Informal consultation to reconsider the formulation of malaria policy guidance

Concept note – 17-18 September 2019

Background

WHO uses evidence-informed processes to develop guidance on control malaria. The most robust evidence comes from randomized controlled trials (RCTs), although information from a range of study designs may feed into the policy-making process. By their nature, RCTs generate evidence under tightly controlled conditions. This has led to a tendency for some WHO malaria policies to be overly prescriptive. For example, seasonal malaria chemoprevention (SMC) is recommended where 60% of malaria cases occur in four consecutive months. However, a large proportion of the remaining cases may occur in an additional month or two, raising the question of whether extending SMC for an additional period may be appropriate. Other countries may have slightly less than 60% of their malaria cases in four months – is it appropriate that SMC not be implemented in such settings? Similarly, the specified target group for SMC (children aged XX-5 years) precludes implementation where a substantial portion of disease may occur in older children. Although there is variation in the way that the WHO Global Malaria Programme formulates policy across the different types of interventions (e.g. long-lasting insecticide treated nets [LLIN], treatment, SMC, intermittent preventive treatment in pregnancy) the current formulation of guidance effectively boxes malaria control programmes in, not least because the Global Fund to Fight AIDS, Tuberculosis and Malaria is only able to fund activities compliant with WHO policy. The net result is that malaria control efforts may be overly constrained by the way that policy guidance is currently formulate.

As malaria control improves, underlying heterogeneity in malaria risk is revealed. To further improve control, and to maximize the impact of the limited available resources, a shift in mindset is needed away from a one-size-fits-all to a problem-solving approach. This should involve the deployment of the most appropriate packages of interventions for the range of settings within a country, and this implies the need for guidance which allows flexibility in the implementation of existing tools and strategies.

This informal consultation will explore the advisability of moving from an approach which articulates specific guidance based on the conditions in which specific studies were conducted, to one in which the generalizability of findings from studies informs the casting of policy recommendations. Outcomes measured close to the point of biological activity of an intervention are likely to be more generalizable than downstream, public health outcomes. For example, the ability of an antimalarial drug to prevent infection with sensitive parasites is likely to be the same in all settings. However, the public health impact – and value for money – of a programme which aims to deliver these drugs at specific times to a defined target population is likely to vary widely according to a large range of contextual factors (age pattern of disease, itself a function of malaria transmission intensity, efficiency of delivery system, etc.).

A parallel may be drawn with the evolution of medical practice in Europe over the last 30 years. Previously, patients would be examined, diagnosed and treated by a doctor with little opportunity for the patient, a passive recipient, to engage in the process. Nowadays the patient is expected to ask
questions, challenge diagnoses and select their preferred course of treatment. The same evolution should apply to WHO's interaction with national malaria control programmes (NMCPs), recognizing that they increasingly need to rationalize malaria control across a range of settings in their countries.

**Specific objectives**

1. To explore how policy recommendations emerging from WHO guideline development processes can be reformulated to increase generalizability, where appropriate, and support problem-solving approaches in malaria control;
2. Through consideration of specific examples, explore the need for – and feasibility of – reformulating malaria policy recommendations;
3. Articulate principles to guide the formulation of malaria guidance.

**Methods**

End user participants will be asked to identify examples of policy guidance, with which they have difficulty, before the meeting. Examples of WHO policies from other departments will inform discussion on the breadth of malaria policy recommendations. The evidence needed for different types of policies, and considerations of generalisation from research study results, will be discussed.

**Participants**

Three main constituencies:

(i) academics and researchers who contribute to the development of evidence;
(ii) WHO advisers responsible for advising the WHO Global Malaria Programme on policy development;
(iii) end users of GMP guidance from NMCPs, the Global Fund and the President’s Malaria Initiative (PMI).

**Proposed time of workshop**

Two working days.