



Key points and Q&A

A framework for malaria elimination (2017)

This framework provides guidance on the tools, activities and strategies required to achieve malaria elimination and prevent re-establishment of transmission in countries, regardless of where they lie across the spectrum of transmission intensity. It is intended to inform national malaria elimination strategic plans and should be adapted to local contexts.

Rationale for updated guidance

- The malaria landscape has changed significantly since WHO launched the first field manual for malaria elimination in 2007. Funding has increased, lifesaving tools have been scaled up, burden has decreased, and more countries than ever are pursuing elimination.
- Since 2007, WHO has also issued a number of new policy recommendations, as well as the *Global Technical Strategy for Malaria 2016–2030* (GTS) released in 2015. A key target of the GTS is the elimination of malaria in at least 35 countries by 2030.
- The new 2017 *Framework for malaria elimination* is fully aligned with the GTS, addresses updates to policy and practice and supersedes the 2007 manual.

Key principles

- Malaria elimination is defined as the interruption of local transmission (i.e. reduction to zero incidence of indigenous cases) of a specified malaria parasite species in a defined geographical area.
- All countries should work towards the ultimate goal of malaria elimination, regardless of their malaria burden. Countries should establish tools and systems that will allow them to reduce the disease burden where transmission is high and progress to elimination of malaria as soon as possible.

- Malaria transmission intensity can vary widely across a country. Maps of a country's distribution of malaria should be stratified into discrete areas to allow for better targeting and efficiency of malaria interventions.
- The continuum of malaria transmission introduced in the *Framework for malaria elimination* categorizes malaria transmission intensity as high, moderate, low, or very low. Transmission intensity is usually assessed by either the incidence of cases or the prevalence of infection.
- National malaria programmes should determine the appropriate package of interventions for an area based on the stratification of transmission intensity, as well as a good understanding of the epidemiological, ecological and social features of an area.
- There is no "one size fits all" strategy. Rather, the *Framework for malaria elimination* provides suggested packages of interventions that could be adapted and tailored to specific geographical areas within a country. These choices should be reassessed regularly. Iterative planning with anticipation of transitions and evolving approaches is critical.
- The following is a set of recommended interventions that have been identified for deployment and enhancement over time as malaria transmission intensity is systematically reduced:
 - **Enhancing and optimizing vector control and case management.** It is essential to maintain universal access to malaria prevention, diagnosis and treatment in all areas for at-risk populations, even as transmission is markedly reduced.
 - **Increasing the sensitivity and specificity of surveillance.** All countries should upgrade the surveillance of confirmed malaria cases to a core intervention. This is essential for tracking cases and responding to data received, and is a pivotal component for the interruption of transmission.
 - **Accelerating transmission reduction.** All countries should accelerate efforts towards achieving universal coverage with core interventions for at-risk populations and high-performing surveillance systems able to generate detailed and dynamic information. This may also include deployment of further interventions, including mass drug administration and additional vector control.
 - **Investigating and clearing individual cases.** Once very low intensity of transmission has been achieved, a country must be capable of finding the few remaining infections and any foci of ongoing transmission, investigating them, and clearing them.

What else is new?

- The 2007 framework provided criteria for countries to assess if malaria elimination was a feasible goal; the new document instead outlines the critical requirements needed for all endemic countries to achieve and maintain malaria elimination.

- The classification of transmission foci (i.e. areas of current or previous malaria transmission) has been streamlined to facilitate programme planning. There are now three instead of seven types of foci and an emphasis on adaptable intervention packages for each. The types of foci are active (ongoing transmission), residual non-active (transmission recently interrupted) and cleared (no transmission for more than 3 years).
- Countries are encouraged to establish a national malaria elimination advisory committee that meets regularly to review progress, gaps and trends.

WHO certification of elimination

- WHO certification of malaria elimination requires that local transmission of all human malaria parasites has been interrupted nationwide, resulting in zero incidence of indigenous cases for at least the past 3 consecutive years. The certification process has been streamlined, and is described in the new framework.
- For the first time, the concept of subnational verification of malaria elimination has been introduced and is an option for large countries that have achieved interruption of local transmission in certain parts of the country. Subnational verification can be an important building block for future national certification.
- In addition, a careful national investigation and consultation with WHO will now be required before a country loses its malaria-free certification. The minimum threshold for possible re-establishment of transmission would be the occurrence of three or more indigenous malaria cases of the same parasite species per year in the same foci for 3 consecutive years.

QUESTIONS AND ANSWERS

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1. Why has WHO launched a new framework for malaria elimination?

The malaria landscape has changed significantly since the first framework for malaria elimination was released in 2007. Over the last 10 years, funding has increased, access to core malaria interventions has improved, new tools and strategies have been developed, and the malaria burden has dramatically decreased, putting more countries on the path to elimination. In May 2015, the World Health Assembly adopted a new *Global Technical Strategy for Malaria 2016–2030*, a landmark document that sets ambitious new goals for the malaria community. All of these advances have led to new global guidance and policy recommendations by WHO, which are reflected in the new *WHO Framework for malaria elimination*.

2. What are some of the key changes in the new framework?

The 2007 framework was intended for countries with low to moderate malaria transmission, and provided guidance for countries to assess whether or not malaria elimination was a feasible goal. But this concept of feasibility created a dichotomy that is no longer seen as useful: we think that every country can achieve elimination. While it is true that elimination is a longer-term goal for countries with a high malaria burden, it is still the ultimate end goal. Instead of asking *if* a country can achieve elimination, the new framework outlines the critical requirements needed to achieve and maintain elimination at every level of malaria transmission intensity in every endemic country.

3. The new framework uses a malaria transmission continuum to guide programmatic decision-making. Can you explain how this works?

Malaria transmission can vary widely within a country. To be effective, programmes must select strategies and tools that are appropriate for the malaria situation in a targeted geographic area. The new framework facilitates this planning by identifying recommended programmatic actions along the continuum of malaria transmission, from high transmission to very low.

Areas with high malaria transmission intensity, for example, should focus on scaling up vector control and universal access to diagnosis and treatment, while strengthening surveillance systems as they go. In areas where transmission is very low, elimination activities can be accelerated and additional new methods can be applied. When an area is very close to having zero malaria cases, any cases that do occur should be investigated to clear remaining areas of infection.

4. What else is new?

Our framework is now aligned with the three pillars of the *Global Technical Strategy for Malaria 2016–2030*: ensuring universal access to malaria prevention, diagnosis and treatment; accelerating efforts towards elimination and attainment of malaria-free status; and transforming malaria surveillance into a core intervention. Surveillance in particular plays a key role in the fight against malaria, and this is highlighted throughout the document. Elimination cannot be achieved without quality surveillance systems.

Other updates include an overview of the requirements for achieving and maintaining elimination, such as national surveillance systems, quality data management, and robust human and financial resources.

5. Can you talk a little bit about changes to the process for WHO certification of malaria elimination?

There is a new, streamlined process for WHO certification of malaria elimination, which occurs after a country has had three years without a locally transmitted case of malaria. We've also introduced the concept of subnational elimination, which is particularly relevant for large countries like China, Mexico, and Brazil. The framework offers guidance on setting targets and systems to verify malaria-

The framework offers guidance on setting targets and systems to verify malaria-free areas within a country's borders, which can be an important building block for future national certification. This will help countries document and motivate progress.

6. Who is this framework intended for?

This framework is primarily intended for malaria programme managers to inform the development of national strategic plans for malaria elimination. It's important to mention that this is a framework, not a prescriptive document. The recommended actions and interventions can and should be adapted according to national and sub-national needs.

7. What has changed in the world since the first framework was issued in 2007?

Several countries and regions have eliminated malaria, including Sri Lanka, Maldives, Kyrgyzstan, and the European region. WHO has now recognized an additional 21 countries that are on track to reduce malaria transmission to zero by 2020, and is supporting these countries to reach this target. Even high burden countries have started thinking about elimination. It's a good trend, and helps put us on the right track to achieving global elimination of the disease.

ONLINE RESOURCES

A framework for malaria elimination. Geneva: World Health Organization; 2017

<http://www.who.int/malaria/publications/atoz/9789241511988/en/>

