WHO Guidelines and Guidance on Management of Severe Malaria: an update

The Sixth Meeting of the RBM Partnership Case Management Working Group

11th -13th June, 2012

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World Health Organization

GLOBAL MALARIA PROGRAMME
Severe malaria

- Medical emergency
- Objective
  - Prevent patient from dying (untreated mortality approaches 100%, but falls to 15-20% with antimalarial treatment)
- Management of severe malaria
  - Specific antimalarial treatment
  - Adjunctive therapy and supportive care
Urgency for effective treatment

CUMULATIVE PROBABILITY OF A FATAL OUTCOME

ANTIMALARIAL TREATMENT

Hours
Current Treatment Manuals……

MANAGEMENT OF SEVERE MALARIA
A practical handbook
Second edition

World Health Organization
Geneva

Last updated in 2000
Meanwhile Guidelines and recommendations….

updated in 2010 (April 2011)

Several recent publications 2000-2011
Treatment of severe malaria *(April 2011)*

- For adults and children (across all epidemiological and transmission areas)
  - artesunate i.v. or i.m – first choice
  - Artemether or Quinine are acceptable alternatives if parenteral artesunate is not immediately available.
Chemotherapy TEG Meeting (September 2011)

- **Objectives**
  - Review the current evidence on the epidemiology, pathology, pathophysiology and management of severe malaria
  - Update the WHO practical handbook on the Management of severe malaria in line with current WHO Guidelines
  - Update the special supplement on severe malaria previously published in the Royal Society of Tropical medicine and Hygiene based on the updated evidence.

**Funding support from CMWG and MMV**
Current Status and Next Steps

- **Practical Handbook**
  - Final draft ready
    - Inputs from the TEG and others external reviewers
  - Presently out for copy editing to the WHO format
  - Post editing review and finalization, layout and printing - 3rd quarter of 2012
  - French translation

- **Special supplement**
  - Write-up of respective sections – lead writers appointed
    - Significant delays in process as some lead writers are yet to submit their sections
  - Editorial reviews of sections already submitted under way
  - Working with the TEG Co-chairs, effort being made to get the outstanding sections of the supplement written ASAP
Artesunate policy: status post WHO recommendation

- Dissemination through Regional and country offices
- WHO memorandum to Ministries of Health in Malaria endemic areas
- Formal presentation in several regional, sub-regional and national fora
  - Programme managers meetings (Sub-regional meetings CARN, EARN, SARN and WARN)
  - Global fund orientation meetings
  - National treatment policy review meetings
- Over 20 countries have already adopted, or are in the process of updating their national guidelines on severe malaria
Support to countries to ensure funding: Global Fund - Transitional Funding Mechanism

- Following consultations with the GF, HWG provided guidance to countries on scope of case management components in the TFM proposals
  - Case management of malaria is an integrated package: diagnosis, treatment of uncomplicated and severe malaria. These components should be considered holistically.
    - Therefore, "scale up" of malaria diagnostics limited to the population already targeted to receive management/treatment
  - WHO updated the recommendation for the treatment of severe malaria (2011), replacing quinine (IV/IM) with artesunate (IV/IM)
    - Therefore change from quinine to artesunate, or the inclusion of artesunate in TFM proposals not considered as a new intervention.