

Meeting Report

MEETING ON REVISED WHO MALARIA TREATMENT GUIDELINES FOR MALARIA-ENDEMIC COUNTRIES OF THE WESTERN PACIFIC REGION



30–31 August 2017
Hanoi, Viet Nam

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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FOR MALARIA-ENDEMIC COUNTRIES OF THE WESTERN PACIFIC REGION

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WORLD HEALTH ORGANIZATION
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NOTE

The views expressed in this report are those of the participants of the Meeting on Revised WHO Malaria Treatment Guidelines for Malaria-Endemic Countries of the Western Pacific Region and do not necessarily reflect the policies of the World Health Organization.

This report was prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the Meeting on Revised WHO Malaria Treatment Guidelines for Malaria-Endemic Countries of the Western Pacific Region, which was held in Hanoi, Viet Nam from 30 to 31 August 2017.

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Keywords:

Malaria – epidemiology, prevention and control / Disease vectors / Therapeutic – standards
/ Regional health planning / Guideline / Antimalarials

ABBREVIATIONS

AHA	acute haemolytic anaemia
ACPR	adequate clinical and parasitological response
AL	artemether + lumefantrine
ACT	artemisinin-based combination therapy
ASMQ	artesunate + mefloquine
bw	body weight
CDC	Centers for Disease Control and Prevention
CCM	community case management
CQ	chloroquine
DHA-PIP	dihydroartemisinin + piperaquine
DRS	drug resistance surveillance
GMS	Greater Mekong Subregion
G6PD	glucose-6-phosphate dehydrogenase
IM	intramuscular
IV	intravenous
RDT	rapid diagnostic test
PCR	polymerase chain reaction
<i>P.</i>	<i>Plasmodium</i>
POC	point-of-care
PQ	primaquine
SP	artesunate + sulfadoxine + pyrimethamine
TES	therapeutic efficacy study

SUMMARY

The Meeting on the Revised WHO Malaria Treatment Guidelines for Malaria-Endemic Countries of the Western Pacific was convened from 30 to 31 August 2017 in Hanoi, Viet Nam. Malaria programme managers and case management focal points from the endemic countries in the Western Pacific – China, Cambodia, the Lao People’s Democratic Republic, Malaysia, Papua New Guinea, the Philippines, the Republic of Korea, Solomon Islands, Vanuatu and Viet Nam – attended the meeting.

The meeting objectives were:

- to address challenges faced while implementing their current national malaria treatment guidelines and update them as necessary;
- to rapidly facilitate expansion of universal access to quality-assured malaria diagnostics and treatment, especially to high-risk populations; and
- to adopt a practice of using quality-assured diagnostics for parasitological confirmation of malaria in all settings before use of antimalarial treatment.

Malaria-endemic countries in the Western Pacific Region have revised their national malaria treatment guidelines following WHO’s recommendation on the use of artemisinin-based combination therapy (ACT). However, some countries have not yet introduced in their national treatment guidelines the use of single low-dose primaquine (0.25 mg/kg bw) with ACT to patients with *Plasmodium falciparum* malaria as a gametocytocidal to reduce transmission. In other countries, full and effective implementation of this policy is delayed.

Participants discussed issues and challenges faced in updating, revising and implementing national treatment guidelines that include regulatory, procurement and treatment guidelines dissemination with follow-up training of health-care providers. The need for updating national treatment guidelines based on results from therapeutic efficacy surveillance activities and full implementation of the WHO recommendations on the use of primaquine for *P. falciparum* and *P. vivax* was emphasized. Countries were encouraged to start full implementation of the use of low-dose primaquine as early as possible to arrest the further spread of falciparum malaria (especially important in the Greater Mekong Subregion, in the context of multidrug-resistant falciparum malaria) and the problem of relapses in vivax malaria. It was reiterated that low-dose primaquine was safe for use in *P. falciparum*-infected patients without screening for glucose-6-phosphate dehydrogenase (G6PD) deficiency status. It was emphasized that WHO recommends the use of primaquine for treatment of confirmed *P. vivax* infections irrespective of transmission intensity and that such use for *P. vivax*-infected patients should be guided by the G6PD status of infected patients.

The need to ensure universal access to quality-assured malaria diagnosis and treatment was emphasized to accelerate malaria control and elimination. The meeting discussed options and opportunities to accelerate achievement of universal access, including strengthening health systems, community-based case management, and involvement of the private sector in malaria service provision to high-risk populations with limited or no access to commodities and services. Strengthening surveillance including regular conduct of therapeutic efficacy studies (TES) on antimalarials that guide the revision of national treatment guidelines and ensure effective treatment of malaria patients was also discussed.

WHO will continue to provide technical assistance to Member States in reviewing, updating and implementing their national malaria treatment guidelines and in improving access to quality-assured malaria diagnostics and treatment by strengthening disease surveillance.

1. INTRODUCTION

1.1 Background

Malaria case management, consisting of early diagnosis and prompt effective treatment, remains a vital component of malaria control and elimination strategies. Malaria-endemic countries in the Western Pacific Region – China, Cambodia, the Lao People’s Democratic Republic, Malaysia, Papua New Guinea, the Philippines, the Republic of Korea, Solomon Islands, Vanuatu and Viet Nam – have progressively updated their treatment policy from the use of monotherapy to the currently recommended artemisinin-based combination therapies (ACTs). ACTs have generally remained highly effective and well tolerated, and, when coupled with other preventive interventions, have contributed to substantial reductions in morbidity and mortality from malaria. Building on this success and the achievement of Millennium Development Goal (MDG) targets in the Region, the recently endorsed *Regional Action Framework for Malaria Control and Elimination in the Western Pacific (2016-2020)* aims to further reduce malaria mortality by 50% by 2020 and morbidity by 30%, relative to the 2015 baselines.

The Meeting on the Revised WHO Malaria Treatment Guidelines for Malaria-Endemic Countries of the Western Pacific Region informed countries of the need to scale up universal availability of quality-assured malaria diagnostic services and full implementation of the revised WHO malaria treatment guidelines within countries to facilitate achievement of national targets and collectively this regional goal.

See Annex 1 for the meeting agenda and Annex 2 for the list of participants.

1.2 Objectives

The objectives of the meeting were to:

- to inform malaria-endemic countries of the revised WHO malaria treatment guidelines;
- to review and compare national and WHO treatment guidelines; and
- to identify next steps for the implementation of the revised treatment guidelines in countries.

1.3 Opening remarks

Associate Professor Tran Thanh Duong, Director of the National Institute of Malariology, Parasitology and Entomology, gave the opening remarks on behalf of the Viet Nam Ministry of Health. Dr Rabindra Abeyasinghe, Coordinator of the Malaria, other Vectorborne and Parasitic Diseases (MVP) Unit in the WHO Regional Office for the Western Pacific, delivered the welcome address on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific.

2. PROCEEDINGS

2.1 Technical session 1: Global and regional updates

2.1.1 Regional action framework for malaria control and elimination in the Western Pacific 2016-2020, and the need for implementation of updated national treatment guidelines –
Dr R. Abeyasinghe

The overall vision of the Regional Framework is a region free of malaria and it has three goals: (1) reduce mortality due to malaria in the Region by 50% and morbidity by at least 30% by 2020, relative to 2015 baselines; (2) achieve malaria elimination in three countries by 2020; and (3) establish and maintain elimination-capable surveillance systems in all malaria-affected countries of the Western

Pacific Region by 2020. The Regional Framework is modelled on the three pillars and two supporting elements of the WHO *Global Technical Strategy for Malaria 2016–2030*, which are:

- Pillar 1: Ensure universal access to malaria, prevention, diagnosis and treatment
- Pillar 2: Accelerate efforts towards elimination and attainment of malaria-free status
- Pillar 3: Transform malaria surveillance into a key intervention
- Supporting element 1: Strengthening the underlying health system and the enabling environment
- Supporting element 2: Expanding four themes of research in support of improved delivery of services and innovation

The Regional Framework has listed several objectives under each pillar and several regional and country priorities. Some of these priorities that relate to treatment of malaria are: (1) responding aggressively to and eliminate malaria in areas with multidrug resistance (including ACT resistance) in Cambodia, the Lao People's Democratic Republic and Viet Nam; (2) respond aggressively to and reduce transmission in Papua New Guinea and in high transmission areas of the Lao People's Democratic Republic, the Philippines and Solomon Islands; (3) address the challenges posed by *Plasmodium vivax* and *P. knowlesi*; (4) determine malaria burden among mobile, migrant and marginalized population groups and ensure equity in access to services; (5) achieve rapid reduction of transmission in highly endemic areas through targeted delivery of both proven and innovative intervention; and (6) ensure adequate uptake and effectiveness of interventions through sound monitoring and evaluation.

2.1.2 Revised WHO treatment guidelines for malaria particularly its application to the Asia Pacific perspective – *Dr P. Olumese*

Malaria case management, consisting of early diagnosis and prompt effective treatment, remains a vital component of malaria control and elimination strategies. The third edition of the WHO *Guidelines for the Treatment of Malaria* (2015) contains updated recommendations based on new evidence particularly related to dosing in children, and it also includes recommendations on the use of drugs to prevent malaria in high-risk groups. The core principles underpinning this edition include: early diagnosis and prompt, effective treatment; rational use of antimalarial treatment to ensure that only confirmed malaria cases receive antimalarials; the use of combination therapy in preventing or delaying development of resistance; and appropriate weight-based dosing of antimalarials to ensure prolonged useful therapeutic life of products and an equal chance of being cured for all patients.

Key recommendations include that all cases of suspected malaria should have a parasitological test, either through quality-assured microscopy or rapid diagnostic test (RDT), to confirm the diagnosis. Results of such parasitological diagnosis should be available within less than 2 hours to health-care providers to ensure correct choice of antimalarial treatment and dosing. However, in the absence or delay of parasitological diagnosis, patients with suspected severe malaria and other high-risk groups

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