UCSF Malaria Elimination Initiative (MEI)

Module 2: Management and Leadership: Shifting Organizational Priorities and Practices for Malaria Elimination

Evolving Objectives of Malaria Control Elimination Continuum

Stages of malaria control-elimination continuum	Key objectives of the program
Control	Reduce mortality & morbidity to a defined level
Pre-elimination	1. Reduce mortality & morbidity to a defined level 2. Reduce transmission to a defined level
Elimination	Interrupt transmission and achieve zero local transmission
Post-elimination	Prevent re-introduction of local transmission

Shifting Emphasis of Key Malaria Control Interventions

Key interventions	Control	Pre-elimination	Elimination	Post-elimination
Effective case management	Integrated	Integrated	Integrated & vertical (e.g. active case detection)	Integrated & vertical (e.g. border malaria screening)
Case investigation		??	Integrated & vertical	Integrated & vertical
Reactive case detection			Integrated & vertical	Integrated & vertical
Foci investigation			Vertical/ decentralized	
Outbreak investigation/response	Integrated & decentralized	Integrated & decentralized	Vertical & decentralized	Vertical & centralized
Vector control	Universal ITN and/or IRS; vector surveillance	Universal ITN and/or IRS; vector surveillance	Targeted IRS; larval source reduction	Targeted IRS; Larval source reduction
Chemoprevention	Pregnant women & children	Pregnant women & children	Travelers to endemic areas	Travelers to endemic areas
Behaviour change communication	Routine health promotion	Routine health promotion	Focused on malaria elimination	Maintaining malaria awareness
Surveillance	Monthly reports	Monthly reports	Real-time reporting	Real-time reporting
MDA or MSAT		??	?? In hotspots	
Targeted MDA or TSAT			?? In residual foci	??

Allocation of Responsibilities and Tasks for Malaria Elimination Within a Health System

Level of health system	Responsibilities and activities
Community-based	Education and engagement, assist in active case detection, case investigation and reactive case detection
Primary health centers and hospitals	Case management, assist in case investigation & reactive case detection, real-time surveillance, coordination of all community-level elimination activities; ?Chemoprevention for travelers
District health team	Real-time surveillance, coordination of case investigation & reactive case detection, outbreak response, coordination of vector control (targeted IRS/ITN), foci investigation, vector surveillance, liaising with private sector; ? Chemoprevention for travelers
Provincial health team	Resource, logistical and technical support to districts, quality assurance of elimination activities, M&E
NMCP	Development of elimination strategy, guidelines, operational procedures, technical support
Above NMCP	Ensuring political and financial support, developing multi-country initiatives

Changing Emphasis on Procedures and Practices…

Macro planning	→	Micro planning
Fixed resource allocation	→	Flexible resource allocation
Specific job description	→	Multi-tasking and Task shifting
Public sector focus	→	Engaging private (formal and informal) sector

Malaria Elimination Program: Demanding Tasks

- Rapid initiation of case investigation including cases identified in the private sector (formal and informal)
- Identifying the source of primary case and preventing onward transmission
  - Local transmission vs imported cases
  - Targeted screening and treatment vs targeted MDA
  - Use of gametocidal drugs
  - Detecting sub-RDT/sub-microscopic infections
- Tracking imported cases and preventing onward transmission
- Procurement and supply chain of drugs, RDTs, insecticides, equipment needed to adhere to strict timelines

Malaria Elimination Program: Challenges

- Monitoring progress – indicators and validity of data
- Scaling down/stopping IRS
- Sustaining real-time surveillance and response teams over long periods
- Retaining skilled personnel
- Managing stocks of RDTs and antimalarial drugs
- Managing expectations and lack of visibility of outputs

Features of Successful Elimination Programs

- Robust health system
- Realistic macro and micro level implementation plans
- Effective health information system – malaria specific notification system
- Effective surveillance and response system
- Good leadership at all levels of the health system
- Effective communication system
- Well motivated staff
- Appropriate incentives
- Efficient procurement and supply chain system
- Good regional collaboration
- High level political and financial support
- Organizational development and learning structures

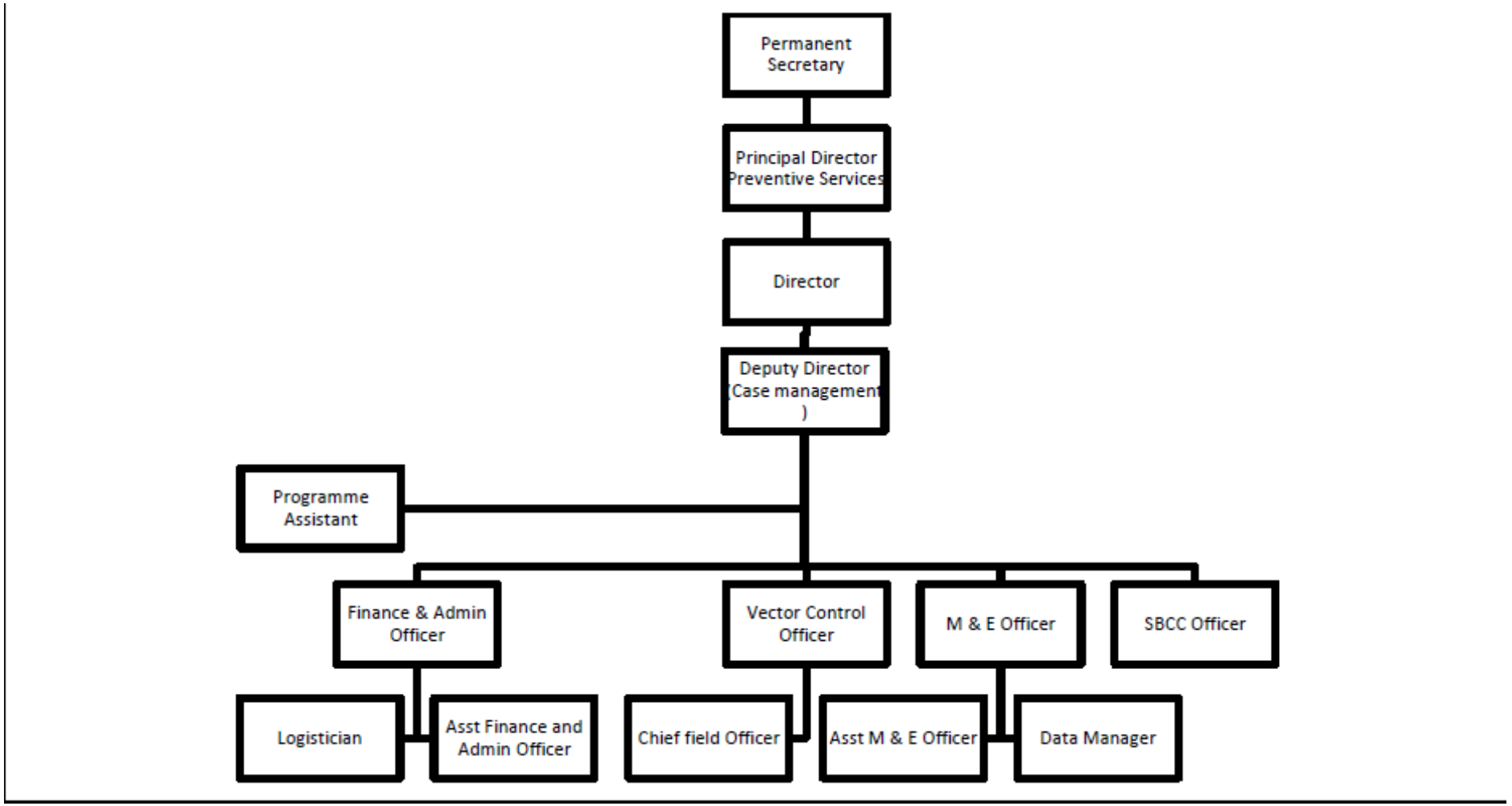
Robust Health System Building Blocks

- Leadership & governance
- Financing
- Logistics & products procurement and supply chain
- Health information system
- Health work force
- Service delivery

Attributes of Good Leadership at all Levels of the Health System

- Ability to solve practical challenges (funding, supply chain, personnel)
- Ability to manage unforeseen events
- Capacity to mediate between conflicting groups and priorities (vertical vs integrated systems)
- Maintaining focus on real-time surveillance and response
- Delegating and empowering program staff at all levels to make decisions without frequent directives from the top
- Promoting local ownership
- Maintaining integrity, transparency and accountability
- Resolving problems based on “facts and feelings”

Organization of NMCP at National Level



Organization of Malaria Elimination Team at Subnational Level

Additional Program Specific Slides to Include

- Trend in funding for malaria control/elimination program
- Trend in coverage and effect of IRS
- Data about RDT or ACT stockouts
- Epidemic preparedness and response

Group Discussion

Groups	Challenges in implementing tasks at community, primary, district ,and provincial levels and possible solutions
1	Effective case management and case investigation
2	Reactive case detection and foci investigation
3	Real-time surveillance and outbreak investigation and response
4	Targeted vector control (IRS, LLINs, larval source reduction) and vector surveillance
5	Chemoprevention to travelers, preventing re-introduction of local transmission
6	Behavior change communication and engaging all relevant stakeholders including community and private sector

Refer to Annex IV for handout