# **Malaria Zero Overview and Update**

Michelle A. Chang, MD

Director, Malaria Zero

2 February 2017

EMMIE Meeting San José, Costa Rica





Center for Global Health

Malaria Branch, Division of Parasitic Diseases and Malaria

# **Malaria Zero Consortium Partners PLUS**





CENTERS FOR DISEASE CONTROL AND PREVENTION

















### + UN Foundation, Malaria No More, PSI/OHMaSS, IMA World Health



# Malaria Zero Overview

**Primary objective: Interrupt local transmission of malaria by 2020** 

- Malaria Zero began in 2015 but builds on past progress and countries' existing commitment to reach elimination
- □ Principal approach → identify parasite infections in people (asymptomatic) and ensure delivery of "intervention package"
- Activities aligned with National Strategic Plan; coordinated with Global Fund activities



#### **Malaria Zero: Package of Key Interventions** Highly selective foci with highest transmission **Emphasis on:** Surveillance strengthening **Focal MDA** <u>/- vector control</u> Prompt diagnosis and treatment **Proactive surveillance** Highly focal mass drug administration **Reactive case detection** Targeted vector control National coverage Robust passive surveillance & timely case management



Work In Progress

# MAIN TECHNICAL AND SCIENTIFIC ACTIVITIES

5



# Malaria Zero: Main Activities (1)

#### Mapping areas of malaria transmission

- Updated maps based on surveillance data, population distribution, ecological factors improving as surveillance gets better
- "Opportunistic" testing (e.g., LF TAS, national surveys) to get as many data points as possible
- Adaptation of active surveillance and mapping cases pilots for possible broader implementation



### **Updated Maps for Malaria Risk Stratification (draft)**



MALARIA ZERO

Source: MSPP surveillance data; CHAI; Malaria Atlas Project

## LF TAS in Saut d'Eau Commune (n=1,230; 6-7yo in schools)





# Malaria Zero: Main Activities (2)

### **Targeting interventions (fMDA and targeted vector control)**

- Operations research studies assessing using convenient sentinel populations (e.g., schools, churches, etc.)
- Household survey with spatially weighted sampling to characterize transmission foci → information will help us develop sampling strategy and proactive surveillance



# **Household Survey – High Transmission Area**



Source:

PNCM/CDC

MALARIA ZERO

# Household Survey: Enumeration of Households (Day 6)





#### Source: PNCM/CDC

# Household Survey: Enumeration of Households (Day 11)









# **Household Survey: Enumeration Results**

### **Final census results**

- 19,569 households (estimated140K residents)
- 1277 points of interest

## **Sample**

- 7227 households
- 37,633 individuals (estimated)
- ❑ Analysis to compare different methods of developing a sampling frame for selection of households (secondary objective) → can we use remote images (satellite) to develop sampling frame?



# **Hurricane Matthew Response**

### Contributed to emergency response

- Rapid phone assessment to provide information from inaccessible areas
- Supported MSPP in developing malaria/VBD response plan
- Responded to MSPP request for RDT shortage (60,000 RDTs provided)
- Household enumeration data shared with emergency responders for emergency relief planning

## **Studies interrupted for 6 months**



# Malaria Zero: Main Activities (3)

#### **Development of focal MDA intervention**

- Qualitative study on hard to reach populations, acceptability of MDA, and factors related to adherence; household survey will collect complementary information
- **Develop community engagement** strategy and campaigns
- Mathematical modeling to help guide when (which level of transmission) to implement focal drug administration
- **Develop effective vector control strategy** as a component of intervention package



# Malaria Zero: Main Activities (4)

#### Measuring transmission

- Testing combination of antigens (short- and long-lasting) for serology
- Possibility of testing new diagnostic tools with higher sensitivity for low parasite density (e.g., ultrasensitive RDT)



# Capacity Building at Haiti's National Public Health Laboratory (LNSP)

#### **Three Experienced LNSP Technicians Dedicated for Malaria Work**



## **Training completed:**

- -Sample organization and database construction
- -DNA extraction and storage
- -Real-time PCR assay and interpretation
- -Luminex<sup>®</sup> multiplex serology assay



# Concordance Between LNSP and CDC Laboratories

Initial results from CQ Resistance Study:





In Summary: LNSP provides quality PCR results that will aid in malaria elimination efforts



# Establishment of Multiplex Serological Capacity at LNSP

### Room within LNSP Parasitology section dedicated for Malaria Zero work

#### Setting up laboratory, October 2016





## **PNCM/MSPP Vector Control Team Accomplishments**

#### Insecticide resistance

- Data for for 2014/15 WHO's World Malaria report
- CDC bottle bioassays on 1,900 Anopheles albimanus against the insecticides permethrin, malathion and DDT
- No insecticide resistance detected

#### Vector biting studies completed

- More outdoor than indoor biting at 3 sites (Nord-Est, Artibonite, Grand Anse)
- **Larval breeding site mapping (national)**

**Coordination of activities and resource across Zika, malaria, lymphatic filariasis** 



Work in Progress

# **ADDITIONAL OPERATIONAL ACTIVITIES**



## **Support to Maximize Resources**

### **Coordination across donors (GF, USG, MZ) and regional initiative (EMMIE)**

#### **Engage private sector**

- Survey of private health providers to develop engagement strategy
- Landscaping of private sector partners in country

#### **Resource mobilization**

Current resources are not sufficient to reach elimination



## **Operational and Programmatic Support**

### **Reorienting the malaria program towards elimination**

- Malaria elimination workshops in Haiti and DR at central and departmental levels
- Updating malaria elimination curriculum

### Operational planning

Develop central and departmental level plans to implement malaria elimination activities

### Surveillance strengthening

• Working with Ministry units responsible for surveillance to include case base reporting



# **Timeline to Reach Local Interruption of Transmission**





## **Summary & Main Next Steps**

Initiated key studies and activities to develop evidenced-based plan for malaria elimination

- Due to hurricane, determine alternate study sites
- Continue reinforcing case management and surveillance in high transmission communes (Grand Anse)
- Provided technical and operational support to plan and carry out program activities for elimination (e.g. risk map stratification, entomology, lab capacity)

#### **Coordinated plans and activities across major donors**

- Develop additional collaboration for scale up
- Support GF application development



