PDF version

[1] This report is extracted from the 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, Casablanca, Morocco, 18–20 October 2016 (http://applications.emro.who.int/docs/IC_Meet_Rep_2017_EN_19349.pdf?ua=1, accessed 13 June 2017).

The battle to eliminate the scourge of malaria in the Eastern Mediterranean Region (EMR) continues unabated. To date there have been notable successes in this fight, with 14 countries so far having succeeded in eliminating malaria (1). Their main priority now is to prevent re-establishment of local malaria transmission in receptive and vulnerable areas. However, 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 2014 (2). Such examples highlight the need for vigilance, continuous assessment of the eco-epidemiological situation, and readiness for prompt and appropriate interventions.

Thus, a workshop was requested by these malaria-free countries in order to update, harmonize strategies and to plan for more efficient and coordinated participation of malaria-free countries in the global efforts for malaria elimination. The World Health Organization Regional Office for the Eastern Mediterranean (WHO/EMRO), 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 (3).

The objectives of the workshop were to:

review the progress and challenges in sustaining the malaria-free status in EMR countries 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.

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 (4). Countries also adopted the WHO Global technical strategy for malaria 2016–2030 with the final goal of a malaria-free world (5). 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.

Situation in malaria-free countries in WHO Eastern Mediterranean Region

The situation in malaria-free EMR countries was discussed during the workshop. It was noted that in North African countries, imported malarial cases are mainly from sub-Saharan Africa, where the majority of cases are due to Plasmodium falciparum. However, the number of imported cases is increasing, mainly due to recent immigration trends to European countries through North Africa (1,2). In Morocco, cases of imported P. ovale have increased in recent years. 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 (1,2). Malaria cases in Gulf Cooperation Council (GCC) countries were mainly imported from India and Pakistan; the majority of cases due to P. vivax (2). Oman reported only four introduced cases in 2015, while 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 (1,2).

Iraq reported only two imported P. vivax cases in 2014; one P. falciparum and one P. vivax in 2015. In Jordan, the majority of cases were from sub-Saharan Africa and mainly due to P. falciparum (70%). More than 90% of malaria cases in Lebanon were 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 (1,2).

Discussion

Participants were provided with new and updated information on the different aspects of malaria control and elimination, including: the WHO “Malaria microscopy quality assurance manual” (2016) (6) and availability of malaria microscopy standard operating procedures (SOPs); WHO criteria for procurement of quality rapid diagnostic tests;; 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 (1–3).

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 (7).

Recommendations

To Member States

1. Reaffirm previous commitments to prevent re-establishment of indigenous malaria transmission;
2. Develop/update existing national strategies/plans to prevent re-establishment of indigenous malaria transmission;
3. Maintain a core expert group at national level for development of malaria policies and strategies, case management, surveillance and integrated vector management;
4. In collaboration with WHO/EMRO, establish sub-regional networks for malaria-free countries (GCC countries, North African countries (Morocco, Libya, Egypt, Tunisia), and Iraq, Jordan, Lebanon, Palestine and the Syrian Arab Republic) to exchange relevant information for improving intercountry collaboration.

To World Health Organization

1. Support malaria-free countries both inside and outside the Region, in their efforts to develop/update national strategies/plans for prevention of re-establishment of indigenous malaria transmission.
2. Support countries in strengthening their capacities in surveillance, vector control and malaria case management.
3. Assist in establishing an effective and sustainable mechanism for procurement and supply of antimalarial drugs for countries in need.

References

1. World Health Organization. Eliminating malaria. Geneva: World Health Organization; 2016 (http://www.who.int/malaria/publications/atoz/eliminating-malaria.pdf, accessed 13 June 2017).
2. World Health Organization. World malaria report 2015. Geneva: World Health Organization; 2015 (http://www.who.int/malaria/publications/world-malaria-report-2015/wmr2015-profiles.pdf,

accessed 13 June 2017).

3. WHO Regional Office for the Eastern Mediterranean. Regional workshop on updating national strategic plans for the prevention of re-establishment of local malaria transmission in malaria-free countries, Casablanca, Morocco, 18–20 October 2015 (http://applications.emro.who.int/docs/IC_Meet_Rep_2017_EN_19349.pdf?ua=1, accessed 13 June 2017).

4. United Nations. Sustainable development goal 3. New York: United Nations; 2015 (https://sustainabledevelopment.un.org/sdg3, accessed 13 June 2017).

5. World Health Organization. Global technical strategy for malaria 2016–2030. Geneva: World Health Organization; 2016 (http://www.who.int/malaria/areas/global_technical_strategy/en/, accessed 13 June 2017).

6. World Health Organization. Malaria microscopy quality assurance manual – ver. 2. Geneva: World Health Organization; 2016 (http://www.who.int/malaria/publications/atoz/9789241549394/en/, accessed 13 June 2017).

7. World Health Organization. Strategic advisory group on malaria eradication. Geneva: World Health Organization; 2016 (http://www.who.int/malaria/mpac/mpac-mar2016-strategic-advisory-group-presentation.pdf?ua=1, accessed 13 June 2016).

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