Meeting of the Malaria Policy Advisory Committee. Summary report

Geneva, Switzerland, 5–7 March 2015

The Malaria Policy Advisory Committee (MPAC) met for the seventh time on 5–7 March 2015. This document provides a brief summary of the main discussion points and conclusions.

Session 1. Update from the WHO Global Malaria Programme and the Roll Back Malaria Partnership

Following a welcome by the chair of MPAC, the Director of the WHO Global Malaria Programme (GMP) gave an overview of the key findings of the *World Malaria Report 2014*. He provided an update about GMP's activities over the past 6 months and the key programme priorities being pursued in WHO regions. Over this period, GMP issued a number of new technical documents, including guidance on temporary malaria control measures in Ebola-affected countries using mass drug administration (MDA). MPAC was also informed of GMP's forthcoming technical documents, including an elimination strategy for the Greater Mekong subregion, and plans to convene expert groups to review specific technical areas of work. This includes a plan to establish an expert review group (ERG) on the role of MDA, mass screening and treatment, and focused screening and treatment in transmission reduction, epidemic control, malaria elimination and Ebola containment.

The Executive Director of the Roll Back Malaria (RBM) Partnership gave an update about the process for finalizing RBM's *Global Case for Investment and Action (2016-2030)*, which will be a companion document to the new *WHO Global Technical Strategy for Malaria (2016-2030)*. Development of the two documents has been closely coordinated through seven regional consultations, and the documents have the same goals, milestones and targets. The RBM Executive Director explained that in addition to the regional consultations, the draft RBM document has been reviewed in 12 national consultations, and was shaped through over 120 interviews with key informants. She summarized the seven key priorities established in the draft document, which should drive future efforts to strengthen political commitment, financial resources and the enabling environment for malaria efforts. The draft document will be submitted to the RBM Board for approval in May 2015.

MPAC welcomed plans by GMP and RBM to work with countries on translating the new global guidance documents into action on the national level, and highlighted the importance of providing technical support to ensure that national malaria plans are updated in a timely manner.

Session 2. GMP strategy refresh and policy-setting

The Director of GMP informed MPAC about an ongoing strategy-refresh process within GMP. The aim of this process is to re-assess and re-set the department's strategic priorities in line with the goals and targets set through the new *WHO Global Technical Strategy for Malaria*

(2016-2030). Following extensive internal consultation, the process will lead to the creation of a new team structure that is fully aligned with GMP's new strategic priorities. GMP acknowledged that the implementation of the new strategy will require strengthened human and financial resources across the WHO global malaria team. MPAC welcomed the initiative and several members highlighted the importance of strengthening surveillance systems and improving data analysis – on both the disease burden and on interventions – to maximize the effectiveness of malaria responses.

MPAC was also informed about efforts to improve the efficiency of the WHO policy-setting process on malaria, and the dissemination of WHO technical guidance to countries. GMP presented a new chart showing policy-setting workflows, which reaffirmed MPAC's role as WHO's highest level strategic advisory body on malaria while further streamlining the process. GMP informed MPAC about plans to develop a handbook that is a single document containing all WHO malaria guidance on prevention, diagnosis and treatment. MPAC welcomed the proposal to further streamline policy setting and suggested a few clarifications to the proposed approach, such as ensuring that the same rules apply regarding the participation of MPAC members in both TEGs and ERGs. MPAC also asked for the committee to receive all TEG and ERG reports, as has been the case in the past.

Session 3. Malaria elimination in the Greater Mekong subregion

This session focused on a new malaria elimination strategy for the Greater Mekong subregion. The WHO Regional Hub for the Emergency Response to Artemisinin Resistance started developing this document after the last MPAC meeting in September 2014. At that meeting, MPAC concluded that *P. falciparum* elimination was technically feasible in the subregion, and that WHO and countries should adopt the goal of *P. falciparum* elimination by 2030. A presentation was made by the Regional Advisers from the WHO Regional Office for South-East Asia and the WHO Regional Office for the Western Pacific about 1) the strategy development process, 2) the proposed goals and targets, and 3) the recommended strategic directions to scale up efforts in order to achieve malaria elimination (of all parasite species) by 2030. WHO also presented options for a new governance structure that could drive efforts forward in a more effective way.

Overall, MPAC was supportive of the draft strategy, and generally agreed with the proposed regional and country priorities. The committee noted, however, that the urgency of the response should be more strongly emphasised, consideration should be given to accelerating the timelines, and there should be a more pronounced mention of the need for national political commitment at the highest level. MPAC also discussed the importance of multi-sectoral engagement, the need to clarify the role of "governance" and "management", and the need to position countries as the main drivers of this effort. The committee also raised the idea of creating an independent monitoring board for the process.

After extensive discussion, MPAC decided to take a three-pronged approach to responding to WHO's request for advice. First, MPAC members will draft a written response with technical suggestions, which will be shared with the strategy drafting committee. Second, MPAC will send a high-level communication to the WHO Director-General highlighting the need to treat this issue as an urgent public health priority with global implications that requires commensurate support and commitment from both WHO leadership and development partners. Third, MPAC will review the next draft of the strategy before it is finalized.

Session 4. Malaria terminology and proposed ERG on malaria in pregnancy

GMP briefed MPAC members about plans to review technical terminology for malaria. Such an exercise is timely because the last comprehensive review, which included over 400 malaria terms, was undertaken more than 50 years ago. A desk-review process and a drafting committee have been established to take this forward, and the draft document will be shared with MPAC for the next meeting. Given the breadth of this exercise, the committee will be reviewing terminology in phases. It will start with those that are most relevant to malaria elimination and eradication, then move onto terms that have programmatic relevance and those that may have conflicting definitions. MPAC welcomed this initiative and some members suggested that WHO considers turning this into a continuous process for reviewing and updating terminology as and when required.

In the second half of this session, GMP presented a plan for the establishment of an ERG on malaria in pregnancy. The ERG will review emerging evidence on the efficacy, safety, feasibility, acceptability and cost-effectiveness of using intermittent screening and treatment of malaria in pregnancy (ISTp) to prevent the consequences of malaria in pregnancy. The scope of this ERG will cover: 1) an assessment of whether ISTp should be considered a potential alternative strategy to IPT-SP in areas with low malaria transmission or high SP resistance, 2) a review of the impact of SP resistance, transmission intensity and threshold maps for potential implementation, and 3) consideration of the safety of using artemisinin derivatives on the basis of emerging evidence. The MPAC welcomed the plan and suggested that toxicology expertise be included in the review process.

Session 5. Update from the WHO Vector Control Advisory Group

The WHO Vector Control Advisory Group (VCAG) gave a presentation about their November 2014 meeting, and briefed MPAC about a recent VCAG recommendation of a specific long-lasting insecticidal net (LLIN) product that contains both a pyrethroid insecticide and a synergist. In the course of a three-step evaluation process, VCAG concluded that this product is more effective in some resistance settings than an LLIN with pyrethroid alone, and hence this product constitutes a new paradigm among vector control products. The product has an interim recommendation from the WHO Pesticide Evaluation Scheme (WHOPES) and is currently undergoing a phase 3 trial (for a full recommendation). VCAG stressed that there is an urgent need to develop combination LLINs that incorporate multiple insecticides and that this product does not meet that criterion.

MPAC acknowledged the important progress that is being made in product development for malaria vector control and called for continued investments and innovation. The committee underlined the urgent need for the development and deployment of new insecticides and new tools to prevent and manage insecticide resistance and residual transmission. It also expressed strong support and appreciation for the work done by VCAG. It recommended that WHO – through the Vector Control TEG – review available data comprehensively and develop recommendations on where to deploy this particular LLIN product in countries affected by rising levels of insecticide resistance.

Session 6. Consultation on the feasibility of malaria eradication

The GMP Director informed MPAC about WHO's plans to convene leading malaria experts for a review of the feasibility of malaria eradication. The new global technical strategy sets out a vision of a "world free of malaria", and WHO needs to take an official position on how and

under what timeline malaria eradication could be achieved. WHO would like MPAC to be engaged in a broad technical consultation on the feasibility of eradication, underpinned by a rigorous scientific review, which together will lead to the development of a solid technical document on how the eradication agenda should be taken forward. The document would include a comprehensive research agenda for eradication, and an analysis of options for moving towards that goal.

MPAC agreed to support WHO in this effort and looks forward to receiving a concrete proposal on how the process will be set up. The committee suggested that WHO consider using a scenario-based approach; this would provide a good analytical framework while at the same time helping to make the investment case for malaria in the post-2015 period. It was suggested that WHO should look at how the various 2030 goals and targets impact on each other (for example, the global technical strategy's goal to achieve elimination in 35 countries by 2030, and the East Asia Summit goal to achieve an Asia-Pacific free of malaria by 2030). It was also suggested that this assessment includes an analysis of social, political, economic, environmental and other determinants of epidemiological change.

Session 7. G6PD testing to support safe use of anti-relapse therapy for *P. vivax*

This session dealt with G6PD testing and anti-relapse therapy for *P. vivax* malaria. In 2014, an ERG was convened to review new technologies and devices for testing G6PD deficiency at the point of care. The ERG has now concluded its work, and the Chair provided a comprehensive update to MPAC on the ERG's analysis, together with a series of recommendations for consideration by MPAC. Following extensive discussion, MPAC concluded that the ERG recommendations relating to the treatment of P. vivax malaria were in line with the new WHO malaria treatment guidelines (to be released in April 2015); therefore MPAC should focus its recommendations on the use of point-of-care qualitative tests for G6PD. Those recommendations are currently being finalized and will be included in the final MPAC meeting report in the *Malaria Journal*.

Session 8. Update on the latest RTS,S results and analysis

This session comprised three presentations about the RTS,S vaccine candidate. These covered the latest RTS,S results, considerations about the preparation of a potential WHO policy recommendation, and the cost-effectiveness and potential impact of RTS,S. This session was closed to the public. MPAC will review the potential of RTS,S at its next meeting in September. A final decision on a potential WHO policy recommendation will be made at a joint meeting of MPAC and SAGE in October 2015, if a positive scientific opinion is given by the European Medicines Agency under article 58 by October.

A detailed meeting report will be published in the *Malaria Journal* in about a month.

All previous MPAC meeting reports can be found here:
http://www.who.int/malaria/mpac/meeting_reports/en/

To sign up for news and latest updates from the WHO Global Malaria Programme, please visit this page: http://www.who.int/malaria/news/sign_up_form/en/