

WHO Malaria Policy Advisory Group (MPAG) meeting

DECEMBER 2020

MEETING REPORT

SUMMARY

On 3–4 December 2020, the World Health Organization (WHO) Malaria Policy Advisory Group (MPAG) convened virtually to review updates and progress, and to provide guidance on thematic areas of work by the Global Malaria Programme (GMP).

The virtual meeting focused on five topics in five sessions: 1) an update on the Malaria surveillance assessment toolkit; 2) an update on the “High burden to high impact (HBHI)” approach, including a partner perspective from the RBM Partnership to End Malaria, use of strategic information to drive impact, and country support; 3) an update on the *Global technical strategy for malaria 2016–2030* (GTS); 4) an update on the consolidated WHO Guidelines for malaria; and 5) an update on the Malaria Vaccine Implementation Programme (MVIP).

The key conclusions of MPAG to GMP included:

- **Malaria surveillance assessment toolkit:** MPAG highlighted that the section on working with partners to support countries should be expanded to provide more detail on the practicalities of training that will be provided to countries or WHO country offices. Building capacity for countries to implement the toolkit is an issue that needs to be addressed in a systematic way.
- **HBHI:** MPAG commended what has been achieved through the HBHI approach, particularly in the context of the COVID-19 pandemic and response. Training should aim to increase the sub-national capacity for evidence-driven decision-making and translating those decisions into actions. The Group recommended that an analysis of successes and failures be undertaken in order to better understand what is achievable

in the next few years. The Group also highlighted that other countries outside of the initial HBHI group may want to follow this approach.

- **GTS for malaria:** MPAG noted the achievements of many countries in reducing cases below 10 000 with several achieving zero cases, yet recognized the continued challenges to achieving the GTS goals in all high burden countries. MPAG noted the importance of communicating the additive approaches of HBHI and how to focus efforts depending on local conditions. Achieving the goals for 2030 and beyond is heavily dependent on leadership at the national level, the effective implementation of existing and new tools and on obtaining sufficient funding. In discussion, members agreed with the Director's recommendation to retain the current milestones for 2025 and goals for 2030.
- **WHO Guidelines for malaria:** MPAG noted the considerable progress that has been made since the last update in May and congratulated GMP, the specific GDGs and the various groups involved in the guideline development process. MPAG members agreed with the need for a paradigm shift in the mindset of implementers to enable them to adapt the WHO recommendations appropriately, considering local contexts.
- **MVIP:** MPAG congratulated the extensive WHO team at headquarters, at the Regional Office for Africa and in the country offices, together with the governments implementing MVIP on the progress and coverage levels achieved, even in the challenging context of COVID-19. MPAG endorsed the MVIP recommendation pathway as presented, but highlighted that WHO may need to be prepared to defend the six-month timeframe compared to the rapid reviews and approval for the COVID-19 vaccines. While that timeframe seemed ambitious at the outset, or even a year ago, in the current environment, it may open WHO and the malaria community up to criticisms about undue delay.
- **High-level MPAG recommendation:** MPAG noted that the issue of limited capacity in malaria-endemic countries runs through all of the meeting sessions, and addressing this issue is critical to reaching the targets of the GTS. The Group asked that GMP develop a comprehensive approach to building capacity, drawing on other partners, and prepare a dedicated session at an upcoming MPAG meeting so that it can be considered.

BACKGROUND

The World Health Organization (WHO) Global Malaria Programme (GMP) convened the Malaria Policy Advisory Group (MPAG) for its 18th meeting via a virtual platform on 3–4 December 2020. MPAG generally convenes twice annually to provide independent strategic advice to WHO on policy recommendations for malaria control and elimination. The Terms of Reference for the Group have been updated to align with WHO standards for Advisory Bodies, and the name of the Malaria Policy Advisory Committee (MPAC) has been changed to the Malaria Policy Advisory Group (MPAG). The updated Terms are posted on the WHO MPAG website. Over the course of the two-day meeting, 14 MPAG members, national malaria control programme (NMCP) managers, the WHO Secretariat, and over 120 observers discussed updates and progress in the work areas presented. The Group discussed conclusions and recommendations to GMP in the final closed sessions of each day.

The meeting participants were reminded of the procedures governing WHO's assessment of MPAG members' declarations of interest. All 14 MPAG members attending the meeting submitted their declarations of interest, which were assessed by the WHO Secretariat. Ten members reported conflicts of interest, but none were relevant to the topics for decision on the agenda. A due diligence search was undertaken and found nothing significant that had not already been declared by the MPAG members.

UPDATES FROM THE GLOBAL MALARIA PROGRAMME

The GMP Director provided a comprehensive review of the state of malaria worldwide and highlighted the tremendous progress over the past 20 years, with gains in morbidity and mortality plateauing in the last five years. The 2020 milestones for reductions in malaria morbidity and mortality will not be met, and, if targets for 2030 are to be achieved, full implementation of known strategies coupled with innovative approaches for using resources and technology will be required.

While there has been impressive scale-up of interventions, there is room for improvement in strategies to achieve the GTS goals. Despite research from up to 20 years ago demonstrating the benefit of insecticide-treated bednets, prevention of malaria in pregnancy and the value of seasonal malaria chemoprevention, these interventions have yet to reach high coverage. The impact of increased resources has led to major gains in the Greater Mekong subregion, and 21 countries have eliminated malaria since 2000. Recent implementation of tailored plans for the "High burden to high impact" (HBHI) approach has already shown benefits in sub-Saharan Africa where most global malaria deaths occur. Despite rising population numbers, the absolute number of cases and deaths has not increased. Some countries are demonstrating leadership in adopting strategies of "health in all policies", developing multisectoral approaches and building bridges to work with the private sector; others are showing the benefits of improved surveillance and data management. It is clear that greater effort is required to support health systems in order for all patients to receive appropriate diagnosis and treatment for febrile illness.

Continuing essential malaria services while responding to the challenge of COVID-19 has been difficult, but early recognition of the potential for COVID-19 to interrupt essential malaria services and prevention campaigns led to a swift response by WHO and partners to communicate the danger that such interruptions posed to malaria control. Leadership in ensuring safety of patients and all health service staff has been critical in working with and maintaining the trust of communities, and in using the best available scientific evidence to plan policies. Despite best efforts, it is likely that, in some places, disruption of access to diagnosis and treatment has contributed to additional deaths.

The Director referred briefly to other initiatives of GMP consistent with WHO policy, including guidelines for introducing and disseminating formal policy recommendations, and preferred product characteristics for drugs or vector control. He introduced the MAGICapp – an online web-based platform for consolidating the WHO Guidelines for malaria.

SUMMARY OF THE MPAG SESSIONS

Update on the malaria surveillance assessment toolkit

Background: *The Global technical strategy for malaria 2016–2030 (GTS)*, published by WHO in 2015, emphasizes surveillance as a core intervention for accelerating progress towards malaria elimination across endemic settings. *Malaria surveillance, monitoring & evaluation: a reference manual*, published by WHO in 2018, provides guidance on the principles and requirements for a strong malaria surveillance system. However, there is still a lack of coordination and standardization of tools for monitoring the quality of malaria surveillance and understanding its strengths and weaknesses.

A malaria surveillance assessment toolkit was developed as a systematic approach for measuring the performance of malaria surveillance systems (i.e., their quality), and identifying and evaluating the determinants of that performance. Malaria surveillance assessment results can be used to provide actionable and prioritized recommendations on how to strengthen the surveillance system for malaria control and elimination. Tools required by NMCPs will depend on scope of the assessment and the point of the country along the continuum from control to elimination. Therefore, indicators are a library from which countries should choose which are relevant to their context. A malaria surveillance assessment can be undertaken at any time. However, to ensure that its findings can inform future activities, it is recommended that an assessment is implemented as part of key NMCP planning milestones, such as during malaria programme reviews (MPRs) and national strategic plan (NSP) development.

To date, malaria surveillance assessments have been implemented in multiple countries, using a variety of tools. The shared goal of these assessments has been to enable NMCPs to improve their performance towards achieving control and elimination goals. However, past approaches and tools have not been standardized across assessments, making it difficult to compare results between countries, between regions within a country, or over time in any select geographical region. To address this issue, WHO developed a standardized malaria surveillance assessment toolkit to align and adapt available tools into a single set of best practices, and to provide guidance for conducting comparable and replicable malaria surveillance assessments across multiple countries and partners. The toolkit consists of multiple tools, including question banks, an implementation protocol template, and a final report template. These tools can be used throughout the implementation of an assessment – from initiation of the project, to data collection, analysis and output generation, and prioritization and dissemination of results.

To facilitate comparability between assessments over time and across geographies, a set of results expected from all assessments conducted using the toolkit has been defined. These results include a cascade diagram of the representativeness of surveillance data, a dashboard of charts and tables for all data quality indicators, and a score card that quantitatively summarizes findings from priority indicators. These outputs provide a high-level understanding of or first glance at the context, infrastructure, process, and technical and behavioural aspects that may be driving the surveillance system's poor performance.

The in-depth findings from the malaria surveillance assessment can be presented using the "report outline", which includes a summary of the methods, a more in-depth description of the assessment results, and recommendations for surveillance strengthening actions based on key findings.

Upon completion of an assessment, recommendations should be developed based on the assessment results and prioritized in consultation with the NMCP and other stakeholders considering their impact and feasibility for strengthening the surveillance system.

The following will be addressed in the next version of the toolkit:

- Content relevant for elimination settings is incomplete in the current version. This will be developed and incorporated into the toolkit and tools within.
- Additional indicators (per partner feedback) will be included in the “surveillance assessment indicator table” to ensure that all aspects of surveillance are assessed as per the scope of the toolkit. This will prompt updates to the data collection tools, e.g., question banks and questionnaires.
- An indicator prioritization process is ongoing, and the final toolkit will have a core set of priority indicators to allow for country comparisons. The current list is a library from which countries can choose the indicators relevant to their context.

MPAG conclusions: MPAG felt that the draft manual was not easy to follow and the understanding of the tools was greatly increased by the context in the overview presentation. GMP may need to consider breaking down the presentation of indicators for ease of use by country implementers. GMP should also consider better ways of selecting and prioritizing indicators and ways of providing fast feedback to users. MPAG highlighted that the section on working with partners to support countries should be expanded to provide more detail on the practicalities of training that will be provided to countries or WHO country offices. Building capacity for countries to implement the toolkit is an issue that needs to be addressed in a systematic way. GMP clarified that the draft manual was supported by simpler guidance documents for each module.

Update on the HBHI approach

Background: The HBHI approach is a targeted malaria response in the 10 highest burden countries in Africa and India that reaffirms commitment and refocuses activities – initially in the highest burden countries – to accelerate progress towards the GTS goals through four response elements: political will to mobilize domestic resources and reduce malaria deaths; strategic information to drive down the burden; better guidance for more targeted and efficient use of resources for optimal impact; and coordinated response. The guiding principles are that the approach is country-owned and country-led to provide better coordinated support from in-country and external partners, commitment from partners to share and jointly analyse the data for action, and support for enhanced domestic and international resource mobilization. The three presentations in this session focused on 1) the partner perspective; 2) the use of strategic information to drive impact; and 3) country support.

The partner perspective provided an overview on the support to HBHI countries in 2020, including for the Global Fund funding request process, for national strategic plans (NSPs), for implementation and scale-up of malaria interventions in the context of COVID-19, and for enhancing political will through “Zero malaria starts with me”. The update on the use of strategic information for impact focused on the phase 1 achievements, including national malaria data repositories launched in Nigeria and ongoing in Ghana and Uganda; progress reviews completed in all HBHI countries; analysis of stratification, intervention mixes and prioritization completed in all countries

except for Mali; the updating of NSPs; and support for funding requests. The work will continue with the following phase 2 focus areas: national malaria data repositories in all HBHI countries; analysis of stratification, intervention mixes and prioritization expanded to non-HBHI countries; support for subnational operational plans; monitoring and evaluation; urban malaria control; and the development of a manual on subnational tailoring of interventions.

To mitigate the potential political influences on data interpretation and use, HBHI is using a country-led analysis approach wherein all inputs and outputs are discussed, interpreted and modified at country level through stakeholder meetings. Other measures include increasing community awareness and transparent sharing of data with policy-makers. The approach of tailoring interventions according to the local situation maximizes the use of limited resources and provides flexibility, but it also increases complexity. This approach requires adequate resources, particularly human resources. In addition to the use of tools including the malaria data repository, there is a need to increase local capacities in terms of skills and decision-making.

MPAG conclusions: MPAG commended what has been achieved through the HBHI approach, particularly in the context of the COVID-19 pandemic and response. MPAG agreed that countries should have the capacity to use data to inform the choice of specific interventions and be able to adapt them to the local situation. However, MPAG felt that training is essential to increase the human resources with the adequate skills to translate this approach into action, and to meet the increasing complexity. Training should aim to increase the sub-national capacity for evidence-driven decision making and translating those decisions into actions. The Group recommended that an analysis of successes and failures be undertaken in order to better understand what is achievable in the next few years. The Group also highlighted that other countries outside of the initial HBHI group may want to follow this approach.

Update on the GTS for malaria 2016–2030

Background: In 2015, the World Health Assembly (WHA) endorsed the *Global technical strategy for malaria 2016–2030* (WHA 68.2). After five years of intervention and review of progress presented in the *World malaria report 2020*, and including the findings of the Strategy Advisory Group on malaria eradication (SAGme), WHO is now seeking input from Member States and partners to update the strategy. Several consultations have already taken place, and, after revision, the document will be shared with MPAG for review. The updated GTS will be annexed to the malaria progress report to WHA74 in May 2021 and is not anticipated to result in an updated resolution unless requested by Member States.

The presentation noted that the world is on track to meet the 2020 elimination milestones of the GTS, but, as mentioned in the earlier report from the Director, the failure to reach the 2020 milestones for mortality and morbidity raises the question of whether the milestones and targets for 2025 or 2030 should be revised. GMP proposes to keep the current targets, which are aligned with the Sustainable Development Goals (SDGs), and instead to support countries to ensure that every effort is being made to bridge the gap and achieve the 2030 targets.

The Director concluded that the principles of the GTS are still valid, but the next iteration should prioritize mechanisms to ensure country ownership and leadership with community involvement and participation, recognizing these aspects as essential to accelerating progress. Eradication remains a laudable goal, but will only be achieved with vastly improved surveillance, appropriate interventions dependent on

local contexts, equity in access to health services, and innovation and application of new tools or processes.

Much has been learned in the past five years that could be included in the updated strategy, including lessons from the public health response to COVID-19. Community leadership from the affected communities and at the national level is required for “ownership” of the challenges and implementation of the strategies. It is clear that the general guidelines on strategies need to be made locally relevant as they are adapted for maximum impact. The HBHI approach – with its four key elements of political will, accurate strategic information for impact, improved guidance for local policies and strategies, and a coordinated national response – will be incorporated into the ‘path to elimination’ section of the Strategy.

Maximizing benefit from the changing public health environment will be critical. Policies related to the SDGs, Universal Health Coverage, WHO’s Thirteenth General Programme of Work and the Triple Billion targets will be incorporated to complement malaria-specific approaches. Malaria programmes can learn from successes in other countries, such as through a “health in all policies” multisectoral approach. Delivering malaria interventions to all those in need through quality-assured essential services (public, community and the private sector) will be fundamental to success. The Director briefly mentioned advances with respect to vector control, diagnostics, chemotherapy and vaccines, and re-emphasized the need for implementation and operations research to improve the delivery of malaria interventions.

MPAG conclusions: MPAG noted the achievements of many countries in reducing cases below 10,000 with several achieving zero cases, yet recognized the continued challenges to achieving GTS goals in all high burden countries. MPAG noted the importance of communicating the additive approaches of HBHI and how to focus efforts depending on local conditions. Achieving the goals for 2030 and beyond is heavily dependent on leadership at the national level, the effective implementation of existing and new tools and on obtaining sufficient funding. In discussion, members agreed with the Director’s recommendation to retain the current milestones for 2025 and goals for 2030.

Update on the consolidated WHO Guidelines for malaria

Background: Progress was presented on the work to consolidate and update the WHO Guidelines for malaria to address the three main points that emerged from the review of GMP’s development of recommendations for policies: perceived lengthy process, inconsistent recommendations and suboptimal use of GMP output at country level. The previously presented pathway helps to organize the process into three areas: better anticipate, develop policy and optimize uptake. The consolidated Guidelines aim to provide timely and up-to-date guidance to countries to maximize the impact of available resources, using the standard WHO guideline development process overseen by the Guidelines Review Committee. The cross-unit work will ensure a consistency of approach to formulate recommendations across tools, strategies and technical areas, and will result in all WHO recommendations for malaria being in one place using the MAGICapp online platform to be launched in January 2021. Work is currently ongoing to develop new and updated recommendations for vector control, elimination, chemoprevention and treatment.

The work to consolidate and update the Guidelines signals a paradigm shift towards an enhanced problem-solving approach using local data to identify recommendations that are relevant at a country level, define strata and mixes of interventions, and optimize intervention packages by considering local contexts and prioritization to maximize the impact of available resources. This shift moves away from overly prescriptive

recommendations and will clearly distinguish evidence-informed recommendations from contextual considerations. The contextual considerations at national and subnational levels will inform how recommendations should be applied and strategies that may increase access for the target population.

The definitions and taxonomy are important, and GMP seeks to be consistent with WHO standards across the technical areas:

1. a guideline is any document developed by WHO that contains recommendations for clinical practice or public health policy;¹
2. a recommendation is based on systematically reviewed evidence and tells the intended end user what they can or should do in specific situations to achieve the best health outcomes possible, individually or collectively;
3. policy is established and implemented by countries based on WHO recommendations contained within guidelines; and
4. guidance is a broader term encompassing advice ranging from specific guidelines to operational considerations and is not necessarily based on a systematic review of evidence.

An overview of the internal and external groups that support the guideline development process and the process itself were presented and can be referenced in the WHO Handbook for guideline development. In 2020, four Guideline Development Groups (GDGs) were convened to support the development of recommendations for vector control, elimination, chemoprevention and malaria vaccines, respectively. Four additional GDGs are anticipated to be convened in 2021 for treatment, diagnosis, anaemia (cross-department) and *P. vivax*.

The formulation of PICO questions guides the systematic evidence reviews and the development of recommendations; PICO is an acronym for population, intervention (or exposure), comparator and outcome. The draft PICO questions and key questions for vector control, elimination and chemoprevention were presented for discussion. The finalization of PICO questions is the role of the GDGs, but high-level strategic input from MPAG is welcome.

MPAG conclusions: MPAG noted the considerable progress that has been made since the last update in May and congratulated the GMP, the specific GDGs and the various groups involved in the guideline development process. The PICO approach was thought to be very helpful. MPAG agreed with the need for a paradigm shift in the mindset of implementers to enable them to use the WHO recommendations appropriately, considering local contexts.

MPAG noted that this was the first time that WHO was reviewing the evidence related to malaria elimination. The Group congratulated GMP for the progress made in gathering the evidence required to make recommendations on strategies that could be used by countries along the continuum of elimination with the necessary tools for evidence-based decision-making. MPAG further noted the focus on summarizing contextual issues such as equity, feasibility and acceptability that is key to the appropriate use of the final WHO recommendations on malaria elimination.

¹ WHO handbook for guideline development, 2nd ed. Geneva: World Health Organization; 2014 (<https://apps.who.int/iris/handle/10665/145714>).

MPAG noted the challenges to the vector control guidelines, but congratulated GMP for the comprehensive approach, including addressing the many new tools coming online for vector control. MPAG members provided detailed input on the PICO questions to be shared with the responsible technical officer for consideration, including the importance of considering contextual issues and cost-effectiveness for some new interventions being reviewed; and the importance of determining whether an overarching recommendation can be given for some strategies that involve a number of different tools or whether a recommendation should be provided for each specific intervention. This will be shared with the relevant Expert Review Group in the GDG process.

MPAG additionally emphasized the urgent need for relevant capacity-building for implementers at subnational levels who must make decisions on the most appropriate intervention mix for various contexts.

It will be important to ensure that the Guidelines consider a multisectoral approach so that different sectors have assigned responsibilities for the entire spectrum of malaria prevention and control. There will be a need for further work to ensure that the Malaria Guidelines are integrated into health services, especially at the primary care level.

During the discussion, it was clarified that the individual WHO steering groups and GDGs are responsible for formulating the PICO questions and recommendations; MPAG's role is at a higher strategic level to help GMP prioritize key questions and ensure that GMP is producing guidance that is comprehensive, consistent and can be implemented by countries and will achieve the intended impact.

Update on the MVIP

Background: MVIP was developed to act on the 2016 WHO recommendation to pilot the RTS,S/AS01 malaria vaccine in routine immunization programmes. MVIP supports the introduction of the malaria vaccine in selected areas of Ghana, Kenya and Malawi, and the evaluation of the programmatic feasibility of delivering a four-dose schedule, the vaccine's impact on mortality, and its safety in the context of routine use. The primary aim of the Programme is to address outstanding questions related to the public health use of the vaccine to enable WHO recommendations on the broader use of RTS,S/AS01 in sub-Saharan Africa. MVIP is jointly coordinated by GMP, the Immunization, Vaccines & Biologicals (IVB) Department and the WHO Regional Office for Africa (AFRO), in close collaboration with other WHO departments and country offices, ministries of health in pilot countries, PATH and other partners. Introduction of the malaria vaccine is country-led; information and updates about MVIP are available on the WHO website.

As of November 2020, more than 1.2 million RTS,S/AS01 vaccine doses have been administered in the three MVIP countries and nearly 500 000 children have received the first dose. Despite the COVID-19 pandemic, the immunization programmes in all three countries have maintained or improved their RTS,S/AS01 vaccine coverage compared to pre-pandemic levels. To date, COVID-19 has had minimal impact on the pilot evaluation. Surveillance for safety (with special focus on meningitis, cerebral malaria and sex-specific mortality) and impact has continued, with close monitoring of the epidemic and respecting Ethics Review Boards (ERBs) and national guidance. Evaluation partners have instituted measures to reduce the risk of COVID-19 infection among study staff and introduced mitigation measures, including means to collect data retrospectively.

MVIP's advisory bodies continue to meet regularly to provide oversight and guidance. Since the last update, the Programme Advisory Group (PAG) has met three times and the Data Safety and Monitoring Board (DSMB) has met twice. The PAG was reassured

that a high proportion of patients admitted to sentinel hospitals and eligible for lumbar punctures (LPs) were now receiving them, and the previous concerns about LP rates have been addressed. Therefore, if there is an excess risk of meningitis similar to that suggested in the Phase 3 trial, it should be possible to detect it in the pilot evaluations. Based on its review of the available data during its most recent meeting in September, the DSMB recommended continuation of the MVIP. The PAG has also recommended a case–control study to evaluate the added benefit of the fourth dose and to strengthen the evaluation of safety and effectiveness endpoints.

According to the Framework for Policy Decision on RTS,S/AS01 endorsed by the Strategic Advisory Group of Experts on Immunization (SAGE) and MPAC in 2019, a WHO policy recommendation on the use of the vaccine beyond the pilot countries could be made if and when:

- i. concerns regarding the safety signals observed in the Phase 3 trial (i.e. those related to meningitis, cerebral malaria and sex-specific mortality) have been satisfactorily resolved, and
- ii. severe malaria and mortality data trends have been assessed as being consistent with a beneficial impact of the vaccine.

The PAG recently confirmed that if overall event rates for meningitis, cerebral malaria, all severe malaria (including cerebral malaria) and mortality persist, there will be sufficient power to conduct the planned safety and impact analyses at 24 months after first vaccination in April 2021, which would enable a joint policy review by SAGE and MPAG in Q4 2021. In line with the Framework for Policy Decision, adjustments or refinements to the WHO policy recommendation may subsequently be made based on the MVIP final dataset expected in 2023, including data on the fourth dose.

An unresolved near-term challenge is the need for financial support to ensure continuous production of RTS,S antigen prior to a policy decision. Without financial support, manufacturing will stop in early 2021 and only resume following a policy recommendation and funding decision, implying a potential delay in vaccine availability until possibly 2025. In December 2019, the Gavi Board approved an intervention to enable continued production of RTS,S bulk antigen. However, despite active engagement with the lead third party expressing interest in supporting continued production, a solution has not yet been found. This matter has become critically urgent and is a determining factor for future access to the vaccine.

MPAG conclusions: MPAG congratulated the extensive WHO team at headquarters, at the Regional Office for Africa and in the country offices, together with the governments implementing MVIP on the progress and coverage levels achieved, even in the challenging context of COVID-19. MPAG endorsed the MVIP recommendation pathway as presented, but highlighted that WHO may need to be prepared to defend the six-month timeframe compared to the rapid reviews and approval of the COVID-19 vaccines. While that timeframe seemed ambitious at the outset or even a year ago, in the current environment, it may open WHO and the malaria community up to criticisms about undue delay. The Group also noted that WHO needs to ensure consistency in terminology across departments with respect to WHO making recommendations and Member States making national policies based on their own context.

High-level MPAG recommendation: MPAG noted that the issue of limited capacity in malaria endemic countries runs through all of the meeting sessions, and addressing this issue is critical to reaching the targets of the GTS. The Group asked that GMP develop a comprehensive approach to building capacity, drawing on other partners, and prepare a dedicated session at an upcoming MPAG meeting so that it can be considered.

The WHO Director-General (DG) joined MPAG during its closed session and was briefed by the Chair and members on the meeting sessions and conclusions. The DG appreciated the service and dedication of the Group and thanked them for their advice.

All documentation related to this meeting can be found at:
<https://www.who.int/news-room/events/detail/2020/12/03/default-calendar/18th-meeting-of-the-malaria-policy-advisory-group>

All previous MPAG meeting reports can be found here:
<https://www.who.int/groups/malaria-policy-advisory-group>

