

Meeting Report

EMERGENCY RESPONSE TO ARTEMISININ RESISTANCE IN THE GREATER MEKONG SUBREGION PARTNERS' FORUM



21–22 November 2016
Phnom Penh, Cambodia



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WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

MEETING REPORT
English only

Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion
Partners' Forum 2016

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NOTE

The views expressed in this report are those of the participants of the Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion Partners' Forum 2016 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 Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion Partners' Forum in Phnom Penh, Cambodia from 21 to 22 November 2016

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Artemisinins / Drug resistance / Malaria-prevention and control / Mekong valley

1. INTRODUCTION

1.1 Background and summary

The Emergency Response to Artemisinin Resistance (ERAR) in the Greater Mekong Subregion (GMS) (2013-2015) was launched in 2013 to contain the spread of drug-resistant malaria parasites and provide life-saving tools for all populations at risk of malaria.

The ERAR Partners' Forum has been held annually to share progress and lessons learned among partners and stakeholders, and to ensure political and financial commitments are sustained. This year's meeting was held at the Royal Raffles Hotel in Phnom Penh, Cambodia from 21-22 November and was the last to be held as part of the ERAR initiative. In response to the evolving malaria drug resistance situation and the changing malaria landscape, WHO has recommended accelerated elimination of the disease in the GMS; the *Malaria Elimination Strategy for the Greater Mekong Subregion (2015-2030)* was launched in 2015 and will guide regional efforts going forward.

Part of this year's forum was dedicated to discussing the transition of the regional hub from focusing on ERAR to supporting accelerated elimination. The new hub, tentatively to be called the WHO Mekong Malaria Elimination Hub, will continue to support country ownership and coordination of partner efforts to accelerate malaria elimination from the GMS.

1.2 Meeting objectives

The objectives of the meeting were:

- To provide updates on implementation progress of the ERAR Framework;
- To provide technical and operational updates on WHO policies and strategies on diagnosis, treatment, vector control, surveillance, and response;
- To discuss the transformation of ERAR Hub in to an Elimination Hub to coordinate malaria elimination efforts in the GMS; and
- To reach a consensus on partner coordination of elimination efforts in the GMS.

2. PROCEEDINGS

2.1 History, background, challenges, and progress to Artemisinin resistance in the GMS

The ERAR was launched in 2013 to strengthen current work and increase cross-border collaboration on containing resistance and eventually eliminating malaria. Work through the ERAR contributed to an 84% decrease in malaria deaths across the GMS between 2012 and 2015, and a 54% decrease in malaria case incidence during this same time period.

But even while this work was underway, additional pockets of resistance emerged independently in new geographic areas of the subregion. In parallel, there were reports of increased resistance to artemisinin-based combination therapy (ACT) partner drugs in some settings. To address the changing malaria landscape, the *Strategy for Malaria Elimination in the Greater Mekong Subregion (2015 – 2030)* was launched with the aim of eliminating all species of human malaria across the GMS by 2030, with priority action targeted to areas where multi-drug resistant malaria has taken root.

The ERAR Partner's Forum held in November 2016 marks the final meeting under the ERAR framework. In 2017, the technical hub established to support ERAR will transition to support ongoing national and regional efforts, as outlined in the *Strategy for Malaria Elimination in the GMS*.

2.2 ERAR in GMS: successes, challenges and proposed solutions

Over the last three years, every country in the GMS has seen a significant reduction in malaria illnesses and deaths. Building a strong partnership of stakeholders was one of the ERAR's biggest accomplishments.

Challenges remain that will need to be addressed as the regional hub transitions to focus on elimination. Country leadership must be strengthened, particularly as burden is significantly decreased. Other key priorities include:

- Promoting high level and multi stakeholder engagement to keep malaria elimination high on the agenda and ensure mutual accountability;
- Strengthening existing malaria surveillance systems in their transition towards malaria case-based and entomological surveillance as core intervention, and continuing to prioritize the surveillance of treatment efficacy;
- Coordinating and synergizing case detection and management, disease prevention and vector control interventions in-country and across programmes and sectors;
- Planning and implementing capacity strengthening activities (training, mentoring and supervision);
- Keeping an independent score of sub regional progress in malaria elimination, including the monitoring of drug & insecticide susceptibility.

2.3 Panel discussion: GMS Countries

A panel with national malaria programmes managers from Cambodia, China, Lao PDR, Thailand, and Vietnam discussed national progress and what must be done to move forward. Overall, there is a high level of commitment and attention to malaria in GMS countries. WHO's ERAR project was important to mounting a joint coordinated response to multidrug resistance, including ACT resistance across the region. The GMS partnership has matured over time, translating into high quality programme interventions that include strengthened surveillance, good cross-border collaboration, and improved access to malaria commodities and services for migrant and mobile populations. Now, all national malaria strategic plans in GMS countries have been revised and reoriented towards elimination.

Discussion

- Regional funding for malaria is likely peaking; the global malaria community must use the resources it has more efficiently, and financial support must remain sufficient for countries in the elimination phase (in some cases, malaria funding has already been reduced as a result of low case numbers).
- Country leadership and ownership is critical to success and is not as strong as it needs to be in some countries. Countries must prioritize malaria as a key issue until elimination has been achieved, and actively lead elimination efforts and mobilize resources.
- A strong partner environment has been very powerful to help countries reach their goals, but it also creates some challenges: too many meetings and separate bodies can create inefficiencies and duplicate efforts. To streamline efforts, the region should have one strategic and operational plan, one coordinating body, and one monitoring and evaluation plan. Additionally, other ministries and sectors should be increasingly brought into the efforts.
- Surveillance needs to be massively strengthened and integrated into existing health systems wherever possible; sharing of data generated by countries and the private sector must be improved. Data will be critical for eliminating the last parasites in low-transmission areas.

- Services for migrant and mobile populations must also continue to be improved.
- High quality technical support is needed, particularly as countries assume increased ownership of efforts. This includes experts from within GMS countries. Facilitating cross-country exchanges of experiences would also be beneficial.
- Being able to respond and change drug policies quickly is going to be one of the most important issues going forward.

2.4 Panel Discussion: partners and stakeholders

Representatives from BMGF, APLMA, USAID/PMI, and UNOPS participated in a discussion around achievements, lessons learned, and expectations from partners going forward.

There was consensus that the WHO, through ERAR, helped ensure that GMS malaria efforts were technically sound and evidence-based, and that WHO should continue in this role. Partners agreed that no one country in the GMS was likely to eliminate malaria alone, and thus, the regional hub established through the ERAR was critical to success and a good forum for sharing ideas and lessons learned across the region.

Partners felt WHO has provided critical data and new evidence that helped set the vision for malaria elimination in the GMS, and provided good guidance on how to implement that vision. The GMS now has a clearly defined elimination agenda, and countries have unified around this cohesive strategy. In addition, the global updates provided by WHO are seen by partners as very useful.

Discussion

- Countries must be leading efforts from the very beginning and there must be better accountability to hold leaders to this commitment.
- Ensure that lessons learned are documented, and that activities shown to have an impact are prioritised and included in applications for funding.
- There needs to be better data for decision-making. More work must also be done to support countries not only own their data, but to help them analyse and use data for programmatic actions.
- A clearer definition of roles is needed. WHO's role is one of technical support and coordination. Yet, in terms of managing expectations, there is simultaneously a sense of partners taking over WHO's role/mission creep – and an expectation that WHO should do more than it can/should. There is also a need to reduce the number of meetings, and make the ones that are held more efficient and coordinated.
- Efforts must be better organized to avoid duplication and minimize the gaps. For example, national malaria strategic plans are often developed and then forgotten. There is a need to map out which partners are doing what, identify and address the gaps, and

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