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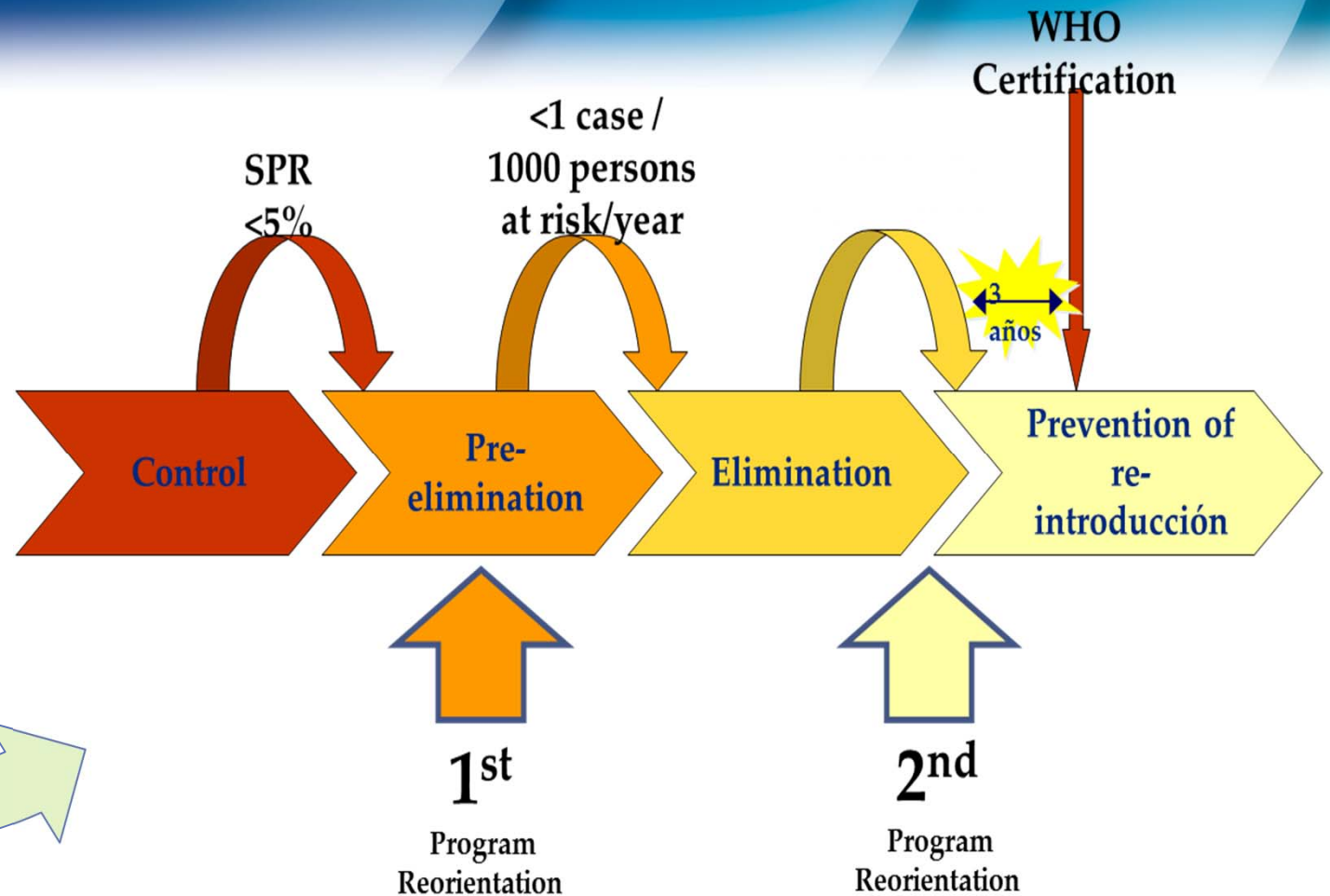
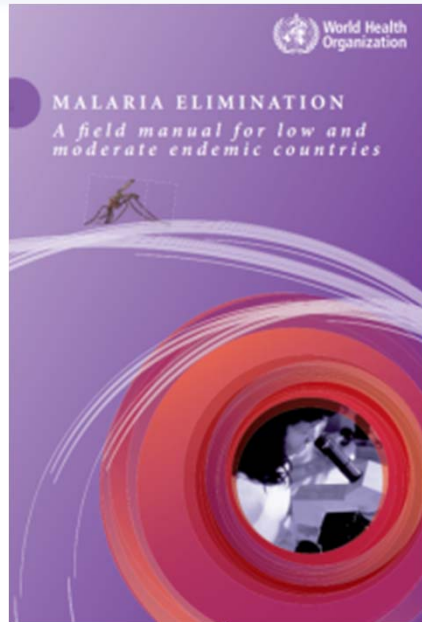
**World Health
Organization**

REGIONAL OFFICE FOR THE **Americas**

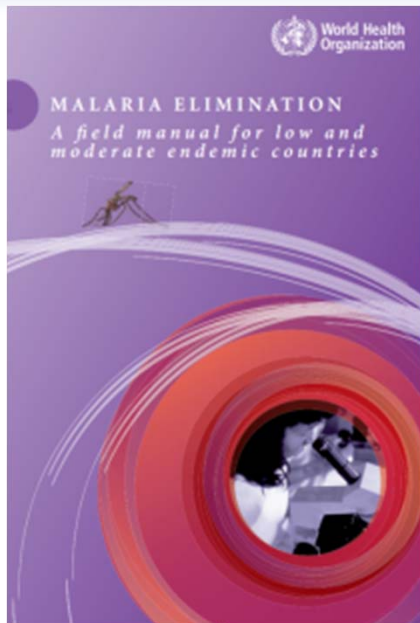
Malaria Elimination: an Operational Manual

Update on behalf of GMP, WHO
3 May 2016

Malaria Elimination Field Manual



Malaria Elimination Operational Manual



- **The malaria landscape has changed dramatically since 2007**
 - Increased funding for malaria programme activities
 - Large-scale implementation of malaria interventions
 - Impressive reductions in malaria burden
 - Increasing number of countries eliminating or considering elimination of malaria
 - Changes in policy recommendations and available tools
 - Development of new Global Technical Strategy for Malaria 2016-2030 (3 pillars incl. elimination, 2 supporting elements)

2015–2016

Need to update the manual to reflect these changes



WHO malaria policy changes and reviews since 2007

Policy changes since 2007

- Universal bednet coverage
- Universal testing
- Treatment with primaquine

Policies recently reviewed

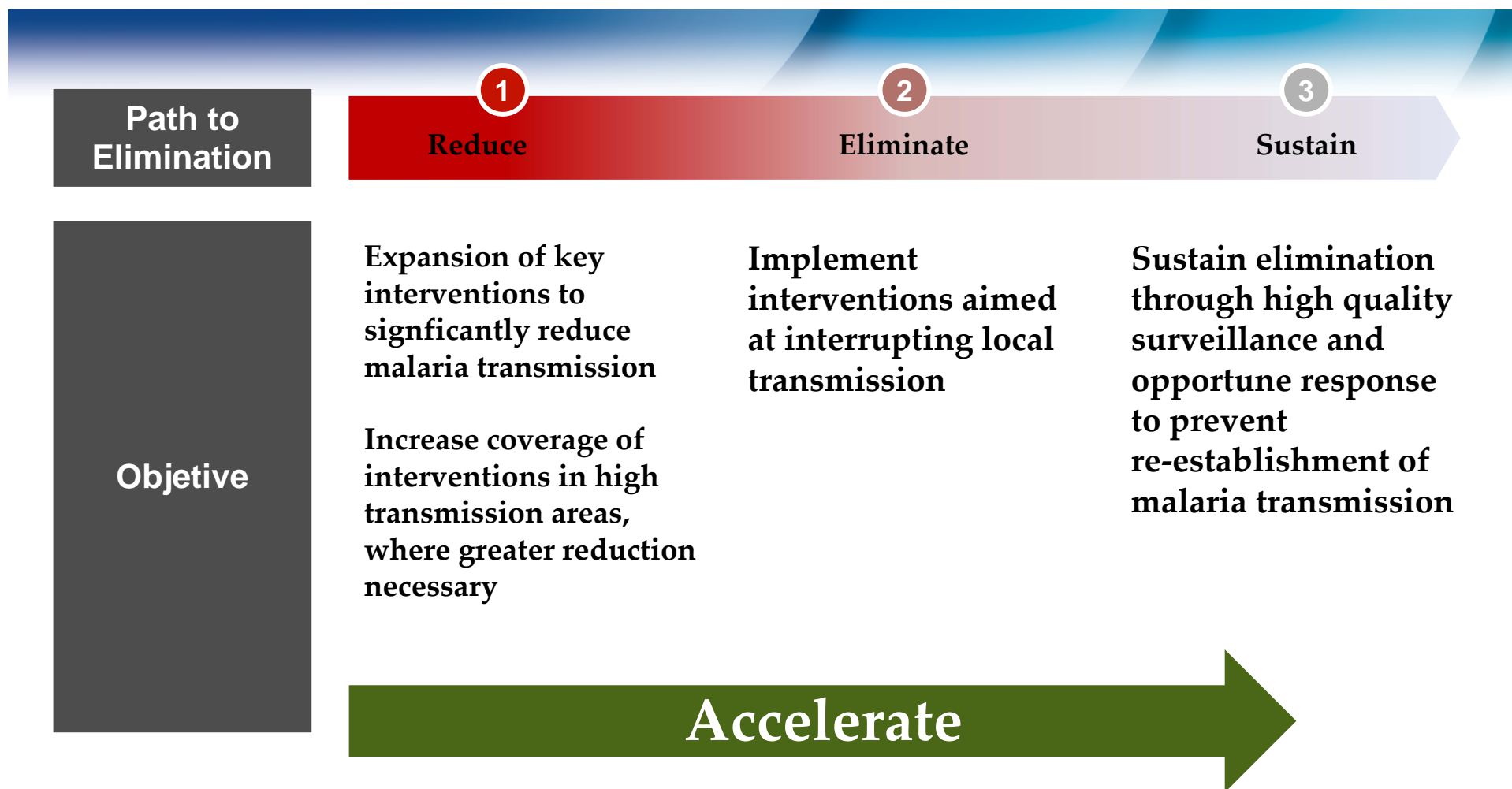
- Molecular testing methods
- Mass drug administration
- Malaria treatment guidelines
- *P. vivax* strategy

Global Technical Strategy for Malaria (5 Principles)

- 1. All countries can accelerate efforts towards elimination through combinations of interventions tailored to local contexts.**
- 2. Country ownership and leadership**, with involvement and participation of communities, are essential to accelerating progress through a multisectoral approach.
- 3. Improved surveillance, monitoring and evaluation**, as well as **stratification** by malaria disease burden, are required to optimize the implementation of malaria interventions.
- 4. Equity in access to services** especially for the most vulnerable and hard-to-reach populations is essential.
- 5. Innovation in tools and implementation approaches** will enable countries to maximize their progression along the path to elimination.



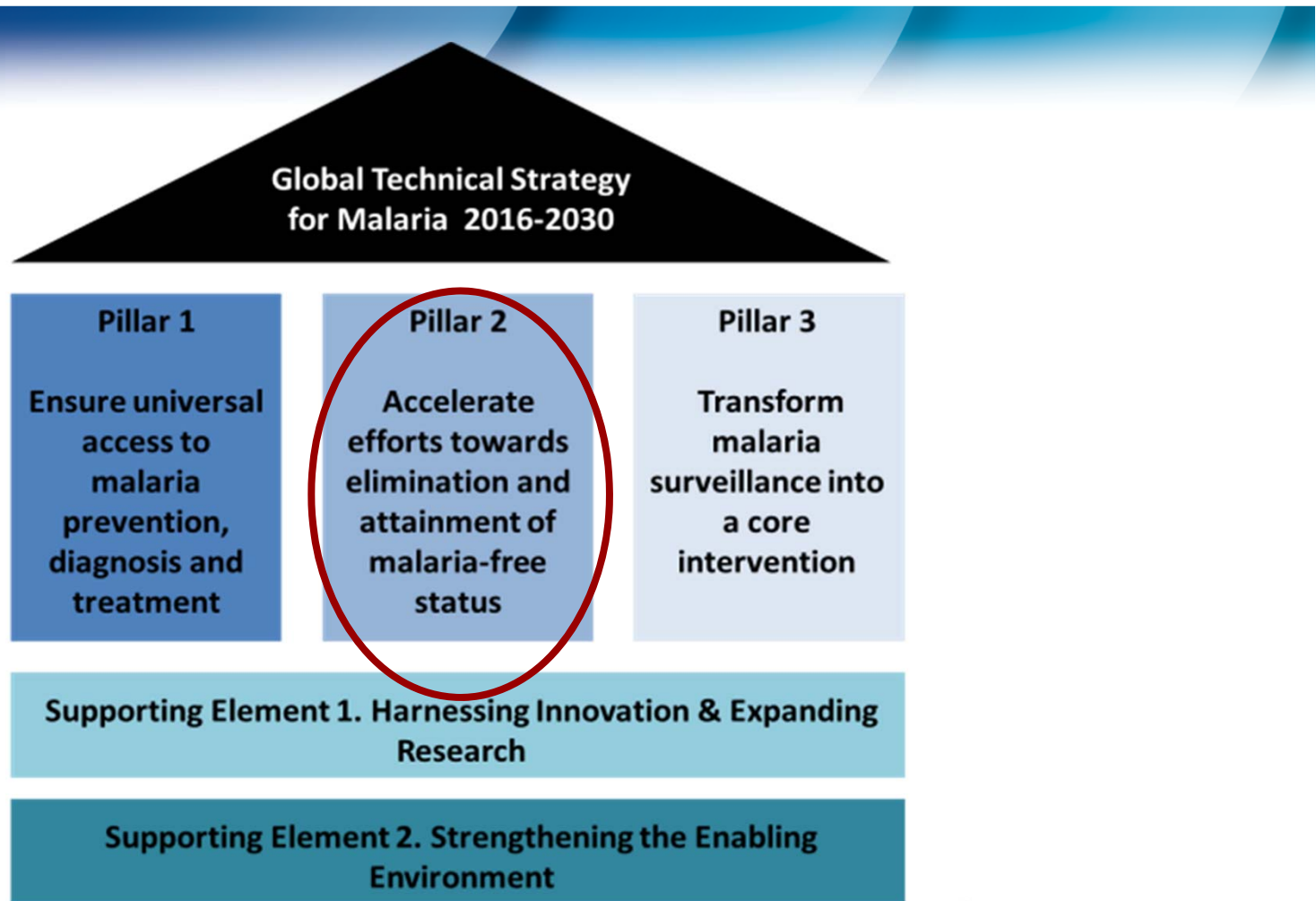
Pathway to Elimination



Source: Global Technical Strategy 2016-2030,
Global Malaria Programme, WHO, Geneva 2015



Elimination reflected in GTS structure, pillars and supporting elements

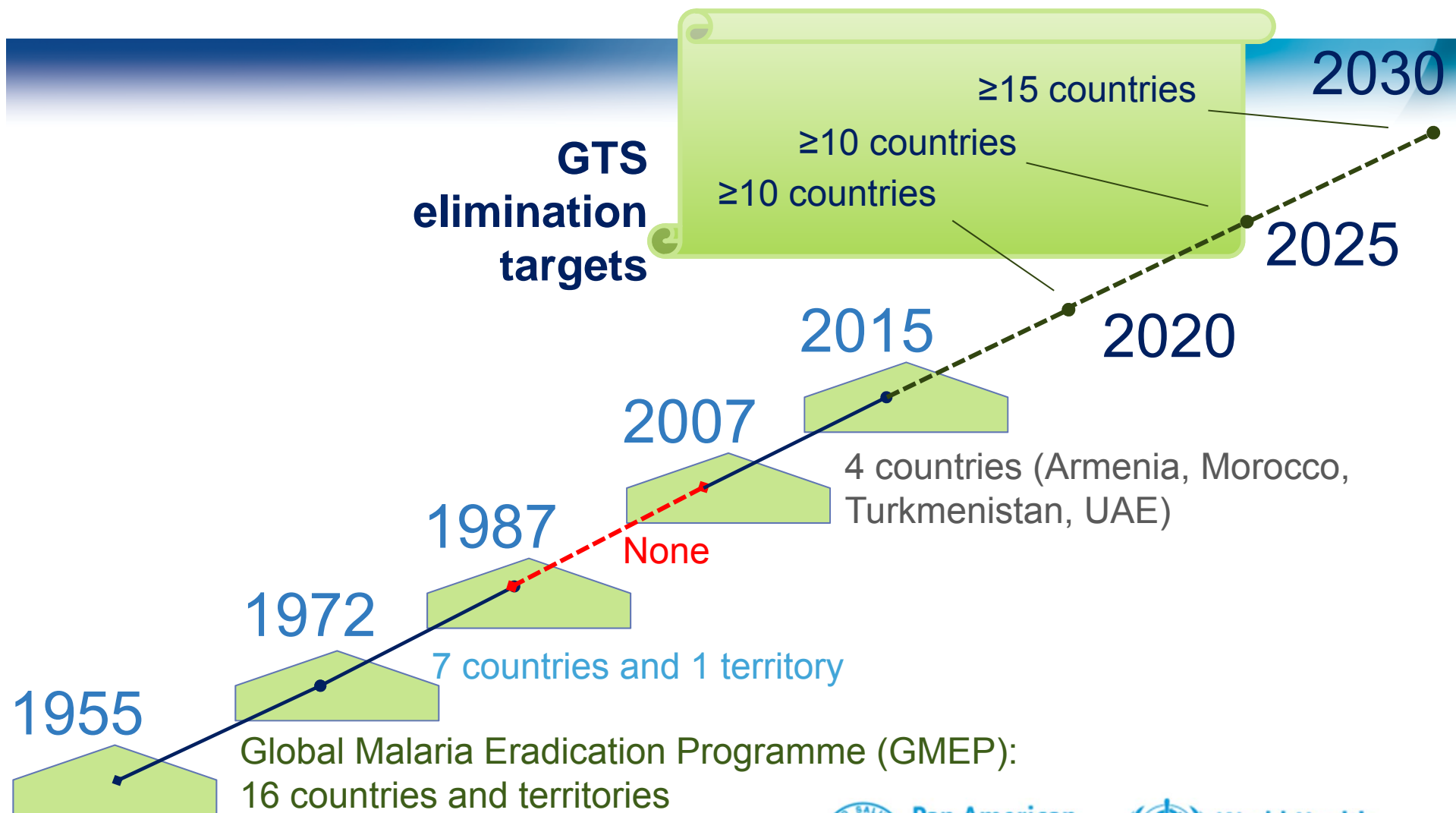


Elimination reflected in GTS vision, goals, milestones and targets

Vision: A world free of malaria

Goals	Milestones		Targets
	2020	2025	2030
1. Reduce malaria mortality rates globally compared with 2015	≥40%	≥75%	≥90%
2. Reduce malaria case incidence globally compared with 2015	≥40%	≥75%	≥90%
3. Eliminate malaria from countries in which was transmitted in 2015	At least 10 countries	At least 20 countries	At least 35 countries
4. Prevent re-establishment of malaria in all countries that are malaria-free	Re-establishment prevented	Re-establishment prevented	Re-establishment prevented

Number of countries certified malaria-free by WHO to 2015



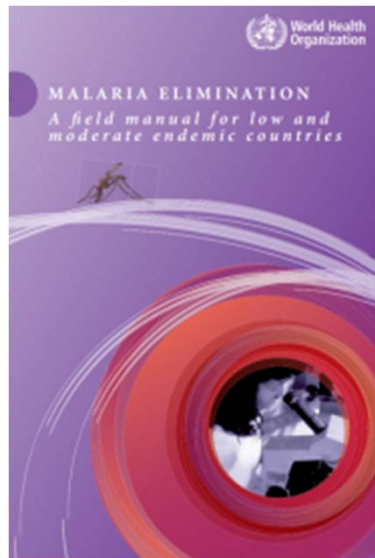
Source: Global Technical Strategy, 2015-2030
Global Malaria Programme, WHO, Geneva 2015



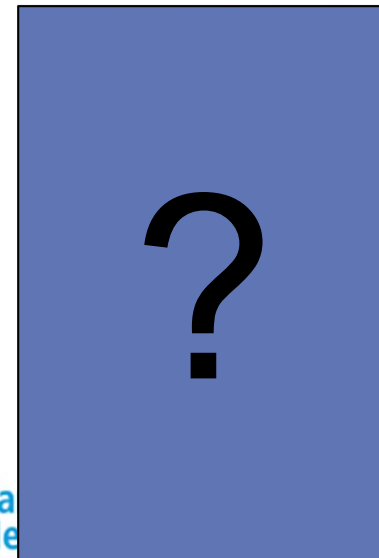
Evidence Review Group (ERG) objective

Update the Malaria Elimination guidance to cover all epidemiological settings, and provide comprehensive and relevant guidance in the new malaria landscape, in line with the mandate of the Global Technical Strategy for Malaria 2016-2030.

2007



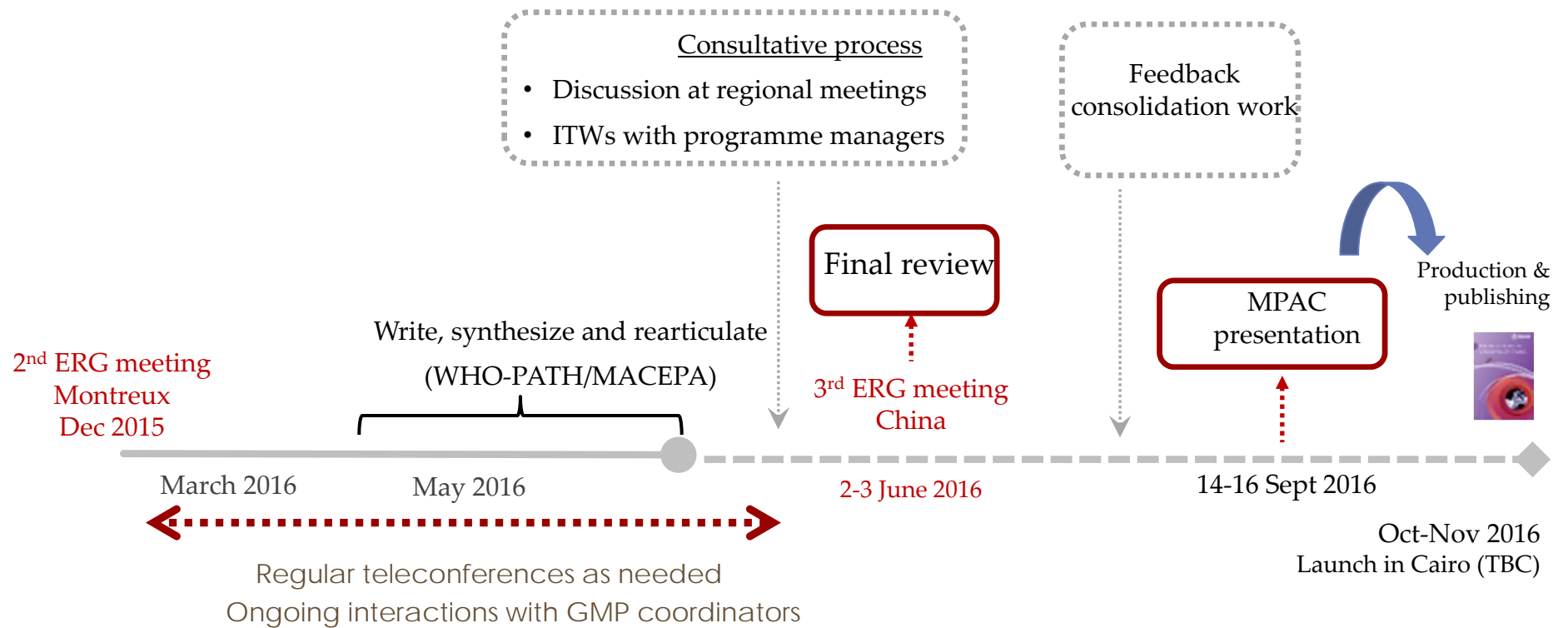
2016



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Manual Development – Evidence Review Group, Delhi July 2015

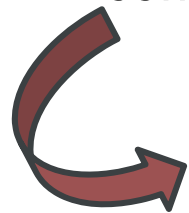


Source: Global Malaria Programme, WHO, Geneva 2015



Consensus points for new guidance under development

- New title: “**Malaria elimination: An operational manual**”
- Audience: all, but **primarily** National Malaria Control Programme managers
- Scope of guidance: all epidemiological settings as opposed to countries nearing elimination only
- Focus: progression of **all** malaria-endemic countries towards elimination in accord with the GTS, moving away from the previous multi-staged / compartmented process from control to elimination.



Previous Chapter 2 “Feasibility of malaria elimination” will be renamed (e.g. “Progression towards elimination”) to preclude the “Go/No Go” idea behind “Feasibility of . . .”



New content for guidance on malaria elimination

- New chapter “Innovation and research for elimination” (*GTS supporting element 1. Harnessing innovation and expanding research*).
- New section on subnational elimination of malaria, referred to as Subnational **verification** of malaria elimination (country process) *on the way* to the WHO-led process of national certification.
- Special situations, lessons learnt from malaria elimination: examples and or boxes will be inserted where appropriate.
- Glossary to be aligned with the malaria elimination / eradication terminology.

Source: Global Malaria Programme, WHO, Geneva 2015



Outline of new guidance – sections under development or review (1)

- **Introduction:** history of malaria, elimination challenges; scope; audience; current status of elimination; regional & subregional initiatives; GTS continuum; alignment with GTS, P. vivax strategy, AIM.
- **Principles of malaria elimination:** from GTS principles; Steps/interventions of progression towards elimination; concept of subnational elimination; focus on multisectoral, cross-cutting issues/enabling elements.
- **Progression towards elimination:** planning and management; elimination scenario planning; milestones; subnational elimination; regulations required for elimination; border malaria, cross-border collaboration and migrant populations.
- **GTS supporting element 1:** Harnessing innovation and expanding research.
- **Approaches for achieving elimination:** expand on principles and link with GTS pillars (1-2-3) and Supporting element 2 required; quality of interventions.

Source: Global Malaria Programme, WHO, Geneva 2016



Outline of new guidance – under development or review (2)

- **M&E progress towards malaria elimination:** monitoring framework for elimination with indicators; present metrics to be used along the continuum; measure to evaluate the strength of surveillance system, response capacity, etc.).
- **Prevention of the re-establishment of malaria transmission:** define and highlight importance of the risk of reintroduction, re-establishment of local transmission at subnational/national level, simplify the issue of receptivity and vulnerability; need for sustained strength of surveillance and response capacity; importance of policy/legislation, annual reporting, training people even when local transmission is interrupted; resurgence).
- **Subnational verification and national certification of malaria elimination:** emphasis on the need to sustain efforts when transmission is interrupted; reporting of subnational and national milestones thru WMR; subnational verification will encourage early documentation efforts for national certification; importance of capacity to prevent outbreaks.
- **Special situations: lessons learnt from malaria elimination.**
- **Glossary aligned with malaria elimination/eradication terminology work**

- Source: Global Malaria Programme, WHO, Geneva 2016



Malaria Elimination: An Operational Manual (proposed)

Introduction

Chapter 1: **Principles of malaria elimination: verification/certification, continuum, case and foci classification...**

Chapter 2: **The “what”: Interventions**

- Optimizing vector control and case management: *receptive/vulnerable areas, stratification...*
- Surveillance: *including entomological surveillance and data quality.*
- Clearance of parasites: *dealing with foci, asymptomatic carriers...*
- Cross-cutting issues: *health systems strengthening, inter-sectoral collaboration, cross-border collaboration*

Chapter 3: **The “how”: Management and planning**

- General elimination vision (*reference to chapter 1*)
- Planning process (*stratification*)
- Data for decision-making (M&E): *indicators from strata to foci, indicators, independent elimination committee*
- Programme structure and management: *malaria programme structure and functioning; enabling environment*

Chapter 4: **Verification and certification**

Chapter 5: **Prevention of re-establishment**

Chapter 6: **Role of R&D: program innovation, programmatic unknowns, new research and tools**

Annexes

Source: Global Malaria Programme, WHO, Geneva 2016
f the Presentation



ERG members

- Dr Majed Al-Zadjali, Department of malaria, MoH, Oman
- Dr Graham Brown, Nossal Institute for Global Health
- Pr Tom Burkot, James Cook University
- Dr Justin Cohen, CHAI
- Dr Mikhail Ejov, independent consultant
- Dr Gao Qi, Jiangsu Institute of Parasitic Diseases
- Dr Rossitza Mintcheva-Kurdova, independent consultant
- Dr Bruno Moonen, Bill & Melinda Gates Foundation
- Dr Frank Richards, The Carter Center
- Pr Christophe Rogier, Pasteur Institute of Madagascar
- Dr Allan Schapira, independent consultant
- Pr Robert Snow, KEMRI Wellcome Trust Research Programme
- Dr Rick Steketee, PATH-MACEPA

Thank you.

