Update on guidance dissemination

Meeting of the Malaria Policy Advisory Committee
Geneva, September 2013

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Context for guidance dissemination

Factors influencing success of dissemination

- Timeliness of guidance releases
- Quality of overall launch plans and dissemination strategies
- Availability of translated versions
- Quality of NMCP and partner engagement strategies

Factors influencing guidance uptake at country-level

- Strength of health systems, availability of financial and technical resources at country level, political commitment
- WHO’s ability to engage countries through advocacy, and to offer and mobilize technical and financial support
Guidance dissemination: a shared responsibility

- Dissemination is responsibility of all three levels of WHO:
  - **Global Malaria Programme**: leads development of global guidance documents, relationship management with key global partners and funders, primary interface with MPAC
  - **Regional Offices and Inter-country Support Teams**: responsible for guidance adaptation and dissemination in Regions, development of regional implementation plans, provision of technical assistance
  - **Country Offices**: primary interface with Ministries of Health, country-level advocacy, provision of technical assistance, monitoring and evaluation

- **RBM mechanisms** provide key channels for dialogue, partner engagement, guidance dissemination, and solicitation of feedback
Overview of key outcomes (past 18 months)

- **Improved online presence and communications infrastructure**
  - Rebuilt and updated content on WHO malaria website
  - GMP newsletter and internal WHO mailing list

- **Engagement of policy-makers and MoHs**
  - T3: Test. Treat. Track, WHO DG, MoH Namibia (Namibia, April 2012)
  - “Outside of Africa” report, Sydney malaria summit (Nov 2012)
  - WMR 2012, Liberian President, AFRO RD (Liberia, December 2012)
  - Emergency response to artemisinin resistance in GMS, WPRO RD, MoH Cambodia (Cambodia, April 2013)
  - Malaria Situation Room and Larval source management manual – African Union Special Summit, several MoH (Liberia, July 2013)

- **Strategic use of scientific conferences**
  - ASTMH 2012, 8th European Congress on Tropical Health and Medicine, MIM 2013, ASTMH 2013
New WHO malaria website (1)

Malaria Policy Advisory Committee to convene for fourth meeting

29 August 2013 – The fourth meeting of the Malaria Policy Advisory Committee (MPAC) will take place in Geneva, Switzerland, on 11-13 September. The MPAC will review evidence on intermittent preventive treatment in pregnancy (IPTp) and will discuss the findings of new expert reports on vector control interventions, drug resistance and containment, malaria burden estimation and other themes. The WHO Global Malaria Programme will brief the MPAC about the development of the WHO Global Technical Strategy for Malaria Control and Elimination 2016-2025 and the Global Strategic Plan for P. vivax Control and Elimination. The draft meeting agenda can be consulted on the dedicated MPAC page.

More information on the upcoming MPAC meeting

<table>
<thead>
<tr>
<th>Highlights</th>
<th>Malaria Policy Advisory Committee to convene for fourth meeting</th>
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<tbody>
<tr>
<td></td>
<td>New training modules: Entomology and vector control, and case management</td>
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<tr>
<td></td>
<td>New publication: Field guide on seasonal malaria chemoprevention</td>
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Latest news

18 July 2013 – Malaria Situation Room launched at AU summit in Abuja
At the Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria, WHO and partners announced the establishment of a joint intelligence gathering unit to deliver urgent strategic support to the 10 countries with the highest malaria burden in Africa.

17 July 2013 – New publication: Operational manual on larval source management
The manual provides guidance to national malaria control programmes on the planning, implementation, management and evaluation of larval source management (LSM) programmes.

20 June 2013 – Latest MPAC report available in Malaria Journal

World Malaria Report 2012

The World Malaria Report 2012 contains the latest available data on malaria policies and interventions in 99 countries with ongoing transmission.
Preventive therapies

Preventive chemotherapies are key elements of the comprehensive package of malaria prevention and control measures recommended by WHO. WHO-recommended preventive therapies include intermittent preventive treatment of pregnant women (IPTp), intermittent preventive treatment of infants (IPTi), and seasonal malaria chemoprevention (SMC). The objective of these interventions is to prevent malarial illness by maintaining therapeutic drug levels in the blood throughout the period of greatest malarial risk.

Overview of preventive therapies
WHO recommends a full antimalarial treatment course to be given to pregnant women, infants and children, to prevent the consequences of malaria infection.

Intermittent preventive treatment in pregnancy (IPTp)
WHO recommends the administration of IPTp in pregnant women in areas of moderate to high malaria transmission in Africa.

Intermittent preventive treatment in infants (IPTi)
WHO recommends the administration of IPTi in infants in areas of moderate to high malaria transmission in Africa. The administration of the therapy should correspond to the routine vaccination schedule.

Seasonal malaria chemoprevention (SMC)
WHO recommends the administration of SMC in children under five years of age in areas with highly seasonal malaria transmission in the Sahel sub-region of sub-Saharan Africa.

World Malaria Report 2012
The World Malaria Report 2012 contains the latest available data on malaria policies and interventions in 99 countries with ongoing transmission.

— Read the full report
— Country profiles 2012
New WHO malaria website (3)
New WHO malaria website (4)
New WHO malaria website (5)

Media centre

Malaria affects 99 countries and territories around the world, and inflicts a particularly heavy burden on countries in sub-Saharan Africa. According to WHO’s latest estimates, about 219 million cases occurred in 2010 (range: 154 – 289 million) and the disease caused approximately 660 000 deaths (range: 490 000 – 636 000), mostly in children under five years of age. WHO recommends a multi-pronged strategy to prevent, control and eliminate malaria, which includes vector control interventions, preventive therapies, diagnostic testing and treatment with quality-assured artemisinin-based combination therapies (ACTs), as well as strong malaria surveillance.

Malaria factsheets and Q&As

Q&A on artemisinin resistance
April 2013

WHO global factsheet on malaria
March 2013

Factsheet on the World Malaria Report 2012
December 2012

Q&A on malaria vaccines
pdf, 134kb
November 2012

Q&A on the Affordable Medicines Facility malaria (AMFm)
October 2012

Q&A on the Global Plan for Insecticide Resistance Management in malaria vectors
May 2012

News releases

WHO launches emergency response to antimalarial drug resistance
24 April 2013

New report signals slowdown in the fight against malaria
14 December 2012

World Malaria Day 2012
24 April 2012

— More news releases

World Malaria Report 2012

The World Malaria Report 2012 contains the latest available data on malaria policies and interventions in 99 countries with ongoing transmission.

— Read the full report
— Country profiles 2012

SpeECHES by the Director-General

Director-General commemorates World Malaria Day
22 April 2012
New WHO malaria website (6)
New WHO malaria website (7)

**Document archiving**
- 220+ documents have been retagged and approx. 50% have been archived

**Multilingual content**
- French mirror site, other language mini-sites updated
- Comprehensive French document centre created

**Web maintenance**
- Proactive scanning of online space for outdated documents
- Part-time professional hired to support GMP

**Long-term vision**
- Build a website bringing together all WHO malaria information
New WHO malaria website (8)

Web statistics

- *World Malaria Report* (35,000) and treatment guidelines (10,000) most downloaded products during past ten months
- Peaks for visits: April (World Malaria Day) and December (World Malaria Report)

**Most frequent visitors**

<table>
<thead>
<tr>
<th>Country/Territory</th>
<th>Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>39,029</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>26,908</td>
</tr>
<tr>
<td>Spain</td>
<td>20,848</td>
</tr>
<tr>
<td>(No set location)</td>
<td>19,151</td>
</tr>
<tr>
<td>India</td>
<td>18,181</td>
</tr>
<tr>
<td>Canada</td>
<td>8,969</td>
</tr>
<tr>
<td>France</td>
<td>7,030</td>
</tr>
<tr>
<td>Japan</td>
<td>6,303</td>
</tr>
<tr>
<td>Italy</td>
<td>5,818</td>
</tr>
<tr>
<td>Germany</td>
<td>5,333</td>
</tr>
</tbody>
</table>

![Map showing the most frequent visitors](image)
Journey of a product - post launch (1)

All products

- Linked from web Document Centre and all related pages
- Electronic dissemination to Regional Offices, Country Offices (listserv) plus RBM partners and contributors
- Presentation of guidance at programme managers meetings, workshops, RBM technical meetings
- Presentation of guidance to, and dialogue with, Ministries of Health
- Hardcopy dissemination (1000-2000 copies on average)
- All guidance explained in annual World Malaria Report
- Presentations/ symposia/ exhibition stands at scientific conferences, WHA and RC meetings, inter-governmental conferences
Journey of a product - post launch (2)

All products

- Linked from web Document Centre and all related pages
- Electronic dissemination to Regional Offices, Country Offices (listserv) plus RBM partners and contributors
- Advocacy package (powerpoints, policy briefs, Q&As), webinars, memos to Heads of COs, articles in peer-reviewed journals
- Presentation of guidance at programme managers meetings, workshops, RBM technical meetings
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- Presentations/symposia/exhibition stands at scientific conferences, WHA and RC meetings, inter-governmental conferences
Journey of a product - post launch (3)

All products

- Linked from web Document Centre and all related pages
- Electronic dissemination to Regional Offices, Country Offices (listserv) plus RBM partners and contributors
- Advocacy package (powerpoints, policy briefs, Q&As), webinars, memos to Heads of COs, articles in peer-reviewed journals
- Presentation of guidance at programme managers meetings, workshops, RBM technical meetings
- Presentation of guidance to, and dialogue with, Ministries of Health
- Hardcopy dissemination (1000-2000 copies on average)
- All guidance explained in annual *World Malaria Report*
- Presentations/ symposia/ exhibition stands at scientific conferences, WHA and RC meetings, inter-governmental conferences
Journey of a product - post launch (4)

In addition, for some products

- Global and regional press releases (Treatment guidelines, GPARC, ERAR, WMR)
- Major global or regional launch events (GPIRM, WMR, Situation Room/ LSM manual)
- Global dissemination by WHO Press, available for purchase in WHO online bookshop (below sales figures since release)

<table>
<thead>
<tr>
<th>Title</th>
<th>Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>World Malaria Report 2012 (2013)</td>
<td>246</td>
</tr>
<tr>
<td>Global plan for insecticide resistance management in malaria vectors (2012)</td>
<td>494</td>
</tr>
<tr>
<td>World Malaria Report 2011 (2012)</td>
<td>386</td>
</tr>
<tr>
<td>Guidelines for the treatment of malaria. 2nd ed. (2010)</td>
<td>6241</td>
</tr>
</tbody>
</table>
MPAC information on the web/in reports

Malaria Journal - access statistics
- September 2012 report – accessed 5100 times to date
- March 2013 report – accessed 3300 to date

MPAC website
- Meetings and meeting reports highlighted on malaria front page
- 8,000 visits during past 10 months
- All recommendations available on one page

MPAC information in key reports
- Reports for WHO Executive Board and World Health Assembly
- WHO annual malaria progress report for UN General Assembly
- Standing item in World Malaria Report policy chapter
Next steps – need more tailored approaches

- We already work with tailored approaches, and have individual dissemination plans for every product.
- However, need to develop more comprehensive, and more granular knowledge management plans for each product.
- Country dialogue held on SMC and IPTp guidance: good example of dissemination through face-to-face meetings, engagement of broader groups of programme managers, advocacy package.
- Guidance dissemination should be the beginning of a two-way dialogue, setting path for national consensus building, national malaria strategy updates and training activities.
- Considering study about operational challenges of implementation.
### MPAC-related information management

#### SAGE TRACKING RECORD OF RECOMMENDATIONS AND ACTION POINTS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Recommendations/Action Item</th>
<th>Category</th>
<th>Meeting Date</th>
<th>Status</th>
<th>Comments and Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>EAGE requested that a paper be developed, highlighting the circumstances under which off-label use of any vaccine can be recommended, while clarifying the differences between regulatory decisions and public health recommendations. Legal and programmatic implications of off-label recommendations and the need for clear communication should be considered.</td>
<td>Action</td>
<td>Apr 2012</td>
<td>Pending</td>
<td>Advice being sought through the ECSS - added to agenda of next meeting, 15-19 October 2012.</td>
</tr>
<tr>
<td>General</td>
<td>EAGE requested that cold chain and vaccine management, immunization and the non-specific effects of vaccines also be discussed by SAGE in the future.</td>
<td>Agenda Item</td>
<td>Nov 2011</td>
<td>Pending/Ongoing</td>
<td>A specific session on vaccines for an Insegregational Negotiating Committee to prepare a global logisti binding instrument on the use of mercury took place at the April 2012 SAGE meeting. It discussed thimerosal and alternative preservatives and presentations. A session on the non-specific effects of vaccines is under preparation and tentatively slated for April 2013. Other agenda items have been added on the next list of items to be discussed by SAGE and will be ready for discussion in the next 2 years.</td>
</tr>
<tr>
<td>General</td>
<td>EAGE recommended that new approaches, such as periodic intensification of routine immunization, be carefully evaluated prospectively to determine their effectiveness and cost-effectiveness.</td>
<td>Action</td>
<td>Apr 2009</td>
<td>Ongoing</td>
<td>Work with Immunization Basics to document country experiences is wrapping up. Mission to observe Zimbabwe Child Health Days which included routine catch-up doses was undertaken in June 2009. Final report available (17 June 2010). Mission to Malawi was undertaken in April/May 2010 to document the European Immunization Week (EIW) (draft report has been reviewed by WHO and will be finalized shortly). This topic has been referred to the WHO Immunization Practices Advisory Committee (IPAC) which has discussed it intensively at its meetings June and November 2010, particularly the issue of no longer being able to use the delivery strategy to reliably distinguish whether a dose is routine and supplementary. Jointly WHO and UNICEF prepared a Guidance Note outlining four criteria to determine if a given vaccination is a routine or supplemental dose. IPAC endorsed the Guidance Note at its meeting September 27-28, 2011. WHO/UNICEF are now proceeding to disseminate the criteria and consult with stakeholders regarding the consequences.</td>
</tr>
<tr>
<td>General</td>
<td>SAGE encouraged the European region to document and share its experiences in country pocketing, tailoring responses and using novel communication strategies to offset behaviour change.</td>
<td>Action</td>
<td>Nov 2010</td>
<td>Ongoing</td>
<td>The WHO European Region inaugurated its Immunization Communication Working Group in December 2010. EUR is working to give countries tools to address vaccine hesitancy at the individual level. This includes: 1. Development of the Tailoring Immunization Programs to Profile Susceptibles (TIPS) Toolkit, which allows a country or sub-national level authority to segment/pian a population based on behaviors rather than background characteristics. The resulting group profile can help inform programmatic responses that could be communication oriented or on the service delivery side. (tentative practices for other disease programs are included that can be adapted for country-specific issues). TIPS was piloted in Sweden and Bulgaria, the Toolkit is being further piloted and will hopefully be rolled out in more countries next year. 2. Strengthening the ability of nations states to handle crises in vaccine confidence and trust through a guidelines document on vaccine safety communication. It is currently under peer review. This was done at the request of EPI managers. 3. Advocating through Immunization Works, which began in 2006. Activities are independent for each country. 4. Strengthening the use of new media. Well-read bloggers who write in Russian and English will be brought to dialogue about how to better engage around vaccine confidence.</td>
</tr>
</tbody>
</table>
Thank you for your attention