

Summary report on the

Ninth intercountry meeting of national malaria programme managers from HANMAT and PIAM-Net countries

WHO-EM/MAL/387/E

Cairo, Egypt
24–26 October 2017



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean convened the ninth intercountry meeting of national malaria programme managers from countries in the Horn of Africa Network for Monitoring Antimalarial Treatment (HANMAT) and Pakistan–Islamic Republic of Iran–Afghanistan Malaria Network (PIAM-Net), two networks for monitoring antimalarial treatment efficacy, from 24 to 26 October 2017 in Cairo, Egypt.

The objectives of the meeting were to:

- review the progress made, challenges and problems encountered in the implementation of malaria control and elimination strategies, and provide technical updates including the situation of artemisinin resistance;
- review results of drug efficacy monitoring studies conducted in 2016 and 2017;
- plan the future activities of HANMAT and PIAM-Net; and
- review implementation of planned activities for strengthening border coordination among PIAM-Net countries.

The meeting was attended by malaria managers and/or focal points for therapeutic efficacy studies from Islamic Republic of Iran, Pakistan, Saudi Arabia, Somalia, Sudan, South Sudan and Yemen, as well as representatives from the Islamic Development Bank, UNICEF headquarters and UNICEF Somalia, UNDP malaria focal points from Afghanistan and Sudan, other malaria experts, and WHO staff from headquarters, regional and country offices. Participants from Djibouti, Ethiopia, Eritrea and Somalia were unable to participate due to logistical problems.

The meeting was opened by Dr Rana Hajjeh, Director, Department of Communicable Disease Prevention and Control, WHO Regional Office for the Eastern Mediterranean. Dr Hajjeh noted the regional vision, goal, targets and milestones for malaria, which are in line with the targets of the Sustainable Development Goals. The regional malaria action plan (2016–2020) is built on three pillars, in common with those outlined in the *Global technical strategy for malaria 2016–2030*. These are: ensure universal access to malaria prevention, diagnosis and treatment; accelerate efforts towards elimination and the attainment of malaria-free status; and transform malaria surveillance into a core intervention. Dr Hajjeh expressed appreciation for the successful work of HANMAT and PIAM-Net in providing countries with the necessary support to monitor the efficacy of antimalarials. She urged malaria programmes to continue their hard work with greater focus and efficiency, and to use the experiences gained by the networks to expand the scope of the work to other areas of malaria control and for other vector-borne diseases.

2. Summary of discussions

Progress and challenges in the fight against malaria at the global level

There has been much progress in expanding access to malaria interventions since 2010, with more people sleeping under a mosquito net, more women receiving preventive treatment in pregnancy and more patients receiving diagnostic tests and treatment with artemisinin-based combination therapy (ACT). However, the global fight against malaria is now at a crossroads. In several countries that are important contributors to the global disease burden, new data suggest disease burden could have returned to 2010 levels. Reducing the intervention coverage gap must become a priority and requires smarter use of existing resources and substantially increased funding. Providing reliable data for decision-making by national programmes

and investment in surveillance systems must be prioritized, smarter investments in research and development accelerated and the availability of new tools with proven efficacy increased. Current funding levels fall short of what is needed. History has shown repeatedly that when malaria control is relaxed the disease bites back with a vengeance.

Malaria situation in the Region

Malaria is endemic in eight countries in the Region, with close to 300 million people at risk of malaria transmission. Significant achievements were made from 2000 to 2015, with a close to 70% reduction in the estimated incidence of malaria. However, the rate of incidence reduction decreased after 2010, and from 2014 to 2016 there were setbacks in some countries that resulted in outbreaks and an increase in cases in some areas. The WHO estimated number of malaria cases increased from 3.9 in 2015 to 4.3 million in 2016.

The Islamic Republic of Iran and Saudi Arabia are at the stage of malaria elimination and are among 21 countries targeted globally for malaria elimination by 2020. In 2016, only 81 indigenous cases of malaria were reported from the Islamic Republic of Iran with only 10 indigenous cases of malaria falciparum. Saudi Arabia witnessed an increase in the number of local cases from 83 in 2015 to 272 in 2016, mainly due to an increase in population movement and difficult access in border areas with Yemen.

Among the main achievements of the WHO regional malaria control programme in 2017 were: supporting countries to increase coverage of diagnosis and confirmation; submission of proposals by endemic countries to the Global Fund; starting implementation of a Global Fund Middle East Response grant for Yemen; the design and implementation

of an integrated district health information system (DHIS2) using a malaria module in Pakistan; planning for implementation of a histidine-rich protein 2 (HRP2) gene deletion survey, finalization of a malaria indicator survey and updating treatment policy in Sudan; conducting a malaria indicator survey in Somalia; therapeutic efficacy studies in Afghanistan, Pakistan, Somalia and Sudan; insecticide resistance monitoring in priority countries; a second regional external competency assessment; and a consultant training workshop for integrated vector management (IVM) and entomological surveillance.

The main planned activities for 2018 are: supporting countries in complex emergency situations, particularly Afghanistan, Somalia and Yemen through malaria interventions in coordination with all stakeholders; capacity-building for priority areas using a mentoring approach for regional consultants on surveillance, elimination, IVM and malaria case management; implementation of the DHIS2 malaria module in Somalia and Sudan; malaria programme review and updating malaria strategies in Pakistan and Sudan; continuation of insecticide resistance monitoring and therapeutic efficacy studies; continuing support for the Islamic Republic of Iran and Saudi Arabia to reach the global target for malaria elimination by 2020; and the certification of malaria-free status in Egypt and Oman.

As progress in malaria burden reduction in the Region is slowing and

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