

Community Health Committee

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Remit from 32nd SMERG

“Optimizing the role of community health workers in rollout of malaria service delivery, and malaria surveillance”

RBM SMERG CHC

- Co-chairs:
 - Richard Maude (MORU/APMEN)
 - Luigi Nuñez (PSI)
- 19 members
- Established: September 2021
- 5 meetings

Vision Statement

The SMERG community health task force aims to provide guidance on

1) how the performance and impact of community health workers (CHWs) working on malaria, and integrated programs that include malaria, can be measured

and

2) how malaria programs can engage CHWs in SME.

(MORU/APMEN)

ASTMH Side Meeting
1st November 2022

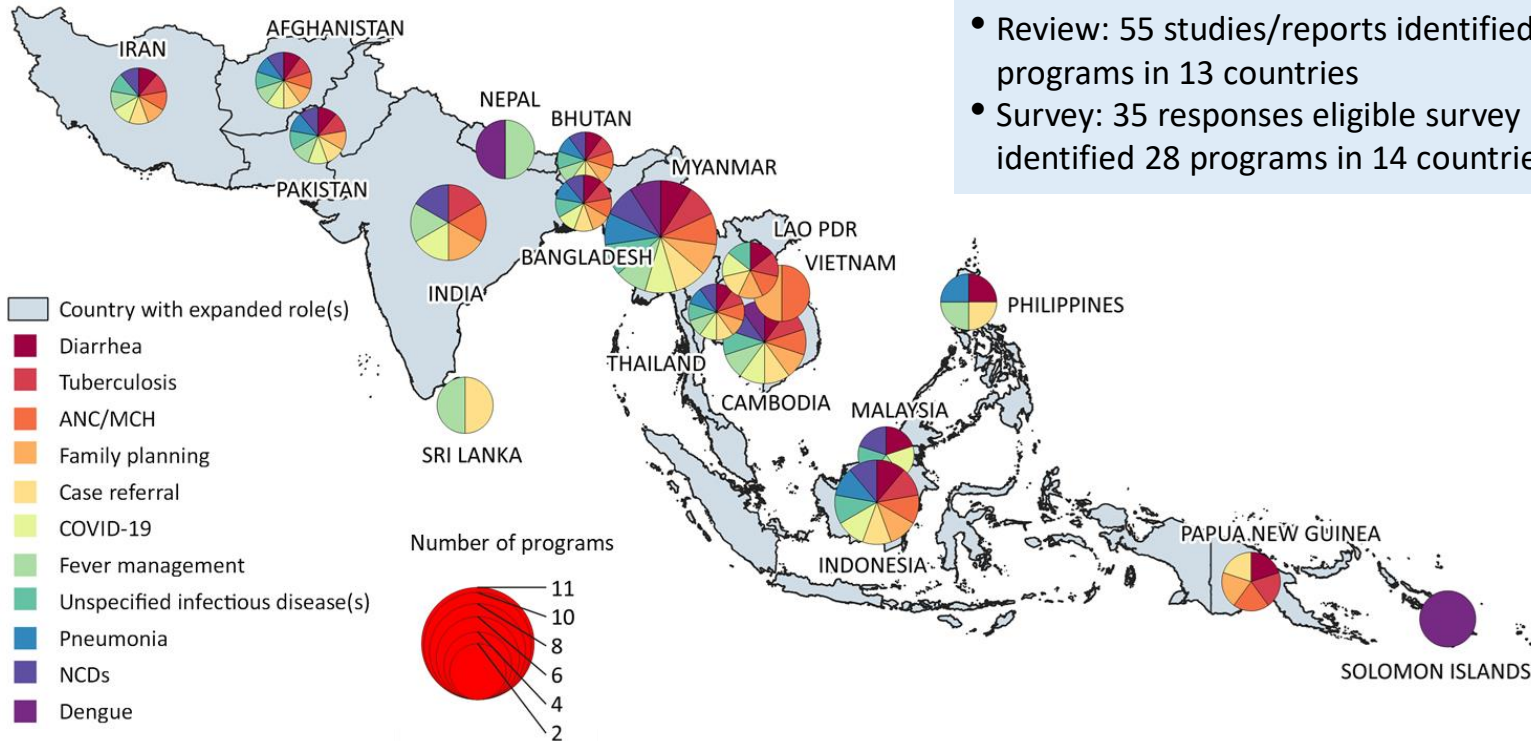
18 in-person participants

Agreed priority action:
Develop global guidance on how the performance of
community health workers (CHWs) working on malaria, and
integrated programs that include malaria, can be measured

Plan and summary of progress

- Leverage RAI3E project on sustaining village malaria workers to inform guideline development
 - Asia-Pacific landscaping systematic review of malaria CHWs
 - Asia-Pacific survey of implementing organizations for malaria CHWs
- RAI3E dissemination webinar 29th March 2023
 - Call for participation in guideline development: 22 registered interest (40 total)
- Review of existing relevant guidance and frameworks
- Identification of, and coordination with, stakeholder organizations: WHO, PMI, UNICEF, CHIC and CORE
- Brainstorm scope and framework for new guidance

Systematic review and survey: Identified 47 programs in 18 countries with wide range of non-malaria roles



- Review: 55 studies/reports identified 29 programs in 13 countries
- Survey: 35 responses eligible survey responses identified 28 programs in 14 countries

Developing global guidance on assessing performance of malaria CHWs: Rationale

- Clear gaps in reporting uniform malaria CHW assessment indicators
- Frameworks exist for assessing functionality of CHW programmes – very broad, not specific to malaria, lack measurable indicators:
 - Guidelines on CHW programme optimization (WHO-led) e.g.
 - [WHO guideline on health policy and system support to optimize community health worker programmes](#) (2018)
 - [Health policy and system support to optimize community health worker programmes for HIV, TB and malaria services: an evidence guide](#) (2021)
 - Guideline on assessing functionality of CHW programmes (USAID/UNICEF-led)
 - Community Health Worker Assessment and Improvement Matrix (CHW AIM) - [Updated Program Functionality Matrix for Optimizing Community Health Programs](#) (2018)
 - Systematic reviews
 - [A conceptual framework for measuring community health workforce performance within primary health care systems](#) (2019)
 - [Which intervention design factors influence performance of community health workers in low- and middle-income countries?](#) (2015)
 - [Towards a framework for analyzing determinants of performance of community health workers in malaria prevention and control: a systematic review](#) (2014)

Brainstorm: Scope of work

- Aim: develop guideline on assessing the performance of malaria CHWs
- Scope of guideline:
 - Global
 - Includes only malaria-specific activities and indicators (exclude e.g. iCCM)
- Target audience:
 - Direct malaria CHW programme implementers – government and non-government

Malaria services that CHWs can provide:

- **Example: Malaria services CHWs can provide effectively from the WHO**
[“Health policy and system support to optimize community health worker programmes for HIV, TB and malaria services: an evidence guide”](#)

PROMOTION (27, 31)

- Promote vector control activities.
- Ensure that there is an insecticide treated net (ITN) over each sleeping space in each house and long-lasting insecticidal nets (LLINs) are provided to everyone who stays overnight in the community (e.g. potential imported cases). Distribute LLINs and ITNs.

PREVENTION (25, 27, 31)

- Deliver seasonal malaria chemoprevention (SMC) in eligible communities (25).
- Counsel communities on malaria prevention, case detection, early treatment and improving health-seeking behaviour.
- Provide health education about malaria complications, prevention and treatment.

INFECTION, DETECTION (28)

- Conduct case detection, diagnosis with RDTs and administer treatment, including passive detection, when community members make home visits for fever management and active detection.
- Report cases to health facilities, either through monthly reporting or proactive detection and referral.

CASE MANAGEMENT (24)

- Manage malaria cases: assess fever, perform RDTs, dispense ACT and counsel patients.
- Refer severe cases and accompany patients to the health facility.

INTEGRATED COMMUNITY CASE MANAGEMENT (25, 28, 29, 30)

- Use RDTs to diagnose malaria. Administer ACT to children with positive RDTs. Counsel on when to return.
- Use respiratory timers to diagnose pneumonia and administer amoxicillin to children with pneumonia.
- Administer oral rehydration solution to children with diarrhoea.
- Identify danger signs, give pre-referral treatment (e.g. rectal artesunate), and refer children with severe febrile illness, severe pneumonia or diarrhoea with severe dehydration to health facilities.
- Identify and refer children with severe malnutrition or other problems that need medical attention to a health facility.
- Advise on completion of treatment at home and prevention of illness.
- Manage drug supply logistics, ensuring that no drugs are expired or out of stock.

DATA AND EVIDENCE (25, 29)

- Provide surveillance information about malaria morbidity and mortality, as well as pneumonia, diarrhoea and malnutrition, when involved in iCCM.

Indicators for malaria services that CHWs can provide:

- **Wide variety without consensus**
- **Example:** UNICEF [“Guidance for Community Health Workers Strategic Information and Service Monitoring”](#) (p.81)

		HH	CS	MATURITY	POP	WASH	ENE	SRH	IMAT	NB	CH	AOD	EPI	HIV	MAL	TB	NTD	CP/IPV	CRVS	NCD	NUT	MEN	PCS	CBS
113	Number/proportion of children under 5 who had fever in the last two weeks	Y	N	B											P									
114	Number/proportion of households with at least one insecticide-treated nets (ITN)	Y	N	B											P									
115	Number/proportion of households with at least one ITN for every two persons	Y	N	B											P									
116	Number/proportion of population who slept under an ITN the previous night	Y	N	B											P									
117	Number/proportion of population living in a house sprayed by IRS in the previous 12 months	Y	N	B											P									
118	Number of ITNs distributed by CHWs	Y	Y	A											A									
119	Number/proportion of febrile cases who received a rapid diagnostic test (RDT)	N	Y	B											P									
120	Number/proportion of suspected cases who received a RDT	N	Y	B											P									
121	Malaria RDT positivity rate	N	Y	A											P									
122	Number/proportion of patients with malaria who received first-line antimalarial treatment according to national policy	N	Y	A											P									
123	Number/proportion of children with confirmed malaria and danger signs who are referred	N	Y	A / C											P									

		HH	CS	MATURITY	POP	WASH	ENE	SRH	IMAT	NB	CH	AOD	EPI	HIV	MAL	TB	NTD	CP/IPV	CRVS	NCD	NUT	MEN	PCS	CBS
124	Number/proportion of children with malaria danger signs referred after administration of rectal artesunate	N	Y	A / C											P									
125	Number of pregnant women who have received zero/one/two/three or more doses of intermittent preventive treatment of malaria in pregnancy (IPTp)	N	Y	B											A									
126	Number of children aged 3-59 months who received zero/one/two/three/four or more courses of seasonal malaria chemoprevention (SMC) in a transmission season	Y	Y	B											A									

Systematic review: list of CHW malaria activities

Promotion	Surveillance (infection, detection)
Promote the use of insecticide-treated bed nets (ITNs) and/or long-lasting insecticidal nets (LLINs)	Active Case Detection
Survey the use of insecticide-treated bed nets (ITNs) and/or long-lasting insecticidal nets (LLINs)	Passive Case Detection
Distribute insecticide-treated bed nets (ITNs) and/or long-lasting insecticidal nets (LLINs)	Early diagnosis and treatment (EDAT)
Impregnate mosquito nets	Case reporting (real-time reporting)
Distribute larvacides	Case reporting (routine, monthly reporting)
Perform indoor residual spraying	Case management
Manage larval sources	Treatment for Pf with antimalarial (ACT)
Prevention	Treatment for Pv (ex. primaquine for radical treatment)
Distribute mosquito repellent	Provide pre-referral treatment (e.g. rectal artesunate)
Deliver seasonal malaria chemoprevention (SMC) in eligible communities	Perform RDT
Counsel communities on malaria prevention, case detection, early treatment and improving healthseeking behaviour.	Obtain blood smears for microscopic diagnosis
Provide health education about malaria complications, prevention and treatment	Assess fever (temperature reading, verbal screening)
Intermittent preventive treatment of malaria during pregnancy (IPTp)	Counsel patients
Data and management	Refer sever cases
Manage RDT, drug, and other supply logistics	Refer pregnant women
Attendance in required supervisory and/or monthly meeting	Refer children under (specified) ages
	Refer for G6PD testing
	Accompany patients to health facility (part of referral process)
	Follow-up patient to monitor adherence to treatment schedule

Next steps

- Reach out to list of interested collaborators and reconfirm interest
- Review and agree on scope of guidelines
- Update plans with WHO, PMI, UNICEF, CHIC and CORE
- Delegate roles for guideline writing
 - Groups focussed on sets of activities
 - Agree indicators and map to activities
- Online writing workshops