

**The Global Malaria Business Plan (GMBP)**  
**Roll Back Malaria Partnership**

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**Second Open Discussion Forum Teleconference**

*March 18<sup>th</sup> 2008, 4.30 PM CET*

The Open Discussion Forums are monthly teleconferences held by the RBM Partnership Secretariat to encourage the dialogue between members of the Partnership around the development of the Global Malaria Business Plan (<http://www.rollbackmalaria.org/gmbp.html>) and let any individual interested share his perspective. This first Forum was intended to provide an introduction to the GMBP. The second Forum presented a framework of country progress.

These minutes are provided to give members of the RBM partnership an overview of the discussion topics at the last Discussion Forum. Please contact us ([gmbpcomments@who.int](mailto:gmbpcomments@who.int)) if you have any questions or amendments regarding these minutes.

**List of participants:**

*Due to the fact that it was a teleconference, we apologize if some names are missing or not captured correctly. If you would like to amend this attendance list, please email [gmbpcomments@who.int](mailto:gmbpcomments@who.int) with your correct contact information and the minutes will be updated.*

- Pr. Awa Coll-Seck, RBM Secretariat
- Julian Fleet, RBM Secretariat
- Dr. James Banda, RBM Secretariat
- Stefan Hoyer, WHO
- Danielle Altares, PATH-MVI
- Sunil Mehra & colleagues, Malaria Consortium
- Dr. Franco Pagnioni, WHO TDR
- Wuleta Bekele, Ministry of Health Ethiopia
- Susan Wood, DFID UK
- *Awaiting confirmation*, Vestergaard Frandsen S.A. Switzerland
- Judith Haider & colleagues, Global Health Strategies
- *Awaiting confirmation*, World Bank
- Wendy Woods, The Boston Consulting Group
- Abigail Moreland, The Boston Consulting Group
- Mathieu Lamiaux, The Boston Consulting Group
- Lori Spivey, The Boston Consulting Group
- Anne-Marie Deans, The Boston Consulting Group
- Philippe Soussan, The Boston Consulting Group

## **INTRODUCTION PRESENTATION:**

Pr. Awa Coll-Seck gave an initial welcome.

Dr. James Banda gave a short presentation on the framework for country progress consisting in 3 major phases: Scale-Up for Impact, Sustained Control and Elimination. Please see the document presented on the RBM GMBP Website for more details (<http://www.rollbackmalaria.org/gmbp.html>).

## **Q&A SESSION:**

This was followed by a question and answer session. For clarity, the questions and corresponding answers have been grouped in these minutes of the meeting. The names of those asking the question have been included where available.

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### **Timeline of the plan**

Q: Do we have a timeline estimate for the time required to go from limited control to elimination? (*Susan Wood, DFID*)

A: It is difficult to predict a timeline for going from control to elimination that is broadly applicable to every country or even sub-regions within countries. We realize that the answer will differ for countries and regions depending on epidemiological factors.

In addition, as concluded by the WHO Elimination consultation in January elimination is not possible today in high transmission countries. Therefore, the timeline will depend on country settings and also on the timeline of the development of new tools, which will enable elimination in high transmission areas.

A: Feasibility of elimination also depends on specific geographic features such as natural barriers – for example islands such as Vanuatu, Comoros Islands and Bioko. (*Stefan Hoyer, WHO*)

Q: What timeline will be used in the plan? (*Sunil Mehra, Malaria Consortium*)

A: We will not set any timeline targets for countries. However, there will be estimations for the timeline used to model costs. To do this we will split countries into categories with different time estimates as detailed below, realizing that this requires some simplification of a complex issue:

- The time for scaling-up for impact will be split into three groups with 2 years, 5 years and 10 years respectively.
- For sustained control the current assumption is that it will take 10-15 years to develop a new tool allowing elimination, plus 5 years for roll-out; therefore we are modeling two scenarios for high-transmission countries: 15 years and 20 years. For countries with low transmission we are also making two assumptions: 5 years or 10 years within sustained control.
- For elimination the minimum time for pre-elimination and elimination is 10 years. We realize this is an extremely optimistic number. Although the elimination stage could go on indefinitely, we would currently have the second group of countries moving through the stage in 20 years, with the underlying assumption that new tools or approaches make elimination possible.

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### **Development of new tools**

Q: You referred to new tools potentially becoming available in 10-15 years. Will the GMBP have a section to drive the development of new tools and encourage R&D? *(Danielle Altares, PATH)*

A: During the development of the plan we are working closely with the main groups and participating in R&D convenings. The plan intends to lay out very clearly, according to what is known today, a recommended research agenda. It will also highlight current gaps and quantify some of the costs that will be needed to accelerate development.

A: Besides new tools R&D also needs to address two other key issues: First, a product profile for rapid parasite detection enabling screening for parasites and gametocytes. Such detection methods with a high sensitivity will be required to identify parasite reservoirs. Second, we need to continue to improve vector control methods further. *(Stefan Hoyer, WHO)*

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### **Tracking of 80% coverage**

Q: How will we track the metric of getting more than 80% coverage? *(Danielle Altares, PATH)*

A: Tracking coverage is an ongoing challenge for the malaria community. The RBM Monitoring and Evaluation Reference Group (MERG) has defined metrics to collect information for coverage. Currently this occurs primarily through household surveys. Yet, additional tracking mechanism and tools may be required. The GMBP will therefore have a monitoring and evaluation section to lay-out what is required to track coverage.

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### **Intervention coverage vs. usage**

Q: There is a big difference between coverage and usage. Furthermore, when the number of malaria cases drops people may stop using their nets. Will these issues be addressed in the GMBP? *( World Bank)*

A: Yes, the issue of coverage vs. usage is very important will be addressed. We see that as one key issues amongst others such as, capacity strengthening to make sustained control possible and the need for monitoring and evaluation.

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### **Measures to reach elimination**

Q: Is there scientific evidence that we can reach elimination with 80% coverage? *(Sunil Mehra, Malaria Consortium)*

A: No, with high coverage we can reduce the burden of malaria morbidity and mortality. We do not believe we can achieve elimination with high intervention coverage. Therefore we would aim that high transmission countries achieve and maintain sustained control until new tools and approaches are available.

A: We will need to think about using new technologies, such as fluorescent microscopy, to achieve elimination. Also we may need to consider being more flexible about the notion of elimination, particularly whether a new term defining regions that are 'malaria-liberated areas' may need to be defined. These areas could span several countries and could receive specific focus to prevent reintroduction. *(Dr. Stefan Hoyer, WHO)*

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### **Elimination from the margins**

Comment: We all want to reduce the malaria burden today, but at the same time identify tools and approaches for elimination. Our aim should be to go from the center outwards, to prevent too many resources being used to chase a few cases at the margins. *(Sunil Mehra, Malaria Consortium)*

A: Elimination should be like the 'Cherry on the cake'. Today we need to ensure that funding is sustained on control measures to reduce the disease burden, before pursuing elimination from the margins. This should be a core message in the business plan. *(Stefan Hoyer, WHO)*

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### **Steps from limited control to elimination**

Q: Can you give more details on what the steps look like from scaling-up for impact to sustained control? *(Dr. Franco Pagnioni, WHO TDR)*

A: Within limited control there is some control with nets and limited access health centers. To achieve SUFI one approach would consist in distributing nets for full population coverage and ensure a constant supply through routine programs such as EPI and ANC, ensuring a systematic plan exists making the logistics possible for ACT distribution and mapping villages which do not have access to health systems and build up community based diagnostics, including potentially treatment. So by the end of SUFI everyone will have access to ACTs, diagnostics and at least nets. Sustained control is about maintaining coverage with nets, ACTs and delivery to remote villages. Elimination would mean a screening of the population to get rid of last of asymptomatic countries and then targeting the foci to eliminate all parasites. The steps could be relatively standardized to provide a clear framework. Countries can then make adaptations within this framework. *(Stefan Hoyer, WHO)*

A: I agree on the steps. But we need to realize that there is a need for capacity building and research into delivery strategies for e.g. nets and ACTs. This should be addressed in the plan and I would like to see it reflected in the framework. *(Sunil Mehra, Malaria Consortium)*

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### **Consultative process of GMBP development**

Comment: Before closing I would like to inform you about the broad consultation process that is occurring for the development of the plan. We have been participating in convenings such as the R&D meetings mentioned above. Prof. Coll-Seck has also reached out to ministers in endemic countries to invite the engagement of ministers as focal points. Furthermore, there have been in depth consultations with RBM working groups. Finally, we also thank you your important feedback provided in forums such as this one. *(Julian Fleet, RBM Secretariat)*

### **Next steps:**

*The next Discussion Forum teleconference will be held in late April. A reminder will be sent through the RBM Alert.*

*If you have any comments, suggestions or documents to share, please contact the GMBP Core Team at [gmbpcomments@who.int](mailto:gmbpcomments@who.int)*

*Thank you for your participation.*