Summary report on the

Regional workshop on updating national strategic plans for the prevention of re-establishment of local malaria transmission in malaria-free countries

WHO-EM/MAL/383/E

Casablanca, Morocco
18–20 October 2016

World Health Organization
Regional Office for the Eastern Mediterranean

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1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean, in collaboration with the Government of Morocco, conducted a regional workshop on updating national strategic plans for the prevention of re-establishment of local malaria transmission in malaria-free countries from 18–20 October 2016, in Casablanca, Morocco.

The objectives of the workshop were to:

- review the progress and challenges in sustaining the malaria-free status in countries of the Eastern Mediterranean Region and agree on key priority actions;
- develop updated national strategic plans for prevention of re-establishment of local malaria transmission in all malaria-free countries of the Region.

Participants included malaria focal persons from malaria-free countries of the Region. The workshop was opened by Dr Ghasem Zamani, Regional Advisor, Malaria Control and Elimination, WHO Regional Office for the Eastern Mediterranean. He recalled that in 2015, all countries globally committed to the targets of the Sustainable Development Goals (SDGs) including target 3.3 for ending the epidemic of malaria. Countries also adopted the WHO Global technical strategy for malaria 2016–2030 with the final goal of a malaria-free world. The global technical strategy provides a guide to Member States in the fight against malaria, with the aim of eliminating malaria from endemic countries and preventing re-establishment of local transmission in malaria-free areas.

In the WHO Eastern Mediterranean Region, 14 countries have succeeded in eliminating malaria and their main priority is to prevent

re-establishment of local malaria transmission in receptive and vulnerable areas. Dr Zamani emphasized that the workshop, requested by these malaria-free countries, aimed to update and harmonize strategies and to plan for more efficient and coordinated participation of malaria-free countries in global efforts for malaria elimination.

Local malaria outbreaks have been reported recently from some malaria-free countries in the Region (such as Egypt and Oman), as well as countries in other regions (such as Greece) from 2010 to 2013. Such examples highlight the need for vigilance, continuous assessment of the eco-epidemiological situation, and readiness for prompt and appropriate interventions.

2. Summary of discussions

Global malaria technical strategy and prevention of re-establishment of transmission

Progress has been made in achieving the Millennium Development Goal target for malaria at global and regional levels, and there is new commitment for the unfinished malaria agenda under the SDGs. The Global technical strategy for malaria 2016–2030 provides guidance to countries and development partners, and includes the goal to prevent re-establishment of malaria in all countries that are malaria-free. The regional malaria action plan (2016–2020) was endorsed by the Sixty-second Regional Committee for the Eastern Mediterranean in October 2015, and resolution EM/RC62/R.1 requested Member States to update their national plans in line with the regional plan.

WHO guidance on malaria elimination is being updated, with changes in WHO malaria terminology. Zero indigenous cases for 3 consecutive years is the criterion for elimination; the minimum threshold for possible re-establishment of transmission is the occurrence of three or

more indigenous malaria cases per year in the same focus for 3 consecutive years irrespective of the malaria species.

The programme for prevention of re-establishment of malaria should continue until the goal of malaria eradication is achieved and malaria activities are integrated into general health services. A high-performing health system must be maintained to decrease the consequences of importation and ensure provision of free diagnostics and treatment by quality-assured microscopy, rapid diagnostic tests and quality medicine in public health facilities. All cases (suspected and confirmed) must be notified, whether treated in the public or private sector, using a standard electronic form for early and mandatory notification to ministries of health. Epidemiological investigation of both cases and foci, entomological surveillance and appropriate vector control measures should be conducted.

An effective system for early detection and response to malaria epidemics is needed. In an integrated programme, it is important to maintain core expertise at national level to perform central level functions including: developing and updating policies and strategies; ensuring capacities for effective intervention, especially case management and surveillance; ensuring the supply chain is fully operational and malaria commodities are available at all times with proper management of safety stocks; and ensuring coordination of response in case of epidemics.

Progress in WHO South-East Asia and Western Pacific regions

Progress towards malaria elimination, prevention of re-establishment and certification of elimination in countries of the WHO South-East Asia and Western Pacific regions was examined. In the South-East Asia Region, WHO certified the Maldives and Sri Lanka as malaria-

free in 2015 and 2016, respectively. In recent years, Bhutan, Nepal and the Democratic People's Republic of Korea have showed a substantial decline in the number of indigenous cases, and are on the way to elimination. India has stepped up malaria elimination efforts, and a national framework for malaria elimination was launched in February 2016. Subnational elimination efforts are being proactively promoted by Indonesia, where some islands/areas have become malaria-free or close to interrupting indigenous transmission.

In the WHO Western Pacific Region, China is rapidly progressing towards malaria elimination, and in 2015 moved to the elimination phase with indigenous transmission in limited border areas of Yunnan. There are several success stories of subnational initiatives on malaria elimination in Papua New Guinea that can be considered for possible replication in other provinces of the country.

In response to the threat of multidrug resistance, including resistance to artemisinin-based combination therapy, countries of the Greater Mekong subregion endorsed a *Strategy for malaria elimination in the Greater Mekong Subregion 2015–2030*. The ultimate goals of the strategy are to eliminate *P. falciparum* malaria by 2025 and all malaria parasite species by 2030 in the subregion. Based on the strategy, all Greater Mekong subregion countries have developed or are about to finalize their national strategies to eliminate malaria within the agreed timelines.

Preventing re-establishment of local transmission in WHO European Region

The situation in countries of the European Region in the stage of prevention of re-establishment of local transmission, and lessons learnt, were highlighted. Elimination in the European Region was made possible by high-level political commitment, intense programme

activities in affected countries, WHO technical support and a combination of domestic and external funding. Key strategies included detection and surveillance of malaria cases, integrated strategies for vector control with community involvement, cross-border collaboration with neighbouring countries and communication to people at risk.

The achievement of zero indigenous malaria cases in the European Region is a great achievement, but the Region remains prone to importation of cases from endemic regions, with the threat of re-establishment of transmission. Maintaining zero local cases in the European Region requires sustained political commitment, resources and constant vigilance. Any new cases must be promptly identified and treated, and health systems should be strengthened to ensure that any resurgence is rapidly contained. The *Regional framework for prevention of malaria reintroduction and certification of malaria elimination 2014–2020* is available and should be fully implemented. The framework outlines ways to avoid resurgence of malaria and prevent its re-establishment, and the process for certification of malaria-free status.

Situation in malaria-free countries in WHO Eastern Mediterranean Region

The situation in malaria-free countries in the Eastern Mediterranean Region was discussed. In North African countries, imported cases are mainly from sub-Saharan Africa; the majority of cases are due to *P. falciparum*. The number of imported cases is increasing, mainly due to recent immigration trends to European countries through North Africa. In Morocco, cases of *P. ovale* have increased in recent years due to the peacekeeping mission in West Africa. Delay in seeking care by patients and late diagnosis by health staff have resulted in some deaths due to malaria in Egypt, Libya and Morocco in the past 3 years. Malaria cases in Gulf Cooperation Council (GCC) countries are

mainly imported from India and Pakistan; the majority of cases are due to *P. vivax*. Oman reported only four introduced cases in 2015, and the last year with transmission of indigenous malaria was 2010. During the past 3 years, the number of imported cases in GCC countries has started to decrease due to changes in immigration policies and/or changes of burden in countries of origin.

Iraq reported only two imported *P. vivax* cases in 2014, and one *P. falciparum* and one *P. vivax* in 2015. In Jordan, the majority of cases are from sub-Saharan Africa and are mainly due to *P. falciparum* (70%). More than 90% of malaria cases in Lebanon are due to *P. falciparum*, mainly from African countries. In 2015, due to problems in confirmation and reporting from the private sector, 13 cases were not classified by species. In 2015, the Syrian Arab Republic reported no local cases and all 12 reported imported cases were due to *P. falciparum*. Four deaths were reported in 2014, and zero deaths were reported in 2015.

Discussion

Participants were provided with new and updated information on the different aspects of malaria control and elimination, including: WHO's *Malaria microscopy quality assurance manual* (2016) and availability of malaria microscopy standard operating procedures; WHO criteria for procurement of quality rapid diagnostic tests; *pfhrp2* gene deletions that may affect countries in the Region bordering Eritrea; raising awareness about malaria among travellers and health staff; providing quality antimalarial medicine for both uncomplicated and severe malaria; use of primaquine for radical treatment of *P. vivax* and as gametocidal medicine for *P. falciparum* cases; artemisinin resistance; status of malaria vaccine; development of a new Global Vector Control Response; and the importance of integrated vector

management strategy, noting a new trend of vector-borne diseases at global and regional levels. Participants were also informed that WHO has established a Strategic Advisory Group on malaria eradication to prepare an analysis of future malaria trends and advise WHO on the feasibility, expected cost and potential strategies for malaria eradication over the coming years.

Participants were divided into three groups: North African countries (Egypt, Morocco, Tunisia), GCC countries (Bahrain, Oman, Qatar, United Arab Emirates) and Iraq, Jordan, Lebanon, Palestine and Syrian Arab Republic. Using a template, each group agreed on the goal, objectives and main strategic approaches for the prevention of re-establishment of local malaria transmission. Main challenges and gaps in each area were identified, and needed interventions to overcome the challenges were formulated.

The workshop provided an opportunity for malaria focal points to review their national strategies/plans through a consultative approach, and is the starting point for a peer review process of the finalized strategies. Following the workshop, each country will finalize its specific plan for review by the Regional Office and final approval by the ministries of health.

3. Recommendations

To Member States

1. Faced with the challenges of vector-borne diseases, reaffirm previous commitments and ensure that actions to prevent re-establishment of indigenous malaria transmission are high on the health and development plans of malaria-free countries in the Region.

2. Develop/update existing national strategies/plans to prevent re-establishment of indigenous malaria transmission; maintain a core expert group at national level for development of malaria policies and strategies, case management, surveillance and integrated vector management.
3. In collaboration with the Regional Office, establish subregional networks for malaria-free countries (GCC countries, North African countries, and Iraq, Jordan, Lebanon, Palestine and the Syrian Arab Republic) to exchange relevant information, experiences and practices for improving intercountry collaboration.
4. Acknowledging the importance of advocacy on malaria prevention, use the momentum offered by World Malaria Day 2017 to stress the importance of malaria prevention and ensure that all malaria-free countries are fully supported to maintain zero indigenous malaria cases.

To WHO

5. Support malaria-free countries of the Region in their efforts to develop/update national strategies/plans for prevention of re-establishment of local malaria transmission.
6. Support malaria-free countries to conduct in-depth assessment of existing policies, strategies and programmes to prevent re-establishment of indigenous malaria transmission.
7. Support countries in strengthening their capacities in surveillance, vector control and malaria case management.
8. Assist in establishing an effective and sustainable mechanism for procurement and supply of antimalarial drugs for countries in need.

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