

Summary report on the

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

Muscat, Oman
22–24 September 2011



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

A subregional meeting of national malaria programme managers from countries of the Horn of Africa Network for Monitoring Antimalarial treatment (HANMAT) and the Pakistan–Islamic Republic of Iran–Afghanistan Malaria Network (PIAM-Net) was organized by the World Health Organization (WHO) Regional Office for the Eastern Mediterranean in Muscat, Oman, from 22 to 24 September 2011. Representatives from HANMAT and PIAM-Net countries attended the meeting. Participants included malaria programme managers from Afghanistan, Djibouti, Islamic Republic of Iran, Iraq, Oman, Pakistan, Saudi Arabia, Somalia, Sudan and Yemen. The meeting was also attended by staff from WHO headquarters and Regional Offices for Africa and the Eastern Mediterranean, United Nations Development Programme (UNDP), the U.S. Naval Medical Research Unit no. 3 in Cairo (NAMRU-3), Eastern Africa Roll Back Malaria Regional Network (EARN) and the Kenya Medical Research Institute (KEMRI)–University of Oxford–Wellcome Trust collaborative programme. This was the second joint meeting of the two networks, HANMAT and PIAM-Net, since their establishment in 2004 and 2008, respectively.

The HANMAT network was established in 2004 to facilitate exchange of information on drug resistance among countries in the Horn of Africa and Yemen. Saudi Arabia subsequently joined as a member during the 2008 meeting that was held in Sana'a, Yemen. The activities of the network have expanded to cover other relevant activities, including pharmco-vigilance and the use of serology techniques in malaria surveys. PIAM-Net, for Afghanistan, Islamic Republic of Iran and Pakistan, was established in 2008 during the WHO third cross-border meeting held in Shiraz, Islamic Republic of Iran. This network is important not only for *falciparum* malaria, but also for greater understanding of *vivax* malaria, the more prevalent species in the three countries.

In this meeting participants were updated on activities in the WHO African and Eastern Mediterranean regions, progress and challenges in 2011. A representative of EARN presented an overview of a decade of Roll Back Malaria partnership. There were important technical discussions on different aspects of diagnosis, treatment, the global plan for artemisinin resistance containment (GPARC), vaccines, vector control interventions, pesticide management, malaria control during emergency situations and measuring malaria risk in low transmission settings.

2. Conclusions

HANMAT and PIAM-Net countries discussed their current and planned activities for monitoring antimalarial drug resistance. They also discussed the threat of spreading insecticide resistance, importance of establishing a continuous monitoring system and sharing resistance information among countries. They agreed to include addressing insecticide resistance issue in the activities of the networks to ensure exchange of information and harmonization of strategies of insecticide resistance management.

The meeting discussed the challenges of limited access and poor quality of confirmatory facilities for malaria parasitological diagnosis and its key importance in countries. Countries of the networks discussed the recommendations adopted in the regional workshop on strengthening quality management systems for parasitological diagnosis of malaria, which was conducted just before the meeting, on 17–21 September 2011 in Muscat, with participation of national focal points for malaria parasitological diagnosis.

3. Recommendations

To Member States

1. Put more emphasis on establishing/strengthening quality management systems for malaria diagnosis, and develop plans of action and allocate resources for implementation of the recommendations of the regional workshop on strengthening quality management systems for parasitological diagnosis of malaria (Muscat, 17–21 September 2011).
2. Plan and prepare for the in-depth review of control/elimination programmes and ensure inclusion of such priority activity in 2012–2013 joint activities with WHO. Priority countries for review in 2012–2013 are Afghanistan, Djibouti, Islamic Republic of Iran, Saudi Arabia and Sudan.
3. Take immediate action for establishment of a comprehensive national malaria database that will contribute to strengthening malaria surveillance and monitoring and evaluation, with technical support from WHO as needed.

To WHO

4. Coordinate with the KEMRI–University of Oxford–Wellcome Trust collaborative programme to establish a malaria surveillance system for low malaria endemic settings, targeting Djibouti as a priority.
5. Implement more rigorous criteria for selection of participants for regional activities (meetings, workshops, training courses, etc) and communicate with malaria programmes the defined technical criteria for selection of candidates/nominees.
6. Provide technical support for the conduct of priority operational research projects and support linkage and collaboration with international research institutions for capacity-building and ensuring quality research.

7. Continue to support capacity-building through the established regional training courses (planning, microscopy, case management) and plan for conducting additional courses in 2012–2013 (malaria surveillance and monitoring and evaluation, malaria elimination, insecticide resistance management, management of malaria in emergency situations).
8. Continue conducting intercountry meetings for all countries of the Region on a biannual basis as opportunity for sharing information. The next meeting to be planned for September–December 2012.
9. Provide technical support for documentation of success stories and best practices in countries.

To WHO and partners

10. Coordinate specific joint activities among WHO, EARN and Intercountry Support Team for Eastern and Southern Africa sub-regions (IST/ESA), namely annual review and planning meetings, malaria programme review and malaria strategic planning.
11. Include Yemen as an official member of EARN, considering the similarities in the eco-epidemiology of malaria with the countries of the network and the increasing population movement among countries of the Horn of Africa and Yemen.



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