

Meeting Report

MEETING FOR STRENGTHENING SURVEILLANCE OF MALARIA CONTROL AND ELIMINATION IN THE WESTERN PACIFIC REGION



21–23 June 2017
Manila, Philippines



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IN THE WESTERN PACIFIC REGION
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WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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MEETING REPORT

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WORLD HEALTH ORGANIZATION
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NOTE

The views expressed in this report are those of the participants of the Meeting for Strengthening Surveillance of Malaria Control and Elimination in the Western Pacific Region and do not necessarily reflect the policies of the World Health Organization.

This report was prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the Meeting for Strengthening Surveillance of Malaria Control and Elimination in the Western Pacific Region, which was held in Manila, Philippines from 21 to 23 June 2017.

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Keywords:

Malaria - epidemiology, prevention and control / Disease vectors / Regional health planning

ABBREVIATIONS

ACT	-	artemisinin-based combination therapy
API	-	annual parasite incidence
CMPE	-	Center of Malariology, Parasitology and Entomology (Lao People's Democratic Republic)
CNM	-	National Center for Parasitology, Entomology and Malaria Control (Cambodia)
DHIS	-	district health information system
GMS	-	Greater Mekong Subregion
HII	-	Health Intelligence and Innovation
IRM	-	insecticide resistance monitoring
LLIN	-	long-lasting insecticidal net
NIMPE	-	National Institute of Malariology, Parasitology and Entomology (Viet Nam)
NMP	-	national malaria programme
PCR	-	polymerase chain reaction
RDT	-	rapid diagnostic test
SDG	-	Sustainable Development Goal

SUMMARY

The *Global Technical Strategy for Malaria 2016–2030* and the *Regional Action Framework for Malaria Control and Elimination in the Western Pacific 2016–2020* emphasize a fundamental shift in strategy to make surveillance a core intervention in malaria control and elimination. Having surveillance as a core intervention will require countries to review and update their tools, procedures, human resources and structures. Establishing elimination-capable surveillance systems, that is a system able to identify and monitor malaria cases and foci for classification and response, countries will be equipped to accelerate towards elimination as well as to prevent secondary transmission and re-introduction.

The Regional Action Framework has identified a core set of indicators and milestones to track progress towards elimination in the Western Pacific. However, most national surveillance systems in the Region are not equipped with the tools to readily detect and notify malaria cases for the purpose of investigation, classification and follow-up. While countries targeting elimination by 2020 – China, Malaysia and the Republic of Korea – have established surveillance systems capable of achieving elimination, other national malaria control programmes are adopting the District Health Information System, a scalable, web-based platform with elimination functional modules.

In order to provide a forum to share information and lessons learnt and reach consensus on a core set of indicators and common platform to accelerate towards elimination, the WHO Western Pacific Regional Office, Malaria other Vectorborne and Parasitic Diseases unit convened this meeting with participants from national malaria programmes of the Ministries of Health, partners, malaria experts and WHO secretariat to strengthen malaria surveillance through technical discussions and consensus-building about national and regional surveillance platforms and a way forward.

The technical sessions on the first day included global and regional updates and highlights from national programmes in burden reduction and elimination settings. The WHO Global Malaria Programme recently launched *Malaria Surveillance, Monitoring and Evaluation: An Operational Manual*, which was presented and followed by a detailed account of Pillar 3 (strengthening surveillance) of the Regional Action Framework. The regional surveillance indicators were introduced and the Regional Office's district health information system version 2 (DHIS2) platform and tools for national data submission to the Regional Office were presented. The delegations from high malaria burden countries, including the Lao People's Democratic Republic, Papua New Guinea and Solomon Islands, presented updates on their malaria surveillance systems and highlighted strengths and challenges to meet regional requirements. The delegations from countries transitioning towards elimination, including Cambodia, the Philippines, Vanuatu and Viet Nam presented updates and challenges of their progress.

The technical sessions on the second day began with presentations surrounding surveillance on the pathway towards elimination followed by the *World Malaria Report 2017*, use of the DHIS2 platform in burden reduction and elimination settings, and surveillance in countries targeting elimination by 2020 including China, Malaysia and the Republic of Korea. The afternoon sessions included a presentation by the University of Oslo group on using the DHIS2 data tracker system to map and follow individual cases and foci and a presentation by the Health Intelligence and Innovation unit of the WHO Regional Office for the Western Pacific about the importance of maintaining organizational units to improve integration of data across technical units.

The third day included technical presentations and discussions starting with definitions of malaria surveillance indicators and terms used during elimination and prevention of re-introduction in countries having eliminated malaria. Drug resistance monitoring and the malaria surveillance database at the global and regional levels were presented and discussed. Consensus-building was done for regional and national elimination-ready surveillance platforms including discussions about data submission tools and regional milestones and timelines for data submission. An interactive session of

the regional DHIS2 platform was held, followed by a discussion about conclusions and recommendations for national malaria control programmes and WHO.

Member States agreed to develop national malaria surveillance guidelines and standard operating procedures based on WHO regional and global surveillance and elimination manuals and frameworks. The surveillance guidelines should be developed in the context of national capacity and include updated national malaria surveillance tools, procedures, people and structures needed to transition towards elimination-capable surveillance. Countries still working towards burden reduction were urged to improve surveillance from the lowest administration levels, focusing on reporting completeness and data quality with accurate parasitological diagnosis and case management. Once established and fully functional, the surveillance system may be improved in a step-by-step manner by integrating elimination requirements as capacity allows and disease burden is reduced; countries targeting elimination must use strengthened surveillance systems for better case and foci identification, investigation, classification and follow-up with active case detection and monitoring of environmental vulnerability and receptivity. All countries were requested to submit data to WHO within three months of the conclusion of the meeting, including monthly subnational data, disaggregated by age and gender for 2015–2017, and to use new indicators for surveillance from 2018.

It was recommended that the WHO Secretariat consider malaria surveillance enhancement as an integrated systems strengthening strategy. As national and regional malaria DHIS2 platforms improve through surveillance strengthening, additional disease surveillance efforts can be integrated in the database, similar to the regional DHIS2 platform housed in the Health Intelligent and Innovation unit of the Regional Office. An additional recommendation to the Secretariat was to mobilize resources to continue the provision of country technical and financial support in implementation of surveillance strengthening activities, such as technical assistance during the development of national surveillance guidelines. The Regional Office should continue regional activities to support countries in strengthening their malaria surveillance, supporting data submission for the regional database and the World Malaria Reports, and facilitating external quality assessment of data quality and completeness. The Regional Office will support and facilitate monthly and annual data submissions at regional and global levels by the national malaria programmes.

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