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Progress report on implementation of the regional malaria action plan 2016–2020

Introduction

1. The Global Technical Strategy for Malaria 2016–2030 was developed through a comprehensive consultative process with all countries. The strategy was adopted by Member States at the Sixty-eighth World Health Assembly in May 2015 (WHA68.2). To implement the Global Technical Strategy in the Eastern Mediterranean Region during 2016–2020, the Regional Office developed a malaria regional action plan in consultation with Member States. The action plan was endorsed in 62nd Regional Committee in resolution EM/RC62/R.1 (2015), in which it requested Regional Director to report every two years on progress in implementing the action plan.

2. The targets and approach of the regional action plan are in line with the United Nations Agenda for Sustainable Development, in particular Goal 3 and its target of ending the malaria epidemic by 2030. The action plan reflects the importance of malaria elimination as a key regional priority. In 2008 the 55th Regional Committee for the Eastern Mediterranean adopted resolution EM/RC55/R.9 in which it urged Member States that had achieved or were close to elimination to maintain vigilance and strong surveillance systems to prevent re-establishment of malaria transmission and to establish/strengthen functional collaborative mechanisms to support elimination in high burden countries, including provision of financial and human resources.

3. The action plan sets out specific objectives for three groups of countries in the Region: malaria endemic countries; those with limited indigenous transmission; and those free from indigenous transmission. It identifies main strategic approaches for implementation, monitoring and evaluation of malaria interventions, with time-bound targets and appropriate indicators for each approach. It also includes a detailed plan for the implementation of the strategy during 2016–2020.

4. This report summarizes the current situation and progress made by countries in implementing the regional action plan, including challenges and the way forward to achieve the regional targets.

Status and progress

5. More than 290 million people in the Region are at risk of malaria transmission. Malaria is endemic in eight countries and has the highest reported burden among vector-borne diseases in the Region.

6. In 2015, countries in the Region reported a total of 5.4 million malaria cases, with 18.5% of these confirmed parasitologically. In the same year, the reported deaths due to malaria were 1010, more than 86% of which were in Sudan. For 2015, WHO estimates that 3.8 million (range 2.4–7.5 million) cases of malaria occurred in the Region and that the number of deaths due to malaria was 7300 (range 900–14 600). There have been significant achievements from 2000 to 2015 with close to 70% reduction in estimated incidence of malaria though the rate of reduction decreased after 2010. Based on the latest estimates by WHO, the incidence of malaria decreased by 11% in 2015 in comparison with 2010, which is less than the global average of 21%.

7. Six countries (Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen) account for more than 98% of the confirmed cases in the Region, with the largest proportions in Sudan (59%) and Pakistan (21%). In the period from 2014 to 2017, setbacks in some of these countries resulted in outbreaks, and an increase in the number of cases in certain areas.

8. The Islamic Republic of Iran and Saudi Arabia are at the stage of malaria elimination and are among 21 countries globally that are aiming at the elimination of malaria by 2020. In 2016, only 91

indigenous cases of malaria were reported from the Islamic Republic of Iran with only 10 indigenous cases of falciparum malaria. The malaria programme in Saudi Arabia achieved good progress after starting implementation of the elimination strategy, with only 34 local cases in 2013. However, the number of local cases increased from 83 in 2015 to 272 in 2016, mainly due to an increase in population movement and difficulty in accessing border areas with Yemen.

9. Fourteen countries in the Region are free from indigenous malaria transmission and are at the stage of prevention of re-establishment of local malaria transmission. The majority of imported cases in the Region originate from countries in sub-Saharan Africa or the Indian subcontinent.

10. Malaria endemic countries have access to quality medicine, and the usage of rapid diagnostic tests (RDTs) for diagnosis has increased significantly in recent years. However, the universal coverage targets for parasitological confirmation (all suspected cases) and treatment with quality medicine (all cases) have not yet been achieved. In Pakistan only 5% of reported cases in 2015 were confirmed. In Somalia and Yemen, 53% and 72% of reported cases were confirmed, respectively. In Afghanistan, this figure increased from 28% in 2015 to 50% in 2016. Cases receiving first-line antimalarial treatment according to national policy were as follows: Afghanistan 80%; Pakistan 58%; Sudan 50%; and Somalia 71%. Coverage of vector control interventions has increased, although not at the same level in all countries. Sudan reported 100% operational coverage for long-lasting insecticidal nets (LLINs) in most states by the beginning of 2017.

11. Eligible endemic countries have developed and submitted concept notes to the Global Fund for the new funding cycle of 2018–2020. The allocation for malaria endemic countries of the Region in the new cycle is more than US$ 200 million. However, given the increased needs due to the current situation, particularly in Yemen, Afghanistan and Somalia, more efforts are needed to mobilize resources from both national and external sources.

12. After adoption of the regional action plan by the Regional Committee in 2015, a regional strategic framework for integrated vector management 2016–2020 was developed as a cross cutting approach and endorsed by the 63rd session of the Regional Committee in October 2016. WHO provided technical and logistical support to countries for strengthening integrated vector management, including as part of the regional response to potential importation of Zika virus and in relation to entomological surveillance and insecticide resistance monitoring. The regional framework for action on sound management of public health pesticides was updated.

13. Countries of the Region were supported to update their national strategies in line with the Global Technical Strategy and the first stage of regional risk mapping for malaria at the district level was completed. The Regional Office continued to support existing regional networks for monitoring and response to antimalarial resistance and the updating of national treatment policies where necessary. To support scaling up quality-assured parasitological diagnosis, the first regional external assessment of malaria microscopy was conducted for senior microscopists in countries.

14. In order to strengthen the capacity of human resources, the Regional Office conducted several training activities to upgrade the knowledge and skills of national staff. The need for qualified staff is enormous and extends to all levels, particularly in countries with decentralized health systems.

15. National malaria surveillance reports from countries of the Region were collected through a newly developed online system using DHIS2. The data collected were used for development of the World Malaria Report. The regional malaria database and insecticide resistance database were updated. With technical and financial support from Regional Office, Afghanistan, Pakistan, Somalia and Sudan implemented surveillance of drug efficacy.

Challenges

16. The coverage of essential interventions is still below the universal target in endemic countries, which has impeded progress and in some situations resulted in setbacks and an increase in the number of cases. The main challenges are as follows.

17. Endemic countries depend mainly on external resources. In some countries, national allocation of resources has decreased.

18. National malaria programmes in high burden countries lack sufficient numbers of qualified technical staff due to lack of resources, workforce migration, structural reforms and frequent changes in programme leadership.

19. Malaria surveillance and capacity for parasitological diagnosis are inadequate in most endemic countries. Health information systems in high burden countries are not currently able to provide adequate information to enable effective assessment of health needs and monitoring of implementation.

20. Lack of regulation in the private sector is a major challenge in some countries, resulting in a critical gap in the quality and coverage of malaria case management.

21. Because of the security situation, malaria interventions, particularly vector control and surveillance activities, were delayed or not implemented in all targeted areas in Afghanistan, Pakistan, Somalia, Sudan and Yemen. More work is needed to update the strategy to address the continuation of malaria interventions in complex emergency situations. Population movement creates challenges in access to health care for affected populations and also drains vital resources away from sustainable health system development.

22. Malaria-free countries are vulnerable to malaria reintroduction due to population movement, particularly from countries in sub-Saharan Africa and the Indian subcontinent.

23. WHO presence in priority countries is not sufficient to meet the need for technical support.

The way forward

24. High-level political commitment with adequate financial allocation in all countries, particularly malaria endemic countries, will be crucial to achieve the targets of the global and regional strategies. Advocacy and resource mobilization, targeting mainly regional donors, is a priority for control programmes for all communicable diseases, including malaria and other vector-borne diseases.

25. Countries, particularly malaria endemic countries, should move towards integrated control of vector-borne diseases using the integrated vector management approach in line with the regional strategic framework for integrated vector management 2016–2020.

26. Member States should update and implement national strategies for malaria elimination using a district approach. Programmes should identify the status of each district with regard to elimination that will be supported by ongoing risk mapping exercise implemented by Regional Office. Areas targeted for implementation of the elimination strategy through a district approach are four northern states in Sudan, north-east and north-west Somalia, Djibouti, northern Afghanistan (falciparum malaria) and Punjab province in Pakistan.

27. Successful malaria elimination requires strong ownership and human resource capacity at all levels, particularly subnational level. Innovative approaches are needed to build capacity in the main areas of intervention in order to fill the current gaps in the six priority countries.

28. Integration within the health system, strong community participation and interactive partnerships between the public and private sectors are crucial for a sustainable path towards malaria elimination.

29. Malaria surveillance (including surveillance for antimalarial drug resistance, entomological surveillance and insecticide resistance monitoring) should be strengthened and supported financially as one of the pillars of the Global Strategy. WHO will support the integration of malaria surveillance into national surveillance systems using new available technologies including DHIS2, and for moving towards case-based surveillance in areas targeted for implementation of the elimination strategy.

30. Strengthening border coordination between endemic countries to provide support for populations in border areas and also between malaria-free countries and endemic countries to prevent re-establishment of malaria transmission will be very important. The Regional Office will continue to support border coordination between countries using existing mechanisms and networks such as HANMAT and PIAM-net.

31. All stakeholders including WHO and Member States should continue to support research in all aspects of malaria control and elimination, with priority for operational research, in order to adapt the recommended strategies to local epidemiological and programmatic conditions.

32. In light of increasing population movement in the Region, malaria-free countries should enhance vigilance and develop and implement a strategy for preventing the re-establishment of local transmission of malaria.

33. WHO will support malaria-free countries in the certification of malaria-free status. Countries implementing the elimination strategy will be supported in the validation of malaria elimination at subnational level, in preparation of for certification of malaria-free status.

34. WHO field staff are critical for providing the technical support needed at national and subnational level in priority countries.