RBM Case Management Working Group Update

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**Case Management Working Group**

Purpose and objectives

- To minimize wasteful duplication, maximize synergies, and encourage harmonization and pooling of efforts for faster uptake and scale up of malaria case management strategies and interventions

- The main objectives:
  - **Provide a forum** for the dissemination of the normative and policy-setting guidelines of WHO and for sharing best practices for adaptation and implementation by international and country-level partners
  - **Support the scale up and implementation** of policies and strategies to ensure universal coverage and access to quality malaria case management in endemic countries
  - **Align and facilitate** collaboration between partners to avoid duplication and inefficiencies; sharing experiences and best practices; and identification of challenges or bottlenecks
Meeting objectives:
- To provide updates on state of the art and hot topics in malaria case management
- To convene country reps and malaria partners to share experiences and evidence on best practices for improving malaria case management

Key sessions
- Drug resistance
- Diagnostic testing - hrp2/3 deletions
- Severe Malaria
- Quality improvement of malaria CM
- PMC and Other Drug-Based Approaches
- M&E of malaria case management

Field Visit: Health Facilities
District Hospital, Health Center and CHIPS Compounds
Key Takeaways: Drug resistance and hrp2/3 deletions

- Emerging Artemisinin Partial resistance in East and in Horn of Africa
- There is no confirmed partner drug resistance in Africa
- Strategy to respond to antimalarial drug resistance in Africa in 2022: need to be updated at country level with support of WHO
- Need to strengthen molecular surveillance at country level: HFS, MIS and other surveys
- Supply chain challenges in some countries (2nd line)
- Need to strengthen cross border collaboration
- High prevalence of hrp2/3 deletions in Horn Africa: Djibouti, hrp2 deletions around 85–86%, also high in Eritrea and parts of Ethiopia
- Use a pLDH-based RDT: Operational and costs implication
- Need to strengthen microscopy as an alternative
Key takeaways: Quality Improvement of Malaria Case Management

- We should focus on quality improvement (QI) approaches rather than past approaches that focused on quality monitoring.

- Outreach, Training, and Supportive Supervision (OTSS) is a comprehensive quality improvement approach that combines competency-based supervision with onsite, real-time training and coaching to address identified gaps.

- A recent independent evaluation validated the effectiveness of OTSS and the value of digital data collection for improving quality and data use.

- Funds are often limited for QI activities. Need to increase funding and also find innovative approaches to implement QI activities in the most efficient way, including combining OTSS with targeted mentoring, and peer-to-peer and virtual approaches.
Key takeaways: Malaria Case Management M&E Indicators

- Ideally, good QI performance should correlate with improvements in outcomes measured through HMIS/DHIS2
- Outcome indicators for case management (HMIS/DHS/MIS data) were developed >20 years ago. Some of the indicators still rely on fever as a proxy for malaria. It is time to review and update.
- We need to improve our data systems to ensure that cases captured outside health systems are tracked appropriately
- We need to increase private sector reporting, we only see a portion of disease burden, and lack information on the quality of the care provided and whether treatment is based on a diagnostic test
- We can greatly improve systems by linking lab, pharmacy, and supply chain data systems so we can view strengths and weaknesses of service delivery
Way Forwards

- It was recommended to establish supply chain sub-technical working group
- Need to prioritize on CM (treatment, diagnostic tools and innovation approaches) on the global malaria agenda
- Use the CMWG platform to share global updates and south to south experience through webinars, group emails etc
- Strengthen our collaboration with other technical working groups within RBM, including with the MIP, SBC, and SME working groups
THANK YOU

https://endmalaria.org/our-work-working-groups/case-management