

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

Open Discussion Forum Teleconference 1

February 14 2008, 3.00 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.

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) 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 with your correct contact information and the minutes will be updated.

- Pr. Awa Coll-Seck, RBM Secretariat
- Dr. James Banda, RBM Secretariat
- Dr. Thomas Teuscher, RBM Secretariat
- Prudence Smith, RBM Secretariat
- Prudence Hamade, MSF
- Rebecca Stevens, Novartis
- Carol Wilson, Consultant
- Danielle Altares, PATH
- Mary Galinski, Malaria Foundation International
- *Awaiting confirmation* - GSK
- Melinda Moree, Consultant
- Yann Derriennic, Abt Associates Inc.
- Ole Skovmand, Intelligent Insect Control
- Thom Smith, Swiss Tropical Institute
- Dr. Albert Killian, Malaria Consortium
- Manuel Lluberas, HD Hudson Manufacturing Company
- Anthony Kiszewski, Bentley College
- Achuyt Bhattarai, Malaria Research Unit - Karolinska Institutet
- *Awaiting confirmation* - Tony Fischer
- Wendy Woods, The Boston Consulting Group
- Abigail Moreland, 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:

Dr. Awa Coll-Seck gave an initial short introduction to the GMBP. Please see the [document](#) 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.

One single plan

Q: How do we aim to achieve agreement between funders/donors on the plan, as this is something that has been difficult with previous plans and efforts? (*Melinda Murray, Consultant*)

A: It is very important that there is one plan. All RBM Partnership partners have agreed to work together on the GMBP to align their efforts and all partners will be represented at the highest level during the development of the GMBP.

New tools

Q: How will the development of new tools be included in the Global Malaria Business Plan? (*Melinda Murray, Consultant*)

Q: How will new tools be employed in the field? (*Prudence Hamade, MSF*)

Q: Particularly for Malaria in pregnancy there is a need for new drugs and more research – will we promote this in the plan? (*Prudence Hamade, MSF*)

A: New tools will be required particularly for the medium- and long-term strategy and to move towards and achieve elimination. In addition, there are issues such as resistance to be tackled. Therefore, during the development of the GMBP, we will work closely with the main groups focusing on the research and development of new tools or the enhancement of existing tools. These issues will be covered for all types of tools (drugs, insecticides, diagnostic tests etc.). It is also recognized that more research is needed in endemic countries

It is also important to reach agreement around the research agenda for new tools as well as the operational research required to inform the activities of the partnership further. The GMBP may not be able to provide all answers, but will articulate a recommended approach / research agenda to answer key questions.

Coverage and Usage

Q: When tracking intervention coverage will the GMBP take into consideration that it is important to look at usage rate rather than coverage rate. (*Ole Skovmand, Intelligent Insect Control*)

A: Yes, the issue of coverage vs. usage is very important and will be addressed in the GMBP.

Scaling-Up

Q: When scaling up interventions or treatments often do not reach the people who need them, will you address this issue? (*Prudence Hamade, MSF*)

A: Regarding scaling up, most of the mass distribution campaigns of ITNs have been limited to small-scale populations. The challenge is now to understand how these models could be adapted to large-scale populations. The GMBP will need to address how these large scale distributions can be achieved. It is important that the scale up efforts are followed by a sustained control phase, both will be included in the GMBP. But other groups are working on scaling up – for example the RBM Harmonization Working Group, who we will work with closely.

ITNs replacement

Q: What replacement rate for ITNs will be used in the model? (*Ole Skovmand, Intelligent Insect Control*)

C: I agree that the issue on the replacement rate of nets needs to be addressed as different ITNs have different replacement rates. (*Dr. Albert Killian, Malaria Consortium*)

Other Vector Control measures

C: There is concern that there is currently too much emphasis on bednets, which are not necessarily effective in all parts of the world depending on mosquito behavior. Therefore it is important that the GMBP includes other vector control strategies. There is also a need to ensure that comparisons across countries are possible to make adjustments to their programs. (*Manuel Lluberas, HD Hudson Manufacturing Company*)

A: From experience we know that a mix of interventions is required and that only bednets or another prevention tool will not work alone. We need to propose and promote a mix of interventions to be used.

Vaccines

Q: As elimination is unlikely to be possible without a vaccine will strategies for vaccines, such as 'Advanced Market Commitment' be included in the GMBP? (*Danielle Altares, PATH*)

A: Regarding vaccine development, we will look at what has been promoted by the vaccine groups, e.g. MVI.

Asymptomatic carriers

Q: If the strategy of the WHO goes from control programs to elimination, will we consider a strategy for the asymptomatic reservoir? (*Ole Skovmand, Intelligent Insect Control*)

A: Elimination will only happen in the long-term and if at the end we only have asymptomatic reservoirs then we are very far in our strategy. We need to ensure today though that international research is carried out to address these questions.

Other than Falciparum

C: It is also important to think of all human Plasmodium species. Several groups working on P. vivax are looking at how they can support a plan for malaria elimination, as specific issues for P. vivax will need to be considered, due to for example the dormant liver stage of the parasite. *(Mary Galinski, Malaria Foundation International)*

A: The GMBP will look at existing epidemiological profiles, to map these profiles with which interventions are most effective. This will include the issue of the different species.

Falciparum & Vivax

C: Another important point, that will need to be considered is the finding that when malaria P.f. decreases, the number of P. vivax infections increases. *(Dr. Awa Coll-Seck, RBM Partnership)*

C: MSF is currently doing a three year project (started Nov.07) in Sierra Leone looking at coverage, drug efficacy in children, RDT, home management and effects on malaria prevalence. A similar project was also done in Cambodia, where it was found that when treating P. falciparum, the number of P.vivax cases went up. *(Prudence Hamade, MSF)*

AMFm

Q: How will the AMFm fit into the plan?

A: The AMFm will be included in the GMBP as one way of expanding access to treatment.

Short-term priorities

Q: To close, I would like to answer one question that we often receive, which is whether with our work on the GMBP we are taking resources away from essential short-term efforts. *(Dr. Awa Coll-Seck, RBM Partnership)*

A: The GMBP is intended to be bottom-up, but at the same time to not distract from ongoing country activities. Therefore we will work closely with the Harmonization Working Group, who are supporting countries with, rather than going to countries directly. These ongoing efforts will be included in the plan to ensure that partners provide the required support.

Next steps:

The next Discussion Forum teleconference will be held on March 13 2008 from 4.00 to 5.00 CET. The main topic discussed will be Strategy. 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

Thank you for your participation.