Opportunities for learning through a community of practice: How flexible and adaptable guidelines create opportunities for learning and rapid improvement in implementation

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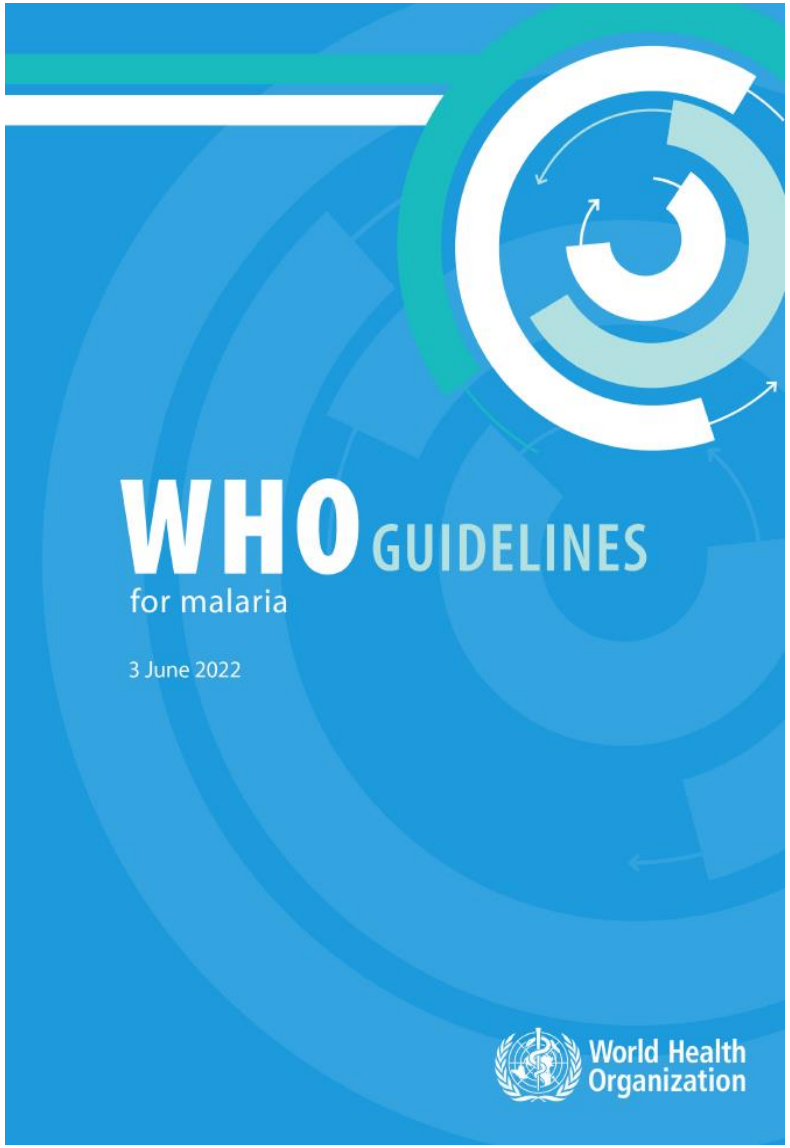
Background

- In June 2022, the World Health Organization (WHO) issued new guidelines for malaria.
- The updated guidelines represent a paradigm shift from previously prescriptive recommendations to greater flexibility in adapting control strategies to country contexts.
- This gives countries the prerogative for decision-making on the combination of malaria control strategies to deploy, the delivery strategies to use, how often those interventions should be given and many other data-driven and context-specific decisions.
- This paradigm shift presents both opportunities and challenges for malaria programmes, including perennial malaria chemoprevention (PMC).



Key questions facing countries on PMC implementation

- Who should be targeted?
- What is the number of doses to give, when should they be given and for how long?
- How do countries decide which touchpoints to implement?
- Which model of PMC delivery is most likely to optimise PMC impact?
- What are the data management requirements?
- What other options for delivery exist or could be explored?
- How do you navigate the complexities of balancing decisions around cost, effectiveness and practicality?
- How does PMC fit with other interventions targeting similar age groups, such as the RTS,S and R21 malaria vaccines?

Thankfully…

- At least 11 countries are now involved in PMC implementation or research representing a range of geographies and contexts.
- These countries are being supported by several donors and implementing partners, creating a wealth of implementation experience, tools and lessons learned in partnership with governments.
- A PMC community of practice (CoP) would facilitate information exchange and coordination to support decision-making at the country level as well as context-specific policy development, implementation and scale-up.

Figure 1: Countries where PMC implementation or research is ongoing

Objectives of the PMC community of practice

1. Achieve the maximum impact on health outcomes by harnessing best practices and lessons learned from multiple stakeholders implementing PMC and undertaking research with the aim of supporting countries to consider and adopt PMC as part of their prevention strategies.

2. To create an open forum to exchange both successes and challenges related to PMC with the ultimate aim of learning and enabling continuous improvement to PMC and thus save lives from malaria.

The PMC community of practice

PMC learning meeting at ASTMH

2 November 2022

PMC CoP launched

First meeting:

7 December 2022

Early lessons from implementation and planning for scale-up

Second meeting:

12 April 2023

Experience with PMC monitoring and evaluation

Third meeting:

27 September 2023

Summary of PMC experiences shared through the CoP

Members' expressed topics of interest

PMC CoP launch

Implementation-related

- View of health workers on increased workload
- Barriers to, and drivers of, implementation in view of scaling up
- Integrated supervision of PMC
- Procurement and management of sulfadoxine-pyrimethamine (SP)
- M&E framework for PMC
- More on the data/information that are used to determine the number of contacts
- Stakeholder coordination for PMC implementation, including ownership and sustainability.

Research-related

- Findings from research assessing:
  - efficacy
  - effectiveness
  - impact
  - cost-effectiveness
- Results from studies on community health worker (CHW) delivery channel.

Others

- Guidance through evidence
- PMC modelling
- Going beyond two years of age
- PMC in high resistance areas
- More familiarity with PMC in general
- Safety of multiple doses of SP
- PMC and malaria vaccines
- PMC and SMC.

Early lessons from implementation and planning for scale-up

PMC CoP launch

- At the launch, countries learned about the main changes and rationale for the updated WHO Global Malaria Programme guidelines.
- National malaria programmes shared early implementation and adoption lessons, including:
  - **Sierra Leone:** Experiences from four years of IPTi implementation
  - **Cameroon:** Experiences preparing a national policy for PMC
  - **Benin:** Progress and early lessons implementing PMC
  - **Democratic Republic of Congo (DRC)**: Policy adoption, advocacy and funding experiences
  - **Nigeria**: Barriers and drivers to PMC implementation, including a presentation on formative research conducted.

PMC designs: Similarities and differences

	Plus project	MULTIPLY	ICARIA	PMC Effect Study
Project design	Implementation + evaluation/research component	Implementation + evaluation/research component	Randomised controlled trial	Effectiveness implementation study
Delivery beyond EPI channel	Yes	Yes	Yes	Yes
Delivery in second year of life	Yes	Yes	Yes	Yes
Delivery through outreach activities	Yes	Yes	No	No
Community delivery (CHWs)	Yes (Cameroon)	No	No	No
Drug used	SP	SP	SP + azithromycine	SP
Evaluation/study component	• Policy adoption • Process • Impact • Economic • SP resistance	• Impact • SP resistance monitoring	• Impact (mortality, morbidity) • SP resistance • Macrolide/vaccine interactions	• PMC effectiveness • Operational feasibility • Cost-effectiveness

Some discussion questions and feedback

PMC CoP launch

1. What are the outstanding questions in translating WHO PMC guidelines into policy?

- Is there a target coverage for PMC? How is coverage defined and measured?
- How does a country decide which touchpoints to implement?
- What is the minimum number of doses to give that will produce the maximum impact?
- How many doses of SP can be safely administered between 0–24 months? What is the maximum?

2. What do countries need to help them design PMC policies and strategies?

- Empirical evidence on efficacy (protective effectiveness) and feasibility of PMC.
- Examples of PMC models adopted by other countries, challenges encountered and solutions identified.

3. What are the operational needs and/or gaps that countries foresee for PMC implementation?

- An implementation guide is needed to cover areas such as procurement, communication and training.
- Monitoring and evaluation framework for PMC.

Experience with PMC monitoring and evaluation

PMC CoP launch

DRC: M&E tools are being modified to include PMC and RTS,S parameters together.

Mozambique: PMC is integrated into the M&E system.

Cote d'Ivoire: PMC data collection is done on parallel tools.

Togo: Routine M&E is being conducted in a PMC research context.

Conclusion

- The updated WHO guidelines for PMC provide for more flexibility for optimisation of access and effectiveness of the intervention.
- This puts the prerogative for decision-making on critical aspects of the intervention on countries.
- A community of practice enables countries to share experiences and learn from one another and avoid duplication of efforts.

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Thank you

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