

Technical Advisory Group on Malaria in the Americas: An Overview



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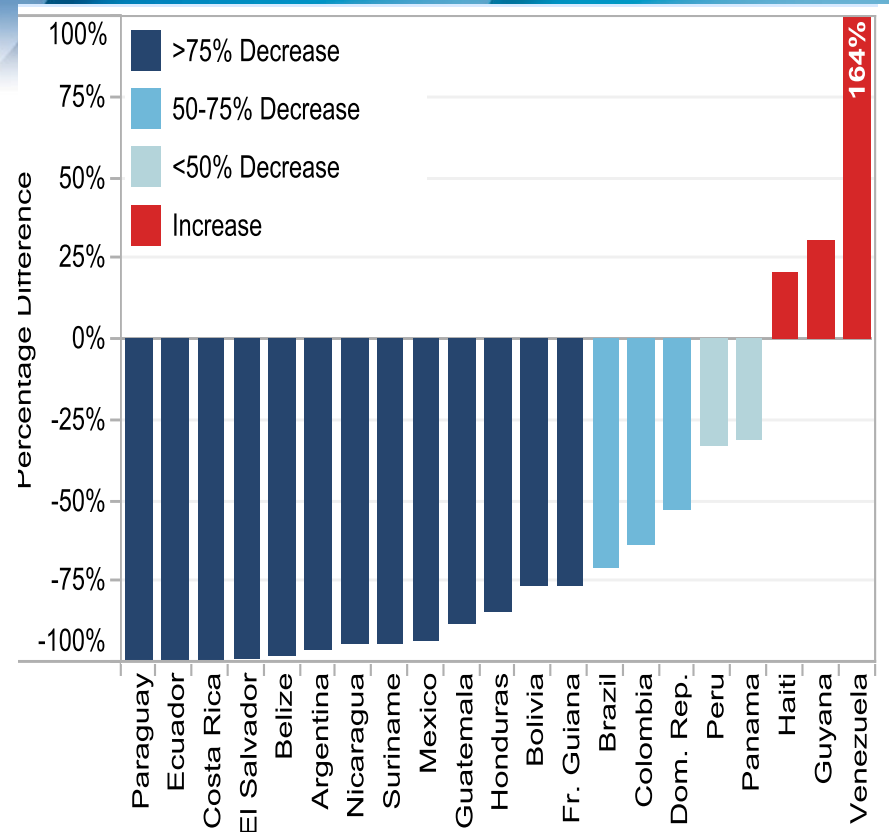


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Background (1)

- 68% reduction in confirmed malaria cases and 78% in malaria deaths between 2000 to 2013, among the 21 malaria endemic countries in the Region
- 13 countries have already achieved the UN MDG for malaria; 5 other countries are reporting significant reductions and are on track in terms of achieving the malaria UN MDG
- By parasite, 74% of cases were due to *P. vivax*; 25% *P. falciparum*; <1% *P. malariae*
- 14 member states in the Region are free of local malaria transmission (need to focus on prevention of re-introduction)
- 7 countries in “pre-elimination”: ARG, BLZ, COR, ECU, ELS, MEX, PAR (WHO, 2014)
- WHO certification process for malaria elimination in Argentina has been requested by the country and will be pursued this year
- 3 countries with increase in cases



om. Rep. - Dominican Republic
r. Guiana - French Guiana



Background (2)

- Best Practices on Malaria in the Region of the Americas
 - 18 malaria programs / efforts (national or community) from 10 countries (BRA, COL, DOR, ECU, GUT, HON, MEX, NIC, PAR, SUR) have been recognized as Malaria Champions of the Americas since 2009
 - **Amazon Malaria Initiative / Red Amazonica de Vigilancia de la Resistencia a los Drogas Antimalaricos (AMI/RAVREDA)** as quintessential example of a network that has been strongly instrumental in bridging gaps on malaria in the Region and various countries since its inception in 2001
- 13 countries with on-going efforts towards malaria elimination
 - ARG, PAR, SUR
 - Elimination of Malaria in Mesoamerica and the Island of Hispaniola (EMMIE): BLZ, COR, DOR, ELS, GUT, HAI, HON, MEX, NIC, PAN
 - Haiti Malaria Elimination Consortium (HaMEC): HAI, DOR
 - Mesoamerican Initiative on Malaria In Vulnerable Populations (planning is on-going): BLZ, COL, DOR, ELS, GUT, HAI, HON, South MEX, PAN



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Current Driving Forces for Malaria in the Americas: PAHO's Regional Malaria Program Mandates, Resolutions, and Supported Initiatives

CD51.R9 (2011):
Strategy and
Plan of Action for
Malaria (2011-
2015)

CD49.9 (2009):
Elimination of
Neglected
Infectious
Diseases and
other Poverty-
related Infections

CD48.13 (2008):
Integrated Vector
Management: A
Comprehensive
Response to
Vector-Borne
Diseases

WHA58.2:
Malaria Control
(50% by 2010
and 75% by
2015)

AMI/RAVREDA

EMMIE* & Global
Fund New Funding
Model

HaMEC**

Mesoamerican
Initiative***

* Elimination of Malaria in Mesoamerica and the Island of Hispaniola (EMMIE)

** Haiti Malaria Elimination Consortium

***Mesoamerican Initiative on Malaria In Vulnerable Populations



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Current & Evolving Mandates for PAHO / AMRO on Malaria Post-2015



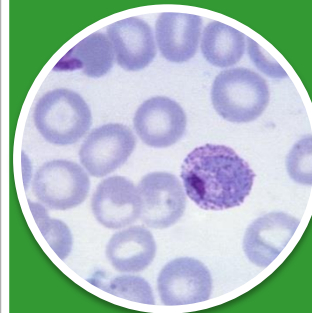
PAHO's
2014-2019
Strategic
Plan



Global
Technical
Strategy
2016-2030



Global
Malaria
Action Plan 2



P. vivax
Strategy



Post-MDG
Agenda?
(Sustainable
Development
Goals)

Next PAHO Strategy and Plan of Action for Malaria, 2016-2020



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Global Malaria Technical Strategy 2016 – 2030

Vision	A world free of malaria		
Goals	Milestones		Targets
	2020	2025	2030
1. Reduce malaria mortality rates globally compared with 2015	≥40%	≥75%	≥90%
2. Reduce malaria case incidence globally compared with 2015	≥40%	≥75%	≥90%
3. Eliminate malaria from countries in which malaria was transmitted in 2015	At least 10 countries	At least 20 countries	At least 35 countries
4. Prevent re-establishment of malaria in all countries that are malaria-free	Re-establishment prevented	Re-establishment prevented	Re-establishment prevented

Technical Advisory Group on Malaria in the Americas: Rationale

- Mechanism to coordinate and provide technical guidance to malaria efforts throughout the Region of the Americas; covering all contexts in the control to elimination continuum (prevention, control, elimination, prevention of re-introduction)
- An enabling committee for PAHO / WHO to execute its core functions (as it applies to malaria) in the Americas:
 - providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
 - shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
 - setting norms and standards and promoting and monitoring their implementation;
 - articulating ethical and evidence-based policy options;
 - providing technical support, catalyzing change, and building sustainable institutional capacity; and
 - monitoring the health situation and assessing health trends.
- Complementary to the WHO Malaria Policy Advisory Committee which provides global technical guidance on malaria; will focus on contextual specificities in the Region of the Americas



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Functions and Roles of the TAG-Malaria (1)

- Principal advisory group to PAHO / AMRO on matters related to malaria in the Region of the Americas
- Provide an independent evaluation on the strategic, scientific and technical aspects of PAHO/AMRO malaria activities, including progress and challenges; and will review and make recommendations on committees, working groups, and networks on priority malaria activities.
- The TAG will also be charged of facilitating the setting of ad hoc working groups to analyze and make recommendations on specific issues (e.g. priorities for malaria research in the Americas; improving epidemiological surveillance and M&E capacities; malaria vector control in the context of elimination and Integrated Vector Management; threat of anti-malarial drug resistance; etc.)



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Functions and Roles of the TAG-Malaria (2)

- The TAG will specifically advise on:
 1. Consolidation, development, and Implementation of the Strategy and Plan of Action for Malaria, 2016-2020 and progress towards achievements of goals;
 2. PAHO's response at Regional level, to current public health priorities with regard to malaria, prevention, control, elimination, and prevention of re-introduction activities;
 3. Promotion of malaria research and innovation according to agreed priorities;
 4. Existing or needed general policies, goals and targets related to malaria, including those related to evolving concerns (e.g. special target populations; outbreaks and emergency situations; etc.)
 5. Identification of obstacles and appropriate corrective / mitigation measures to facilitate on-track implementation and achievement of targets
 6. Identification and coordination of funding / resource mobilization to support implementation of malaria activities in the Region.
 7. Inter-sectoral, cross departmental, cross-network / cross-initiative coordination of activities and linkages with other health interventions;
 8. Malaria advocacy and relations with stakeholders and partners in the fight against malaria;
 9. Promotion and facilitation of integration of malaria interventions at country and sub-regional levels



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Membership (1)

- 7 to 11 members (to be confirmed based on PAHO/WHO guidelines); who shall serve in their personal and voluntary capacity, and provide technical expertise in a broad range of areas of knowledge covering malaria prevention, control, elimination, and prevention of re-introduction
- A nominations panel will be appointed by PAHO/AMRO and will include representatives from organizations with a major interest in malaria in the Region. All Malaria TAG members shall be nominated by the panel against set criteria following a public open call for nominations and thereafter appointed by the PAHO Regional Director (?). The Chairperson will be selected from among appointed Malaria TAG members.
- TAG members shall be recognized individuals with expertise in the fields of malaria policy and program management, case management, epidemiology, public health, entomology/vector borne diseases, infectious diseases, hospital and laboratory management and practices, health-care administration and finances, health economics, drug quality and other related areas of expertise (including legal, economic, and regulatory processes)
- TAG members, including the Chairperson, shall be appointed to serve for an initial term of two sessions (or two years). Such two-session term may only be renewed once; prior to their appointment and/or renewal of term, nominees and current TAG members shall be required to complete a “Declaration of Interest form” and confidentiality agreements



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Membership (2)

- The membership of the TAG shall seek to reflect a balanced representation of:
 - (1) Professional affiliation (i.e. academia, medical and related professions, research institutes, and governmental bodies, including national programs, public health departments and regulatory authorities)
 - (2) Major areas of interest (e.g. malaria prevention, control and elimination, surveillance, laboratory quality control and quality assurance, rational use of antimalarials, epidemiology, research, drug quality, quality of care, case management, vector control, health education, health economics, community participation and others).
 - (3) The five major strategic areas of PAHO's work relating to malaria prevention, control, elimination, and prevention of reintroduction activities: (a) Malaria Prevention, Surveillance, and Early Detection and Containment of Outbreaks, (b) Integrated Vector Management, (c) Malaria Diagnosis and Treatment, (d) Advocacy, Communication, and Partnerships, and Collaboration, (e) Health Systems Strengthening; Strategic Planning, Monitoring and Evaluation; Operations Research; and Country-Level Capacity-Building.



Observers

- Representatives of USAID; the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Bill and Melinda Gates Foundation; relevant UN agencies; AMI/RAVREDA; EMMIE; HaMEC; Mesoamerican Initiative; and others are invited to participate as observers in Malaria TAG meetings and deliberations. Regional staff members of PAHO and designated WHO counterparts will attend as members of the Secretariat. In addition, up to three National Malaria Control Program managers from the Region are invited as resource persons to observe and participate in the meetings.
- PAHO / AMRO may also invite other observers to the Malaria TAG meetings, including representatives from other international partners, non-governmental organizations (NGOs), international professional organizations, technical agencies, and donor organizations. Additional experts and Technical Resource Persons, may also be invited to meetings, as appropriate, to further contribute to specific agenda items.
- Rules on observership is further explained on the Malaria TAG Meetings and operational procedures



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Some Key Dates

- April 2015: Internal (PAHO/WHO) review and clearance of TAG-Malaria Terms of Reference
- April to May 2015: Call for Nominations / Appointment of TAG-Malaria Members
- 2nd Semester 2015: Inaugural Meeting of PAHO/AMRO TAG-Malaria



Thank you.

