

**NATIONAL TASK FORCE (OR EQUIVALENT)
FOR MALARIA ELIMINATION:**

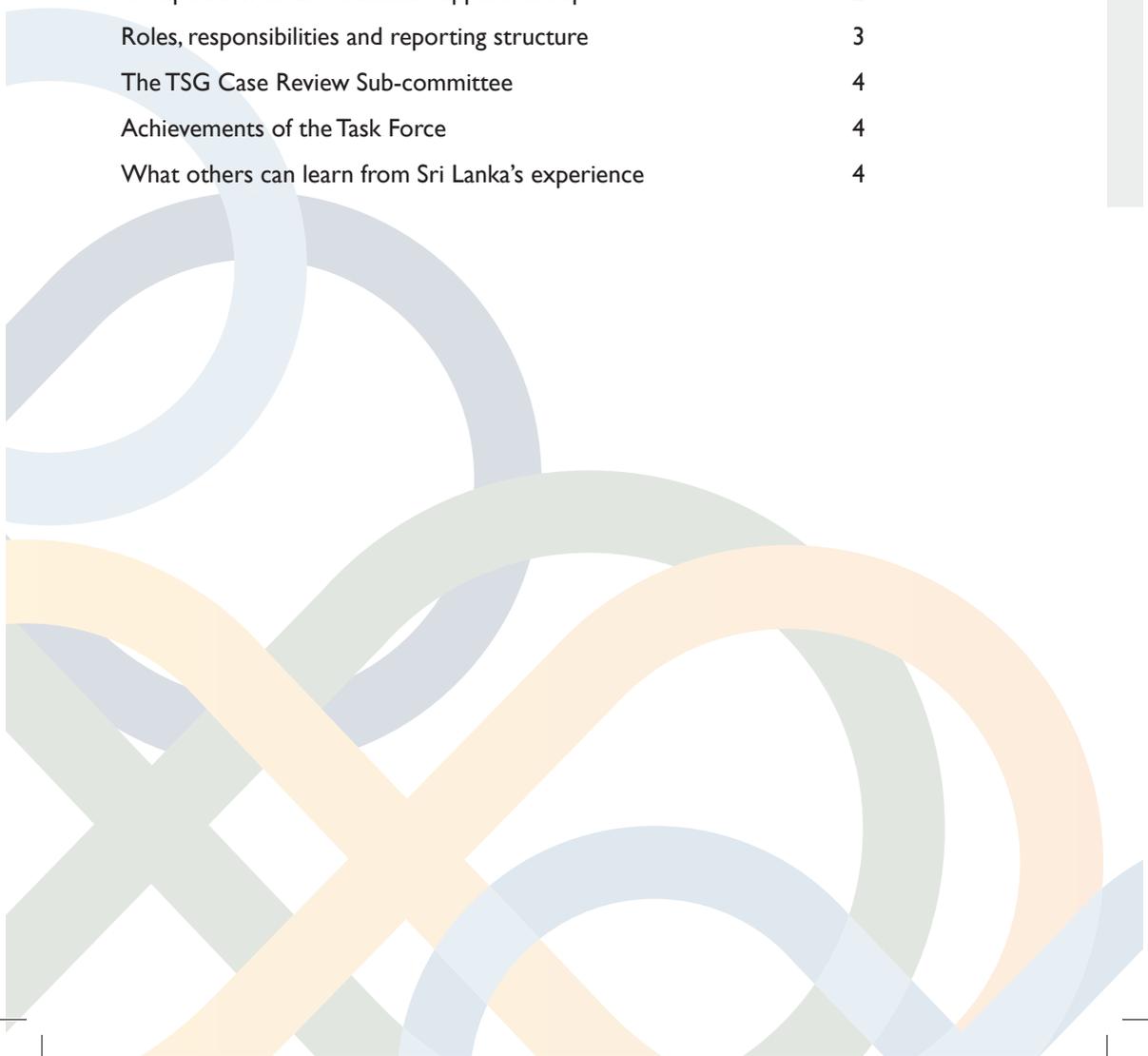
THE CASE OF SRI LANKA



APLMA CASE STUDY SERIES

CONTENTS

Malaria in Sri Lanka	1
Avoiding re-introduction	1
The malaria Technical Support Group: background and context	2
Composition of the Technical Support Group	2
Roles, responsibilities and reporting structure	3
The TSG Case Review Sub-committee	4
Achievements of the Task Force	4
What others can learn from Sri Lanka's experience	4



ROLE OF A DEDICATED SUPPORT GROUP IN RETAINING SRI LANKA'S MALARIA FREE STATUS

Having eliminated malaria in late 2012, Sri Lanka's Ministry of Health, Nutrition and Indigenous Medicine Anti-Malaria Campaign (AMC) has since been focused on prevention of re-introduction of the disease. It is supported in this task by an appointed Technical Support Group (TSG) comprising technical experts and representatives of the country's malaria response. The 17-member TSG meets regularly to provide comprehensive guidance and recommendations to the AMC, including technical support on dealing with imported cases of the disease, which still represent a potential public health threat in the country. The TSG functions in a purely advisory capacity to make recommendations to the AMC Director. Although the TSG does not have an executive role, its advisory role is highly valued, as is the dedication of a few key members who maintain the momentum of support, advice and technical input in-between the formal TSG meetings.

Malaria in Sri Lanka

Sri Lanka's last indigenous case of malaria was reported in October 2012. In the run-up to this milestone, i.e., the pre-elimination phase from 2008 to 2011, there were pockets of persistent transmission, predominantly among military personnel and confined to military camps near forested areas. Since November 2012, the country transitioned to the prevention of reintroduction of malaria phase, and all subsequent detected cases have been classified as imported or introduced. With 57 imported malaria cases in 2017, Sri Lanka is considered to be moderately vulnerable to the reintroduction of malaria, and maintaining the level of threat at or below this level requires constant vigilance.

Avoiding re-introduction

Having sustained zero indigenous cases for more than three consecutive years, Sri Lanka applied for official WHO certification of malaria-free status. In September 2016, WHO officially certified Sri Lanka to be malaria free thus making it the second country in the WHO South-East Asia Region, and the first signatory to the APLMA Leaders' Roadmap, to be awarded this distinction. Sri Lanka's challenge now is to ensure that any imported or introduced cases are tracked tested and treated, and do not lead to onward domestic transmission and re-introduction of the disease.

A National Malaria Strategic Plan for Elimination and Prevention of Re-introduction – Sri Lanka, 2014–2018 was developed and implemented. There had been no indigenous cases reported in Sri Lanka since 2012. Very recently, in December 2018, a single introduced case of malaria was reported. Immediate and effective response to the introduced case has ensured that there is no further transmission. The containment of the case serves as an excellent example of the efficient surveillance and response capacity that Sri Lanka has developed.

The malaria Technical Support Group: background and context

The APLMA Leaders' Elimination Roadmap, endorsed by Sri Lanka, calls for each country to consider establishing a National Malaria Elimination Task Force (or similar body), chaired by a senior central agency official, to help maintain momentum and financial support behind the elimination effort. It is proposed that the task force or equivalent body meets at least once a year to take necessary actions to ensure that national targets are met.

The Anti-Malaria Campaign (AMC), Sri Lanka's National Malaria Control Programme, was established as a field office in 1911. In 1989, the programme was transformed into a decentralized campaign implemented by 9 provincial health authorities. The main objectives of the AMC are to prevent re-introduction of malaria and maintaining zero deaths due to malaria. In Sri Lanka, the Technical Support Group (TSG) to the AMC, appointed by the Director General of Health Services fulfils the role of a National Malaria Elimination Task Force. Prior to 2012, the TSG supported the AMC with evidence-based strategic and technical advice on elimination. Since then, it has continued to provide advice on prevention of re-introduction.

Composition of the Technical Support Group

The 17-member TSG includes independent external experts, selected for their expertise and guidance to the AMC in parasitology, entomology, malaria, epidemiology, clinical medicine, pharmacology and sociology. These independent experts do not represent institutions or organizations, but function in their individual capacity to provide expertise and guidance to the AMC. In addition to the permanent members, additional members with specific expertise in particular fields are co-opted to the TSG meetings to provide comprehensive recommendations, as required. The full TSG membership attends regular meetings every two months, or as required, and they are paid an honorarium for attendance.

The TSG secretariat comprises of the:

- Director General of Health Services
- Deputy Director General, Public Health Services
- Director, AMC
- Deputy Director, AMC
- Consultant Community Physician, AMC
- Two regional malaria officers
- Secretary

Additional members with expertise in particular fields may be invited to attend TSG meeting as temporary advisors or as co-opted members to respond to specific challenges as they arise. Membership is reviewed annually and revised according to needs. The TSG is chaired by the Director General of Health Services. Members are appointed to serve a term of two years and may serve multiple terms.

In Sri Lanka, the creation of the TSG aligns with both the APLMA call to action for the creation of a task force and with World Health Organization (WHO) guidance to countries to set up an advisory body. However, because it is a technical body, charged with providing technical guidance to the AMC, it does not have strong representation from non-health sectors, which is called for under the WHO guidelines, other than having a sociologist as a member. Although the TSG does not include representatives from other sectors and does not directly deal with other government departments, it acts as an advisor to the AMC when such inter-sectoral collaboration is required. It does not play any direct role in initiating collaboration between different ministries.

Roles, responsibilities and reporting structure

The TSG functions in a purely advisory capacity to make recommendations to the Director, AMC. It has no executive or regulatory functions. Prior to malaria elimination, the TSG regularly reviewed the malaria situation in collaboration with the AMC, to identify bottlenecks, human resources gaps and challenges to the successful implementation of the country's malaria elimination programme, and then to provide strategic advice and technical inputs to help improve the national malaria elimination programme.

The TSG supported the National Malaria Control Programme to develop the 2014-2018 National Strategic plan, compile annual reports on the malaria situation, and promoted advocacy and capacity building through contracting of local and international experts. It approved procurement of buffer stocks of antimalarial drugs, long-lasting insecticidal nets, indoor residual spraying insecticides and rapid diagnostic tests, developed research proposals and helped identify local and international research funding.

Matters for discussion are identified and circulated to the members prior to the meeting and they are briefed by the Director AMC at each meeting on the current malaria situation and issues and challenges. Decisions are made by consensus, and care is taken to identify and take into consideration potential conflicts of interests among members. In exceptional situations where a consensus is not reached, the Chairperson reports on the majority and minority view, and the TSG may request a study and analysis to seek evidence required to resolve a particular issue or to formulate recommendations. The Chair heeds and takes due consideration of potential conflicts of interest of the members when arriving at a decision.

The TSG Case Review Sub-committee

The sub-committee meets during the AMC monthly review meetings and comprises the surveillance officer, case management officer, a parasitologist, an entomologist, regional malaria officers (either in person or by phone) and the director of the AMC or their representative.

The sub-committee reviews all information on every confirmed malaria case that has been reported during the past month, including confirmation of diagnosis (including the diagnostic methods used), origin of infection, treatment schedule, patient therapeutic response, follow-up procedure and notification of the AMC and the health management information system. It also reviews case investigation details including, if relevant, a foci investigation. The sub-committee reviews the National Malaria Case Register, Malaria Patient Register, Laboratory Register and Parasite Strain Bank. Its other roles include formulation of criteria for confirming and verifying malaria diagnosis, and classification of cases. It supports development of standard operating procedures for malaria cases and verifies whether these have been followed in each case. It identifies gaps in case confirmation and reporting, and advises the AMC on bridging these gaps.

Achievements of the Task Force

While the TSG has a fairly large membership, AMC works very closely with a sub-group of three members who, on a voluntary basis, work directly with the Director and staff. Having a smaller group of dedicated members is one of the TSG's critical success factors. They were closely involved in the planning and preparation for WHO certification and were also an integral part of the case review committee. In the post-elimination phase, the group is still very active in case review and preparing an investment case for malaria elimination, as well as in academic research on the resources required to prevent re-introduction of the disease. The area of focus for the group has shifted, away from routine coverage of malaria prevention supplies towards surveillance and advocacy. One of the challenges faced by the TSG though, is that not all members are equally committed or devote time to the follow-up activities of the TSG, particularly post-elimination.

What others can learn from Sri Lanka's experience

There is no one size fits all approach for building a task force for malaria elimination, and malaria programmes must be given a free hand in the formation of their task force. Other countries' experience can only help determine principles and general guidelines, but practical implementation depends on each country's focus, available resources and malaria state of play.

That said, a key lesson from the Sri Lanka experience is the identification of the three key members who were available at any time on call to work through any issues that came up between meetings and follow up on decisions. Without a few key committed individuals, the TSG might not have been as effective. This underpins the need for ensuring a cadre of leaders, who are committed to the cause, to drive the process. Receptivity and the responsiveness of the national programme is another critical success factor. Similarly, the attitude of the members of the TSG, willingness and commitment to actively participate in the national programme's activities, are extremely important.

For countries in the elimination and post-elimination phase, continuing to have an active task force is important to ensure that the country remains vigilant and retains its malaria-free status.



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