider the committee's role in the review of global progress towards defined elimination goals. The one-day meeting consisted of four presentations and a closed session in the afternoon for internal debate and discussion regarding how to structure recommendations to WHO and eliminating countries for maximum impact and utility.

The key discussion points and conclusions are summarized below:

- The MEOC is working to help the WHO achieve the elimination targets set in the *Global Technical Strategy for Malaria 2016–2030* (GTS);
- The scope of the MEOC is global but will focus on countries actively pursuing, or close to achieving, elimination;
- The role of the MEOC is expected to extend for many years, but as a new committee, there is likely to be an evolution over time in understanding its role and function and determining how best to use its terms of reference to accelerate malaria elimination;
- MEOC members will attend and participate in the next Global Forum of Malaria-Eliminating Countries in San Jose in June 2018; the primary goal of MEOC participation in the Global Forum will be to introduce itself and the Committee's terms of reference to the eliminating countries.

BACKGROUND

The WHO Global Malaria Programme (GMP) convened the Malaria Elimination Oversight Committee (MEOC) for its first meeting in Geneva, Switzerland on 10 April 2018. The MEOC was established based on a recommendation by the Malaria Policy Advisory Committee (MPAC) in its March 2017 meeting, and has been modelled after similar committees supporting global eradication of polio and dracunculiasis, and regional elimination of onchocerciasis. The purpose of the MEOC is to support WHO to monitor and guide global malaria elimination activities as part of a transparent, responsive and effective approach to malaria elimination in countries and regions actively pursuing that goal. The MEOC will review progress towards elimination and the quality and coverage of malaria elimination strategies in order to provide recommendations on how to accelerate elimination and prevent re-establishment of transmission.

Over the course of the one-day inaugural meeting, 10 MEOC members, the WHO Secretariat and 5 observers reviewed global progress towards elimination, discussed WHO guidance related to elimination, reviewed lessons learned from oversight committees in other disease elimination efforts and discussed the role and function of a sister committee to MEOC (i.e. the Malaria Elimination Certification Panel). After the introductions, it was noted that the GMP Secretariat requested and received feedback from all the experts present at the meeting regarding their declarations of interest. The following members disclosed various interests – Dr Thomas Burkot, Professor Rose Leke and Professor Yongyuth Yuthavong. The GMP Secretariat reviewed the disclosures and determined that there was no conflict of interest in respect to this meeting and that these experts should have full participation.

MEETING OPENING

The Assistant Director General for the Communicable Diseases Cluster, Dr Ren Minghui, opened the meeting by noting the relevance of the committee given the current number of countries approaching malaria elimination: 44 malaria-endemic countries in 2016 that reported fewer than 10 000 cases. He noted that the WHO was depending on the MEOC to provide an independent appraisal of progress against malaria elimination goals set by WHO and individual countries, and to help WHO and national governments identify gaps in programmes and guidance.

The Director GMP, Dr Pedro Alonso, thanked the group for the service they would be providing and noted that the committee is a mixture of experts with high-level political and public health leadership experience and others with significant technical malaria and disease elimination experience. Dr Alonso remarked that the committee was to question the status quo to ensure that the elimination agenda pushed the envelope and did not continue in a business-as-usual mode.

SUMMARY OF THE PRESENTATIONS

1. Global progress on malaria elimination and the role of the MEOC

Meeting objectives were presented and discussed. The MEOC was briefed on the history of malaria eradication, recent changes to the burden of malaria and the recent increase in the number of countries requesting certification of malaria elimination. The E-2020

initiative, ie. 21 countries with the potential to eliminate by 2020, was presented with information on the countries included in the initiative as the MEOC will be working most closely with these countries over the next few years. The MEOC terms of reference were briefly reviewed.

2. Lessons learned from oversight committees in other disease elimination efforts

Dr Frank Richards, MEOC Chair, presented experiences with committees involved in elimination of neglected tropical diseases. He discussed lessons learned from 30 years of Guinea worm programme reviews as part of dracunculiasis eradication efforts, 25 years of experience with the Program Coordinating Committee (PCC) of the Onchocerciasis Elimination Program of the Americas (OEPA), and 10 years with the Uganda Onchocerciasis Elimination Expert Advisory Committee. Dr Richards emphasized the importance of separating the programme review process from the certification process to avoid any conflicts of interest. Programme reviews have become a 'peer review' process with national control programme representatives helping to probe and question programmes in other countries and contribute to recommendations focused on improving programme performance. The healthy competition between countries is helpful, prompting programmes to improve their performance in comparison to their peers. The PCC of OEPA helps to monitor progress through development of visual graphics reporting on the status of programmes, which can be used as advocacy tools. The PCC also writes to Ministers of Health with recommendations and advice, which the country can accept or not. The Uganda Onchocerciasis Elimination Expert Advisory Committee resulted from a national decision to decide to eliminate onchocerciasis in Uganda after witnessing the progress being made in the Americas. The committee is national but includes international members and observers. In conclusion, Dr Richards suggested that there should be focus on achieving the 2020 elimination milestones under the *Global Technical Strategy for Malaria 2016–2030* (GTS). His suggestion for the MEOC was to avoid the trap of micromanagement and think outside of the box.

3. WHO's Framework for Malaria Elimination: recommendations for activities and strategies to accelerate malaria elimination

Guidance from the WHO's 2017 *Framework for malaria elimination* was presented. The novel aspects of the new guidance include: inclusion of all malaria-endemic countries in the effort to accelerate towards elimination, with programme actions highlighted across the continuum of transmission; elimination feasibility replaced by the critical requirements to achieve and maintain elimination; and the critical role of information systems and surveillance as an intervention.

4. Regional elimination initiatives, opportunities and challenges

WHO's regional malaria advisors from the Africa (AFRO), Eastern Mediterranean (EMRO), Europe (EURO), Americas (AMRO), South-East Asia (SEARO) and the Western Pacific (WPRO) gave updates on the E-2020 countries in their region and regional and subregional elimination initiatives.

- AFRO: Includes six E-2020 countries (South Africa, Swaziland, Botswana, Algeria, Cabo Verde and Comoros), and two sub-regional initiatives, the Elimination 8 (South Africa, Botswana, Namibia, Swaziland, Mozambique, Angola, Zambia and Zimbabwe) and the Sahel (Burkina Faso, Cabo Verde, Gambia, Mali, Mauritania, Niger, Nigeria [northern region], Senegal and Chad). Countries may

not be prepared to shift to elimination due to lack of appropriate and sufficient resources, both human and financial. There are significant gaps with interventions and problems with surveillance data quality. Cross-border collaboration should be facilitated by regional initiatives but this aspect remains weak. Most of the capacity in country is at the level of the national malaria control programme, and there is need to empower the lower levels to take ownership of malaria elimination. Additionally, there is a need to support countries in addressing malaria outbreaks and epidemics.

- EMRO: There are two E-2020 countries (Saudi Arabia and Iran) and six other malaria-endemic countries. Population movements with associated malaria case importation is a challenge to malaria elimination in the region, particularly movement from conflict areas. Maintaining malaria as a priority for national or local governments requires significant advocacy.
- EURO: The region is currently malaria-free but remains committed to preventing re-establishment of transmission.
- AMRO: There are seven E-2020 countries (Paraguay, Ecuador, Suriname, Belize, Costa Rica, El Salvador, Mexico). All member states have approved a regional elimination plan, which is an official commitment to eliminate malaria in the Americas. Countries in the region have strong health systems and all are implementing case and focus investigations and supervised treatments, although integration of malaria activities into health systems remains a challenge. A few countries with significant malaria burden pose a threat to the eliminating countries. A new regional funding initiative in conjunction with the InterAmerican Development Bank, the Bill and Melinda Gates Foundation, the Carlos Slim Foundation and Global Fund will provide additional incentives to countries to reach elimination milestones.
- SEARO: There are three E-2020 countries (Bhutan, Nepal and Timor-Leste). The certification by WHO of the malaria-free status of Maldives and Sri Lanka has helped to motivate the region to eliminate malaria. The larger countries remain with significant malaria burdens but are making progress. Cross-border collaboration is, therefore, a significant issue in this region. The Mekong region has reported artemisinin and partner drug resistance, posing a risk to malaria control in that region and prompting an important effort to eliminate malaria in the Greater Mekong Sub-region (Thailand, Cambodia, Laos, Myanmar, Vietnam and Yunnan Province, China). The Asia-Pacific Leaders Malaria Alliance (APLMA) has helped to place malaria elimination on the political agenda, and in September, the regional committee will be considering a resolution leading to a 2030 elimination target.
- WPRO: There are three E-2020 countries (Republic of Korea, China and Malaysia). All countries have expressed political commitments to elimination by 2030.

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