RBM Partnership To End Malaria

Social and Behaviour Change
Working Group

May 11, 2023 / 11 mai 2023 / 11 de Maio de 2023

General Call / Appel général / Chamada Geral

Slides in English | Diapositives en français | Slides Português - bit.ly/sbcwgcall

Welcome!

Bienvenue !

Bem-vindo!

Mariam Wamala Nabukenya, Co-Chair

Gabrielle Hunter, Co-Chair

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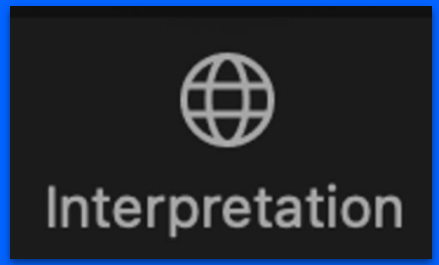
English *Français*

Português



Slides are available in English, French, and Portuguese.

Les diapositives sont disponibles en anglais, français et portugais.

Os slides estão disponíveis em inglês, francês e português.

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Let's Hear from You

Donnez nous vos nouvelles

Vamos ouvir de você

Welcome	**Mariam Nabukenya Wamala & Gabrielle Hunter** *Co-Chairs*
World Malaria Report - Highlights	**Dr. Abdisalan Noor** *World Health Organization Global Malaria Programme*
World Malaria Report - SBC Implications	**Mike Toso** *Steering Committee*
Questions & Answers	**Dr. Noor & Mike Toso**
SBC WG Annual Meeting	**Gabrielle Hunter**

World Malaria Report

Rapport Mondial sur le Paludisme

Relatório Mundial sobre a Malária

Dr. Abdisalan Noor
World Health Organization
Global Malaria Programme

Slides in English | Diapositives en français | Slides Português - bit.ly/sbcwgcall

World malaria report 2022

SBC WG Briefing

Dr Abdisalan Noor

Head, Strategic Information for Response Unit

Global **Malaria** Programme

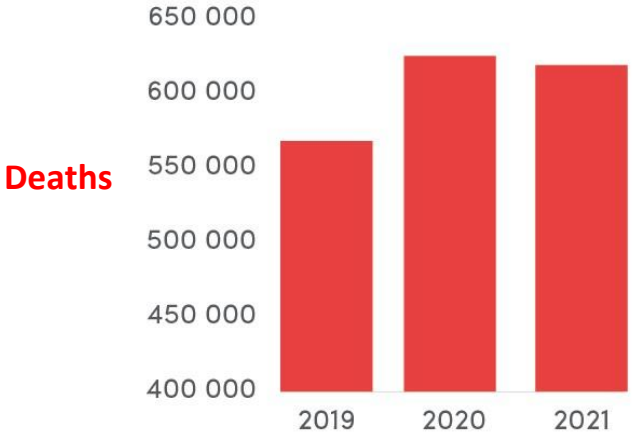
World Health Organization

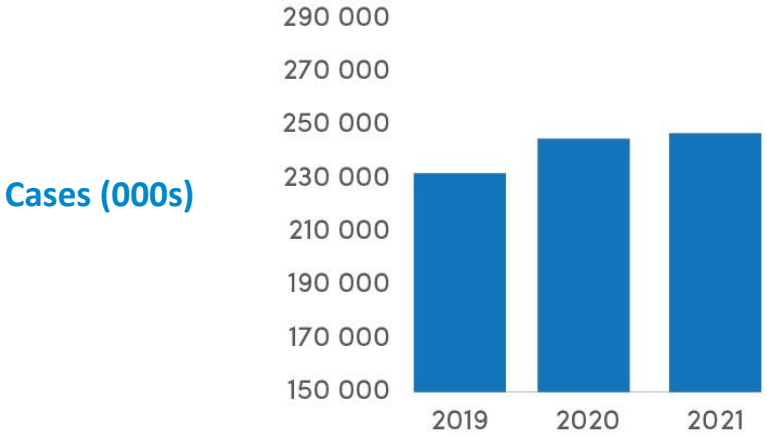
Four key themes in this year's report

i. Response
ii. Risk
iii. Resilience
iv. Research

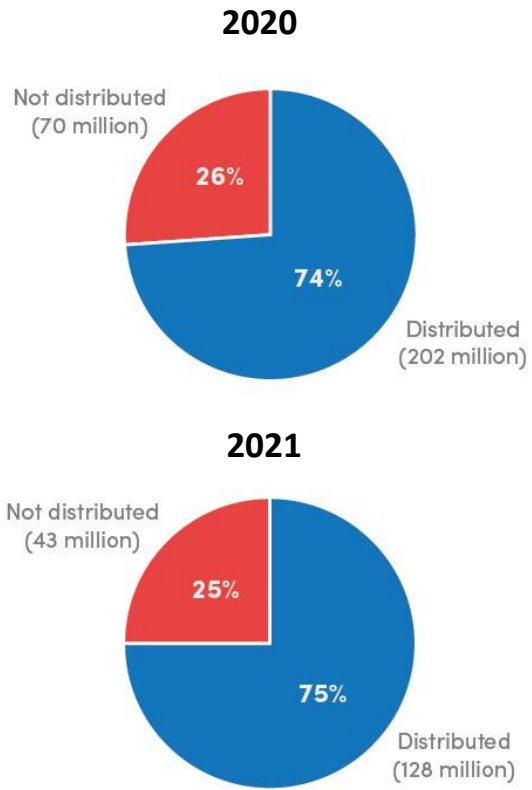
RESPONSE – global progress during the COVID-19 pandemic

- **KEY MESSAGE 1:** Despite COVID-related disruptions to malaria prevention, testing and treatment services, and the often-devastating impacts of the pandemic on health, social and economic systems, malaria endemic countries and their partners largely held the line against further setbacks to malaria control in 2021.





RESPONSE – distribution of interventions



Percentage of planned insecticide-treated net (ITN) distributions that reached target communities:

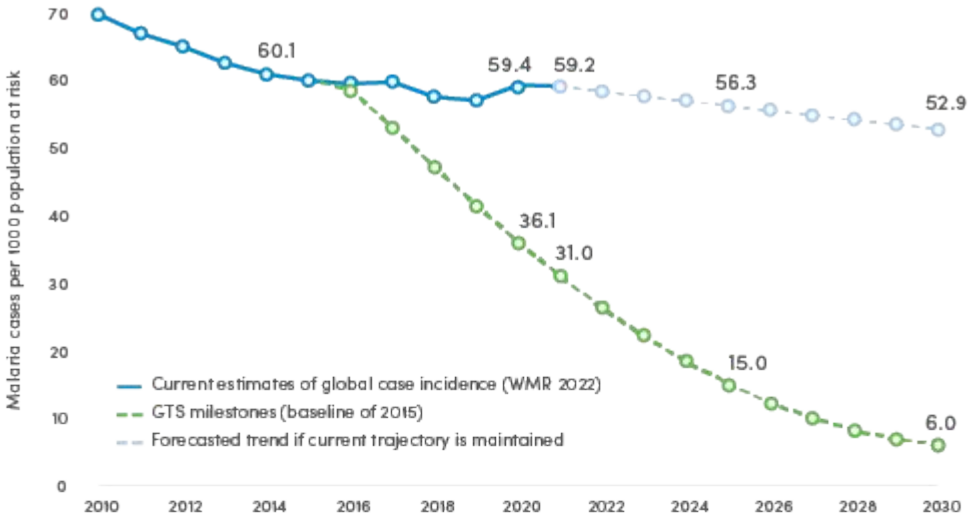
- **2020: 74%** of nets (202 million)
- **2021: 75%** of nets (128 million – similar to the ITN distribution levels reported before the pandemic)
- **SMC** distribution nearly doubled in 2021 compared to 2019

RISKS – several converging threats to process against malaria

KEY MESSAGE 2: **Efforts to curb malaria continue to face a convergence of threats, particularly in the African Region, which carries the heaviest burden of the disease. Disruptions during the pandemic together with other humanitarian crises, health system challenges, restricted funding, rising biological threats and a decline in the effectiveness of core disease-cutting tools are undermining progress towards global malaria goals.**

RISKS – global progress towards GTS targets remains off track

Comparison of global progress in malaria case incidence, considering two scenarios: current trajectory maintained (blue) and GTS targets achieved (green)

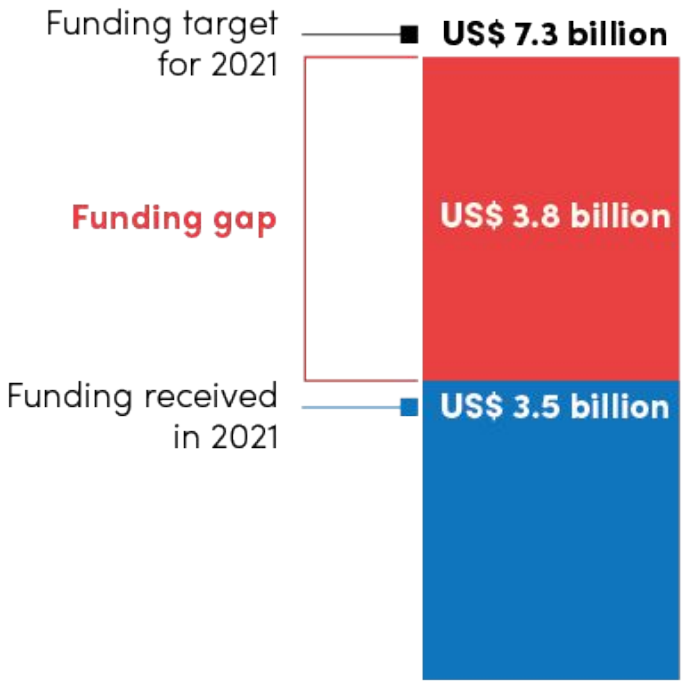


The WHO *Global technical strategy for malaria 2016-2030* (GTS) aimed to reduce malaria mortality and case incidence by at least 40% by the year 2020, at least 75% by 2025 and at least 90% by 2030.

Progress in reducing malaria case incidence remains off track:

- In 2021, global malaria case incidence was 59 cases per 1000 people at risk against a target of 31 – off track by 48%
- Also off track for mortality reduction milestone by 48%

RISKS – funding far off target, and the gap continues to widen

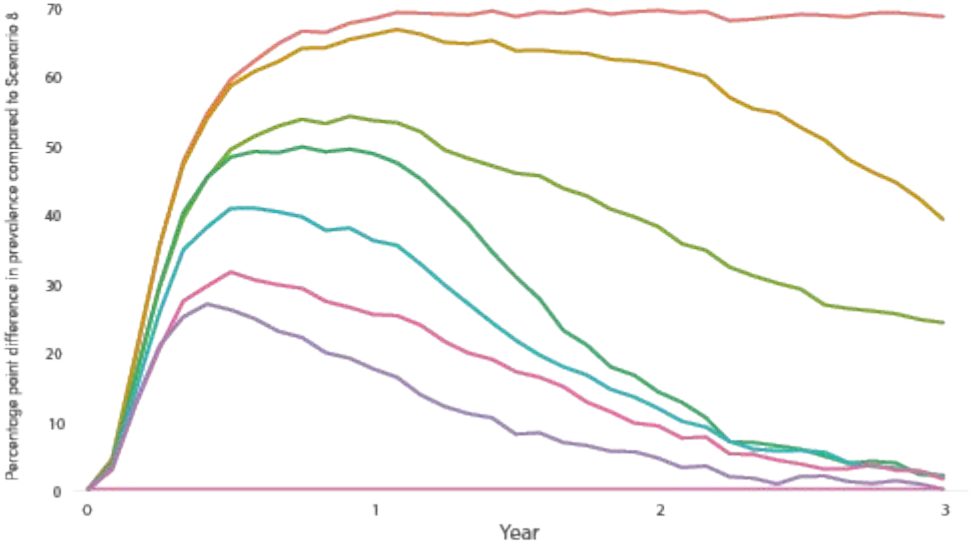


In 2021, a total of US$ 3.5 billion invested globally in malaria control and elimination against a target of US$ 7.3 billion. Funding gap has widened over the last 3 years:

- **2019:** US$ 2.6 billion
- **2020**: US$ 3.5 billion
- **2021**: US$ 3.8 billion

- The US$ 15.7 billion raised through the Global Fund 7th Replenishment fell short of the US$ 18 billion target

RISKS – a decline in the effectiveness of insecticide-treated nets (ITNs)



- Scenario 1: "Ideal" nets, perfect campaigns, perfect net use rate, nets retained forever
- Scenario 2: "Ideal" nets except that insecticide wanes; perfect campaigns, net use rate, and net retention
- Scenario 3: "Ideal" nets except that insecticide wanes and vectors are not fully susceptible; net use rate, and net retention
- Scenario 4: "Realistic" nets: net durability wanes, insecticide wanes, and vectors are not fully susceptible; perfect campaigns, net use rate, and net retention
- Scenario 5: "Realistic" nets, realistic campaigns (87% coverage), perfect net use rate and net retention
- Scenario 6: "Realistic" nets, realistic campaigns, realistic net use rate (83%), perfect net retention
- Scenario 7: "Realistic" nets, realistic campaigns, realistic net use rate, realistic net retention (50% of nets discarded after 1.9 years)
- Scenario 8: No LLINs in use in the population

Additional challenges to the effectiveness of pyrethroid-only ITNs include insecticide resistance, insufficient access and changing behaviour of mosquitos

- Despite these challenges, WHO recommends the continued use of ITNs across malaria-endemic settings

RISKS – multifaceted

- Challenges to the effectiveness of indoor residual spraying (IRS)
- Decreased sensitivity of commonly used rapid diagnostic tests (RDTs)
- ACT partial resistance emergence in Africa
- Spread of *Anopheles stephensi* in Africa
- Humanitarian crises
- Weak surveillance systems
- Ongoing pandemic

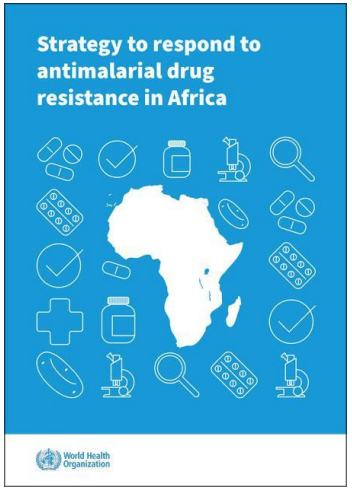
RESILIENCE – adaptation under severe challenges, opportunities for greater resilience

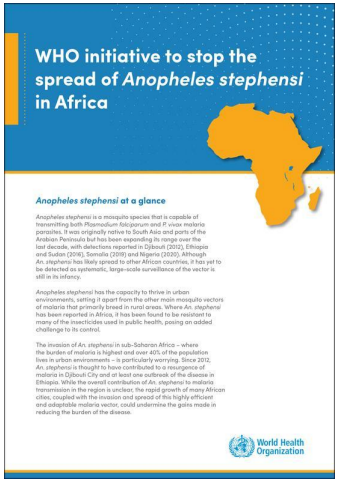
KEY MESSAGE 3: Despite these challenges, national malaria programmes have demonstrated their resilience through the worst of times. Targeted new strategies, restored funding and strengthened health systems could help countries regain lost ground and build an even more resilient response to malaria.

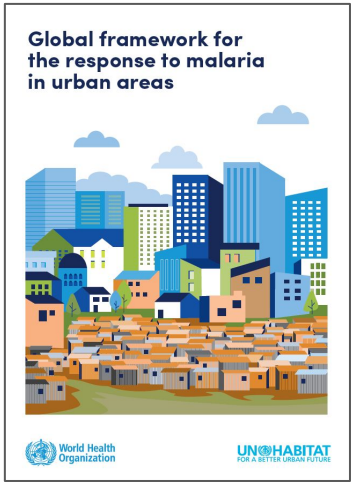
RESILIENCE – mitigating impacts of the COVID-19 pandemic

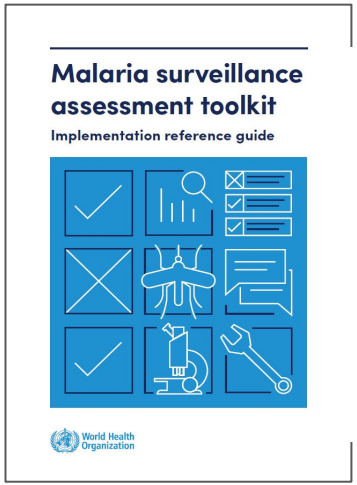
- **Country leadership** – National malaria programmes showed courage in the face of adversity and a remarkable commitment to ensuring the continuity of malaria services
- **Global coordination** – WHO convened workstreams and, in collaboration with partners, developed guidance for countries and resolved bottlenecks
- **Global funding** – the COVID-19 Response Mechanism (C19RM) fund, managed by the Global Fund, and flexibilities in Global Fund and PMI core funding were critical to country responses during the pandemic

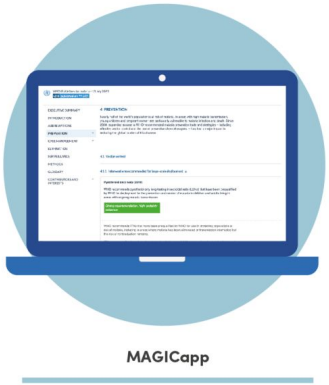
RESILIENCE – targeted strategies aim to build an even more resilient response









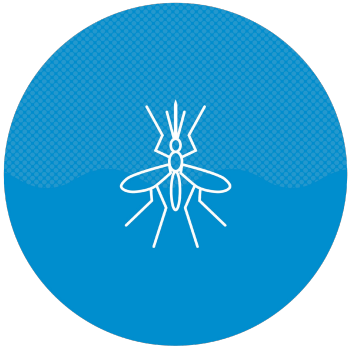


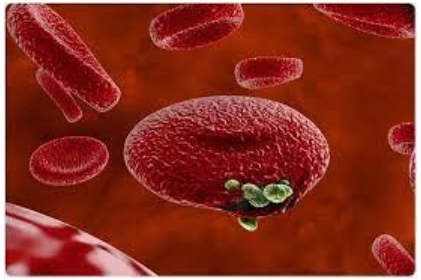
RESEARCH – new tools in the pipeline

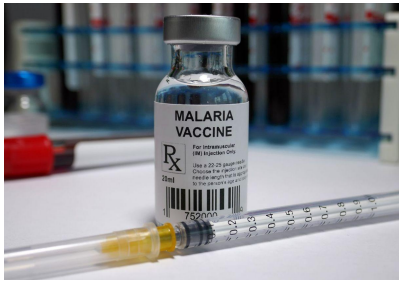
KEY MESSAGE 4: A promising R&D pipeline is poised to bring next-generation malaria control tools that could help accelerate progress towards global targets.

- Investments in R&D yielded the development of RDTs, ACTs and ITNs – the backbone of the global malaria response since 2000.
- Looking ahead, new types of vector control technologies, diagnostics, malaria medicines and vaccines hold promise.

RESEARCH – WHO guidance and product development partners







Resources

- Resources available on a shared platform: https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2022

SBC Implications

Implications pour la CSC

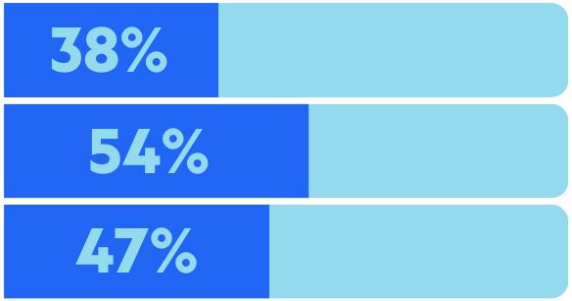
Implicações da MSC

Mike Toso
Steering Committee

Slides in English | Diapositives en français | Slides Português - bit.ly/sbcwgcall

ITN Access & Use are Below 2017 Levels

- **38%** of households **own** at least one ITN for every two people
  - **54%** of the population has **access** to an ITN in their home
- **47%** of the population **used** their net
  - 54% among pregnant women
  - Does not account for access to a net
- In parallel, global protection with **IRS** is declining
  - Less than 6% coverage among those at risk



Use SBC to improve net use and care.

"Although clear SBCC strategies exist, these critical interventions remain under resourced and greater investment is required." (page 103)

Factors Affecting ITN Ownership, Retention, & Use

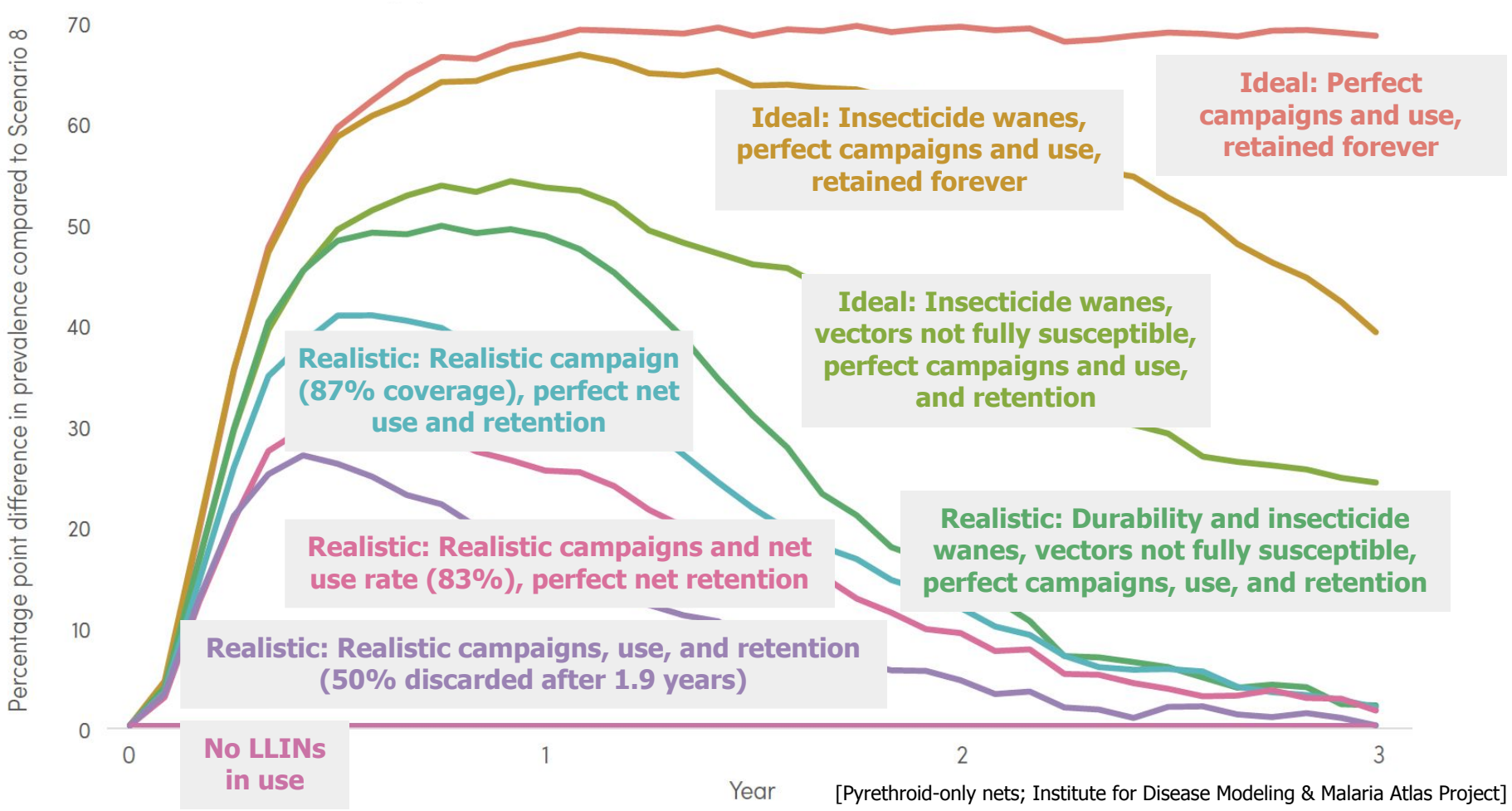
ITN median lifespan varies; 1.9 year median

1. **Equitable allocation** is supported by identifying coverage gaps at the local level and expanding distribution to those areas
2. **Retention** is determined by household attitudes, net handling behaviors and other hazards, and durability of net fabric
3. WHO mentions age, season, gender, and malaria risk as factors affecting **net use** among those who have access to nets

Use SBC to increase ITN use: It works and is chronically underfunded.

Maximize ITN protection by increasing the proportion of households that **tie up a net when it is not in use** (do not focus on repair).

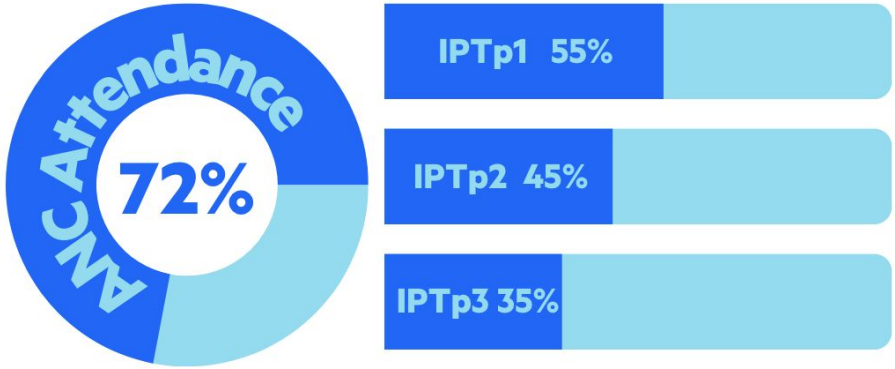
Sequential decomposition of LLIN effectiveness over 3 years



[Pyrethroid-only nets; Institute for Disease Modeling & Malaria Atlas Project]

ANC Services

- **72%** of women used **ANC** service at least once
- IPTp1 - IPTp3 gap persists
- Access to services is a key constraint



Use SBC to support pregnant women to access ANC as early as possible.

This is a prerequisite to obtaining maximum coverage of IPTp.

Treatment

- Treatment seeking remains stagnant since 2005 (65% vs 67%)*
  - Receiving care from public facilities is increasing (58% vs 69%)
- Use of CHWs remains low (2% vs 1%)
- The rate of diagnosis among children under five for whom treatment was sought, and use of ACT (for whom care was sought) is increasing (~double for both)
  - Use of ACT for whom care was sought and who received a finger or heel prick remains low at 29% (up from 21%)

Shine a light on social & structural factors that need to be addressed for care-seeking to increase.
Increase treatment-seeking from CHWs.
Build trust between communities and facility-based health workers.
Examine service provider behavior.

New in 2022

- **New WHO recommendations:** IPTp, PMC, SMC, IPTsc, PDMC, MDA
  - Increased emphasis on preventive medicine: implications for SBC resources
  - SMC age groups expanding and changes in which children are eligible in communities may be confusing: What is the role of SBC to support SMC service delivery partners?

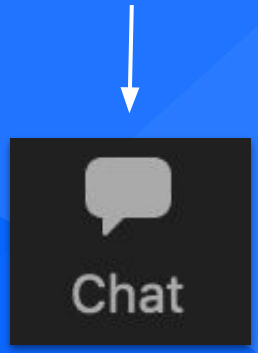
- **New regional initiatives:** Antimalarial drug resistance in Africa; *An. stephensi* in Africa, Malaria in urban areas
  - Drugs, mosquitoes, *and* high burden areas are changing: How will SBC adapt?

- **Rollout of RTS,S/AS01 malaria vaccine**
  - Low efficacy vaccine: Is there room for nuance in SBC to communicate this?

Questions & Comments

Questions et commentaires

Perguntas & Comentários



Annual Meeting
Réunion annuelle
Reunião Anual

Ibrahima Sanoh, Steering Committee

Elizabeth Chiyende, Steering Committee

Gabrielle Hunter, Co-chair

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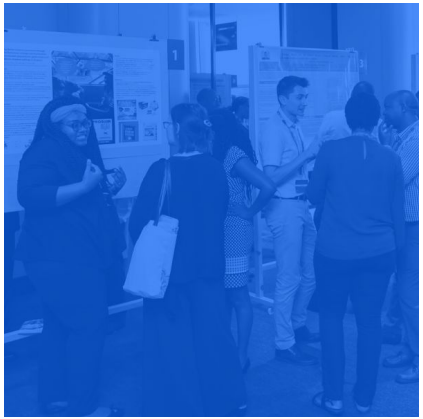
10th SBC WG Annual Meeting



When: November 7, 8, 9, 2023

Where: Abidjan, Côte d'Ivoire (Venue TBA)

Why: Convene malaria SBC professionals worldwide to…

- Share experiences in malaria SBC
- Participate in skills-building sessions
- Discuss emerging issues
- Set the WG's priorities for the next year

Interpretation: English | français | português

Website: https://sbcwg.dryfta.com/

Annual Meeting Registration

- **Registration Details**
  - Opening date to be announced via listserv
  - Spaces will be limited
- **Registration Fee**
  - $250
  - Includes: Entrance to meeting, daily lunch and tea breaks
- **Limited sponsorships** available for national malaria program members
  - Application will open in late May - To be announced via listserv
- **Website:** https://sbcwg.dryfta.com

Join the Planning Committee

Rejoignez le comité de planification

Junte-se ao Comité de Planeamento

www.bit.ly/plan-23

Abstracts

- **Due May 31st!**
- **English | French | Portuguese**
- **Submission Guide and Templates:** https://sbcwg.dryfta.com/abstracts
- **2 Tracks:**

  1) Country SBC updates from *National Malaria Programs*
     - *All National Malaria Programs encouraged to submit*

  2) Sharing SBC experiences in…
     - *Coordination/Integration of Malaria SBC*
     - *Community Health Workers*
     - *Data for Decision-Making*

Track 1 Tips: National Malaria Programs

* See the Abstract Submission Guide: https://sbcwg.dryfta.com/abstracts *

- **Overall clarity**
  - Well written? Information flows logically? Ideas clearly articulated? Free of grammatical or spelling errors?
- **Background**
  - Describe the **context**, outline the **behavioral objective(s)**, and list the **determinants** and **barriers** to the behaviors that are known.
- **Robustness of SBC activities**
  - Clear and sufficient description of the program activities or research methods
  - Description of the robustness of the approach
    - A robust approach addresses the determinants and barriers to the desired social and behavior change described in the program objectives.
    - Did the authors utilize a behavior change model, framework, or theory to inform the approach? If research, are the data collection and analysis methods described?

Track 1 Tips: National Malaria Programs

* See the Abstract Submission Guide: https://sbcwg.dryfta.com/abstracts *

- **Results to date**
  - How is the National Malaria Program monitoring results? Are the outcomes clearly described? Are measures of frequency, dose, or intensity of exposure to the intervention described? Are monitoring and evaluation data presented? What is successful according to the data?

- **Challenges, lessons learned, and conclusions**
  - Meaningful reflections on the program's recent experience, lessons learned, the impact of the work, and considerations on how the program will continue to move forward given any challenges.
  - Are the conclusions supported by the data or the results? Are the conclusions relevant to other settings? What are the next steps for National Malaria Program SBC activities based on this recent experience?

Track 2 Themes: *Sharing SBC experiences in…*

1. **Coordination/Integration of Malaria SBC:**
   - Malaria SBC programs coordinating and/or integrating with other partners in malaria or with other health areas.
2. **Community Health Workers:**
   - Malaria SBC programs working through or supporting community health workers (community engagement, community mobilization, data collection, capacity strengthening, community research methods, referral systems, supportive supervision etc.)
3. **Data for Decision-Making:**
   - Use of data to make targeted, informed and strategic decisions about malaria SBC programming, including literature reviews, formative research, monitoring (including outputs and intermediate outcomes), operational research, evaluation research, and others.

Track 2 Tips

* See the Abstract Submission Guide: https://sbcwg.dryfta.com/abstracts *

- **Ensure Relevance**
  - Preference will be given to abstracts relevant to one of this year's focus themes.
- **Overall Clarity**
  - Well written? Information flows logically? Ideas clearly articulated? Free of grammatical or spelling errors?
- **Problem Description**
  - Describe the **context**, outline the **behavioral objective(s)**, and list the **factors that influence** the behaviors (if known).
- **SBC Intervention Description**
  - Describe the program activities and demonstrate how well they address the factors that influence the desired social and behavior change described in the problem description.
  - Did the authors utilize a behavior change model, framework, or theory to inform the approach? Are the approaches appropriate for the target audience? Are measures of frequency, dose, or intensity of exposure to intervention described and appropriately selected?

Track 2 Tips

- **Data Collection and Analysis Methods**
  - What data collection methods were used? How were the data analyzed? Are the data collection and analysis methods described and appropriately selected?
- **Results**
  - Is exposure to the SBC intervention measured and are measures of dose or frequency reported? Are behavioral and psychosocial outcomes clearly described? Ensure that statistical significance is clearly indicated where relevant.
- **Conclusions**
  - Include meaningful reflections on the results, lessons learned, and what worked or did not work.
  - Do the results directly support the stated conclusions? Are the conclusions relevant to other settings? Do not overstate the impact of the findings.

Best Practices for Abstract Submission

- Request abstract **feedback from colleagues before you submit**
- Do a final **proofread for spelling, grammar, and punctuation**
- Use a **short, catchy, creative** title
- **Brevity** is crucial
  - Every sentence in the abstract should provide essential information
  - **Report only on what is most important**

Rework, Refine, Revise!

Skills-Building Workshop Proposals

- **Would you like to propose a skills-building workshop?**
  - Proposals due **June 30th!**
- Develop new or strengthen existing skills
- Workshop structure
  - 30 attendees per session
  - Half-day or full-day
  - Language interpretation
- Interactive sessions by experts
  - Experiential learning
  - Hands-on
  - Group work

Survey
Enquête
Inquérito

https://bit.ly/am-23

Closing
Fermeture
Encerramento

Gabrielle Hunter, Co-chair

Next General Call: SBC for *An. stephensi*

July 13, 2023

9:00 AM DC / 13h Accra / 14h Abuja/Luanda /
15h Lusaka/Maputo / 16h Addis/Kampala

Technical Presentation:
SBC Guidance for *An. stephensi* in Africa -
Breakthrough ACTION

www.bit.ly/july-gc

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Thank you! / Merci! / Obrigado!