

Summary report on the

Eleventh intercountry meeting of national malaria programme managers of countries of the Eastern Mediterranean Region

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Amman, Jordan
22–24 November 2015



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The World Health Organization in collaboration with the Government of Jordan convened the eleventh intercountry meeting of national malaria programme managers of countries in the Eastern Mediterranean Region in Amman, Jordan, on 22 to 24 November 2015. The objectives of the meeting were:

- to review the progress made, challenges and problems encountered in the implementation of malaria control and elimination strategies;
- to update countries with new developments on malaria prevention, diagnosis and treatment;
- to present the new global technical strategy for malaria 2016–2030 and the regional malaria action plan 2016–2020; and
- to review country work plans for 2016–2017 in light of the regional action plan.

Participating in the meeting were national malaria programme managers from Afghanistan, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia and Yemen and vector control focal points from Pakistan, Saudi Arabia, Somalia, Sudan and Yemen. Also in attendance were representatives from Roll Back Malaria Partnerships, United Nation Development Programme (UNDP) and United Nations Children’s Fund (UNICEF), global malaria experts and WHO staff from headquarters, the Regional Office and country offices for Afghanistan, Pakistan, Somalia and Sudan.

The meeting was opened by Dr Hoda Atta, Acting Director of Communicable Diseases and Regional Adviser, Malaria, Control and Elimination, who delivered the message of Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. In his message the Regional Director noted that the achievements in malaria reduction in the past 15 years had resulted in development of the Global Technical Strategy for

malaria elimination 2016–2030, which was endorsed by Member States at the World Health Assembly in May 2015. The regional action plan 2016–2020 was aligned with the global technical strategy and had been endorsed by Member States at the 62nd Session of the WHO Regional Committee for the Eastern Mediterranean in 2015 (EM/RC62/R.1). He closed by urging countries to remain vigilant to prevent a resurgence of malaria in areas that had been freed of the disease.

2. Summary of discussions

There were 5.3 million reported malaria cases in the Region in 2014 and 1.5 million confirmed cases, with a higher burden noted in Pakistan and Sudan. There was improvement in coverage of long-lasting insecticidal nets (LLINs) however LLIN utilization of remains low and 70% of reported cases are still treated clinically in the Region. Importation of malaria cases is increasing in malaria-free countries with the risk of introduction with massive uncontrolled population movement. Weak malaria surveillance, resistance to drugs and insecticides and the threat of malaria epidemics due to humanitarian crisis and civil unrest, limited and unsustainable resources are other challenges that may hinder achievements.

The purpose of the Action and Investment to defeat Malaria 2016–2030 (AIM) initiative is to support malaria control in the post-2015 sustainable development agenda, promote multisectoral and intercountry responses to malaria, make the case for investing in malaria and quantify the returns, call for continued malaria research and innovation, ensure a people-centred response and expand the reach of an enabling environment.

Malaria microscopy and rapid diagnostic tests remain the primary diagnostic tools for confirmation and management of suspected clinical malaria in all settings, including areas of low transmission, as well as for routine malaria surveillance. WHO recommends that G6PD status of

patients is known to guide administration of primaquine for preventing relapses. When G6PD status is unknown and G6PD testing is not available, the decision to prescribe primaquine must be based on assessment of the risks and benefits of adding primaquine. The results of the recent WHO review of the role of the RTSS malaria vaccine were also presented at the meeting.

In terms of malaria vector control, challenges discussed included weak human, financial and infrastructural capacities for monitoring insecticide resistance at country level. Also discussed were the potential risks of scaling back of vector control in areas where malaria burden has decreased but transmission has not been interrupted.

In Afghanistan, there has been significant reduction in total malaria cases, particularly *P. falciparum* cases in the northeast and northwest provinces in recent years. In the third quarter of 2015 there were 4 reported outbreaks in 4 provinces of the country. Challenges currently experienced by the country are: insecurity and lack of resources for sustainability and to cover the strategic needs.

Djibouti witnessed a sharp surge in malaria cases between 2013 (1687) and 2014 (9439). One of the contributing factors of the outbreak was population movement from neighbouring countries. More financial investment is needed and capacity-building efforts need to be enhanced.

Pakistan faces serious challenges that continue to result in low coverage and usage of interventions and a high number of reported cases. These challenges include the security situation in several provinces, mass movement of internally displaced populations, destruction of the health system in areas affected by conflict, decentralization, frequently changing priorities of the government and partners resulting in lack of advocacy and ownership by the provinces, inadequate domestic resources, a weak

malaria surveillance system particularly in border areas, and an unregulated private sector.

In Somalia the main challenges are the lack of national strategy for insecticide resistance management, lack of resources for entomology laboratory supplies, weak surveillance system, lack of transparency and weak intersectoral collaboration. Conducting a pilot project for applying electronic registration and reporting for LLIN distribution campaign in the community in collaboration with communication companies was among the achievements in 2014.

Sudan reported good progress in implementation of vector control interventions and monitoring insecticide resistance. The country has developed a new insecticide resistance management strategy and LLIN tracking system. By the end of 2015, 100% LLIN coverage of the targeted population will be achieved. The government has allocated US\$ 5 million for pumps, insecticides, personal protective equipment and operational costs. However, the programme has some challenges in securing resources for vector control interventions, especially transportation, fuel, human resources incentives and maintenance of spray pumps, and also faces gaps in sustainability in IRS operations, low bed net utilization rates and a weak surveillance system.

Yemen has a high number of damaged or non-functional public health facilities and more than 2.3 million internally displaced persons, 1.6 million of them in areas at risk of malaria transmission. Malaria control is therefore in a critical situation, in addition to the risk of other vector-borne diseases including dengue and chickungunya. Lack of sufficient funding and weak commitment to national strategies and plans has hampered the implementation of activities. In addition to the conflict situation, Yemen has been affected by massive flash floods in 4 governorates. Due to the current situation, the elimination plan in Hadramout has been halted.

The number of locally transmitted cases in Saudi Arabia declined between 1997 and 2014, with only 51 local cases reported in 2014. One of the major challenges has been the huge influx of pilgrims from all over the world and across the borders from neighbouring and Horn of Africa countries with high endemicity for malaria. Over the past 20 years there has been a dramatic reduction of the malaria burden in the Islamic Republic of Iran. Currently 19 out of the country's 30 provinces have been classified as cleared-up with no reported falciparum cases and no autochthonous cases of any species for the past 3 years. Of the remaining 11 provinces, three in the southeastern part of the country still have malaria transmission. Challenges include movement of the populations across borders, unsatisfactory surveillance and treatment coverage of illegal immigrants, insecurity across borders and insufficient intercountry and multisectoral collaboration and community participation.

The total number of reported malaria cases from malaria-free countries in 2014 was 7735. In 2014, Egypt reported 22 local cases and Oman reported 15 local cases. The main priorities for preventing re-establishment of local transmission in malaria-free countries are to make sure that there is no malaria mortality, sustain and strengthen political commitment, update national malaria strategies for prevention of re-establishment of local transmission, raise awareness among travellers and health staff, provide quality malaria diagnosis and treatment for all and participate actively in global malaria surveillance.

As part of a revised regional strategy, district-level mapping of malaria risk will form the bench-marking of progress toward elimination by 2020. Methods have been developed that combine data sources from malaria indicator surveys of prevalence of infection and routine data from health facilities and cartographies of malaria risk in 2016 and that use additional data including programmatic data on interventions, vector species distribution, resistance and human settlement/displacement patterns.

Epidemiological profiles within countries will be pivotal in guiding programmes and donors on where and how they should invest.

With regard to the experience of the Greater Mekong sub-region, it was noted that elimination of malaria is important because of the repeated emergence of *P. falciparum* resistance to all antimalarials including artemisinin in the sub-region and the spread of these from there to other parts of the world. However, a number of factors work against this goal. Malaria is largely concentrated in forested areas, where exophilic vectors infect mobile humans who have inadequate health service access. The strategy for elimination foresees the elimination of multi-resistant *P. falciparum* by 2020, *P. falciparum* by 2025 and malaria by 2030. However, novel interventions will be required to interrupt transmission in the hard-core forested areas. The constraints are not only technical and general health services, intersectoral collaboration and community mobilization need to be strengthened. Sustainable funding must be secured and a coordinating and steering structure must be established, representing each country involved and partners.

Participants were briefed on activities conducted during 2014–2015, using the three pillar concept of the Global Technical Strategy in preparation for streamlining actions in the new biennium. Activities included the development of support strategies, capacity-building, strengthening malaria surveillance including entomological surveillance and drug efficacy monitoring, and technical support for implementation of elimination activities.

The Regional Office has finalized the implementation of the Global Environmental Facility (GEF)/United Nations Environment Programme (UNEP). Research trials were conducted in 4 countries: the Islamic Republic of Iran, Morocco, Sudan and Yemen. Egypt is currently developing its database for vector distribution and insecticide resistance in Fayoum and Aswan governorates. In Djibouti a rapid entomological

investigation was conducted. Vector control needs assessment and IVM strategies have been developed in Afghanistan, Egypt, Islamic Republic of Iran and Yemen). Afghanistan, Islamic Republic of Iran, Sudan and Yemen have developed their national plan for insecticide resistance management. The LLIN distribution strategy has been developed for Somalia. Under the GEF project, contaminated waste has been disposed of in the Islamic Republic of Iran, Jordan and Morocco. Morocco is currently developing technical requirements for the law overseeing the entire life cycle of public health pesticides as well as the regulations.

The main regional activities planned for 2016–2017 include finalization of the regional action plan, a meeting for malaria-free countries to update the strategy for prevention of re-establishment of malaria transmission and support to high burden countries for updating national strategies and developing private/public partnership strategies for malaria elimination. A regional training course will be conducted on quality management systems for malaria diagnosis and support will be given to countries for strengthening quality assurance of malaria diagnosis. Monitoring antimalarial efficacy and updating national treatment policies will be supported. The third elimination course will be conducted to support implementation of the district approach for malaria elimination in the Region. A regional consultation on public health pesticides management will be held to assess the progress of countries in implementing the regional framework, and the regional database on insecticide resistance will be maintained and updated. Priority countries will be given support for vector surveillance and insecticide resistance.

A conference on border malaria and population movement will be organized. The Regional Office will conduct regional courses on malaria surveillance and monitoring and evaluation for regional mentors and support them at country level. A regional workshop on control of malaria and other vector-borne in humanitarian emergency settings will be held.

3. Recommendations

To endemic countries

1. Conduct tailored programme reviews, develop district-based epidemiological and entomological profiles as a baseline for 2016 and update strategic plans for alignment with the Global Technical Strategy 2016–2030 and the regional action plan 2016–2020.

To malaria-free countries

2. Develop a national strategy for prevention of re-establishment of malaria transmission.

To all countries

3. Initiate and develop a partnership-building mechanism or structures involving public, private and all relevant stakeholders.
4. Review and update existing policies, guidelines and protocols, particularly for case management (quality assurance in diagnosis, provision of effective treatment) and integrated vector management (vector control operational guidelines, insecticide resistance management, vector surveillance).
5. Strengthen existing cross-border collaboration networks (e.g. HANMAT and PIAM-net).
6. Review guidelines and plans to include the response component for control of vector-borne diseases in humanitarian emergencies.

To WHO

7. Organize a regional workshop on control of vector-borne diseases in humanitarian emergencies.
8. Find appropriate modalities for strengthening technical presence at national and provincial level in endemic countries.
9. Explore mechanisms and support countries to improve the sustainability of national programmes through political leverage and sustained resource mobilization.



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