

Meeting Report

MEETING OF MALARIA PROGRAMME MANAGERS IN THE WESTERN PACIFIC REGION ON THE DRAFT REGIONAL ACTION FRAMEWORK FOR MALARIA 2016–2020



18–19 May 2016
Manila, Philippines



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WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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ON THE DRAFT REGIONAL ACTION FRAMEWORK FOR MALARIA 2016–2020

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
18–19 May 2016

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NOTE

The views expressed in this report are those of the participants of the Meeting of Malaria Programme Managers in the Western Pacific Region on the draft Regional Action Framework for Malaria 2016-2020 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 of Malaria Programme Managers in the Western Pacific Region on the draft Regional Action Framework for Malaria 2016–2020, which was held in Manila, Philippines, on 18–19 May 2016.

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Keywords:

Malaria – prevention and control / Regional health planning

ABBREVIATIONS

ACT	-	artemisinin-based combination therapy
ERAR	-	Emergency Response to Artemisinin Resistance
GMS	-	Greater Mekong Subregion
GTS	-	WHO <i>Global Technical Strategy for Malaria 2016–2030</i>
HRP2	-	histidine rich protein 2
IRS	-	indoor residual spraying
LLIN	-	long-lasting insecticidal nets
MDA	-	mass drug administration
MVP	-	Malaria other Vectorborne and Parasitic Diseases
NAA	-	nucleic acid amplification
PBO	-	piperonyl butoxide
RDT	-	rapid diagnostic test
UHC	-	universal health coverage

SUMMARY

The *Regional Action Plan for Malaria Control and Elimination in the Western Pacific (2010–2015)* guided all 10 malaria-endemic countries in the Western Pacific Region – Cambodia, China, the Lao People's Democratic Republic, Malaysia, Papua New Guinea, the Philippines, the Republic of Korea, Solomon Islands, Vanuatu and Viet Nam – to move towards malaria elimination. All malaria-endemic countries in the Region, except Papua New Guinea, have decreased presumed and confirmed malaria cases by over 83% between 2000 and 2014. Over the same period, deaths from malaria fell by over 87.42%. Malaria transmission remains most intense in Papua New Guinea, Solomon Islands and Vanuatu but is much more focal in other countries, disproportionately affecting ethnic minorities, migrant workers and populations along national borders.

To continue momentum and support countries facing challenges along the road to malaria elimination, a draft Regional Action Framework for Malaria Control and Elimination in the Western Pacific 2016–2020 was developed. The draft framework was presented to ministries of health, partners, stakeholders and experts at the Meeting of Malaria Programme Managers in the Western Pacific Region held in Manila, Philippines on 18–19 May 2016. The objectives of the meeting were: to review and achieve consensus on the draft Regional Action Framework for Malaria Control and Elimination in the Western Pacific 2016–2020 to be considered for endorsement by the sixty-seventh session of the Regional Committee for the Western Pacific; and to review the progress of malaria control and identify key challenges to be addressed in strengthening malaria control and elimination in the Region.

The framework is guided by the WHO *Global Technical Strategy for Malaria 2016–2030* (GTS) which presents a broadly inclusive approach for addressing current challenges to malaria control and elimination at the global level. It is also strongly aligned with the *Strategy for Malaria Elimination in the Greater Mekong Subregion (2015–2030)*, a subnational document that addresses the needs of a subset of countries in the Greater Mekong Subregion (GMS), with the specific threat of drug resistance. The framework was developed through a series of consultations between national malaria programmes and their partners, individual technical experts and WHO. Targets adopted in national malaria strategic plans and the East Asia Summit Leaders' agreement to the goal of an Asia-Pacific free of malaria by 2030 have also been taken into consideration.

The goals of the regional framework are to: reduce malaria mortality by 50% and morbidity by at least 30% by 2020, relative to 2015 baselines; achieve malaria elimination in three countries by 2020; and establish and maintain elimination-capable surveillance systems in all malaria endemic countries by 2020.

The framework is modelled on the three pillars of the GTS, which are: (1) universal access to malaria prevention and case management services; (2) acceleration of efforts towards elimination and attainment of malaria free status; and (3) transformation of malaria surveillance into a key intervention with two supporting elements, (a) strengthening the underlying health system and the enabling environment, and (b) expanding research in support of improved service delivery and innovation.

Objectives and recommended activities of each pillar and supporting elements were discussed in detail and clarified as needed. Comments and suggestions on the draft framework included defining how countries move from universal health coverage (UHC) to foci-based interventions when nearing elimination, including setting separate indicators for countries in control/pre-elimination and elimination phase. Discussion on surveillance is lacking, considering this is one of the key strategies in the new framework. The term "elimination-capable" surveillance system should be clearly defined, including the indicators to be measured. Steps on how an elimination-capable system will be achieved by countries should be described.

Discussion on Supporting Element 1, "Strengthening the underlying health system and the enabling environment", is too long. This section needs to be more specific to the malaria programme by citing several examples on how the programme can be integrated into other programmes and to the larger health system. Several research topics for Supporting Element 2, "Expanding research for innovation and improved delivery of services", were suggested, such as improved tools to measure receptivity and vulnerability, better defining malaria burden among mobile/migrant populations and assessing the effectiveness of border posts. As a general comment, WHO needs to strengthen its own capacity to provide better technical assistance to countries.

At the end of the meeting, participants were given two weeks to provide comments and suggestions before the draft framework is finalized for submission to the WHO Regional Committee for the Western Pacific for endorsement later in October 2016.

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