Malaria Capacity Building Initiative

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Technical Support and Capacity Building
11 April 2018

Global **Malaria** Programme

World Health Organization

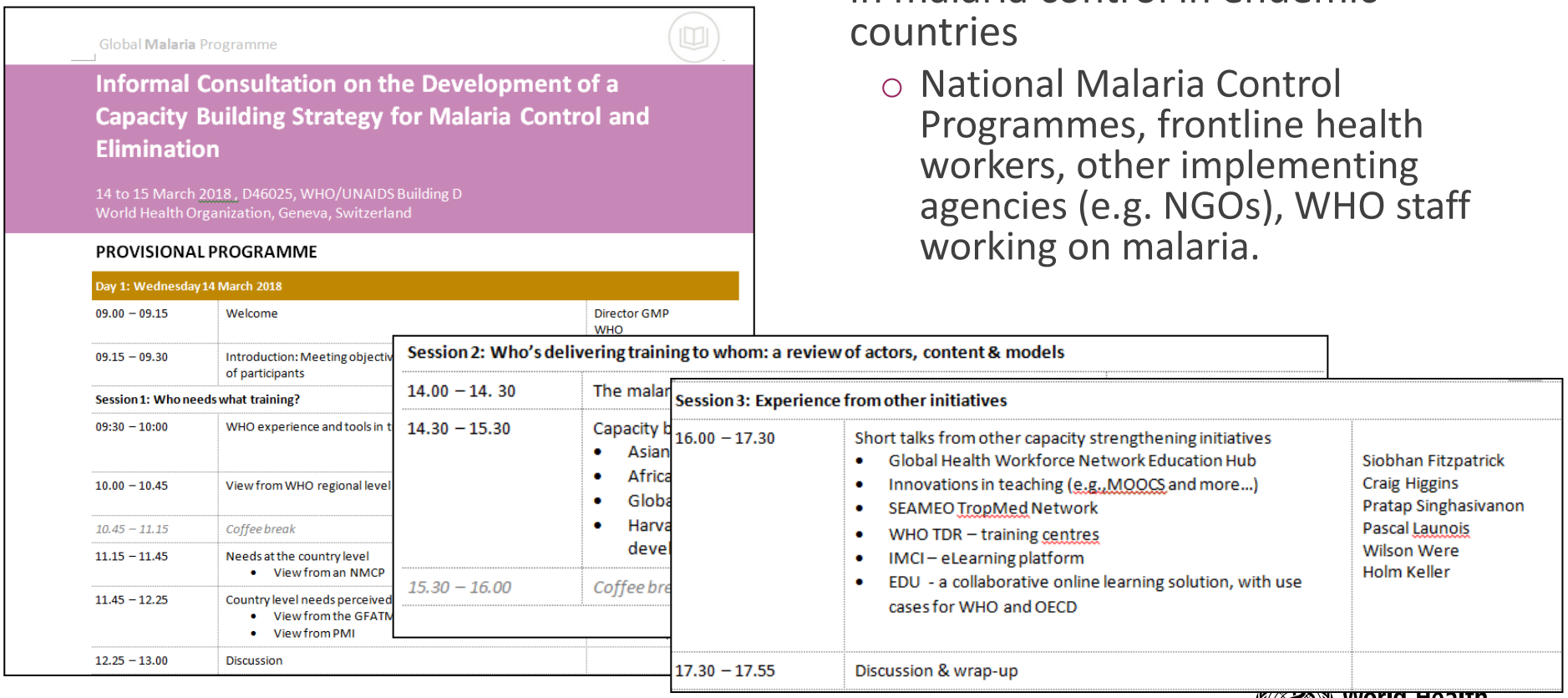
Background

- World Health Assembly Resolution (WHA68.2) on GTS
  - Urges Member States to strengthen human resource capacity and infrastructure
  - Requests the Director General to strengthen the Secretariat's capacities
- Long history of capacity strengthening
  - Trainings conducted by WHO (Russian grant, 2008 - 2016)
    - Training modules developed
    - 755 national malaria control managers and health professionals from 79 countries
  - 1017 national malaria control managers and health professionals trained in 75 courses (1982-2002)
  - Other WHO training courses on microscopy, case management, vector control, malaria surveillance and elimination implemented at inter-country and country levels
  - Regional trainings of IPO / NPO
  - Many other malaria training activities run every year by MOH and other institutions
- Little coordination or quality assurance
- A strategy needed for sustainable development (massive expansion) of human capacity to fight malaria

Development of Capacity Building Strategy

- Initial, informal brain-storming session 14-15 March 2018
  - Individuals with technical malaria expertise +/- pedagogical skills

- Focus on the needs of those active in malaria control in endemic countries
  - National Malaria Control Programmes, frontline health workers, other implementing agencies (e.g. NGOs), WHO staff working on malaria.



Global **Malaria** Programme

Informal Consultation on the Development of a Capacity Building Strategy for Malaria Control and Elimination

14 to 15 March 2018 , D46025, WHO/UNAIDS Building D
World Health Organization, Geneva, Switzerland

PROVISIONAL PROGRAMME

Day 1: Wednesday 14 March 2018

09.00 – 09.15	Welcome	Director GMP WHO
09.15 – 09.30	Introduction: Meeting objectiv of participants	
Session 1: Who needs what training?		
09:30 – 10:00	WHO experience and tools in t	
10.00 – 10.45	View from WHO regional level	
10.45 – 11.15	*Coffee break*	
11.15 – 11.45	Needs at the country level • View from an NMCP	
11.45 – 12.25	Country level needs perceived • View from the GFATM • View from PMI	
12.25 – 13.00	Discussion	

Session 2: Who's delivering training to whom: a review of actors, content & models

14.00 – 14. 30	The malar	
14.30 – 15.30	Capacity b • Asian • Africa • Globa • Harva devel	
15.30 – 16.00	*Coffee bre*	

Session 3: Experience from other initiatives

16.00 – 17.30	Short talks from other capacity strengthening initiatives • Global Health Workforce Network Education Hub • Innovations in teaching (e.g.,MOOCS and more…) • SEAMEO TropMed Network • WHO TDR – training centres • IMCI – eLearning platform • EDU - a collaborative online learning solution, with use cases for WHO and OECD	Siobhan Fitzpatrick Craig Higgins Pratap Singhasivanon Pascal Launois Wilson Were Holm Keller
17.30 – 17.55	Discussion & wrap-up	

Achievements: training materials developed

Entomology and vector control
- Guide for participants
- Guide for tutors

Case management
- Guide for participants
- Guide for tutors

Epidemiological approach
- Guide for participants
- Guide for tutors

Planning and managing programme
- Guide for participants
- Guide for tutors

Malaria elimination
- Guide for participants
- Guide for tutors

E-learning training package: malaria case management

E-learning training package: Entomology and vector control

E-learning training package: Epidemiological approach

Collaborating national institutions

- Ethiopian Health and Nutrition Research Institute, Ethiopia
- Centro Regional de Desenvolvimento Sanitário de Maputo, Mozambique
- Institut Regional de Santé Publique of Quidah, Benin
- Malaria Training Centre in Bandar-Abbas, School of Public Health, Tehran University of Medical Sciences, Iran
- Blue Nile National Institute for Communicable Diseases, University of Gezira; Sudan
- Directorate of Malaria Eradication, Sultanate of Oman
- School of Public Health, University of Ghana
- Ministries of Health of Kazakhstan, Turkmenistan, Taijikstan, Georgia and Azarbaijan

Regional WHO perspective

- Recognition WHO not always best-placed to deliver training
  - Need for global, regional & sub-regional partnerships/networks
- Pre-service, in-service, induction & refresher training needed for staff at all levels of the health system, and WHO staff
  - Transferable skills, line systems, research/surveillance skills
  - Communities of Practice
- Recognition of the role of training & research centres
- Need to build capacity for capacity strengthening

Country perspectives

- Extensive assessments of capacity strengthening needs conducted, some at request of GFATM
  - No standard template for capacity assessments
  - No clear target on number of staff at different cadres
- Need for national level modification of generic materials
  - ACTmalaria offer specific training on this in SEA/GMS
- Sierra Leone's use of training centres
  - Benin entomology, Ghana field epi, Tanzania DHIS2
- Desire for better networking with NMCPs
- Limited WHO technical capacity in country office

Country perspectives

- PMI model (27 countries)
  - Needs assessments
  - Deliver training through implementing partners
  - Range of training options
    - Short courses (1-3 days, 3-9m), long-term (2yr), on-the-job with resident advisers
  - Recognised challenge of QA / tracking of participants
  - Costed strategic plan needed
- Landscaping analysis (Swiss TPH)
  - Includes assessment of training requirements at different levels
  - Add what NMCPs are doing to meet training needs

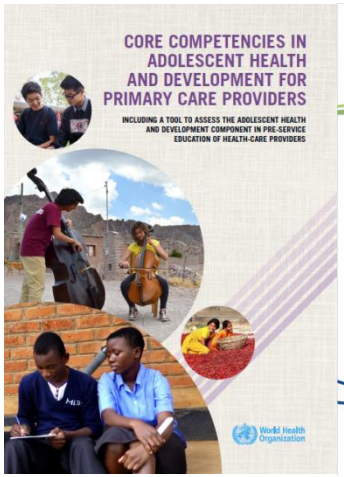
Training/capacity strengthening models

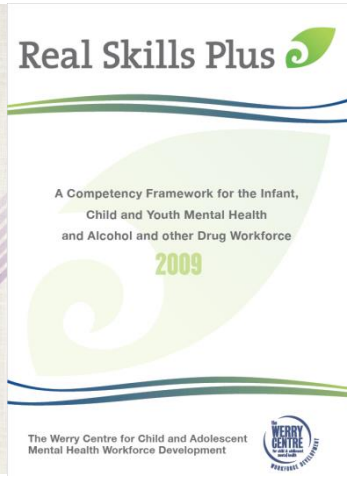
- Networks
  - ACTmalaria, SEOTROPMED, African Network on Vector Resistance
  - Global Health Network
- Training Centres
- Electronic resources
  - MOOCS, mini-MOOCS – accreditation
  - eIMCI, EDU
- High level course for future leaders
- Blended (face-to-face and online) learning
- Normative work of WHO's Health Work Force department

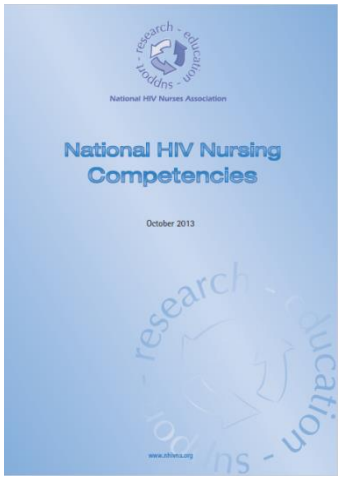
Emerging themes

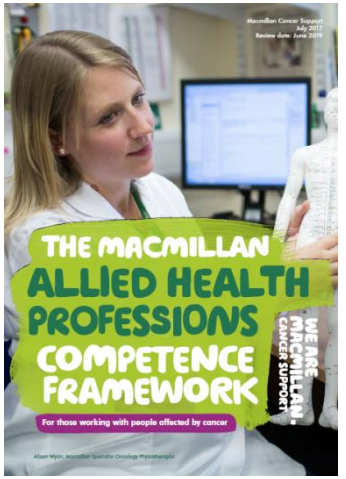
- Capacity building – not just about training
- Training should focus on competencies
  - Implications for quality control
  - Use findings from systematic review of health worker performance
- Approaches to foster problem-solving skills
  - Changing mind sets – 'a problem to be solved...'
    - PDSA (Plan-Do-Study-Act) quality improvement cycles
- Quality assurance
  - Of content, and of its delivery
- Blended learning approaches - face-to-face plus online/digital platforms to extend reach and impact
  - Follow up after training & tracking of trainees
  - Building networks & communities of practice
- National (& sub-national) adaptation of training modules
- Resource needs and sustainability
- Need to engage Ministries of Finance – how?

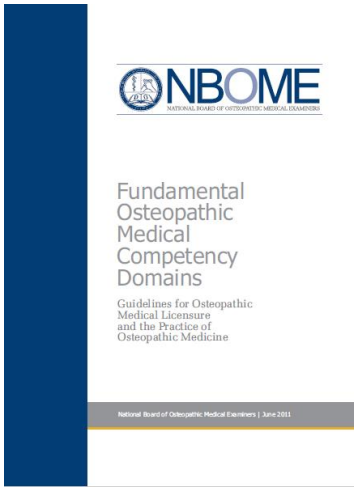
Proliferation of Competency Frameworks

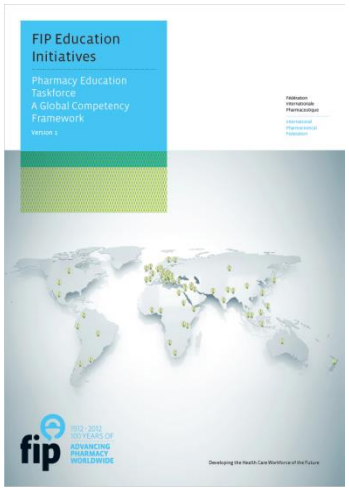












Example: malaria interventions

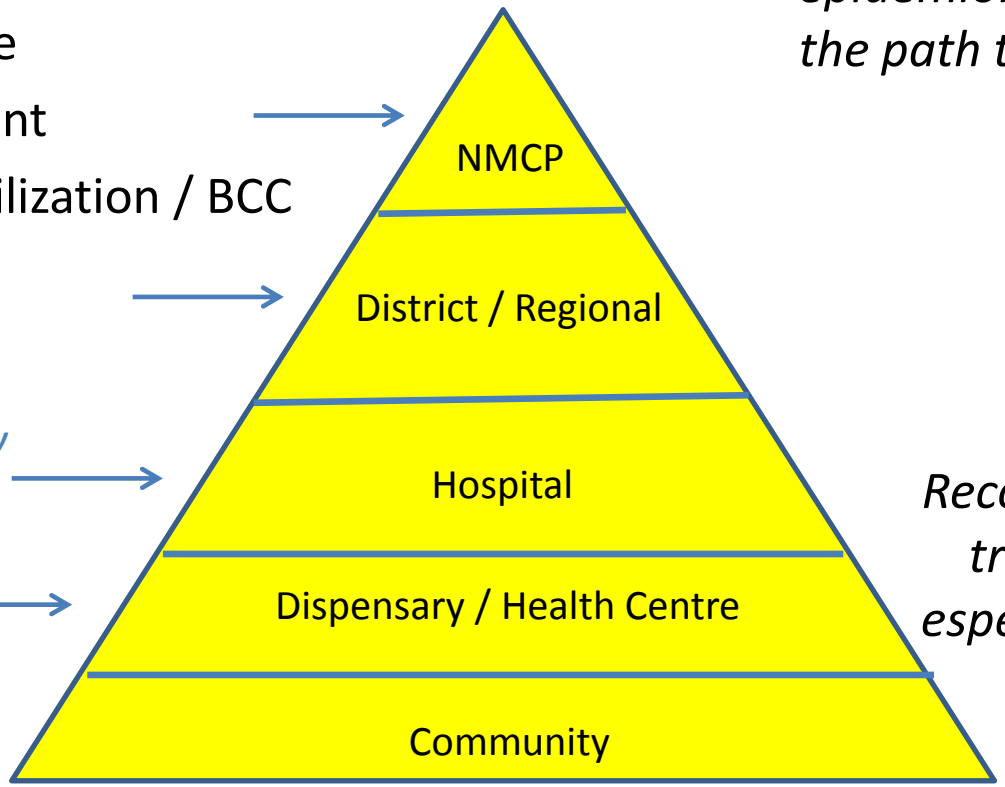
	Example interventions	Example competencies
Diagnosis	All cases of suspected malaria should have a parasitological test (microscopy or malaria rapid Diagnostic test: RDT) to confirm the diagnosis.	1. Knows when and how to conduct diagnostic tests for malaria and interpret results. 2. Determines treatment plan following malaria diagnosis, taking account of age, weight, other conditions including pregnancy, and available therapies. 3. Communicates diagnosis to client, delivers treatment plan and monitors client
	Treat children and adults with uncomplicated P. falciparum malaria (except pregnant women in their first trimester) with one of the following recommended artemisinin-based combination therapies (ACT): — artemether + lumefantrine — artesunate + amodiaquine — artesunate + mefloquine — dihydroartemisinin + piperaquine — artesunate + sulfadoxine – pyrimethamine (SP)	
Treatment	Revised dose recommendation for parenteral artesunate in young children: Children weighing < 20 kg should receive a higher dose of artesunate (3 mg/kg bw per dose) than larger children and adults (2.4 mg/kg bw per dose) to ensure equivalent exposure to the drug.	
	Parenteral alternatives where artesunate is not available: If artesunate is not available, use artemether in preference to quinine for treating children and adults with severe malaria.	

Developing a competency framework

Define competencies in different technical areas:

- Diagnosis/laboratory
- Case management
- Entomology & Vector Control
- Surveillance
- Management
- Social mobilization / BCC

Consider different epidemiologies/stages along the path to elimination

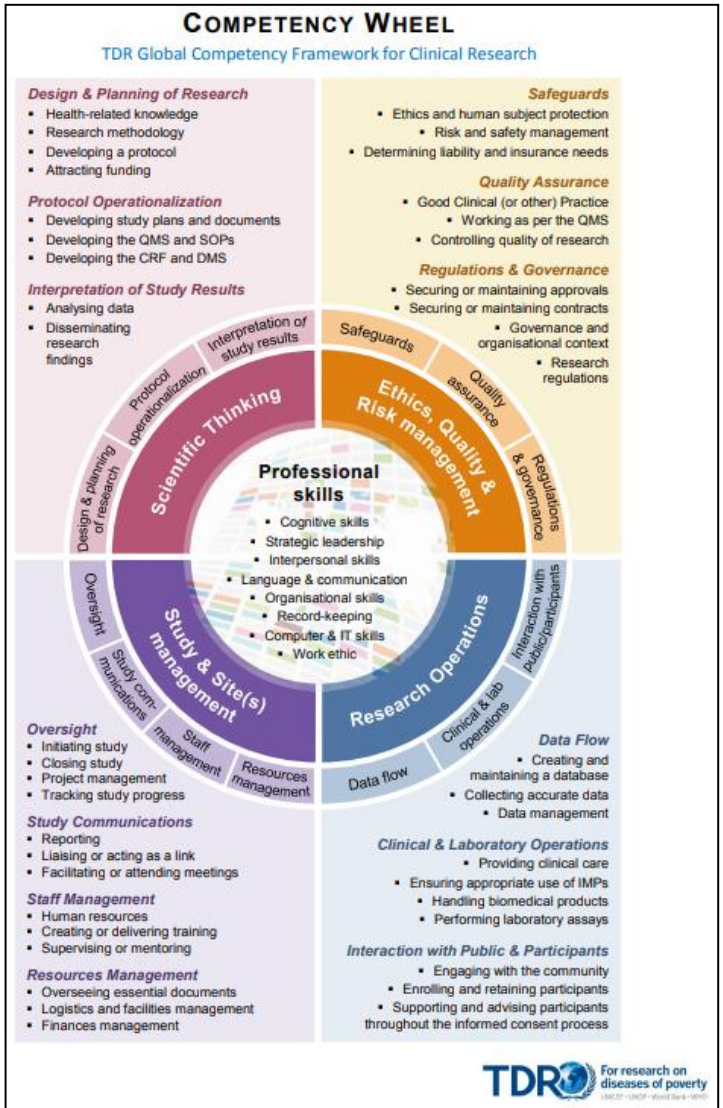


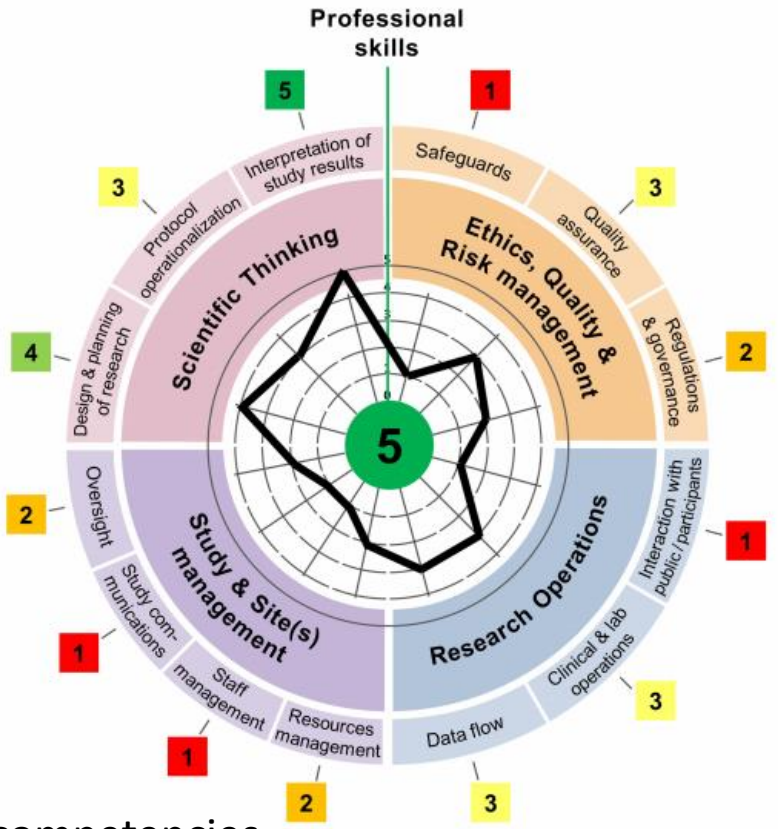
Recognize different entry points / qualification needs

Recognize importance of training integration, especially at lower levels

TDR and the Global Health Network

Core Competency Framework for health research





Radar of competencies
Build CV
Review annually with supervisor/mentor
Assess strength of team

World Health Organization

Development of Capacity Building Strategy

Next steps

- Continue landscaping analysis (Swiss TPH, a WHO CC)
- Develop competency framework for malaria control and elimination, structured according to Global Technical Strategy
- Develop the training matrix (identifying who (training participants), what (key areas for training) how (workshops, MOOC, etc.))
- Solicit feedback more broadly
- Build a coalition of partners for capacity building in malaria control and elimination

Participants

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