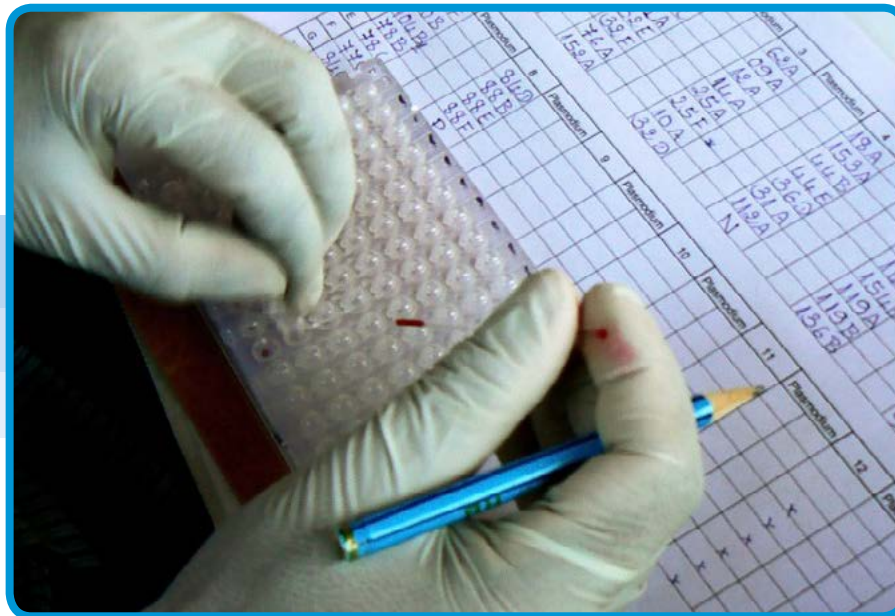


Meeting Report

ERAR Dissemination Meeting to Share Findings of The Assessment of Malaria Surveillance Systems in Greater Mekong Subregion Countries



13 November 2015
Siem Reap, Cambodia



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WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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MEETING REPORT

ERRAR DISSEMINATION MEETING TO SHARE FINDINGS OF THE
ASSESSMENT OF MALARIA SURVEILLANCE SYSTEMS IN GREATER
MEKONG SUBREGION COUNTRIES

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Siem Reap, Cambodia
13 November 2015

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NOTE

The views expressed in this report are those of the participants of the ERAR Dissemination Meeting to Share Findings of the Assessment of Malaria Surveillance Systems in Greater Mekong Subregion Countries and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the ERAR Dissemination Meeting to Share Findings of the Assessment of Malaria Surveillance Systems in Greater Mekong Subregion Countries in Siem Reap, Cambodia, 13 November 2015.

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Keywords: Artemisinins / Antimalarials / Malaria - epidemiology / Mekong valley

ABBREVIATIONS

ERAR	Emergency Response to Artemisinin Resistance
MMP	mobile and migrant population
SME	surveillance, monitoring and evaluation
TWG	technical working group
WHO	World Health Organization

SUMMARY

The Emergency Response to Artemisinin Resistance (ERAR) in the Greater Mekong Subregion aims to make information available region-wide to transform and strengthen systems of malaria surveillance into a core intervention, as advocated by WHO *Strategy for Malaria Elimination in the Greater Mekong Subregion 2015–2030*. A one-day consultation was organized to share and discuss the surveillance, monitoring and assessment (SME) assessment findings and agree on the way forward to strengthen SME system for malaria elimination in the Greater Mekong Subregion.

Representatives of the six national malaria programmes, development and technical partners and stakeholders reviewed progress on ERAR-SME implementation, the results and recommendations of the SME system assessment, provided inputs and identified way forward.

SME implementation includes completed analysis of the SME system in six Greater Mekong Subregion countries, with recommendations to guide SME systems strengthening at regional and country levels; increasing momentum in coordination of technical support provided to countries by WHO and SME partners through the Greater Mekong Subregion-SME Technical Working Group (TWG); scaling up of the web-based regional malaria database and information sharing platform; and a challenging but gradual improvement in data generation and information sharing across the Region.

A five-day training on SME strengthening was organized in August 2015 as part of the Greater Mekong Subregion Malaria Elimination Course. The regional strategic framework to monitor and evaluate progress has been updated to reflect the malaria elimination agenda. An indicator framework is being developed in line with WHO Global Malaria Programme guidance. Inputs are being sought from stakeholders to finalize the framework.

The SME assessment findings and recommendations showed: paucity of policy and strategic guidance on malaria surveillance; ill-defined elimination indicators in many countries and not harmonized across the Region; weak capacity for surveillance and response with minimal coordination at country and regional levels; diverse at risk stratification criteria and methods; some countries provide treatment with confirmatory diagnosis; diverse sources of data including a community based system that is not well integrated; limited private sector engagement despite reported best practices; capacity for a quality web-based database is weak at all levels; case-based surveillance is being introduced with limited or no malaria response mechanisms in many countries.

Many of the above findings were reiterated during group discussions. The World Café discussion identified cross-cutting issues in four areas that require regional actions to strengthen the surveillance system: 1) case detection, investigation and response; 2) data management, analysis and information sharing; 3) cross border surveillance and collaboration; and 4) capacity-building and resources to strengthen SME system.

As a side event, the ERAR/Greater Mekong Subregion Malaria elimination Hub convened the meeting of the ERAR SME TWG to review progress since last meeting and to agree on next course of action based on outcomes of the SME dissemination meeting. The group commended the rigorous effort behind the assessment and endorsed all the recommendations. The group urged WHO, in collaboration with national programmes and key partners, to update and share proposed indicators; mobilize resources to upgrade the regional data sharing platform; and publish the SME assessment report with inputs from countries. The group requested that the ERAR-SME Partners' Profile be updated and printed before the next meeting.

1. INTRODUCTION

1.1 Meeting organization

As part of the efforts to strengthen malaria surveillance, monitoring and evaluation systems and enhance accountability in the Greater Mekong Subregion, it was agreed to convene a back-to-back South-East Asia and Western Pacific Bi-regional Meeting of Malaria Drug Resistance Monitoring Networks on 10–12 November 2015 and ERAR Dissemination Meeting to Share Findings of the Assessment of Malaria Surveillance Systems in Greater Mekong Subregion Countries on 13 November 2015 in Siem Reap, Cambodia. The meeting agenda is available at Annex 1. The list of participants is available at Annex 2.

The six Greater Mekong Subregion country malaria programmes were represented by the malaria programme managers and the focal person for surveillance, monitoring and evaluation (SME). They were joined by development and technical partners and stakeholders. Prior to the meeting, WHO malaria focal points had supported country programmes to review the country SME assessment reports and prepare country perspectives on SME system strengthening.

Through technical presentations, country and World Café group work, and discussions in plenary, the meeting reviewed progress on ERAR-SME implementation; discussed the results and recommendations of the SME system assessment, provided inputs; and identified ways forward.

1.2 Meeting objectives

The objectives of the meeting were:

- 1) to discuss the SME assessment findings and identify strengths and weaknesses at national and subregional levels;
- 2) to identify national and subregion-specific priority actions to strengthen surveillance for malaria elimination in the Greater Mekong Subregion; and
- 3) to share update on the framework for SME for elimination of malaria in the Greater Mekong Subregion

2. PROCEEDINGS

2.1 Opening session

The representative of the Director of Cambodia National Malaria Center, Dr Tol Bunkea recalled the commitment of leadership in Greater Mekong Subregion countries to eliminate malaria by 2030. He emphasized the need for strong SME systems to track progress and periodically evaluate results, individually as country programmes and collectively as a region. "We need to be accountable to encourage our development partners", he urged. The Greater Mekong Subregion-ERAR Coordinator expressed WHO's appreciation to country programmes for collaboration on the comprehensive SME assessment and urged Member States to own and implement the recommendations of the meeting. The meeting was chaired by Cambodia and co-chaired by Viet Nam.

2.2 Update on SME-Greater Mekong Subregion Implementation including the framework to monitor and evaluate progress towards malaria elimination in the Greater Mekong Subregion

The update reflected on the objectives and deliverables of the SME thematic areas. These include: to review/assess malaria SME system capacities in Greater Mekong Subregion countries; to provide coordinated technical support to countries and partners to strengthen SME system; to establish a regional malaria database; and to generate and share relevant information with countries and partners.

The progress report showed:

- completed analysis of the SME system in six Greater Mekong Subregion countries, with recommendations to guide SME systems strengthening at regional and country levels;
- increasing momentum in coordination of technical support provided to countries by WHO and several SME partners through the Greater Mekong Subregion-SME Technical Working Group (TWG);
- scaling up the web-based regional malaria database and information sharing platform using a more secure, open source software that is easy to link with country and partner databases; and
- a challenging but gradual improvement in data generation and information sharing across the Region.

Plenary discussion focused on the need for capacity-building for timely sharing of quality data across Greater Mekong Subregion countries especially along border provinces. The support should be clearly stated and resources mobilized appropriately. Such data should integrate information from community levels and other sectors including the private sector. The regional strategic framework to monitor and evaluate progress has been updated to reflect the malaria elimination agenda. An indicator framework is being developed in line with guidance from WHO Global Malaria Programme. Inputs are being sought from relevant stakeholders to finalize the framework.

2.3 Assessment of Malaria System of Surveillance, Monitoring & Evaluation in the Greater Mekong Sub-region—Results and Recommendations

The assessment approaches included:

- rapid desktop analysis in selected countries (May 2014);
- detailed review in the field of the malaria SME system in all six Greater Mekong Subregion countries (October 2014 and February 2015);
- data analysis and validation; and
- reporting.

The objectives were:

- to review strengths and weaknesses at national and subregional level, as well as opportunities and threats in malaria surveillance systems;
- to identify key issues and constraints that are common across countries as well as highlight gaps and examples of good practice and innovation; and
- to identify priority actions to guide future efforts to strengthen malaria surveillance across the Greater Mekong Subregion.

SME thematic focus areas were: malaria programme context, organizational structure and human resources, stratification and targeting, passive case detection and reporting, private sector engagement, data management and analysis, case notification and focus investigation, and response mechanism. Diagnosis of malaria and operational research would require further in depth review at a later date.

The key findings of the SME system assessment showed the following major areas weaknesses in the malaria surveillance system:

- Limited country-specific policy and strategic guidance on malaria surveillance;
- Malaria elimination indicators are yet to be articulated, while others are not well-harmonized across countries to enhance cross-border collaboration;
- Weak capacity for surveillance and response with minimal coordination at country and regional levels;
- Diverse at risk stratification criteria and methods in countries necessitating standardization across the region;
- Some countries provide treatment without confirmatory diagnosis;

- Diverse sources of data including community based system, not adequately integrated;
- Limited private sector engagement despite reported best practices;
- Capacity for quality IT based data management (including web-based electronic database) is weak at all levels; and
- Case-based surveillance is being introduced with limited or no malaria response mechanisms in many countries and across the region;

In the plenary discussion, participants agreed on the enormity of the challenges confronting surveillance system at all levels. The lack of adequate resources was identified as a root cause. This was followed by a passionate plea for flexibility on the use of available resources to address felt needs of programmes. The usefulness of the results in advocating policy and strategic changes is evident and follow-up on the recommendations will be crucial to achieving set milestones. Country programmes and stakeholders may take another look at the country-specific issues and update the country-specific reports.

2.4 Country group work

Findings from the assessment were reviewed and validated through group-work discussions. The strengths and weaknesses at national and subregional levels as well as national and subregional specific priority actions to strengthen surveillance for malaria elimination in the Greater Mekong Subregion were identified. Feedback by country was presented in plenary and inputs provided by participants.

2.5 Group work on Regional Approaches (World Café method)

The World Café methodology was used to identify cross-cutting issues that require regional actions to strengthen surveillance system towards malaria elimination, specifically: (1) case detection, investigation and response; (2) data management, analysis and information sharing; (3) cross border surveillance and collaboration; and (4) capacity-building and resources to strengthen SME system. Mechanisms to address the issues and stakeholders that would support the mechanisms were also discussed. Feedback by country was presented in plenary and inputs provided by participants. (See Annex 3. Feedback from group work session on thematic areas requiring regional actions)

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The meeting objectives were achieved and participants agreed as follows:

- The results of the SME system assessment were validated by Greater Mekong Subregion countries with consensus on all recommendations. Major areas of weakness requiring urgent action included:
 - limited country-specific policy and strategic guidance on malaria surveillance;
 - ill-defined malaria elimination indicators and a need to harmonize in relevant areas to enhance cross-border collaboration;
 - weak capacity for surveillance and response with minimal coordination at country and regional levels;
 - diverse at-risk stratification criteria and methods in countries requiring standardization across the subregion;
 - some countries provide treatment with confirmatory diagnosis;
 - diverse sources of data including community-based systems are not well integrated;
 - limited private sector engagement despite reported best practices;
 - capacity for quality information technology based data management (web-based database) is weak at all levels; and

- case-based surveillance is being introduced with limited or no malaria response mechanisms in many countries and across the subregion.
- The following recommendations were accepted in the immediate to short term:
 - development of a regional framework on SME, guidance on at risk stratification and case-based surveillance and response, curriculum and standard operating procedures on specific areas to intensify malaria surveillance;
 - human resources planning and strengthening with clear job descriptions;
 - quality data management strengthening: indicator definition and harmonization, training and re-training for analysis and use, supervision and feedback, web-based database with information technology infrastructural development, integration of data sources, private sector involvement, etc.; and
 - resource mobilization for SME system strengthening at country and regional levels.
- Country programmes have commenced the use of SME results to inform SME interventions in the updated national malaria strategies and related SME plans. Country SME assessment reports should be updated now and periodically. The assessment process should be ongoing.
- All Greater Mekong Subregion country programmes should embark on SME system strengthening with a comprehensive, costed and funded SME plan using the results of the SME assessments and recommendations.
- Considering the similarities in malaria situation in the Greater Mekong Subregion, cross-cutting issues for regional actions to strengthen surveillance include: case detection, investigation and response; data management, analysis and information sharing; cross border surveillance and collaboration; and capacity-building and resources to strengthen SME system.
- The August 2014 consultations agreed on the need for data sharing, however, there has been limited progress in malaria data sharing across countries in the Subregion. There is also a growing demand for data sharing across international borders to facilitate implementation of appropriate joint border malaria interventions.
- Some countries in the subregion are still counting and treating suspected malaria cases which could result in unrealistic estimate of malaria burden and worsen the multidrug resistance situation.
- Operational research can provide answers to pending programmatic issues and challenges relating to SME strengthening such as: inter-sectoral engagement, accessing mobile and migrant populations (MMPs) and people in hard-to-reach areas and documenting outcomes; and incentives to malaria workers. Multiple approaches in collaboration with nongovernmental organizations, academia and research institutions are required.

3.2 Recommendations

3.2.1 Recommendations for Member States

- 1) Greater Mekong Subregion countries are encouraged to take another look at the assessment results and update the country specific information and share with the Hub their inputs and comments (by 30 November 2015).
- 2) Country-specific reports should be disseminated at national and sub-national levels with support from WHO and partners (February 2016).
- 3) All Greater Mekong Subregion country programmes should embark on SME system strengthening and develop/update a comprehensive, costed and funded SME plan using the results of the SME assessments and country specific recommendations (immediately).

- 4) All Greater Mekong Subregion countries should update and implement, with support of partners and stakeholders, the joint plans developed during consultations on MMPs in 2014 in Myanmar and Viet Nam in order to foster cross-border collaborations (immediately).
- 5) Countries are requested to foster cross-border collaborations based on joint plans developed during consultations on MMPs in 2014 in Myanmar and Viet Nam.

3.2.2 Recommendations for WHO

- 1) The ERAR/Greater Mekong Subregion Malaria elimination Hub is requested to share PowerPoint presentations of the regional summary of the results while countries are expected to provide feedback within two weeks of receipt of the presentations. WHO Hub will finalize the SME assessment report with highlighted country-specific issues and additional recommendations (31 December 2015).
- 2) WHO is requested to submit Regional Data Sharing Platform (RSDP) proposal to the RSC for funding before the next RSC meeting (18 November 2015).
- 3) The ERAR/Greater Mekong Subregion Malaria elimination Hub is requested to accelerate the process of scaling up the regional database and data sharing platform for easy access of countries and partners to malaria data across international borders (February 2016).
- 4) WHO, at country and Greater Mekong Subregion levels, is requested to facilitate the development/updating of a comprehensive and costed country SME strengthening plan with concrete interventions based on national strategy and SME assessment recommendations (February 2016).
- 5) The ERAR/Greater Mekong Subregion Malaria elimination Hub, in collaboration with Greater Mekong Subregion countries, is requested to continue to support the functioning of the Greater Mekong Subregion-SME technical working group in articulating and implementing identified mechanisms that require regional actions.
- 6) WHO is requested in collaboration with country programmes and stakeholders to strengthen quality assured confirmatory diagnosis of malaria in all affected countries.

SME-TWG side-meeting (A separate note for record of the meeting is available. Please email to fatunmbib@who.int for a copy):

The working group commended the rigorous effort behind and endorsed all the recommendations of the GMS-SME Assessment urging WHO, in collaboration with national programmes and key partners, to update and share proposed indicators (indicator harmonization); mobilize resources to upgrade the regional data sharing platform; and publish the SME assessment report with inputs from countries. The group requested that the ERAR-SME Partners' Profile be updated and printed before the next meeting.

ANNEXES

Annex 1. Meeting agenda

DAY 1 (Friday, 13 November 2015)

08:00–08:30	Registration	Meeting Secretariat
08:30–08:45	Welcome address	Walter Kazadi, ERAR Coordinator
08:45–09:00	Key note address	Dr Tol Bunkea, MOH/CNM
09:00–09:30	Self-introduction and nomination of Chairing Committee	All participants
<i>09:30–10:00</i>	<i>Group photo and Coffee break</i>	<i>Secretariat</i>
10:00–10:10	Objectives of the workshop	Bayo Fatunmbi, ERAR M&E
10:10–10:30	Update on SME-Greater Mekong Subregion Implementation	Bayo Fatunmbi, ERAR M&E
10:30–11:20	Assessment of Malaria System of Surveillance, Monitoring & Evaluation in the Greater Mekong Sub-region– Results and Recommendations (30 minutes presentation, 20 minutes discussion in plenary)	Arantxa Roca, Malaria Consortium
11:20 - 11:30	Introduction to Country group work (10minutes)	Steve Mellor, Consultant
11:30 - 13:00	Country group work (1 hour 30 minutes)	All participants
<i>13:00–14:00</i>	<i>Lunch</i>	<i>All</i>
14:00 - 15:00	Feedback from country group work session and discussions–CAM, CHN, LAO, MMR, THA, and VTN	Countries
15:00–15:15	Introduction to Greater Mekong Subregion group work (World Café system)	Jonathan Cox, LSTMH
15:15–16:15	Greater Mekong Subregion Group work 2 (60 minutes)	Group Rapporteurs
<i>16:15–16:45</i>	<i>Coffee break</i>	<i>All</i>
16:45–17:30	Feedback from Greater Mekong Subregion group work session and discussions	Group Facilitators
17:30 –17:45	Wrap up / Closing	Walter Kazadi, ERAR Coordinator
17:45	Meeting adjourns	Chair
<i>17:45–18:45</i>	<i>SME TWG Meeting</i>	<i>TWG Members only / Secretariat</i>
19:00	Welcome reception	ERAR Regional Hub

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Annex 3. Feedback from group work session on thematic areas requiring regional actions

(Cross cutting issues/priorities, regional mechanisms and stakeholders were identified for leveraging regional support towards strengthening SME for malaria elimination in the Greater Mekong Subregion)

S/No.	Thematic Area	Key issues identified	Regional mechanisms	Stakeholders
1	Case detection, investigation and response	<ol style="list-style-type: none"> 1. Need to demonstrate good/bad practice and share information; 2. Evaluate appropriateness of interventions/strategies (e.g. mHealth + tools); 3. regional blueprint/framework for transitioning from control to elimination 	<ol style="list-style-type: none"> a) Meetings to share experiences; b) Evaluation reports (repository of published and unpublished experiences/case studies); c) Repository of tools, forms and instruments; d) reference labs/centres; e) Regional microscopy QA/QC and case management standards and support; f) Regional resource for advanced technology (e.g. genotyping); g) Regional (virtual) TA team. 	<p>WHO</p> <p>Partners, alternative platforms for more rapid sharing</p>
2	Data management, analysis and information sharing	<ol style="list-style-type: none"> 1. Local to local information sharing down to case level as move closer to elimination; 2. Capturing information and data on MMPs need national to national collaboration; 3. Defining, type, level and form of data to be shared; 4. Repository of scheduled events, meetings, trainings etc; 5. Repository of apps, experiences, contacts; 6. QA of data management, SOPs, training; 7. Regional support to national training 	<ol style="list-style-type: none"> a) Cross border meetings (local to local administrations); b). Regional body (WHO) to facilitate communications between authorities, negotiate agreements, possibly as part of all communicable diseases reporting, engage states and ethnic minority groups; c) Exploring mHealth and ehealth platforms 	<p>MBDS,</p> <p>WHO data sharing</p>

3	Cross border surveillance. And collaboration	<p>1) Data and information sharing;</p> <p>2) Harmonization of indicators, data sets and reporting tools/documents;</p> <p>3) Building capacity for response (outbreak investigation, case follow up, etc.);</p> <p>4) Mapping and Coordination between/Engagement from all concerned stakeholders</p>	<p>a) Scaling up existing best practices (e.g. MBDS network);</p> <p>b) formalizing / facilitating data sharing through MOUs, tec.;</p> <p>c) Coordination and harmonization efforts (indicators definition, indicators for capacity building, etc.);</p> <p>d) Regional data sharing platform but only if: (i) up to date, timely and accessible; (ii) data directly useful and relevant to users;</p> <p>e) Comprehensive repository of knowledge, including benefits through informal channels</p>	<p>WHO IOM?</p> <p>Locally based organizations;</p> <p>Partners with presence at different administrative levels</p>
4	Capacity-building and resources to strengthen SME systems	<p>1) Lack of capacity on surveillance and response (data analysis, case-based reporting, epidemic forecasting, case and foci investigation and response, real time reporting, rapid response);</p> <p>2) Lack of clear TOR or Job description or category of staff needed at the different levels for SME;</p> <p>3) Non integration of malaria data sets from different providers;</p> <p>4) Surveillance in high risk areas (along country borders);</p> <p>5) Transition to DHIS2 with inadequate HR;</p> <p>6) Harmonization of indicators and mapping in DHIS2 across the region;</p> <p>7) Harmonization of datasets between the public and private sectors; and</p> <p>8) Quality assurance across countries SME systems.</p>	<p>a) Training and mentoring/follow-up evaluation-ensure transfer of technology/learning and on the job application;</p> <p>b) Technical Assistance–provide pool of technical expertise;</p> <p>c) Development of generic training curriculum that can be tailor fit to the specific country needs (TOT);</p> <p>d) Adaptation of the operational manual on Malaria Elimination to regional context (standardize definition, Reporting format);</p> <p>e) Information sharing platform provided by WHO, i.e. meetings, workshop;</p> <p>f) Sharing of country experiences-by study tours (visit countries);</p> <p>g) Regional funding mechanisms; and</p> <p>h) Regional training team for DHIS2 roll out.</p>	<p>WHO–coordination;</p> <p>Development Partners;</p> <p>Academic and research institutions;</p> <p>Intercountry cooperation and networks</p>

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